Your Health Your Life

Report on First Stage Public Consultation on Healthcare Reform

Food and Health Bureau
Hong Kong Special Administrative Region Government

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Note: submissions and documents referred in the appendices are available on the Healthcare Reform website (http://www.beStrong.gov.hk).

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EXECUTIVE SUMMARY

The Government published the Healthcare Reform Consultation Document "Your Health, Your Life" (the "Consultation Document") on 13 March 2008 to initiate the public consultation on healthcare reform.

2. The healthcare reform aims to address the challenges to our healthcare system brought about by our rapidly ageing population and rising medical costs, and to ensure the future sustainability of our system to deliver healthcare protection and quality services to the community.

3. The first stage public consultation conducted from March to June 2008 aimed at consulting the public on –

(a) the key principles and concepts of four service reform proposals –

(i) **enhance primary care**;

(ii) **promote public-private partnership in healthcare**;

(iii) **develop electronic health record sharing**; and

(iv) **strengthen public healthcare safety net**.

(b) the pros and cons of reforming the current healthcare financing arrangements through introducing six possible supplementary financing proposals –

(i) **social health insurance** (mandatory contribution by workforce);

(ii) **out-of-pocket payments** (increase user fees);

(iii) **medical savings accounts** (mandatory savings for future use);

(iv) **voluntary private health insurance**;

(v) **mandatory private health insurance**; and

(vi) **personal healthcare reserve** (mandatory savings and insurance).

4. We would like to take this opportunity to thank members of the community and various organizations for their valuable opinions expressed during the consultation period. They have put forward constructive views on both services reforms and supplementary financing proposals, which have helped us better understand public expectations for the Healthcare Reform.

The Consultation

5. During the three months' consultation period, the reform proposals have been widely publicised and discussed. The consultation exercise has raised broad awareness in the community to the reform.

6. The Government received many constructive views from a broad range of respondents through various channels, including some 20 Legislative Council and District Council meetings, some 130 briefings and forums with various stakeholders, and written submissions from over 4 900 organizations and individuals.

7. Furthermore, the Government has commissioned independent consultants to conduct questionnaire surveys and focus groups to further garner the views of the public on the subject.

Responses to Healthcare Reform in General

8. The public expressed broad support to reforming the current healthcare system and improving the capacity and quality of healthcare services it provided, and generally agreed that there was an imminent need to do so. Majority of the public also recognized the need to reform the current healthcare financing arrangement.

9. A broad spectrum of the community felt that, without reform, the existing level and quality of healthcare services would not be sustainable given the challenges of our rapidly ageing population and rising medical costs.

10. The public in general expected the Government to take the lead in carrying out reforms to our healthcare system, while preserving its current strengths, including our public healthcare system accessible to all.

11. There was a general recognition that comprehensive reform to various interlinked aspects of the healthcare system would be needed to ensure its sustainability.

12. Some considered that the reform proposals should be considered from an overall perspective, be it service delivery model or financing arrangements; while others considered that service reforms should be considered before financing reform.

Responses to Service Reform Proposals

13. The first stage consultation reflected a broad consensus in the community over the service reform proposals. By and large, the key concepts and directions for the reform proposals in the four areas of service reform were broadly endorsed by the public and stakeholders across a wide-spectrum of sectors.

14. The public and various stakeholders generally agreed with the reform proposals put forth by the Government in the four areas and called for early implementation of these reforms with a view to bringing about speedy improvements to the capacity and quality of healthcare services provided to the public at present.

Enhance Primary Care

15. There was broad support from the community for the direction of enhancing primary care. Most respondents advocated devoting more resources to developing

comprehensive, holistic and life-long primary care services that would emphasize disease prevention in the community. Many also supported a stronger role by the Government in primary care, especially in ensuring the standard and quality of services.

16. The public in general and a wide spectrum of stakeholders supported the proposals to improve existing primary care services and put greater emphasis on preventive care, including developing primary care service basic models, establishing family doctor register, subsidizing preventive care services, improving public primary care services, and strengthening public health education.

17. The healthcare professions expressed general support to the direction for primary care reform, and every profession considered that they had a role to play in primary care, including in the proposed basic models for primary care and family doctor register, which many professions considered should not be confined to Western Medicine doctors.

18. However, the healthcare professions had different views on the appropriate delivery model for comprehensive primary care, including the respective roles of different healthcare professionals. Some also expressed concerns over the respective roles of the public and private sector in delivering primary care to the public.

19. Some community organizations recognized the need for seamless collaboration and interfacing between primary care, community health care, and social services available within the community, especially elderly care. Many also recognized the importance of making use of the local community networks in enhancing primary care, e.g. promoting healthy lifestyles.

Promote Public-Private Partnership in Healthcare

20. Many respondents supported the direction of promoting public-private partnership (PPP) in the provision of healthcare services. The public generally believed that PPP could encourage healthy competition and collaboration between public and private sectors, thereby providing more cost-effective services, as well as more choices of services.

21. Some respondents including concern groups and community organizations expressed concerns over whether the pursuit of PPP might lead to the reduction of resources available for the public sector and in turn affect the healthcare for the low-income and underprivileged groups, and result in further segmentation of accessible healthcare services.

22. On the other hand, some other respondents considered that PPP should be pursued to the extent that it could provide a more cost-effective means of shortening the waiting time for public services, and benefit patients on the public queues. Some consumer or patient groups asked for proper monitoring and transparency under the PPP models.

23. The healthcare professions in general welcomed the proposals to promote PPP,

which they felt should include a commitment by the Government to support the development of the private healthcare sector. Some however expressed concerns that PPP might lead to unfair competition or interfere with the existing operation of the private healthcare market.

Develop Electronic Health Record Sharing

24. The proposals to develop electronic health record (eHR) sharing did not attract as much responses as some other proposals, but almost all respondents expressed support for the proposals, noting its benefits to patients by enhancing efficiency and quality of care through avoiding duplicative investigation and facilitating collaboration among different healthcare professionals.

25. Some respondents supported the initiative but emphasized the importance to have stringent controls over data privacy and security. Some respondents emphasized the importance of patients' ownership of their own eHR and considered that patient involvement in maintaining their own eHR through initiatives like patient portal should be a key objective.

26. Healthcare professionals in general supported the proposal in principle, noting the benefits to the patients. However, some expressed concerns about the high cost for implementation and likely impact on their existing mode of operations. Most considered that the Government should take the lead in devoting resources to develop eHR sharing as an infrastructure, and should provide incentives and support for practitioners to do so.

Strengthen Public Healthcare Safety Net

27. There was broad consensus in the community that the public healthcare system should continue to serve as a safety net offering healthcare protection to the population as a whole, not least the low-income and underprivileged groups. The direction of strengthening the public healthcare safety net was thus broadly supported.

28. Many respondents supported that the existing public safety net should be strengthened. Amongst them many expressed concerns over the existing mechanisms of drug formulary and self-financed drug items which they considered as restricting access to essential but expensive drugs. Some expressed the view that the current Samaritan Fund mechanism might not provide adequate protection for certain patients in accessing these drugs.

29. Many referred to the four target areas of public healthcare proposed in "Building a Healthy Tomorrow"[1] in 2005 (i.e. acute and emergency care; for low-income and underprivileged groups; illnesses that entail high cost; advanced technology and

[1] "Building a Healthy Tomorrow - Discussion Paper on the Future Service Delivery Model for Our Health Care System" was issued by the Health and Medical Development Advisory Committee in July 2005 for discussion and consultation. The Healthcare Reform Consultation Document "Your Health, Your Life" was issued further to the discussion paper for public consultation on proposals for healthcare reform.

multi-disciplinary professional team work; and training of healthcare professionals). They considered that the public safety net should be strengthened along these lines.

30. Some respondents expressed support for the proposal of introducing a personal limit on medical expenses, noting that the proposal could help address the financial difficulties faced by patients requiring costly treatments, especially those from middle-income families who might not qualify for existing safety net mechanisms.

Other Issues Relating to Service Reforms

31. In connection with the service reforms, the feedback during the consultation also suggested a number of other related issues that would need to be addressed. These include –

(a) The manpower capacity and training of healthcare professionals.

(b) The capacity of the private healthcare sector and the transparency, quality and standard of services it offers.

(c) The development of specific areas of healthcare services, such as Chinese medicine, dental services, mental health services, infirmary services and long-term medical care.

(d) The institutional setup of the healthcare system.

Responses to Financing Reform Proposals

32. The financing reform proposals attracted overwhelming responses from the public and various stakeholders during the three months' consultation. There was a general perception that the first stage consultation overly focused on healthcare financing, notwithstanding that the Consultation Document put forward a comprehensive package of reform proposals covering not only financing arrangements but also healthcare service delivery model based on the 2005 Discussion Paper "Building a Healthy Tomorrow".

33. The broad spectrum of respondents submitted their views on a wide range of issues, not only on the six possible supplementary financing proposals put forth in the Consultation Document, but also broadly on the need for reforming the current healthcare financing arrangements, the Government's funding for healthcare, the current taxation system, as well as the societal values underpinning healthcare financing.

Need to Reform Healthcare Financing Arrangements

34. Many respondents, including political parties, professional groups, business organizations and academics, shared the concerns over the long-term sustainability of the current healthcare system, recognizing the expected increase in health expenditure needed to cater for the rapidly ageing population and rising medical costs due to advancement in medical technology. They supported embarking upon comprehensive reform to ensure

the long-term sustainability of healthcare system.

35. Amongst them, many considered that the long-term sustainability of the healthcare system could not be adequately addressed without reforming the healthcare financing arrangements amongst other aspects of the healthcare system, though their views differed on how the current financing arrangements should be changed. Our survey showed that 65% of the public echoed the need to reform the current healthcare financing arrangements. (Survey 2[2])

36. On the other hand, a small but not insignificant proportion of the public (some 17% according to our survey) (Survey 2) did not agree to the need to change the current financing arrangements. A substantial portion of the views received through written submissions and consultation forums also reflected this view, including those from labour groups and community organizations representing grass-root interests, and a variety of reasons and doubts in connection with their views were raised. These included the efficiency of the current public healthcare system, the ability of the Government to afford funding for healthcare, the validity of the long-term population and health expenditure projection, and the trend of rising medical costs. Some respondents also expressed disagreement to consider financing on account of lack of details.

Government Funding and Taxation

37. The public and respondents were generally supportive of increasing the Government's recurrent expenditure for healthcare from 15% in 2007-08 to 17% of the recurrent expenditure by 2011-12, though some queried why the expenditure could only be increased to 17% and whether the expenditure would be capped for the future. Most also welcomed the Government's pledge to draw $50 billion from the fiscal reserve to assist the implementation of healthcare reform when supplementary financing arrangements were finalised for implementation after consultation, though some called for the early use of the reserve to improve existing healthcare services.

38. Amongst those respondents who were not in favour of changing the current healthcare financing arrangements, a prevalent view was that the Government could well afford to continue to fund healthcare in the foreseeable future, referring to the large budget surplus in 2007-08 and fiscal reserve. Some expressed the view that additional funding for healthcare if needed could well be funded through further increase in the share of government budget for healthcare, correspondingly reducing other areas of spending due to demographic changes.

39. There were also some respondents who did not agree to the need to reform the healthcare financing arrangements, and expressed the view that the issue should be dealt with through raising tax. Among them, some suggested increasing various existing taxes or other sources of government revenues, and some specifically suggested making the taxation system more progressive. Others including certain professional groups in the

[2] Please refer to Appendix V for the details of the survey.

accountancy and taxation field preferred devoting more resources to healthcare through tax, and tax revenue could be raised through broadening the tax base.

40. However, the views expressed by these respondents contrasted sharply with our survey of the views of the general public, which reflected that tax increase received the least support and the greatest objection from respondents, compared with other supplementary financing options and that some 42% of the public opposed to increasing tax vis-à-vis 35% in support (The pattern is similar across different income level, with relatively stronger opposition among the middle (42%) and high income groups (48%).) (Survey 1[3]). Published survey results by some third-parties also reflected similar pattern. Some employer and business groups also expressed objection to tax increase as the means for providing additional financing for healthcare.

Supplementary Financing Proposals

41. The public and stakeholders expressed divergent views on the six supplementary financing proposals put forth in the Consultation Document. There were views for or against each of the six proposals, and no single proposal commanded majority support as reflected in our surveys. Some respondents also suggested that a combination of different proposals should be considered.

42. Most of the submissions especially those from organizations reflected interests of specific segments of the community, for instance the labour unions, community organizations, social welfare organizations, patient groups, business or employer groups, and professional groups including the healthcare professionals.

43. There was also a general opinion that the first stage consultation had not provided sufficient details on the design of the supplementary financing proposals, such as who would be required to contribute, the amount or rate of contribution, the long-term cost implications for individuals, the future benefits to be derived, and the use of the financing.

44. From the respondents' views towards the supplementary financing proposals, the following general themes were observed on the different societal values underpinning the proposals –

(a) **Individual vs communal**: while the public was generally receptive to the notion that the less-fortunate should be protected by the healthcare system and helped by the better-off, many considered that the current public healthcare system funded by taxpayers had already catered for the low-income and underprivileged, and tended to favour proposals catering for individuals' healthcare needs rather than pooling resources to subsidize the population as a whole. Our surveys reflected a relatively lower preference for the communal tax increase or social health insurance, 35% and 40%

[3] Please refer to Appendix V for the details of the survey.

respectively, as compared to individual insurance and savings ranging from 44% to 71% (Survey 1).

(b) **Voluntary vs mandatory**: amongst proposals requiring individual contributions to healthcare, there was a general preference against proposals of a mandatory nature. This is notwithstanding the recognition that certain mandatory proposals would offer advantages that could not be achieved merely through voluntary proposals, e.g. saving for future healthcare or more effective risk-pooling. Our surveys reflected that the public generally favoured voluntary proposals like voluntary health insurance and to a lesser extent user fee increase (ranging from 47% to 71%) over other mandatory proposals including tax increase, social health insurance, mandatory health insurance, and mandatory medical savings (ranging from 35% to 58%) (Survey 1).

(c) **Risk-pooling vs savings**: whilst saving for future healthcare was a factor considered important by a fair amount of respondents for making additional contributions to financing healthcare, many respondents expressed concerns that savings alone might be inadequate to meet future healthcare needs without risk-pooling. A general trend was observed that the higher income groups were less in favour of medical savings but more in favour of proposals with risk-pooling, compared with the lower income groups. In particular, the higher income groups expressed across the board much stronger support for voluntary health insurance and mandatory health insurance, as opposed to mandatory medical savings.

(d) **Equity vs two-tier service**: the public generally valued the equitable access to same standard of public healthcare by the population as a whole, but at the same time also valued their own choice of seeking private services through out-of-pocket payments or other means like insurance. However, many respondents expressed their concerns through written submissions and consultation forums over the potential of creating a two-tier service structure and segregating access by different income groups to the two tiers. Among them, many considered the mandatory proposals with specific income cut-off for participation would have such an effect. On the other hand, some respondents especially those in the middle to high income groups were in favour of more options of better services at their own voluntary choice.

(e) **Role of employers and employees**: whilst the supplementary financing proposals for the first stage consultation did not attempt to specify the respective role of employers and employees, there was a strong current of opinion, particularly from labour unions, that employers should share part of the contributions before contributions from employees should be considered, drawing parallel with the Mandatory Provident Fund Scheme. On the other hand, some business and employer groups expressed the concern that many

employers were already providing medical benefits to their employees, and thus additional contribution on top or contribution towards employees' medical needs after retirement should not be their responsibility and would add to their cost burden.

(f) **User fee increase**: many respondents expressed the view that increase in user fees should be considered, provided that an adequate safety net was in place to cater for the low-income and underprivileged. Among them, many considered fee increase as a simple, direct and efficient means to provide additional resources for healthcare in the short to medium term, compared with other supplementary financing proposals (not counting tax increase) which would require complex legal framework and regulatory mechanism and would incur additional administrative costs. Our surveys reflected that the proposal of user fee increase received a fair amount of support among the public in general (47%) (Survey 1). There was markedly stronger support amongst those with higher income and higher education population groups, whilst the opposition was stronger among the lower income and elder population groups.

(g) **Income level for contribution**: there was little discussion on the income level for contribution, given the general sentiments against the mandatory proposals. However, for those respondents who touched upon the issue, there was a general opinion that an income level of $10,000 or even $15,000 would be too low and requiring contribution for healthcare from these income groups would pose significant burden on them and affect their standard of living.

(h) **Financial sustainability**: notwithstanding the general recognition that a sustainable healthcare system was needed to ensure the continued delivery of healthcare protection and quality services to the public, few respondents expressed a strong desire to address the issue of long-term sustainability of healthcare financing in the coming decades. Some respondents considered that the responsibility for ensuring financial sustainability rested with the Government, while others did not perceive the case for addressing issues projected into such distant future, given the amount of uncertainties involved.

Other Issues Relating to Financing Reform

45. Arising from the debate on financing reform especially the supplementary financing proposals, respondents raised a number of other pertinent issues that might need to be addressed as part of the financing reform –

(a) Whether the efficiency and cost-effectiveness of the public healthcare sector could be further enhanced, thereby reducing the increasing pressure on future funding for public healthcare.

(b) Whether the private healthcare sector can cope with the reform, in terms of service capacity, competitiveness, price transparency, cost-effectiveness as well as overall standard and quality of care.

(c) Whether the private insurance sector can cater for the reform, noting the shortcomings of its current health insurance offerings, including the exclusions and lack of cost- and utilization-control.

(d) How the public as "consumers" could be protected under any of the proposals involving private services and/or private insurance, especially if the Government should play a bigger role.

(e) Whether some of the proposals would entail substantial regulatory and administrative costs, how that could be minimized and whether that might outweigh their benefits, compared with simpler options.

Way Forward

46. The first stage consultation on healthcare reform clearly demonstrated a strong support in the community for reforming the current healthcare system, to ensure that it can continue to provide the public with the healthcare protection and quality services it has accorded so far.

47. Given the broad consensus on the service reform proposals, and the urge for their early implementation, we would proceed to take them forward as far as possible, making use of the increased government funding for healthcare in the next few years. In the process, we will build on the broad consensus on the reform proposals, involve relevant stakeholders in the process, and take into account the views and concerns expressed during the consultation. We should also address issues such as manpower planning, private sector capacity and institutional setup.

48. In particular, we are moving forward in respect of the four areas of service reforms –

(a) **Enhance primary care**: we have set up the Primary Care Working Group involving healthcare professionals in both the public and private sectors, as well as representatives of patients, users and other relevant sectors. The Working Group will be tasked with recommending specific plans to implement the proposals to enhance primary care. Meanwhile, we are implementing a number of pilot projects relating to primary care to test different models for enhancing primary care.

(b) **Public-private partnership**: a number of PPP pilots and initiatives are underway (e.g. purchase of private healthcare services, direct subsidization of patients for private healthcare, and development of PPP hospitals and centres of excellence), both for the purpose of relieving the waiting queues for public

services, testing the concept of "money-follows-patient", as well as providing more choice of healthcare services to patients. These projects will be closely monitored to ensure they bring benefits to the public as a whole.

(c) **Electronic health record sharing**: the Government will take the lead in the development of the infrastructure for sharing electronic health records in both the public and private sectors, in partnership with the healthcare professions in both sectors. To do so, we will set up a dedicated office to co-ordinate the various development initiatives, and to leverage the existing systems and expertise of the Hospital Authority to provide support to healthcare institutions in the private sector for their own eHR development.

(d) **Strengthen public healthcare safety net**: we would be seeking some $1 billion funding for injection into the Samaritan Fund. We would also provide funding to improve existing public services and implement PPP projects, with a view to shortening the waiting queues for public services. Besides, we would also explore the idea of a "personal limit on medical expenses" which has received support during the consultation, with the aim of providing additional protection to individuals who require costly treatment.

49. In general, there is recognition among the public and stakeholders that the issue of financing needs to be addressed. Many considered financing an indispensable part of healthcare reform, which would have significant implications for the long-term sustainability of our healthcare system. There is also broad support but not yet a consensus in the community to reform the current financing arrangements.

50. We recognize that there are still divergent views on healthcare financing. However, there is a general willingness among the public and stakeholders to continue deliberations on the issue of healthcare financing with a view to finding a solution. Thus while we proceed to take forward the service reforms, we should continue the deliberations on healthcare financing, with a view to building towards a consensus.

51. We are currently examining possible proposals for further consultation, having regard to the following broad principles as reflected in the first stage consultation –

(a) To preserve the existing public healthcare as a safety net for all, while providing better and wider choice for individuals who are using or able to afford private services.

(b) To take forward financing reform through a step-by-step approach having regard to the range of views received, and consider possible proposal(s) by stages, with a view to reaching long-term solutions.

(c) To consider standardized and incentivized arrangements to facilitate access to better protection and choices in healthcare with necessary flexibility to cater for the needs of different age/income segments of the population.

(d) To be in line with the concept of "money-follows-patient" under the healthcare reform, while ensuring sufficient protection to users for price transparency and cost-effectiveness.

(e) To retain the $50 billion fiscal reserve pending decision on supplementary financing and consider how the funding could be made use of to assist the implementation of supplementary financing.

52. It is our plan to put forward more details on the service reforms as well as a more concrete proposal for financing reform, to initiate the second stage consultation in the first half of 2009.

Chapter 1 BACKGROUND

The Case for Change

1.1 Over the years, Hong Kong has developed a high-quality and highly efficient healthcare system providing quality and accessible healthcare to its people. However, there are a number of major challenges including the increasing healthcare needs due to the rapidly ageing population and increasing occurrence of lifestyle-related diseases, and rising medical costs brought about by advances in medical technology and expectations for improved quality of care. International experience showed that these factors would have a major impact on health expenditure.

1.2 There are also a number of weaknesses in the existing healthcare system, including insufficient emphasis on primary care, over-reliance on hospital services, and significant public-private imbalance, with limited continuity and integration of care. These have manifested themselves in a number of shortcomings at present including long waiting time for public services, limited alternative choice for medical services, and insufficient safety net especially for patients requiring costly treatment.

1.3 Without reform, the long-term sustainability of the healthcare system is clearly at stake, and the problems of the current healthcare system would only worsen. We recognize that this is not an issue that can be resolved simply by increasing the resources for healthcare. The Government has thus embarked on a comprehensive healthcare reform with a view to ensuring the provision of quality healthcare services to meet the increasing needs of the community in future.

Healthcare Reform

"Building a Healthy Tomorrow"

1.4 The Health and Medical Development Advisory Committee (HMDAC) issued the discussion paper "Building a Healthy Tomorrow" in July 2005 on the future service delivery model for our healthcare system, which surveyed the current system and made a number of recommendations on how the delivery model should be changed. The paper examined primary medical care, hospital services, tertiary and specialized services, elderly, long-term and rehabilitation care services, integration between the public and private sectors, and infrastructural support.

1.5 The recommendations by HMDAC received broad support from the community and stakeholders. These include –

(a) Public health care service sector should target its services at the following areas –

  (i) acute and emergency care;

  (ii) for low-income and under-privileged groups;

(iii) illnesses that entail high cost, advanced technology and multi-disciplinary professional team work; and

(iv) training of healthcare professionals.

(b) Greater emphasis should be put on primary medical care services through the following –

(i) to promote the family doctor concept;

(ii) to emphasize disease and illnesses prevention; and

(iii) to facilitate collaboration of healthcare professionals.

(c) Better interfacing of hospitals and primary care doctors, closer collaboration and partnership between the public and private sectors, having regard to the positioning of the public sector, and providing infrastructural support through facilitating flow of patient records.

"Your Health, Your Life"

1.6 Following the recommendations by HMDAC, the Government put forward a whole package of inter-related proposals for reform in the Healthcare Reform Consultation Document "Your Health, Your Life" (Consultation Document) on 13 March 2008 for public consultation. These proposals seek to reform the service delivery model and the financing arrangements of our existing healthcare system. The Consultation Document has also provided relevant background information, including international experiences and statistics, to facilitate public discussion.

1.7 Specifically, the document put forward proposals for the following reforms –

(a) **Enhance primary care**:

(i) develop basic models for primary care services;

(ii) establish a family doctor register;

(iii) subsidize individuals for preventive care;

(iv) improve public primary care; and

(v) strengthen public health functions.

(b) **Promote public-private partnership**:

(i) purchase primary care from the private sector and subsidize individuals to undertake preventive care in the private sector;

(ii) purchase hospital services from the private sector, especially non-urgent and/or elective procedures;

(iii) pursue PPP in hospital development;

(iv) set up multi-partite medical centres of excellence; and

(v) engage private sector doctors to practice in public hospitals.

(c) **Develop electronic health record sharing**: the Government to lead, through collaboration between the public and private sectors, the development of a territory-wide and population-wide patient-oriented electronic health record (eHR) infrastructure for sharing of patients' records among healthcare providers subject to the patients' consent.

(d) **Strengthen public healthcare safety net**:

(i) reduce waiting time of public hospital services;

(ii) improve the coverage of standard public services;

(iii) explore the idea of a "personal limit on medical expenses"; and

(iv) inject funding into the Samaritan Fund.

(e) **Reform healthcare financing arrangements**: through maintaining government funding as the major financing source for healthcare services, while considering the introduction of supplementary financing to supplement government funding to cope with increasing healthcare needs and to sustain the reforms aimed at improving healthcare services. In particular, six different proposals for supplementary financing have been put forward for consultation –

(i) **Social health insurance:** to require the workforce to contribute a certain percentage of their income to fund healthcare for the whole population.

(ii) **Out-of-pocket payments (user fees):** to increase user fees for public healthcare services.

(iii) **Medical savings accounts:** to require a specified group of the population to save to a personal account for accruing savings (with the option to invest) to meet their own future healthcare expenses, including insurance premium if they take out private health insurance.

(iv) **Voluntary private health insurance:** to encourage more individuals to take out private health insurance in the market voluntarily.

(v) **Mandatory private health insurance:** to require a specified group of the population to subscribe to a regulated private health insurance scheme for their own healthcare protection.

(vi) **Personal healthcare reserve:** to require a specified group of the population to deposit part of their income into a personal account, both for subscribing to a mandatory regulated medical insurance before and after retirement, and for accruing savings (with the option to invest) to meet their own healthcare expenses including insurance premium after retirement.

Chapter 2 THE FIRST STAGE PUBLIC CONSULTATION

2.1 Healthcare concerns every member of the society. The Government is committed to involving all stakeholders through a step-by-step approach to build a consensus to reform the healthcare system aiming to improve it and make it sustainable. We have thus divided the consultation into stages and initiated the first stage consultation through the Consultation Document.

2.2 At the first stage consultation, we consulted the public on –

(a) the key principles and concepts of our service reform proposals (those in paragraphs 1.7(a) to 1.7(d) above); and

(b) the pros and cons of six proposed supplementary financing options (those in paragraphs 1.7(e)(i) to 1.7(e)(vi) above).

The three months' consultation period of the first stage public consultation on healthcare reform ended on 13 June 2008.

2.3 **We would like to take this opportunity to thank members of the community and various organizations for their valuable opinions expressed during the consultation period. They have put forward constructive views on both services reforms and supplementary financing proposals, which have helped us better understand public expectations for the Healthcare Reform.**

2.4 During the consultation period, we widely publicised the Healthcare Reform and the Consultation Document through an intensive publicity campaign. We engaged extensively different sectors and various stakeholders in the community through various briefings and forums to explain the healthcare reform proposals and to listen to their views on them. We also received the views of members of the public including various stakeholders through their written submissions. As part of the consultation, we also canvassed the views of the public through various means. Below is a summary of activities that had taken place in connection with the consultation–

(a) **General publicity**: we launched a publicity campaign on the healthcare reform, both to send the message that healthcare reform would be important to the future healthcare for every member of the society, and to invite their participation in the exercise by giving their views. We aired a series of four Announcements in the Public Interests (APIs) on both television and radio about the healthcare reform. We had over 2 300 posters at bus stops, MTR stations, trams, public hospitals and clinics, government offices, 1 200 000 postcards were distributed to the public to inform them of the healthcare reform consultation. A total of 160 000 copies of pamphlet, 160 000 copies of booklet and 50 000 copies of the consultations document were distributed to the public. We also gave out a total of over 123 000 token souvenirs to draw public attention to the health care reform.

(b) **Legislative Council**: the Secretary for Food and Health briefed the Panel on Health Services of the Legislative Council (LegCo) and launched the healthcare reform proposals at its special meetings on 13 March 2008, and reported the consultation progress to the Panel on 7 July 2008. The Panel also held four other special meetings to discuss the proposals and to listen to the views of a total of 39 deputations on healthcare reform. Representatives of the Food and Health Bureau (FHB) attended all these special meetings to explain the proposals, to answer questions and to listen to the views of Members and the deputations. A motion debate on the healthcare reform and improvement of healthcare services was also held on 28 May 2008, with a motion carried calling for improvement to healthcare services for the public, many of which echoed the proposals for reforming healthcare services. (Please see Appendix I for information related to the special meetings, the submissions of the deputations, and the motion debate.)

(c) **District Councils**: the Secretary for Food and Health attended all 18 District Councils (DCs) to brief them on the healthcare reform proposals and to listen to Members' views on the proposals. Members expressed actively their views on the reform and reflected the views of local communities. Amongst them, nine DCs passed motion expressing support to reform the healthcare system, and another nine DCs concluded with calls for the Government to proceed with reforms for improving healthcare services to the public. (Please see Appendix II for information related to the relevant DC meetings, the motions passed and the concluding statement of the Chairmen.)

(d) **Briefing sessions/forums**: apart from the Legislative Council and District Council meetings, the Secretary for Food and Health and/or representatives of the FHB attended during the consultation period some 130 briefing sessions, forums and seminars on healthcare reform organized by different sectors of the community, including political parties, professional bodies, labour unions, chambers of commerce, trade associations, social welfare organizations, district organizations and community groups. These occasions provided the opportunity for the Government to explain the healthcare reform proposals, as well as for the Government to listen to the views expressed and exchanged by various interested parties and members of the public. (Please see Appendix III for a list of the briefing sessions, forums and seminars attended.)

(e) **Written submissions**: the Government received a total of 4 906 submissions on healthcare reform from individuals and organizations by email, post, facsimile, etc. These included 1 182 submissions from individuals, 262 submissions from organizations and 3 462 self-designed standard forms. (Please see Appendix IV for a list of all written submissions received and the originators (except where the originator requested to remain anonymous).) Copies of the submissions are available on the Healthcare Reform website (http://www.beStrong.gov.hk), except where the originator requested not to make public the submission. In addition, we have also monitored commentaries and opinions expressed in the media and have taken these into account when analyzing the public responses.

(f) **Questionnaire surveys and focus groups:** to facilitate collation and assessment of views on the healthcare reform proposals, we commissioned independent consultants to conduct questionnaire surveys and focus groups discussions on both service reform and financing reform and targeting both the general public and specific groups. (A brief description of the questionnaire surveys and focus groups we conducted is at Appendix V.) The detailed reports and results of the surveys and focus groups are available on the Healthcare Reform website. Meanwhile, we also have received and taken note of a number of questionnaire surveys conducted by third-parties, and made reference to these surveys when analyzing public responses to the healthcare reform.

2.5 The ensuing chapters set out our analysis of the public views expressed on the Healthcare Reform.

Chapter 3 PUBLIC RESPONSES TO HEALTHCARE REFORM IN GENERAL

3.1 To address the need to change the healthcare system for sustainability, we have proposed an inter-linked package of reform proposals to the existing healthcare services structure as well as on supplementary financing arrangements aiming to make our community healthier and to address the challenges to our healthcare system. Members of the public have expressed forward-looking and constructive views on the reform proposals. This chapter summarises the responses received on healthcare reform in general. Responses to specific reform proposals are set out in the subsequent chapters.

Awareness of the Public Consultation on Healthcare Reform

3.2 With the launch of an intensive publicity campaign on the healthcare reform, the public were generally aware of the first-stage consultation exercise. In Survey 2, when respondents were asked about their awareness of the consultation exercise, 76.3% of respondents were aware of the consultation.

The Need to Reform

3.3 The public generally shared the view that there would be an increasing healthcare need resulting from the rapidly ageing population. Many noted that there was an increasing demand for services in our healthcare system, in particular the public healthcare system. Recognizing such trend, some respondents shared the concerns that the existing service capacity as well as service structures of the entire healthcare system would not be able to cope with the growing needs, let alone providing better healthcare services for the community in the coming decades on a sustainable basis.

3.4 With significant public-private imbalance in our healthcare system, some expressed concerns that the public healthcare system would not be sustainable in view of the increasing healthcare needs and rising medical costs. They suggested that the continued growth in services demand could lead to deterioration of the service quality of the highly-subsidized public healthcare services. Some were in particular concerned about the lengthening of waiting time for public services. Some worried that the elderly, chronic disease patients as well as the under-privileged groups would be affected most as a result.

3.5 Foreseeing the probable adverse outcomes, respondents generally felt that maintaining status quo would not be conducive to the sustainable development of our healthcare system and able to cope with the future needs of the population. They shared the view that a comprehensive reform in our healthcare system was needed to meet the impending challenges and to address, or at least lessen, the potential problems that might arise in the future. They also considered reform was essential to ensuring that adequate healthcare protection could continue to be accessible to them in the future and their future generations.

3.6 The majority of the respondents agreed that there was an imminent need to reform the current healthcare system in order to ensure the healthcare system can continue to provide quality healthcare services and meet the challenges arising from the increasing needs of the community. Many respondents considered that the capacity and quality of healthcare services at present would already call for immediate actions to improve. Most respondents shared the view that quality healthcare service was important to people's living standard and the society should always place priority in ensuring quality healthcare services to be provided to the community as a whole.

3.7 With great importance attached to the sustainability and quality of healthcare services, some further suggested that early action should be taken to address the healthcare issues arising from ageing population. They believed that if no action was taken now, the standard of healthcare services would be adversely affected sooner rather than later. Some respondents also considered that it would be easier and better to act before the situations worsen. They advocated that the Government should work out the details of the reform proposals in consultation with stakeholders, with a view to building consensus and implementing them as early as possible.

3.8 In Survey 1, about 66% of respondents agreed that we must reform the healthcare system now whereas about 11% of respondents disagreed.

3.9 Focus Group 1[4] also found that most of the participants acknowledged that problems exist in out healthcare system and nearly all participants believed that reform should be carried out.

The Vision for Reform

3.10 Respondents in general endorsed the vision of the reform was to achieve a healthcare system that improved the state of health and quality of life of our people and provides healthcare protection for every member of the community. To realize the vision, respondents supported that we should move towards the following four directions -

(a) Provide Better Care for the Community

3.11 The public supported that the reform should aim at providing better care for the community. Many agreed that we should add to our existing hospital-oriented and curative-focused services and put more emphasis on primary and preventive care with a view to addressing chronic diseases and reducing future hospitalization of the population. With increasing number of the elderly, many shared the view that our healthcare system could not cope with the increasing demand if we continue to concentrate our resources on curative services and hospitals. They recognized the need to change the healthcare strategy by putting more emphasis on lifelong and holistic care to the community as a whole in order to reduce the future need for curative and in-patients services. Health promotion was one of the areas which we have received overwhelming support from the public. It showed that

[4] Please refer to Appendix V for the details of the focus group discussion.

the community had general support to the promotion and development of preventive care in the healthcare system.

(b) Provide More Choices of Quality Services

3.12 The community generally welcomed more choices of quality services from both the public and private sectors within the healthcare system. Noticing the over-reliance on the public healthcare system, especially on in-patient services, many respondents were in favour of changes to the existing situation so that they could be provided with more options. Some respondents believed that the reform of the existing service delivery structures could help promote healthy competition amongst different healthcare service providers which would ultimately benefit the patients for better service quality as well as more cost-effective services.

(c) Provide Healthcare Protection and Peace of Mind

3.13 Many respondents embraced the long established policy that no one should be denied adequate healthcare through lack of means. They agreed that the public healthcare system should continue to serve as an essential safety net for the population as a whole, especially those who could not afford to pay for their own healthcare. Respondents have shown interests in how to improve the existing system so that the community as a whole could afford lifelong healthcare protection.

(d) Promote Partnership for Health

3.14 The enthusiastic feedbacks during the consultations indicated that respondents recognized in general the importance of shared responsibility for health in achieving better health for the population and ensuring the sustainability of our healthcare system. However, opinions varied as to the respective roles of the Government and individuals in healthcare, especially in how healthcare should be financed. These largely reflected differences in societal values in the community. It also demonstrated the importance of building ownership in the community on the long term development of our healthcare system with a view to ensuring its sustainability.

Summary

3.15 The public generally agreed there was an imminent need for us to reform the existing healthcare system. To achieve the vision for our future healthcare, they recognized the need for comprehensive reform to the healthcare system, including the existing service structure as well as the financing arrangements of the healthcare system. They also recognized that undertaking the inter-connected proposals for reform to the healthcare system as a whole was essential for the system to meet the impending challenges posed by the ageing population and rising healthcare costs. There was a broad consensus that, without reform, the existing capacity and quality of healthcare services would not be sustainable.

3.16 The public in general supported the Government to carry out reforms which had already reached broad consensus in the community. In the process of carrying out our reform measures, the public would also like us to preserve the current strengths and advantages of our healthcare system. The majority of respondents would also like to move forward and to act immediately. For reform initiatives which had clear public support, respondents would like the Government to work with the stakeholders to start implementing them. For reform initiatives on which there were divergent views in the community, there would be a need to continue deliberations with a view to forging a consensus.

Chapter 4 PUBLIC RESPONSES TO PROPOSALS ON SERVICE REFORM

4.1 This chapter summarises the public responses to the proposals in the Consultation Document on the following four major areas of reform to the service delivery model –

(a) enhance primary care;

(b) promote public-private partnership in healthcare;

(c) develop electronic health record sharing; and

(d) strengthen public healthcare safety net.

4.2 In overall terms, the views expressed by respondents both in open forums and in written submissions reflected overwhelming support for the above service reforms. Most respondents expressed their concerns not because they disagreed or opposed the proposals for reform, but rather to point out areas that should be addressed in their implementation. There was also a strong call from many respondents for early implementation of these reforms.

4.3 This general picture was echoed by the questionnaire surveys and the focus group discussions. In Survey 2, when asked to rate their level of overall support for government proposals for service reform of the public healthcare system, 83.1% of respondents expressed support (20.1% expressed strong support and 63.0% expressed moderate support, with only 2.4% of respondents who said they did not support the initiatives at all).

4.4 On the urgency of taking forward the government proposals for healthcare service reform, the same Survey reflected that 77.2% of respondents considered that the need for implementing the reform was imminent and should be done in the next few years (15.8% considered that the reforms should be done now, 61.4% considered that the reforms were urgent and should be done within next five years, while only 3.7% considered that the reforms could wait for the next decade or were not needed at all).

4.5 Focus Group 1 also found that the focus group participants generally agreed that the service reforms should be carried out expeditiously.

Enhance Primary Care

4.6 The community has actively put forth their views on proposals related to the enhancement of primary care. In general, the feedback has revealed a broad-based support from both individuals and organizations on the enhancement of primary care. Most of them agreed that enhancement of primary care could lead to better health outcomes in long run.

4.7 Almost all respondents supported putting more resources to develop comprehensive, holistic and life-long primary care services in the community. Some respondents would like the Government to put more resources to subsidize the low-income

group so as to ensure that the whole population could receive better and adequate primary care services. Many supported the Government should take a stronger role in primary care, especially in ensuring the standard and quality of healthcare services.

4.8 The respondents generally agreed that the future primary care system should not only focus on curative medical care, but should also put more emphasis on preventive care, health assessment, screening and surveillance, wellness promotion, and health education, healthy lifestyle promotion as well. Most respondents agreed that there was inadequate emphasis on these latter preventive elements in existing primary care.

4.9 Some respondents pointed out that while some individuals and some doctors may be undertaking preventive care on their own initiative, there was not enough recognition among the general public on the importance of such. The extent and scope of such preventive care also varied, and often not putting emphasis on the needs for and risks of such.

4.10 Many healthcare professional bodies have emphasized that healthcare professionals apart from medical practitioners, such as nurses, Chinese medicine practitioners, pharmacists, dentists, physiotherapists, occupational therapists, optometrists, chiropractors, dietician, etc. could play a much more significant role than at present in the provision of comprehensive primary care services to the community, and considered that the primary care reform proposals should put more emphasis in developing the role of these professions in addition to that of doctors. Some Chinese Medicine groups also put forward that Chinese Medicine should have a role on a par with Western Medicine in primary care.

4.11 Focus Group 1 reflected a strong view among the participants that the reform initiatives on primary care should be carried out expeditiously. They supplemented that it would be important to increase health awareness so that people, especially the young, would assume the responsibility to maintain their own health. The opinions given by the participants of the focus group were largely coherent to the results of the opinion surveys and the views expressed in the written submission stated below.

4.12 In Survey 2, about 45.9% (6.5% of respondents strongly agreed and 39.4% of respondents agreed) that there was insufficient emphasis by both patients and healthcare providers on comprehensive primary care currently.

(a) Primary Care – Develop Basic Models

4.13 Some organizations and individuals have indicated in their written submissions that the adoption of a life-course approach in disease prevention and health promotion is essential in achieving better health outcomes. Some also suggested that quality assurance of healthcare service was important in delivering primary care services through marking reference to the basic models to be developed.

4.14 A number of respondents including professional bodies pointed to the need to involve various healthcare professions in developing these models, so as to ensure that the

primary care based on these models would comprehensively cover the services provided by these professions. There were also some respondents who felt that the respective roles of different professions and their collaboration in providing services under these basic models should also be carefully examined.

4.15 Some respondents considered that the objective and function of the basic models should be clarified, especially how these models were to be applied and implemented, and how individuals and providers alike could be encouraged to follow the models. Some respondents also pointed to the fact that the current way of delivering primary care in both the public and private sectors might not be conducive to delivery of comprehensive primary care, and what would be the appropriate delivery models to provide primary care with reference to these basic models should be considered.

4.16 In Survey 2, 83.2% respondents expressed support to the development of basic models for comprehensive primary and preventive care services (31.4% showed strong support and 51.8% expressed moderate support, with only 3.3% expressing no support).

(b) Primary Care – Establish Family Doctor Register

4.17 Respondents in general supported the establishment of the family doctor "register" and some professionals suggested that it should be called "directory" as it could provide essential information to the patients and facilitate them to choose suitable medical practitioners to be their primary care doctors. Nevertheless, some respondents considered that the "directory" should serve not only to provide information to the public but also to give assurance to the quality and standards of services provided by the doctors on the "directory". Some therefore suggested that appropriate requirements should be in place to ensure appropriate training and experience for the doctors on the "directory" and the quality and standard of the primary care services they provide. Some emphasized the importance of the long term development of family medicine and suggested that family medicine training should be promoted amongst healthcare professions.

4.18 At the same time, a number of respondents especially professional bodies considered that primary care involved medical practitioners in collaboration with other healthcare professionals. Thus the "directory" should be extended to cover not only family doctors but also other healthcare professionals involved in providing comprehensive primary care. Some also considered that the "directory" should serve the purpose of fostering collaboration between different healthcare professionals, especially between doctors and other healthcare providers, in delivering primary care to the community.

4.19 According to Survey 2, 84.5% of respondents expressed support to the establishment of a family doctor "directory" (36.6% of respondents expressed strong support and 47.9% of respondents expressed support, with 5.6% expressed no support).

(c) Primary Care – Subsidize individuals for preventive care

4.20 Respondents generally welcomed the proposal and suggested that the subsidies should cover expenses on disease prevention such as health checks and vaccinations. Some recommended that more financial subsidies should be provided to chronic disease patients, children and the elderly. Some suggested that the Government should provide subsidies to promote health checks for all.

4.21 Some respondents suggested that subsidies could also be provided for individuals to receive primary care from the private sector, as an alternative choice to the existing public services. They suggested that vouchers could be used to relieve both the long queues for public services, as well as providing the public with more choices of their own healthcare providers and services. In this connection, some suggested that the amount of subsides under the elderly healthcare voucher pilot scheme should be increased, so as to allow the elderly to receive more comprehensive primary care especially preventive care from the private sector.

4.22 According to Survey 2, 80.3% of respondents expressed support to the proposal to subsidize individuals to undertake preventive care through private family doctors (40.5% expressed strong support and 39.8% expressed moderate support, with only 8.5% expressing no support).

(d) Improve public primary care

4.23 Respondents generally welcomed improvement to public primary care and supported further exploration of suitable models to provide better public primary care in the community. Some would like to see the Government allocate more resources to NGOs to set up regional health centres in districts to provide health services and promote healthy lifestyle.

4.24 Some expressed concerns over the current level of public primary care services provided, referring to the often fully used quotas as well as busy telephone booking system, and called for increasing public services. On the other hand, some respondents considered that the private sector should continue to play a major role in primary care for the general public, and the public sector should continue to be confined to serve the low-income and under-privileged.

4.25 On purchasing primary care services from the private sector, some medical practitioners expressed concerns that the Government would interfere with the existing operation of the private healthcare market. On the other hand, some respondents recognized the benefit of purchasing private services which could supplement existing public services, as well as provide alternative choice to patients.

4.26 With respondents' general support on purchasing primary care services from the private sector, some suggested that a transparent mechanism should be established in setting and adjusting the fees as well as monitoring the standard of services provided by the private

sector. Some believed that purchasing primary care services from the private sector could help reduce the existing workloads in General Out-patient Clinics.

4.27 According to Survey 2, 74.9% of the respondents expressed support to the proposal for the Government to purchase primary care services from the private sector for low-income families and under-privileged groups (41.4% expressed strong support and 33.5% expressed moderate support, with 12.4% expressed no support).

(e) Strengthen public health functions

4.28 Many organizations and individuals agreed to the strengthening of public health promotion in the community. Some put forward that health education, in particular for students at school, is essential for improving health outcomes in the long run. Some suggested that a cross-sectoral approach should be adopted to promote healthy lifestyles in the community. A few written submissions suggested that incentives should be provided to encourage people to have a healthy lifestyle.

4.29 Some supported the further strengthening of the role of Department of Health (DH) in promoting primary care and public health. Some respondents also emphasized the importance of community involvement in promoting primary care and healthy lifestyles, and suggested that a more community-based approach to health promotion should be adopted.

4.30 On institutional arrangement, some expressed support to the establishment of a primary health care authority to co-ordinate all primary care initiatives. They suggested that the authority could help setting up "health targets", implement health and food safety policies as well as co-ordinate district works. Some also proposed to establish a high level authority with mandate to coordinate, plan and implement initiatives for preventing diseases and promoting health. Some suggested that the authority should have the statutory power to enable effective professional governance.

4.31 According to Survey 2, the initiative of strengthening public health education, healthy lifestyle promotion, disease prevention and developing the standards of primary care services received overwhelming support from the respondents at 92.0% (62.3% expressed strong support, 29.7% expressed moderate support and only about 1.5% expressed no support).

Promote Public-Private Partnership in Healthcare

4.32 Many responding organizations and individuals were positive towards this new direction which they believe could help redress the existing imbalance between public and private healthcare services and provide a variety of new service models for the community apart from existing public services. Some commented that PPP could promote competition and enhance efficiency. Some suggested that more concrete policies should be formulated to attract middle income group patients to private healthcare services such as setting up a two-way referral mechanism and subsidizing the use of private health services.

4.33 Some respondents considered that PPP, in the form of direct purchase of private services by the public sector, could provide a cost-effective means of supplementing existing public services and relieving the long waiting queues. This group of respondents maintained that such services should continue to be provided to public patients at a fee level no higher than those being charged by the public sector at present. To this group, PPP must be accompanied by a betterment in capacity and quality of services available to public patients.

4.34 At the same time, some respondents expressed concerns that PPP could lead to reduced resources for public services and lesser capacity or quality of services for the low-income and underprivileged who could not afford the co-payment for private services. That said, some respondents, referring to the experience of some PPP pilots, considered that PPP could also benefit public patients given that those patients who opted for PPP services would relieve the public queues and in turn reduce the waiting time for public patients.

4.35 Meanwhile, some stressed the importance of putting in place mechanism to oversee the PPP models so as to increase transparency of costs and maintain quality of services. Some would like to see more monitoring on the private insurance companies and private healthcare services.

4.36 Some respondents expressed concerns that, in the absence of price transparency, proper monitoring and capacity building in the private sector, PPP could lead to rising healthcare price, while not necessarily delivering more cost-effective services and better health-outcomes. The offer of subsidized services through PPP would also likely lead to increase in healthcare utilization and potential moral hazards, and in turn increasing the total health expenditure of the community.

4.37 In Focus Group 1, the higher income group expressed a relatively stronger interest in possible public-private partnership in healthcare. The focus group findings and views of respondents revealed that to them, the main attraction of PPP is "money-follows-the-patient" whereby they could on the one hand receive subsidies hitherto only available through queuing for public services, and on the other hand could choose their own service providers and choice. To this group, this remained attractive even though they would be expected to co-pay a higher share of the healthcare cost.

4.38 In Survey 2, 54.0% of respondents (13.0% of respondents strongly agreed and 41.0% of respondents agreed) agreed that significant public-private imbalance in the healthcare system has led to limited choice for them as well as inadequate competition and collaboration among healthcare providers in both the public and private sectors.

4.39 The sections below summarises the specific responses received in respect of the individual proposals on PPP.

(a) PPP - Purchase hospital services from the private sector

4.40 A number of organizations and individuals welcomed the proposal as promoting competition and price transparency in the private healthcare market. However, a few organizations including some respondents in the healthcare sector expressed concerns that the proposal might lead to unfair competition between the public sector and the private sector.

4.41 Drawing reference to the pilot Cataract Surgeries Programme (耀眼行動), some proposed that the scheme should be further expanded to provide subsidies for patients to go through certain non-urgent clinical procedures or surgeries in the private sector, when there were long waiting queues in the public sector. Some suggested that the concept should be further expanded such that even the public sector should be required to compete for providing such services, so as to facilitate competition and ensure cost-efficiency.

4.42 According to Survey 2, 76.2% of respondents expressed support towards the proposal for the Government to purchase hospital service from the private sector (31.3% expressed strong support and 44.9% expressed moderate support, while 10.3% of respondents did not support the proposal).

(b) Pursue PPP in hospital development

4.43 Some organizations suggested that land should be made available on a concessionary basis to facilitate private hospital development. They also considered that the proposal was a key step to strengthen the capacity of the private healthcare market both to meet local demand and to strengthen Hong Kong's position as a prime medical centre in the region. Some respondents were interested about the division of rights and responsibility between the public and private sector in a co-located hospital.

4.44 On the other hand, there were concerns whether pursuing PPP in hospital development would be at the expense of public hospital development. While some agreed with the objective of expanding capacity of the private sector, they questioned if this should be done at a high cost to taxpayers. A few also questioned if expanding the private sector would bring benefits to the general public, when private healthcare was often restricted to the better-off or the privileged few who could afford to be insured or were provided generous medical benefits by their employers.

4.45 According to Survey 2, about 68.8% of respondents expressed support to the proposal to facilitate the expansion of capacity in private hospital through leasing out of vacant public premises or making sites available for private hospital development (26.6% expressed strong support and 42.2% expressed moderate support, while 17.9% of respondents did not support the proposal).

(c) Set up multi-partite medical centres of excellence

4.46 Various organizations and individuals supported the setting up of medical centres of excellence. They recognized the benefits these centres could bring to the local community by bringing together expertise in the public and private sectors, and both locally and internationally. Some respondents supported this initiative recognizing that it could, in the long run, have positive impact on the development of Hong Kong into a prime medical centre in the region.

4.47 Some organizations proposed that centres of excellence on musculoskeletal tumour services and organ transplant should also be considered. Some proposed that centre on Chinese Medicine should be set up.

4.48 Survey 2 showed that 81.8% of respondents expressed support to set up medical centres of excellence to draw together top expertise of the relevant specialties locally and overseas, with the participation of experts from both the public and private sectors (42.6% expressed strong support, 39.2% expressed moderate support and, with only about 5.9% of respondents expressed no support).

(d) Engage private sector doctors to practice in public hospitals.

4.49 The written responses from organizations and individuals generally supported this initiative. They were of the view that healthcare service standard could be enhanced which will benefit patients in both public and private sectors. Some organizations considered that it could benefit the patients and reduce the brain drain problem.

4.50 Survey 2 showed that 82.2% of respondents expressed support to engage private doctors in public hospitals on a part time basis to help cross-fertilization of expertise and experience (46.9% expressed strong support and 35.3% expressed moderate support, while about 8.3% expressed no support).

Develop Electronic Health Record Sharing

4.51 In general, respondents were positive to the development of the eHR system on the grounds that the initiative can enhance efficiency and facilitate the follow up of cases amongst different healthcare service providers in a timely manner. Some were of the view that it could serve as the important platform to link other service reforms initiatives. A few also suggested that Chinese Medicine practitioners should also be allowed to join the territory-wide eHR which they opined that it could help facilitate links and co-operations between Western and Chinese Medicines.

4.52 Amongst the participants of Focus Group 1, there was almost a unanimous agreement on the necessity of pursuing the electronic patient records. Patients with chronic disease participating in the focus group would like to see the electronic records to be available as soon as possible so they do not need to spend extra money to repeat medical examinations in private hospital.

4.53 There are however diverse opinions within the healthcare professions. Some healthcare professionals supported the system recognizing the potential benefits it could bring to both patients and the healthcare system as a whole. However, some expressed concerns on whether private practitioners were ready to share their patients' data with the public sector or other private healthcare practitioners. Some were of the view that the existing paper-based practice could sufficiently meet the need in sharing patients' records on an ad hoc basis. Some were worried about the potentially high cost for private practitioners to set up the system.

4.54 In connection with concerns about private sector readiness, some organizations and individuals suggested that financial incentives should be provided to encourage private sectors to build up the necessary infrastructure. Some pointed out that private doctors may neither possess the relevant IT facilities nor knowledge which might hinder the implementation of the initiative, and considered that the Government should take the lead in devoting resources to develop this infrastructure for the community as a whole.

4.55 Some respondents who supported the development of eHR were concerned about the privacy and data security issues. Some suggested that stringent regulations should be imposed to protect the interests of patients whereas some would like to have a legislative framework to back up the use of the patients' data. A few suggested that patients should have access to their own records.

4.56 Survey 2 revealed that 86.0% of respondents expressed support to the development of a territory-wide electronic health record sharing system (53.4% expressed strong support and 32.6% expressed moderate support, with only 4.6% expressed no support). The same survey reflected that 84.4% of respondents expressed support for the Government to fund the capital cost for the necessary infrastructure for electronic health record sharing system (42.1% expressed strong support, 42.3% expressed moderate support, while only 5.4% of respondents expressed no support).

Strengthen Public Healthcare Safety Net

4.57 We have received substantive feedbacks from different organizations and individuals on how to further strengthen our safety net system. Amongst various suggestions, there was a consensus in the community that the medical safety net should be maintained to ensure the low-income and underprivileged groups would not be deprived of adequate medication through lack of means. Some were of the view that public healthcare expenditure should be accorded higher priority in the Government's budget.

4.58 Similar result was found in Focus Group 1 where most of the participants agreed that the public healthcare safety net should be strengthened. The low-income group participants were particularly concerned about the scope and quality of the services provided under the public safety net. Some considered that the public safety net should be strengthened with reference to the four target areas of public healthcare as proposed in "Building a Healthy Tomorrow" in 2005.

4.59 The sections below summarises the specific responses received in respect of the individual proposals on strengthening the safety net.

(a) Reduce waiting time of public hospital services

4.60 Most respondents who commented on the current public healthcare services expressed concerns over the long waiting time for public services, especially for specialist out-patient clinics. Many considered the reduction of waiting time a priority in improving the quality of public hospital services, and should take precedence over other reform measures. Some individuals, however, expressed concern that the reduction of waiting time may even attract more patients to use public hospital services.

4.61 According to Survey 2, 84.8% of respondents expressed support to reducing the waiting time of public hospital services through strengthening existing provision or purchasing services from the private sector (46.9% expressed strong support, 37.9% expressed moderate support, while only 5.0% of respondents did not support).

(b) Improve the coverage of standard public services

4.62 Amongst the written submissions, some respondents called for improvements to the existing mechanisms of Drug Formulary (the Formulary) and self-financed drug items. Some suggested that all medical-proven effective drugs should be included in the Formulary whereas some advocated for a comprehensive research to be done for updating the drug items in the Formulary. A few respondents opined that these existing mechanisms have deprived the low-income group the right to access effective but more expensive drugs.

4.63 According to Survey 2, 92.2% of respondents expressed support to improving the coverage of standard public services especially on the inclusion of new drugs and treatments in the public healthcare safety net and the procurement of new medical equipment (62.6% expressed strong support, 29.6% expressed moderate support, while only 1.3% of respondents did not support).

(c) Explore the idea of a "personal limit on medical expenses"

4.64 Amongst the written submissions from organizations and individuals, the concept of personal limit on medical expenses received strong support from respondents. The main reason cited in support was that the limit could provide a shield to protect individuals against financial ruin because of catastrophic disease, including those in the middle-income group where the expensive medical treatment for certain diseases could still be a heavy burden. A few suggested that supplementary disease insurance could be explored to pool the risk when members of the public have catastrophic or chronic disease.

4.65 According to Survey 2, the proposal of setting a "personal limit on medical expenses" received support from 91.7% of respondents (with 68.9% expressed strong support and 22.8% expressed moderate support, while only 2.6% did not support the proposal).

(d) Inject funding into the Samaritan Fund (the Fund)

4.66 Respondents generally agreed that more resources should be put into the Fund to assist those in need. However, some viewed that the Fund should be the last resort to help the needy patients and should be restricted to who could pass the means-test. On the other hand, some respondents considered that effective but expensive drugs should be offered as standard public services rather than to be provided through the Samaritan Fund. Some called for reviewing the existing operation of the Fund.

Healthcare Manpower Capacity and Training

4.67 In connection with the proposals for service reforms, quite a number of respondents expressed their views on manpower issues under the healthcare system.

4.68 Some respondents advocated the formulation of a long term manpower plan for medical practitioners as well as other healthcare professionals with a view to meeting the needs of the community. Many were of the view that increasing the number of healthcare professionals could help shorten waiting time for public healthcare services and lower the cost of healthcare as a whole.

4.69 Opinions were also received on the training of specific healthcare professionals. Some professionals groups suggested more training places to be provided for their professionals so as to increase their numbers to meet the increasing service needs. Some entities suggested we should make reference to international experience to develop new training models (such as on Family Medicine) for undergraduates who are studying medicine in Hong Kong. Others proposed that the Government should provide fund for other training programmes.

4.70 On increasing the manpower capacity, some respondents proposed that the local healthcare market should be opened for overseas and mainland medical professionals. To meet the increasing healthcare needs and the resultant demand on manpower in the long run, some respondents suggested that the intake of medical students should continue to be increased. Similar suggestions were made in respect of the nursing professions, with a view to addressing the acute shortage of nurses, and also to varying extent in respect of other allied-health professions.

Development of Specific Areas of Healthcare Services

4.71 While the healthcare reform consultation was intended to cover the healthcare system as a whole and service reforms in general, many respondents especially specific healthcare professions stressed the need to develop specific areas of healthcare services and professions. These include Chinese medicine, dental services, mental health services, infirmary services and long-term medical care. Most considered that specific strategy and plans for development of these areas of healthcare services would be needed.

Institutional Reform

4.72 Some organizations advocated an overall review of the institutional setup of the healthcare system, including the role and the structure of the Hospital Authority (HA), with a view to improving operational efficiency and cost control. Some proposed that the role of DH should be strengthened to act as the coordinator and monitor for the healthcare system, exercising regulatory functions and ensuring the quality and standards of services. Some suggested that an independent entity should be established to monitor the quality of healthcare services and performance of healthcare providers.

Summary

4.73 The first stage consultation reflected a broad consensus in the community over the service reform proposals. Most proposals received very strong support from the public. By and large, the key concepts and directions for the reform proposals were endorsed by the community across different sectors. Some concerns and questions had been raised in respect of individual proposals, but none were raising fundamental difficulties with the proposed reforms. Rather, these were constructive comments that should be taken into account when we proceed to implement the proposals for reform.

4.74 In the process of implementing the service reforms, the community would like to know how to further improve the quality as well as cost-effectiveness of the public healthcare services. They also called for enhancing the transparency of the pricing and quality of private healthcare services and monitoring of health insurance system.

4.75 In connection with the service reforms, the feedback during the consultation also suggested a number of other related issues that need to be addressed. These include the manpower capacity and training of healthcare professionals, the capacity of the private healthcare sector and the transparency, quality and standard of services it offers, and institutional setup of the healthcare system, etc. All these should be addressed in the course of taking forward the reforms.

Chapter 5 PUBLIC RESPONSES TO SUPPLEMENTARY FINANCING PROPOSALS

5.1 One of the proposals for comprehensive reform of the current healthcare system put forward in the Consultation Document is to reform the healthcare financing arrangements. In particular, apart from proposing to increase government funding for healthcare, it was also proposed to introduce supplementary financing apart from increased government funding, to ensure the sustainable development of the healthcare system and support the reform of the healthcare market. This part of the reform proposals attracted the most discussions and responses during the consultation and to some extent overshadowed the discussions and responses on the services reform proposals (summarised in Chapter 4).

5.2 To recap, we projected that the rapidly ageing demographic structure and the trend of rising medical costs would lead to a sustained increase in healthcare expenditure at a rate much faster than the growth of the economy (in terms of GDP growth). While undertaking service reforms and sustaining efficiency enhancements might help dampen the growth of healthcare expenditures, the growth in healthcare needs was still expected to outstrip economic growth. In other words, from the perspective of the community as a whole, there would be a need for putting an increasing proportion of the society's resources in healthcare, irrespective of the means of pooling such resources to finance healthcare services.

5.3 Given the Basic Law which stipulated that "Hong Kong Special Administrative Region shall follow the principle of keeping the expenditure within the limits of revenues in drawing up its budget, and strive to achieve a fiscal balance, avoid deficits and keep the budget commensurate with the growth rate of its gross domestic product" (Article 107), it begged the question whether the increase in government funding alone for healthcare would be sufficient to guarantee the sustainability of the current predominantly tax-funded healthcare system in the long run. Thus while government funding was expected to continue to increase and remain the major source of financing for healthcare, we proposed to introduce supplementary financing as an additional source meet increasing healthcare needs.

5.4 For the first stage consultation, we have set out six supplementary financing proposals, having regard to overseas experience and consultancy studies on their possible application to Hong Kong. We have analysed the pros and cons of the six different proposals, and highlighted the underlying societal values they represent (e.g. equity of access to healthcare, pooling and sharing of healthcare risk, re-distribution of wealth, and financial stability and sustainability). Our aim was to solicit the views of the public on these pros and cons, with a view to assessing the community's preferences including the underlying societal values.

5.5 The responses during the first stage consultation touched upon a wide range of issues related to the financing arrangements for healthcare in general, in addition to those related to the supplementary financing proposals themselves. In particular, many respondents have expressed views on the existing healthcare financing arrangements, the level of government funding for healthcare, the current taxation system, and the relationship

between the tax system and healthcare financing. These views, as well as views on the six supplementary financing proposals, are set out in the following sections.

Need to Reform the Existing Healthcare Financing Arrangement

5.6 Survey 2 revealed that 64.9% of respondents considered that government funding alone would not be sufficient for meeting increasing healthcare demand as well as reforming the healthcare system (19.5% respondents strongly agreed and 45.4% agreed, as opposed to 11.9% disagreed and 4.6% did not agree at all).

5.7 This suggested that a significant proportion of respondents, when considering the perspective of the healthcare system as a whole and its future development, were of the view that government funding alone would not be sufficient to guarantee the sustainability of our healthcare system in the long run, even with increased government funding for healthcare and sustained efficiency enhancement of public healthcare services.

5.8 In the views received in written submissions and at different forums, a number of organizations and individuals, including a number of professional bodies not least those in the field of accountancy and taxation, also expressed agreement with the view that the long-term sustainability of the healthcare services could not be assured without addressing the issue of healthcare financing. While their views might differ on how the financing arrangements should be changed, there was a broad recognition among these respondents that reforming the financing arrangements was necessary.

5.9 Many of these respondents echoed the challenges posed by the rapidly ageing demographic structure of the Hong Kong population in the next few decades, as well as the global trend of rising medical costs due to advancement in medical technology especially the appearance of newer, better and more expensive medical treatment such as drugs and diagnostic methods. Many also recognized that the current healthcare financing arrangements were a factor contributing to the current service and market imbalance (the over-reliance on hospital services with insufficient emphasis on primary care, as well as the public-private imbalance in provision of hospital services).

5.10 On the other hand, some preferred maintaining status quo and did not agree with reforming the healthcare financing arrangements. Among them, there were some respondents who considered that the existing tax-funded arrangements were looking well, either because –

(a) they considered the Government could well afford to meet the increasing healthcare expenditure (see the section below on Government Funding for Healthcare); or

(b) because they considered the question of the sustainability of healthcare financing actually concerned the taxation system (see the section below on Taxation).

Those respondents regarded solution to the problem should be to continue to increase government funding for healthcare and/or adjust the current taxation system, rather than to change the healthcare financing arrangements.

5.11 Among those who had doubts about or did not agree with the need to reform the financing arrangements, there were also some respondents who questioned the basis or assumptions upon which the conclusion was drawn that we need to reform the financing arrangements. These included questions about –

(a) The validity of the population projection (whether the projected ageing demographic profile is realistic): some organizations and individuals did not believed that there was an immediate need to reform the healthcare financing arrangement on the ground that the accuracy of the population projection as well as the healthcare expenditure projection was questionable judging by past records.

(b) The population policy (whether the population policy could be adjusted to advert the ageing demographic profile): some respondents considered that the ageing problem could be better tackled by appropriate population policy, for instance by increasing the birth rate or immigration rate with the right age profile, thereby reducing the healthcare burden on future working population and the economy.

(c) The trend of rising medical costs (whether the trend of rising medical costs would continue in the future at the same rate): some respondents were of the view that the rising medical costs was a phenomenon that either would not sustain long into the future or would not necessarily apply to Hong Kong. There were also some respondents who felt that medical technology if applied appropriately could lead to efficiency gain.

While these questions deserve closer examination, there is no indication as yet that these factors could reverse the trend of increasing healthcare expenditure to an extent that would eliminate the need to reform the financing arrangements.

5.12 There were also some respondents who did not agree at this juncture to introducing supplementary financing on account of –

(a) the lack of details on the proposals for supplementary financing;

(b) the lack of details on how the supplementary financing would be used;

(c) the lack of details on whether the current system would be unsustainable; and

(d) the potential for further efficiency enhancements in the public healthcare sector. In particular, some questioned the efficiency of the current public healthcare system and stressed the need to enhance the efficiency of public services before considering any financing proposal.

Government Funding for Healthcare

5.13 Many respondents were supportive of increasing the share of Government's recurrent expenditure for healthcare from 15% to 17% by 2011-12.

5.14 Some organizations and individuals thought that more government funding should be spent on healthcare. For those who advocated more public expenditure on healthcare, some suggested other areas of spending (education was a commonly cited area of public services) could be cut back in view of the demographic change in the future and resources could be diverted to healthcare.

5.15 Most respondents supported the Government in pledging to draw $50 billion from the fiscal reserve to assist the implementation of healthcare reform after the supplementary financing arrangements were finalised for implementation.

5.16 On the use of the $50 billion, some would like the Government to provide more details in the second stage consultation. Some suggested that the fund could be used to subsidize people to buy healthcare insurance or injected to citizens' health expenditure saving accounts. Others proposed that the $50 billion could be injected into the Samaritan Fund.

5.17 Some, on the other hand, called for immediate use of the $50 billion to improve existing public healthcare services. Some supported that the funding could be used for implementing the service reforms initiatives such as enhancing primary care and building up the electronic health record platform should additional funding be required.

5.18 Meanwhile, some respondents held the view that, because of the huge budget surplus in 2007-08 and the huge fiscal reserve, there was no immediate need for financing. Some organizations and patient groups suggested that it was more essential for the Government to utilize the surplus to improve the standard of healthcare services rather than introducing supplementary financing proposals at this stage.

5.19 Some groups advocated that a reserve fund be set up to meet the future demand for public services including healthcare due to the ageing population, with government surplus and fiscal reserve be injected into the reserve fund on a regular basis.

Taxation

5.20 As indicated in paragraph 5.10 above, there were some respondents who did not agree to the need to reform the healthcare financing arrangements on the ground that the sustainability of healthcare financing could be dealt with through changing the taxation system.

5.21 In particular, amongst those who preferred increasing tax to meet the increasing healthcare expenditure, some opted for tax increase because they considered that tax was the most direct, efficient and equitable way to fund healthcare expenditure. Some professional groups preferred devoting more resources to healthcare through tax. Others viewed that

tax could help redistribute wealth and ensure that the healthcare needs of the low-income groups could be met.

5.22 The respondents who supported tax increase proposed various means of collecting more tax revenue. Some suggested increasing existing taxes like salaries tax, profits tax, rates and stamp duty. Some specifically suggested making salaries tax and profits tax more progressive to generate further tax revenue for healthcare. Some suggested that tobacco and wine tax should be increased and earmarked as funding for healthcare.

5.23 On the other hand, some respondents suggested that the tax base should be broadened to meet the health expenditure and they suggested that Goods and Sales Tax would one of the possible options to fund the healthcare expenditure. Some viewed that a new broadly-based tax may generate extra revenue to meet the healthcare expenditure in a cost-effective manner.

5.24 Survey 1 showed that tax increase consistently received the least support in polls (35% supported and 42% objected this proposal). The Survey also showed that higher income groups were less in favour of tax increase (37% supported whereas 39% opposed this proposal amongst income group receiving less than $10,000 per month, and 33% supported whereas 48% opposed among income group receiving more than or equal to $25,000 per month).

5.25 Some respondents including employer, business groups and professional groups also opposed any further increase of tax. Some respondents suggested that it would further weaken the future competitiveness of our economy. They considered that low tax rates and simple tax structure were key competitive edge of Hong Kong. Some considered further tax increase would violate the "small-government-big-market" principle that had long been embraced as the recipe for Hong Kong's economic success.

5.26 For those expressed objections against raising tax as a means for financing healthcare, some noted that tax increase would only shift the healthcare financing burden to later generations and it was highly doubtful if the healthcare system would be sustainable relying on increasing tax alone. Furthermore, a few commented that further tax increase might be extremely difficult given Hong Kong's current political and social environment.

Supplementary Financing Proposals

5.27 On the supplementary financing proposals, the consultation reflected very divergent views among the public and stakeholders. There were views for or against each of the six proposals, and no single proposal commanded majority support as reflected in our surveys.

5.28 Most of the submissions especially those from organizations reflected interests of specific segments of the community, for instance the labour unions, community organizations, social welfare organizations, patient groups, business or employer groups, and professional groups including the healthcare professionals.

5.29 There was also a general opinion that the first stage consultation had not provided sufficient details on the design of the supplementary financing proposals, such as who would be required to contribute, the amount or rate of contribution, the long-term cost implications for individuals, the future benefits to be derived, and the use of the financing.

5.30 Among the respondents, some suggested the Government to work out proposals beyond the six put forward in the Consultation Document. Some respondents considered that no single financing proposal could address the financing problem completely, and suggested that the Government should consider a combination of financing proposals to meet the increasing health expenditure.

5.31 For instance, some professional groups supported a combination of proposals like broadening tax base and fees increase, and some healthcare professional bodies proposed a combination of fee increase with incentives for voluntary insurance.

Social Health Insurance

5.32 The general perception of the public towards social health insurance (SHI) was that it was an alternative to tax increase for financing healthcare. However, while most assumed that tax increase would be used for funding public healthcare, some respondents recognized that SHI could be used for funding both public and private healthcare and called for more details on how the contributions received from SHI would be used.

5.33 For those respondents who supported SHI, many of them expressed similar opinions that the high-income groups should fund the healthcare for the low-income group and SHI had the effect of wealth re-distribution and providing members of the community with equitable access of healthcare services. Many recognized that in this regard SHI would be similar in effect to tax increase, which could also achieve wealth re-distribution.

5.34 A political party had put forward a financing proposal of its own resembling SHI for consideration by the public, and had expressed support during the consultation for financing arrangements that would carry various features of SHI. Some business groups also suggested that levy collection (e.g. a flat percentage or progressive-natured levy with an exemption for the lowest income earners) might help broaden our tax base to meet health expenditure and re-distribute wealth.

5.35 A few written submissions had referred to the discussions on the income cut-off and the level of contribution under SHI though there was no mainstream opinion that could be drawn from their views expressed. Some suggested that all members of the community regardless of means should contribute to varying extent, whereas others considered that Government should contribute on behalf of the disadvantaged groups. Some proposed that employers should contribute whereas some thought that SHI should not be made as an employment-based scheme.

5.36 Amongst those who supported SHI, some believed that SHI alone could not resolve the financing issue completely. Some proposed that SHI should be accompanied by

other measures such as variable user charges (e.g. the young or wealthy should pay more for using public healthcare services) or voluntary health insurance. Some recommended the Government to make use of the MPF mechanism to collect SHI so as to minimize the administration cost. Some suggested that the revenue collected under SHI should be invested and Government should utilize the investment returns to support the increasing healthcare expenditure.

5.37 Meanwhile, similar to tax increase, SHI was relatively less favoured across all segments in Survey 1. However, unlike tax increase, the difference between different income groups was less obvious in their preference towards SHI. In Focus Group 2[5], there was considerable concern that SHI would impose extra financial burden to the working population and some worried that it could not ensure judicious use of medical services.

5.38 Respondents who opposed to SHI cited various grounds. Some were against SHI as a hypothecated tax for grounds similar to that opposing tax increase, e.g. it would erode Hong Kong's competitiveness and would pose an increasing burden on future generations of working population in view of Hong Kong's demographic change. Some considered SHI a double-taxation, and one which would be less progressive than the existing tax system and put greater burden on the middle-income instead of the high-income group.

Out-of-pocket Payments (User Fee)

5.39 Amongst the written submissions, some suggested that increasing user fees was a possible means of financing and considered it a simple, direct and efficient means to provide additional resources for healthcare in the short to medium term, compared with other supplementary financing proposals which would require complex legal framework and regulatory mechanism for implementation and would incur additional administrative costs.

5.40 Some including healthcare professionals viewed that suitable fee increase for public healthcare services could promote healthy competition between the public and private sectors which would be essential in changing the present significant public-private imbalance. Some considered that fee increase could encourage more judicious use of public healthcare services and instil a sense of self-responsibility for people's own health in the community.

5.41 According to Survey 1, fee increase received a fair amount of support (47% supported and 35% opposed), with a general higher degree of support among the middle to high income groups (the proportion of supported was 65%, 53% and 39% respectively for income groups with income more than or equal to $25,000, income ranged from $10,000 to $24,999 and income less than $10,000 per month, whereas the proportion opposed was 22%, 31% and 40% for the three income groups respectively).

5.42 In Focus Group 2, some participants believed that fee increase could help to ensure that medical services would not be overused. Some considered that it was fair for the users

[5] Please refer to Appendix V for the details of the focus group discussion.

to take up more responsibility for their own healthcare expenses. On the other hand, some worried that fee increase in public sector might lead to rising medical costs in private healthcare market.

5.43 Some respondents suggested that the Government should consult the public on the scope and the extent of the fee increase whilst some agreed to increasing public fees but worried that the suggestion would face strong opposition politically. Some respondents would like to have a transparent mechanism to adjust and review the fee level of public healthcare services. A few suggested that a personal or family-based limit on medical expenses should also be established to moderate the effect of fee increase. Some proposed that fee increase should be implemented together with other supplementary financing proposals.

5.44 On the other hand, there were a number of political parties, social welfare organizations, community organizations, concerned groups, patient groups and individuals who expressed strong opposition to the proposal of fee increase, on the ground that it would pose great burden to the elderly, patients with chronic illness, low-income families and other underprivileged groups.

5.45 Some respondents objected to increasing public fees on the ground that there would be no risk-pooling effect and the burden would fall squarely on those who fell ill and needed help the most. Some respondents argued further that even the existing level of fees was already causing hardship for certain people like poor elderly, chronic patients and low-income families, and considered that the focus should be put on enhancing the safety net mechanisms under the public healthcare system to help these individuals, rather than to increase their burden further by increasing user fees.

Medical Savings Accounts

5.46 A number of written submissions compared medical savings accounts (MSA) to the Mandatory Provident Fund (MPF) when commenting on MSA as a supplementary financing proposal. The respondents considered that both schemes were very similar in nature (both being mandatory employment-based and income-linked savings accounts for meeting the future needs of individuals in the working population). However, many of these respondents felt that there were not enough details of the MSA proposal at the moment for them to take a stance over the proposal one way of another. Many of these respondents asked for more details about the proposed MSA such as the coverage of the saving account (e.g. whether the savings could be used by the contributor alone or it could be shared with his/her family members.), the contribution level and ceiling, the administrative cost, as well as many other operational details.

5.47 Respondents opposed to MSA for its mandatory nature. Some worried that MSA would involve high administration cost which would at the end only benefit private companies but not members of the public. A few respondents did not support MSA on the ground that it could not pool the health risks among the population and it could not on its own redress the public-private imbalance in the healthcare sector. Among these

respondents, some pointed out the combination of high administrative cost and lack of risk-pooling would make MSA a less desirable option than other mandatory options like tax increase or mandatory health insurance.

5.48 Furthermore, some respondents were sceptical whether the savings could be sufficient to meet one's healthcare expenditure after retirement. Some, drawing parallel with the MPF, considered that MSA proposal was too inflexible and demanded that individuals should be allowed to use the savings to meet their medical needs at any time, rather than to have the savings locked up until reaching certain age limit. Some recognized the advantage of MSA in saving for the future, but considered that the purpose could equally be achieved by the Governments saving for the population as a whole in the form of a healthcare reserve fund.

5.49 Some respondents recognized that the MSA proposal would only work in practice if there would be a corresponding significant increase in the level of user fees for public healthcare services, or in other words a significant reduction in the level of government subsidization for public healthcare services. In particular, if the current low level of user fees and high level of government subsidization continued, there would be little incentive for people to use savings in their MSA for healthcare purposes. A few suggested that MSA alone without any form of risk-pooling might not be able to meet the future healthcare expenses given the potentially huge healthcare bills and proposed that it could be implemented with other financing proposals like insurance.

5.50 Compared to the relatively low support towards MSA expressed in written submissions received, the MSA proposal received consistently high support in Survey 1, where the level of support ranked second after voluntary insurance (58% supported the MSA proposal whereas 25% opposed). However, people with middle to higher income showed relatively less support to the MSA proposal (55% supported whereas 33% opposed for income group with incomes more than or equal to $25,000 a month, 59% supported whereas 29% opposed for income group ranged $10,000-$24,999 a month, and 60% supported whereas 24% opposed for income group receiving less than $10,000 a month).

5.51 In Focus Group 2, some participants considered that MSA had the merit of saving balance being accrued for their own or family use only. Some participants, particularly those of younger age or with chronic diseases, considered that if MSA was implemented, the accumulated saving should be available for use immediately.

5.52 Some respondents expressed support for MSA on the ground that they favoured the concept of saving for one's own future needs. Some perceived MSA as fairer proposal to individuals in the working population. Some considered that MSA could help instil a sense of self-responsibility for health. Some agreed that MSA, when coupled with increase in user fees for public services, could help minimize the abuse of subsidized healthcare services. Some favoured MSA on the ground that it could avoid putting additional financial burden on the future generation.

5.53 Some recognized the deficiency of MSA in risk-pooling and suggested that measures could be put in place to encourage MSA holders to use the savings to purchase voluntary health insurance. Others suggested that using part of the mandatory savings to purchase a mandatory health insurance (similar to the proposal of personal healthcare reserve) could be considered to ensure that the MSA holders would have some risk-pooling in healthcare protection.

5.54 A few written submissions suggested that MSA should be more acceptable to the community politically. Some proposed that the employees, the employers and the Government should be involved in contributing jointly to the saving accounts of the working population. There were also a few respondents who suggested that the contributor should be accorded priority when using public healthcare services.

Voluntary Private Health Insurance

5.55 Voluntary Health Insurance (VHI) received rather mixed views from respondents. According to Survey 1, voluntary insurance with incentives consistently ranked as the most supported proposal (71% supported whereas only 13% opposed) amongst all the supplementary financing proposals. There was also a higher degree of support for this proposal among the high- and middle-income groups (82% supported VHI for income group with income more than or equal to $25,000 whilst 76% supported for income group with income ranged from $10,000-$24,999).

5.56 Some respondents favoured VHI on the ground that it could offer them the voluntary choice to choose their own insurance product(s) in accordance with their respective needs. Some noted that VHI was already a predominant means of financing healthcare apart from government-funded public healthcare that was working well, and considered that this trend should be reinforced. Many of them, particularly the higher income group, suggested that financial incentives (such as tax break) should be provided for individuals or employers to encourage them to purchase private health insurance.

5.57 Amongst the written submissions, some supported VHI to be promoted on top of the basic healthcare coverage provided by Mandatory Health Insurance. Some favoured VHI as they believed that other mandatory schemes would involve even higher administrative costs. Some considered that VHI was effective to encourage those who would be willing to pay more to opt for private healthcare services which could improve the public-private imbalance in healthcare services.

5.58 On the other hand, some respondents pointed out that reliance on VHI as the supplementary financing proposal had a number of shortcomings. Many of them referred to the problems of existing VHI such as the insurance would usually exclude pre-existing conditions, did not guarantee renewal of policies and did not provide any assurance on future premium. It was difficult for individuals who already had certain illnesses such as chronic diseases to get insured, either because of the exclusion or the higher level of premium charged. Some also opined that VHI could not protect the disadvantaged group

like the low-income, the unemployed and the aged as the insurance premiums would be too high for them to afford.

5.59 Some respondents expressed dissatisfaction on the current situation where voluntary private health insurance policies were not subject to regulation on their terms and coverage. Some pointed to the complaints over the years over health insurance, including disputes over health insurance claims, termination of policies for those with certain illnesses, and significant increase in premium over time or on account of claims. They called for tighter regulation by the Government over health insurance to protect consumers and deliver better products and more safeguards.

5.60 Similar concerns were also put up by some participants in Focus Group 2, in particular those with chronic diseases, who considered that VHI might offer little protection to people with high medical risks. While on one hand the voluntary nature was favoured by some participants, some also pointed out that this nature would likely result in a low participation rate.

5.61 Some also pointed out that it was difficult to control the costs of healthcare services under an insurance-based financing model given the moral hazards by both the insured and healthcare providers. Some of them were also worried that the over-reliance on VHI would lead to a sharp increase in healthcare cost, drawing reference to the experience of the United States. Some respondents were dissatisfied with the current high level of administrative cost of VHI. Some respondents were sceptical whether VHI could adequately meet the increasing healthcare expenditure with regard to ageing population.

Mandatory Private Health Insurance

5.62 Same as other proposals, there were divergent opinions on mandatory health insurance (MHI) as a supplementary financing proposal. Some respondents preferred MHI to VHI given that the former would be required to accept all insurees regardless of their pre-existing medical conditions and would be able to provide continuity, portability and lifelong protection. Some favoured this proposal as it would provide a guaranteed risk pool and could be required to charge the same premium for the same insurance plan for all participants, thereby enabling even those with chronic diseases or other conditions to afford insurance coverage. Some favoured the proposal as they opined that insurees would be open to more choices for different healthcare services.

5.63 According to Survey 1, it received moderate level of support (44% supported and 31% opposed in the Poll) higher than tax increase, SHI and personal healthcare reserve (PHR). MHI received slightly stronger support as well as opposition among higher income groups (47% supported whereas 38% opposed for income group receiving income more than or equal to $25,000, 46% supported whereas 35% opposed for income for income group with income ranged $10,000-$24,999, and 43% supported whereas 31% opposed for income group receiving income less than $10,000).

5.64 In Focus Group 2, some participants with chronic diseases opined that MHI could offer protection also to people with high health risk. On the other hand, some relatively healthy participants considered that MHI for its mandatory nature was unfair for them to pay the same amount of premium as other people with higher health risk.

5.65 A few suggested that MHI should be promoted as the second safety net on top of the existing public healthcare system for those with higher income who could afford better coverage and services than public healthcare. Some professional groups also welcomed MHI as it could provide a basic level of coverage for a broad section of the working population. Some suggested that discounted premium should be provided for the disadvantaged groups especially to the aged.

5.66 Some respondents suggested that mandatory insurance could be implemented by requiring employers to provide medical insurance for their employees, while others felt that employers should contribute towards their employees' accounts for buying insurance. Some considered that existing employer-provided medical benefits or insurance should be required to be topped up to a certain basic level to ensure adequate coverage for the working population.

5.67 On the other hand, while many respondents of the business and employers groups were in support of population-wide mandatory insurance, they were generally not in favour of an employment-based approach on the ground that this would only provide partial coverage for those employed. Some also considered the proposal would duplicate the existing medical benefits that many employers were already providing to their employees, and that these schemes should be exempted from any mandatory scheme.

5.68 However, quite a number of respondents objected to the scheme as it was mandatory in nature and the required contribution would be particularly burdensome for middle income families. Some worried that MHI could not offer adequate protection to the insurees and some may need to move back to the public sector for subsidized services. Some opined that MHI would encourage overuse of healthcare services and or abuses due to moral hazards on the part of both the insured and healthcare providers.

5.69 Some respondents expressed concerns that a mandatory insurance plan would benefit mainly the private insurance companies or private doctors and hospitals. Among them some suggested that the Government should consider operating the scheme instead of leaving it to the private sector even if the private scheme would be regulated. Some expressed doubt on the capability of the Government to effectively regulate the private health insurance market under a mandatory system. Some raised concerns about the possible conversion of existing VHI to future MHI and some suggested that those who had VHI should be exempted from the MHI Scheme.

Personal Healthcare Reserve

5.70 Like other proposals especially MSA and MHI, diverse opinions were received amongst written submissions on PHR as a new supplementary financing arrangement to

meet the increasing healthcare expenditure. Those who were in favour of this option agreed on the ground that it could generate a stable pool of funding for individuals in the population to meet their future healthcare expenditure. Those who opposed on the grounds that the mandatory contribution appeared to be substantial, especially to the comparatively lower income groups, which would adversely affect the immediate living standard of these people.

5.71 Apart from the grounds for supporting or opposing to either mandatory savings or mandatory insurance, some supported PHR as it combined both an insurance scheme and a savings scheme, allowing the advantages of the two types of schemes to complement each other. Some favoured this proposal as it could accommodate both current and future healthcare financing needs.

5.72 Under Survey 1, PHR received only moderate support (42% supported whereas 30% against), slightly better than tax increase and SHI, and received less support than MHI from the respondents. In Focus Group 2, some participants with higher health risk considered that PHR could provide them with certain protection. On the other hand, some participants were concerned about the potentially high contribution level as PHR encompassed both savings and insurance elements.

5.73 A number of specific issues like employers' role in PHR were raised by the respondents. Respondents generally opined that employers should, like MPF Scheme, contribute to their employees' healthcare needs. However, respondents among employer or business groups were generally reluctant to contribute towards the post-retirement medical expenses of their employees.

5.74 Similar to other mandatory schemes, many respondents opposed to PHR for its mandatory nature. Many considered that the combination of a mandatory insurance and mandatory savings would likely lead to a very high level of contribution and would thus place an even greater burden on the working population and especially the middle-income families.

5.75 Some respondents expressed grave concerns that the proposal would introduce a two-tier service structure (between those subject to PHR and those not) and that those not covered under PHR could only receive second-class healthcare services. On the other hand, some respondents demanded that better services should be provided for those who had made contribution under PHR.

5.76 A few respondents suggested that those who currently had private insurance coverage should be exempted under the mandatory PHR Scheme. Some questioned whether it was necessary to bunch MHI with a savings scheme, noting the much higher administrative costs could result from administering such a complex scheme. Like MHI, some respondents preferred PHR to be administered by the Government, whereas some suggested that it should be incorporated into the MPF framework so as to minimize the administrative cost.

Cross-cutting Issues Concerning Supplementary Financing Proposals

5.77 Based on the public opinions expressed on the individual supplementary financing proposals, we have further analysed their views over a number of cross-cutting issues concerning the healthcare financing arrangements in general, which had been discussed or referred to during the public consultation. These are set out in the following paragraphs.

Individual Needs vs Wealth Re-distribution

5.78 During the consultation, some respondents commented on questions of equity in access to healthcare and the need for wealth re-distribution in healthcare. For instance, respondents pointed to the growing disparity in income and living standards between the high-income and the low-income groups and argued that taxing the former to fund the healthcare for the latter was necessary.

5.79 Some respondents considered that funding healthcare through government taxation could ensure equitable healthcare and effective wealth re-distribution. A few respondents also raised the question whether charges for public healthcare services should be means-tested (i.e. charged according to affordability).

5.80 On the other hand, many respondents opposed to increasing tax or requiring contributions from them, claiming that they were already under double-jeopardy for having to pay more tax without necessarily enjoying public healthcare and yet mostly paying for their own private healthcare through insurance. Most of them were in favour of proposals which could cater more to individual needs rather than pooling resources to subsidize the population as a whole.

5.81 Furthermore, some respondents raised concerns that the present system was unfair to a small group of people especially the Salaries Tax payers who had to pay for all the bills resulting from the medical needs of the whole population. They expressed reservation on pooling further resources, in additional to the existing tax system, to fund the future healthcare needs of the people, let alone the foreseeable heavier tax burden on the working population resulting from ageing population.

Voluntary Choice vs Mandatory Requirement

5.82 While some respondents did express support for mandatory supplementary financing proposals such as MHI, PHR, MSA or SHI in recognition of their advantages, a number of respondents who commented on the proposals expressed opposition or reservation to the mandatory nature of these proposals. Meanwhile, among those who did prefer better choice for healthcare, most preferred VHI with tax incentives, and fewer people considered mandatory proposal would provide them with better choice.

5.83 It was also noted that some respondents, while acknowledging that voluntary proposals would most probably represent more costly solutions both to the society as a whole and possibly to themselves individually compared with mandatory proposals, still valued their voluntary choice over any form of mandatory scheme. For instance, some

recognized the shortcomings of VHI and that many of those could only be effectively overcome under MHI, and yet they still preferred VHI over MHI.

Risk-pooling vs Savings

5.84 A number of respondents did consider that saving was an important factor for making additional contribution to financing healthcare. On the other hand, some raised concerns that savings alone might not be adequate to meet the future healthcare needs. They specifically pointed out that the saving amounts might not be adequate for them to meet the heavy financial burden arising from catastrophic disease. They thought that some form of risk-pooling financial arrangements was essential.

5.85 It was noted that higher income group in general showed more support to risk-pooling than medical savings as compared with the lower income groups. In particular, proposals on insurance (i.e. VHI and MHI) received support from the higher income groups whereas they were less favourable to mandatory savings.

Equitable Access vs Two-tier Services

5.86 Respondents generally supported the equitable access to same standard of public healthcare by the population as a whole. They at the same time valued they were open to choices for seeking private services through other voluntary means like out-of-pocket payments or health insurance.

5.87 Some respondents expressed concerns that certain supplementary financing proposals like MHI and PHR would effectively create a two-tier structure in healthcare services. They commented that the existence of such institutionalized two-tier structure and the tension between the two would not be conducive to long-term sustainability. Some considered that such a two-tier system would render the low-income and disadvantaged groups "second-class" citizens.

5.88 Nevertheless, a few respondents voiced their dissatisfaction over queuing for and receiving the same public health services despite having to pay more tax. They considered it reasonable to get better services after joining any one of the financing proposals requiring additional contributions from them.

5.89 Some respondents had shown reservations over the private healthcare providers and their services thereby objected to any financing proposals that would lead to expansion of the private sector. They considered that Government should better regulate the price and quality of private healthcare services in pursing financing proposals that would rely more on the private sector.

5.90 Some, on the other hand, valued HA as it did not operate for profit and considered HA already providing good quality services with good cost-effectiveness considering the low fees it current charged and amount of funding it was provided.

Role of Employers and Employees

5.91 The role of employers in the supplementary financing proposals, especially in the proposals requiring contributions, was the most frequently raised issue during the consultation. The labour unions and many respondents considered that employers must contribute to any financing proposals requiring contribution, while employer groups in general expressed reluctance to make any additional contribution to their employees' medical care, when many of them were already providing medical benefits. Similar to employers' contributions, the issue of the Government's contribution to the supplementary financing proposal was also raised, though some also demanded the Government to directly increase government funding for healthcare.

5.92 The fact that the supplementary financing proposals put forth for the first stage consultation did not attempt to specify the respective role of employers and employers was also a source of criticism, with many criticising the Government for not pinning down the responsibility of employers. Some especially labour unions drew parallel with the MPF scheme and considered that no contributory scheme would be acceptable without employers' contributions.

User Fee Increase

5.93 A number of respondents showed support to increasing user fees as a possible supplementary financial proposal. They viewed that fee increase was a simple, direct and efficient means to provide additional resources to meet the rising medical costs in the near future, whereas they thought that the implementations of other supplementary financing proposals would involve complex legal framework and regulatory mechanism which would certainly incur significant administrative costs. Nevertheless, most of them suggested that an adequate safety net was essential to protect the low-income group and the under-privileged from the fee increase. Nevertheless, the patient groups and social welfare groups were concerned about the fee increase might pose heavier financial burden to the chronic disease patients and the elderly.

5.94 The proposal received a fair amount of support in our survey. According to Survey 1, about 47% of respondents supported this proposal. It was also noted that the proposal received higher support amongst the higher income and higher education population group whereas the opposition was stronger amongst the lower income group and elder population group.

Income Level for Contribution

5.95 There were comparatively fewer focused discussions and views expressed on the income level for contribution amongst the proposals. One of the reason might be there was a general sentiments against the mandatory proposals from the public. The general opinions received were that an income level around $10,000 to $15,000 appeared to be too low. They worried that mandatory contribution amongst these income groups would pose significant burden on them and affect their standard of livings.

Financial Sustainability

5.96 During the consultation, we have only received a few responses emphasising on the need to address the issue of long-term sustainability of healthcare financing, despite there was a general recognition that a sustainable healthcare system would be essential to meet the healthcare needs and provide quality services for us in view of the ageing population. Some were of the view that the Government should be responsible for the financial sustainability. Some did not consider that there was a need to address this issue, given the amount of uncertainties involved in the distant future. Some put forward that there was no case to worry about the sustainability of our healthcare system as our financial reserve was sound and stable.

Administrative Cost

5.97 Administrative costs of the supplementary financing proposals especially the contributory ones were often raised as an issue. A number of commentaries did focus on drawing parallel with the administrative cost under the MPF system. Some further suggested that public entity or the Government should run the contributory financing proposals to minimize the administrative costs.

Summary

5.98 To tackle the long-term sustainability of the healthcare system so as to ensure the delivery of quality healthcare services in the community in view of the ageing population, we have to, on top of carrying out reforms on healthcare services, consider reforming the healthcare financing arrangement. The predominantly taxed-funded public healthcare system would not be sustainable in the long run even with increasing proportion of government expenditure to be allocated to meet the healthcare needs.

5.99 Whilst there was a general opinion recognising the need to address the issue of healthcare financing with regard to the ageing population, the community has, during the three-month consultation period, expressed rather diverse views on the introduction of supplementary financing and the possible supplementary proposals put forth in the Consultation Document to be adopted.

5.100 The issue drew enthusiastic feedback from the community and the public and stakeholders had a thorough debate on the six supplementary financing proposals. In short, the community had rather diverse opinions on various proposals, though there was broad support to the Government's commitment to increase its expenditure on healthcare from 15% to 17% of its recurrent expenditure by 2011-12. They also welcomed the Government's pledge to set aside $50 billion to facilitate the implementation of healthcare reform.

5.101 Members of the community also had a meaningful discussion on the underlying societal values and considerations of each supplementary financing proposal. They were interested to know the Government's long term commitment on the future healthcare system and how the additional funding would be used as if supplementary financing arrangements

were implemented. The community were also interested to know the respective roles of the Governments, employers and individuals under those financing proposals with contributory element. Another important issue was that what kinds of medical protection people could enjoy after they have participated in any kind of contributory supplementary financing scheme. To move forward, we would need to address all these issues with the community in the second-stage public consultation.

Chapter 6 CONCLUSION AND WAY FORWARD

6.1 There was strong support in the community to reform the current healthcare system. The public generally agreed there was an imminent need to reform our healthcare system so as to ensure it could continue to provide the public with healthcare protection and quality services in view of the ageing population and rising medical costs. There was also a general support from the public that we should pursue the entire package of reform initiatives as a whole so as to achieve our vision and to ensure the long term sustainability of the healthcare system.

Service Reform

6.2 During the consultation, overwhelming supports were received from the public and the stakeholders on the service reforms initiatives. The respondents generally shared the view that the Government should expedite the implementation of these initiatives. With regard to the public views, we would proceed to take the service reform initiatives forward as far as possible, making use of the increased government funding for healthcare in the coming few years.

6.3 On top of the broad consensus on the reform proposals, we will involve relevant stakeholders and take into account their views and concerns expressed during the consultation. We would also address various issues on healthcare manpower planning, private sector capacity and institutional set up. We are in particular moving forward in respect of the four areas of service reforms –

Enhancement of Primary Care

6.4 With broad public support on the enhancement of primary care services, we have set up a Working Group on Primary Care comprising representatives of public and private healthcare professionals, patients and service users and other stakeholders to take forward relevant initiatives. The Working Group will recommend specific plans to implement the proposals, such as the development of basic models for primary care services, promotion of Primary Care Directory based on the family doctor concept as well as the exploration of the new concept of "community health centre", to enhance primary care service in the community. In the meantime, we are also implementing a number of pilot projects on primary care services to test different models for enhancing primary care.

Promote Public-Private- Partnership in Healthcare

6.5 We are implementing a number of pilot projects to promote public-private partnership like purchase of private healthcare services, direct subsidization of patients for private healthcare, development of hospitals on PPP model and multi-partite medical centres of excellence. These pilot projects aim to relieving the waiting queue for public services, testing the concept of "money-follows-the-patient" as well as providing more choices of

healthcare services to patients. We will closely monitor and evaluate these projects to ensure that they would bring benefits to the community as a whole.

Electronic Health Record Sharing

6.6 With reference to the views received during the consultation, we will take the lead and devote resources to develop the necessary infrastructure for sharing eHR in both public and private sectors through engaging with the healthcare professionals in both sectors. To move forward, we will set up a dedicated office to co-ordinate the various development initiatives, and to leverage the existing systems and expertise of the HA to provide support to healthcare institutions in the private sector for their own eHR development.

Strengthen the Public Healthcare Safety Net

6.7 To further strengthen the existing safety net, we are in the process of seeking some $1 billion funding for injection into the Samaritan Fund to provide more funding to cater for those in need. The improvement of public services and implementation of PPP initiatives would shorten the waiting queue for public services. It will benefit patients who are using public services and respond to public concerns over waiting time. As the idea of a "personal limit on medical expenses" was well-received by the respondents, we will further explore this idea with the aim to provide additional protection to individuals who require costly treatment.

Healthcare Financing Reform

6.8 On healthcare financing, the public had a meaningful and thorough discussion on the principles as well as pros and cons on the need of supplementary financing arrangement and various supplementary financing proposals. The public and stakeholders generally recognized that there was a need to address this issue due to the ageing population. Many considered financing an indispensable part of healthcare reform, which would have significant implications on the long term sustainability of our healthcare system. There was also a broad support but not yet a consensus in the community to reform the current financing arrangements.

6.9 The community had rather diverse views on each of the six proposals which reflected their divergence towards the societal values underpinning the issue of healthcare financing. The public and stakeholders, however, were generally willing to continue deliberations on the issue of healthcare financing with a view to finding an appropriate solution. Whilst taking forward the service reforms, we should continue the deliberations on healthcare financing aiming to move towards forging a consensus in the community.

6.10 We will examine possible proposals for further consultation, having regard to the following broad principle derived from the public opinions during the first stage consultation –

(a) To preserve the existing public healthcare as a safety net for all, while providing better and wider choices for individuals who are using or able to afford private services.

(b) To take forward financing reform through a step-by-step approach having regard to the range of views received, and consider possible proposal(s) by stages, with a view to reaching long-term solutions.

(c) To consider standardized and incentivized arrangements to facilitate access to better protection and choices in healthcare with necessary flexibility to cater for the needs of different age/income segments of the population.

(d) To be in line with the concept of "money-follows-patient" under the healthcare reform, while ensuring sufficient protection to users on quality, price transparency and cost-effectiveness.

(e) To retain the $50 billion fiscal reserve pending decision on supplementary financing and consider how the funding could be made use of to assist the implementation of supplementary financing.

Way Forward

6.11 We are working to formulate more detailed proposals to further consult the public on the future development of our healthcare system, including the healthcare financing arrangement. We are planning to launch the second-stage public consultation in the first half of 2009 to encourage further discussions.

APPENDIX I MEETINGS OF PANEL ON HEALTH SERVICES AND MOTION DEBATE OF LEGISLATIVE COUNCIL RELATED TO HEALTHCARE REFORM PUBLIC CONSULTATION

Date	Meeting/Motion Debate
13 March 2008	Special Meeting, Panel on Health Services - Briefing by the Secretary for Food and Health on Healthcare Reform Consultation Document
19 March 2008	Special Meeting, Panel on Health Services - Further discussion on the Healthcare Reform Consultation Document
10 May 2008	Special Meeting, Panel on Health Services - Healthcare Reform Consultation Document
17 May 2008	Special Meeting, Panel on Health Services - Healthcare Reform Consultation Document
28 May 2008	Legislative Council Meeting - Motion on "Immediately improving the healthcare services in Hong Kong" (see overleaf)
24 June 2008	Special Meeting, Panel on Health Services - Consultation on Healthcare Reform
7 July 2008	Special Meeting, Panel on Health Services - Consultation on Healthcare Reform

The links to the notes of the special meetings, the submissions of the deputations and the motion debate are available on the Healthcare Reform website (http://www.beStrong.gov.hk).

Motion on "Immediately improving the healthcare services in Hong Kong" carried in the Legislative Council on 28 May 2008

"That, the Consultation Document on Health Care 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 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, thus this Council urges the Government to implement a series of measures and immediately allocate funding to improve Hong Kong's health care services; such measures must include:

(a) 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;

(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 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, and providing tax incentive to encourage the public to purchase medical insurance;

(k) increasing the value of elderly health care 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 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."

APPENDIX II MEETINGS AND MOTIONS OF DISTRICT COUNCILS RELATED TO HEALTHCARE REFORM PUBLIC CONSULTATION

District Council	Date	Motion/Chairman's Conclusion:
Central and Western	8 May 2008	Motion Passed: C&W DC supports the proposals put forward by the Consultation Document on Healthcare Reform, including promoting the concept of family medicine, subsidizing patients for preventive care, strengthening public medical safety net, reducing waiting time of public medical services, developing a territory-wide electronic health record sharing system and enhancing public primary care services. C&W DC supports that active steps should be taken to address the problems of aging population and rising medical expenditure, and urges the government to provide more details about the supplementary financing options in the next stage for public consultation.
Eastern	24 April 2008	Motion Passed: "In view of the ageing population in Hong Kong, its medical service will face a greater need and pressure, and the community has been much concerned about this. The Eastern District Council supported the government in announcing the "Healthcare Reform Consultation Document" so as to listen to the opinions from all sectors of the community with respect to the healthcare reform and financing options of Hong Kong, and requested the government when making any financing options for healthcare in the future, it must first take into consideration the affordability of the citizens and in the case of the low-income groups, the under-privileged groups, the casualty patients and patients who entail complex and costly treatments, the government should also continue to burden its responsibility."
Islands	5 May 2008	Chairman's Conclusion: "The Islands District Council supports the general direction embodied in the 'Consultation Document on Health Reform' and believes that Hong Kong should conduct healthcare reform as soon as possible. The Council is in the opinion that the task to be taken first and foremost is the implementation of enhancement of primary healthcare and community healthcare services. A careful study of a sustainable supplementary financing arrangement should be conducted so as to maintain a quality healthcare service. The Council also calls on the government to continue its pledge of providing for the healthcare needs of low-income families and the underprivileged. Any future formulation of supplementary financing arrangement should take into consideration the affordability of the public. In view of the high cost of medical services and limited affordability of individuals, the government should also explore insurance options which would provide an effect of risk-sharing."
Kowloon City	29 May 2008	Chairman's Conclusion: The Chairman stated that, in all fairness, Hong Kong citizens enjoyed better medical benefits than people in many developed countries. In U.S.A., for example, the general public could hardly afford exorbitant medical expenses without health insurance coverage while in Canada, people were entitled to free medical benefits provided by the government but were subject to high tax rates. Comparatively speaking, Hong Kong citizens were very fortunate. However, due to an aging population and advancement in medical technology, the health care expenditure in the territory kept rising. For these reasons, it was time to consider reforms to the health care system in Hong Kong in order to ensure that the citizens could continue to enjoy quality public health care services and protection. Regarding the health care financing policy, as long as the Government upheld the principle that no one would be denied of adequate health care because of lack of means, the Members would be willing to give their support. Yet when developing supplementary financing options for the reform of the health care system in the future, the Government should, as Members urged, consider carefully the needs of the grassroots in balance with the overall affordability of the community.
Kwai Tsing	8 May 2008	Motion Passed: "The Kwai Tsing District Council supports the Government to undertake healthcare reform at the earliest to strengthen its services, and supports to uphold the policy that 'no one should be denied adequate healthcare through lacks of means' so that the public healthcare system can continue to take care of the low income families and the under-privileged groups; as well as the introduction of supplementary financing options after public consultation so as to not only provide additional financing source for the healthcare system, but also improve the public-private imbalance in the present healthcare system and bring about real choice for the patients to ensure that quality healthcare services can be maintained."
Kwun Tong	6 May 2008	Chairman's Conclusion: The Chairman concluded that the Kwun Tong District Council (DC) was supportive of the early implementation of the healthcare reform, including service improvements, and the development of appropriate supplementary financing options so that quality healthcare services could be maintained and members of the public would not be deprived of treatments due to financial difficulties. On the other hand, DC concurred that the Government should increase its commitment to make sure that low-income families and the disadvantaged could continue to be covered by the public healthcare system. The Government should also take the opportunity to review the imbalance between the provision of public and private healthcare services and thereby offer the public a real choice.

District Council	Date	Motion/Chairman's Conclusion:
North	5 June 2008	Motion Passed: "North District Council supports the Government in implementing Healthcare Reform and working out, after adequate public consultation, a proposal that can achieve sustainable quality healthcare service. North District Council urges the Government to ensure that the medical needs of low-income families and under-privileged groups are met and a reliable safety net is provided to them."
Sai Kung	27 May 2008	Chairman's Conclusion: With an ageing population in Hong Kong, the pressure arising from public demand on the quality of healthcare services and service needs of the community would inevitably increase and so healthcare service reform was needed. The Sai Kung District Council hoped that in devising any supplementary healthcare financing option, the Government had to first take account of the affordability of the general public and at the same time adhere to its policy that "no one should be denied adequate healthcare through lack of means". The Government should increase its commitments while the low-income families and underprivileged groups should continue to be taken care of by the public healthcare system.
Sha Tin	29 May 2008	Motion Passed: "Along with the ageing of population in Hong Kong, the healthcare system of Hong Kong is heavily stressed and burdened. Sha Tin District Council supports the direction of Government in the "Healthcare Reform Consultation Document", enabling the sustainable development of the quality healthcare service of Hong Kong. This Council requests the Government to remain as the main financial support of the healthcare system and protect all social classes during the implementation of reform, especially the needs and rights of the grassroots."
Southern	24 April 2008	Motion Passed: "The Southern District Council (SDC) is supportive of the main direction set out in the Healthcare Reform Consultation Document. SDC considers that the health system of Hong Kong must be reformed to allow for consistent development. SDC requests the government to ensure that, in implementing any option, it will fully safeguard the needs of the grass roots and take into account the rights of the middle class."
Sham Shui Po	22 April 2008	Chairman's Conclusion: The Council was of the view that, in response to the problem of ageing population in Hong Kong, the action taken by the HKSAR Government to make preparations for medical protection beforehand displayed courage and commitment. The public medical service in Hong Kong was of a high quality, coupled with the ever changing medical technology, so the financial expenditure required would be enormous and could not be maintained by tax income alone, therefore, it was necessary to bring additional resources by financing. However, the Government should also be responsible for increasing its commitment and looking after low-income families and the underprivileged through the public medical system, so that no one would be denied adequate medical treatment due to financial difficulties. The Council hoped that FHB would draw up concrete plans after considering Members' views, so as to cater for the needs of the general public.
Tai Po	6 May 2008	Motion Passed: "The TPDC supports the Government to implement the healthcare reform without delay, including improving the quality of the service, and draw up a supplementary financing option after extensive public consultation, so as to maintain the quality healthcare service. The TPDC demands that notwithstanding the implementation of the healthcare reform, the Government should continue to shoulder the responsibilities of taking care of the low-income families, the socially disadvantaged and the people in genuine need, by making sure that no one will be deprived of adequate medical treatment for reason of financial difficulty."
Tsuen Wan	27 May 2008	Motion Passed: "Tsuen Wan District Council welcomes the Healthcare Reform Consultation Document which widely consults the members of public about the healthcare reform and financing. This Council urges the Government to continue to take care of the low-income families and the underprivileged and to take into account the burdens and needs of the middle-class when formulating any healthcare financing arrangement."
Tuen Mun	6 May 2008	Motion Passed: "The Tuen Mun District Council agrees that there is a pressing need for healthcare reform and supports the Government in upholding the policy that 'no one should be denied adequate healthcare through lack of means' and in enhancing the quality and level of healthcare services when carrying out healthcare reform, and that the Government should, following public consultation and on the principle of equity, work out in detail a healthcare system and financing options which can provide every member of the community with sufficient protection and develop on a sustainable basis before consulting the community again."
Wan Chai	22 April 2008	The Chairman's Conclusion: Members understood that an increase in health expenditure was inevitable in the future. They would consider whether to support the rate of increase only after the actual figure was known. Given the healthcare financing options as currently proposed, the general concern was about what services would be available for use by the underprivileged groups. It was considered that the Government was obliged to provide a public healthcare safety net for services not covered by the healthcare financing options. He added that while there were

District Council	Date	Motion/Chairman's Conclusion:
		compelling reasons to proceed with healthcare reform, there were a number of options available. It was hoped that after this round of consultation, more concrete figures could be available for next round of consultation. It was believed that by then, a consensus could be forged gradually within the community.
Wong Tai Sin	6 May 2008	Chairman's Conclusion: The Chairman concluded that WTSDC welcomed the issue of "Healthcare Reform Consultation Document" by the Government. As population ageing in Hong Kong was becoming serious, the demand on the quality and provision of healthcare services would surely become greater. There was a need for healthcare reform, but it was hoped that the Government would first take into account the affordability of the public when implementing any supplementary healthcare financing options. At the same time, the policy that "no one should be denied adequate healthcare through lack of means" must be maintained. The Government must increase its commitment, while the public healthcare system must continue to take care of the low-income family and the underprivileged.
Yau Tsim Mong	24 April 2008	The Chairman summed up Members' views as follows: ● Members concurred that healthcare reform was an urgent task in face of an ageing population and rising medical costs. It was also hoped that there would be expansion of the public healthcare safety net and shortening of the waiting time for public healthcare services. The public healthcare reform should be carried out at a greater pace. ● With the present public-private imbalance in our healthcare system and the small market share of the private healthcare sector, public aspirations were skewed towards public healthcare. By bringing additional resources to the healthcare system and creating new resources markets, supplementary financing arrangements could bring improvements by rectifying the present public-private imbalance in our healthcare system and offering real choices for patients. ● Given the fact that current medical costs were high and individuals were only with limited financial affordability, the Government should carry out a study into insurance proposals that have a risk-sharing effect. Members supported the idea of a personal limit on medical expenses. ● With additional contributions from healthcare financing arrangements, the public could be offered real choices as well as readily available personalized healthcare services. Members welcomed the Financial Secretary's proposal to earmark a sum of $50 billion as supplementary financing. It was hoped that an option with insurance as its central axis would be adopted and the aforesaid sum of money could be utilized to subsidize those who took out insurance. ● Option 6 could be considered but its shortcomings included additional burden on the middle-income groups and high administration costs etc. Members hoped that they could be informed of what improvements could be brought to our existing healthcare services by implementation of the reform proposals. They also urged the FHB to strength its publicity efforts and be open-mined by taking into account the views of different strata of the community so that the vast majority of the general public could be benefited.
Yuen Long	27 May 2008	The Chairman concluded as follows: ● This Council was pleased that the Healthcare Reform Consultation Document was thoroughly discussed at the District Council. Members generally agreed that the consultation had a positive and constructive impact on the future of Hong Kong. The $50 billion earmarked by the Financial Secretary was one of the most important supports for healthcare financing and would give the public a great impetus; ● This Council agreed that the effectiveness of healthcare reform should be an item on the agenda while a full range of public views should be collected for devising a supplementary financing option to ensure the sustainability of quality healthcare services. At the same time, no one should be denied quality healthcare through lack of means as a result of the reform. Low-income families and the underprivileged groups should continue to be taken care of by the public healthcare system with the Government's increased commitments. As healthcare reform would involve a wide spectrum of issues and parties, the Government should balance the interests of all parties to prevent the emergence of new social conflicts because of the reform; ● Healthcare financing was not a scourge. The Government should continue to explore options that were more acceptable to the public and build up a better healthcare system by way of healthcare reform and with the help of supplementary healthcare financing; ● Members could continue to put forward their valuable views on the Healthcare Reform Consultation Document through the relevant website or other channels.

The links to the notes of the DC meetings, the motions passed and the concluding statement of the Chairmen are available on the Healthcare Reform website (http://www.beStrong.gov.hk).

APPENDIX III BRIEFING SESSIONS, FORUMS, SEMINARS AND OTHER EVENTS RELATED TO HEALTHCARE REFORM CONSULTATION

Date 日期	Name of Organizations / Bodies / Events 機構 / 團體 / 活動名稱
15 March 2008	Central Policy Unit Part-time Members 中央政策組非全職顧問
16 March 2008	City Forum 城市論壇
17 March 2008	Forum organized by Food and Health Bureau (FHB) for staff members of Hospital Authority of Hospital Authority Head Office, Kowloon Central Cluster and Kwong Wah Hospital and Department of Health 食物及衞生局為醫院管理局總辦事處、九龍中聯網、廣華醫院及衞生署職員舉辦的論壇
	Democratic Party 民主黨
18 March 2008	The Hong Kong Federation of Insurers 香港保險業聯會
19 March 2008	Community forum organized by the Hon CHAN Yuen-han and District Councillors Mr NG Siu-cheung, Mr HUNG Kam-in and Mr MAK Fu-ling 地區論壇 (陳婉嫻立法會議員、伍兆祥區議員、洪錦鉉區議員及麥富寧區議員舉辦)
20 March 2008	District Council Chairmen and Vice-Chairmen 區議會主席及副主席
25 March 2008	Elderly Commission 安老事務委員會
26 March 2008	The Hong Kong Retirement Schemes Association 香港退休計劃協會
	Forum organized by FHB for staff members of Department of Health and Hospital Authority of Hong Kong West Cluster 食物及衞生局為醫院管理局香港西聯網及衞生署職員舉辦的論壇
27 March 2008	The Chinese Manufacturers Association of Hong Kong 香港中華廠商聯合會
	Community forum organized by the Hon WONG Kwok-hing and District Councillors Mr TANG Ka-piu, Mr LO Kwong-shing and Mr WONG Shun-yee 地區論壇 (王國興立法會議員、鄧家彪區議員、老廣成區議員及王舜義區議員舉辦)
29 March 2008	The Roundtable Group
31 March 2008	Community forum organized by the Hon WONG Kwok-hing and Community Officer Mr Henry CHAN Chi-hang 地區論壇 (王國興立法會議員及陳智恒社區幹事舉辦)
1 April 2008	International Business Committee
2 April 2008	Hong Kong Public Doctors' Association, Government Doctors' Association and Frontline Doctors' Association 香港公共醫療醫生協會、政府醫生協會及前線醫生聯盟
	Community forum organized by the Hon CHAN Kam-lam and District Council Office of Mr Lai Wing Ho 地區論壇 (陳鑑林立法會議員及黎榮浩議員辦事處舉辦)
	Community forum organized by the Hon WONG Kwok-hing and District Councillor Mr Leung Tsz-wing 地區論壇 (王國興立法會議員及梁子穎區議員舉辦)
3 April 2008	Island Branch of Democratic Alliance for the Betterment and Progress of Hong Kong (DAB) 民建聯離島支部
5 April 2008	International Symposium on Hong Kong's Health Financing Reform
7 April 2008	Community forum organized by the Hon CHAN Kam-lam and Li Tak Hong District Councillor Office 地區論壇 (陳鑑林立法會議員及李德康議員辦事處舉辦)
	Community forum organized by the Hon CHAN Yuen-han, Mr WONG Kwok-kin, Chairman of the Hong Kong Federation of Trade Union and District Councillor Mr HO Hon-man 地區論壇 (陳婉嫻立法會議員、工聯會理事長黃國健及何漢文區議員舉辦)
8 April 2008	Forum organized by FHB for Non Government Organizations (Welfare Groups) 食物及衞生局為非政府機構(社會服務團體)舉辦的論壇
	The Hong Kong Federation of Trade Union 香港工會聯合會
	Community forum organized by the Hon WONG Kwok-hing and Ms AU YEUNG Po-chun of Kwai Tsing Branch of DAB 地區論壇 (王國興立法會議員及民建聯葵青支部主席歐陽寶珍舉辦)
10 April 2008	Employers' Federation of Hong Kong 香港僱主聯合會
11 April 2008	Hong Kong Academy of Medicine 香港醫學專科學院
	Healthcare Reform Community Forum organized by the Hon CHAN Kam-lam, Kwun Tong Branch of DAB 民建聯醫療改革地區論壇 (民建聯官塘支部陳鑑林立法會議員舉辦)
14 April 2008	Students of Chu Hai College 珠海書院學生
	Forum organized by FHB for Private Hospitals 食物及衞生局為私家醫院舉辦的論壇

Date 日期	Name of Organizations / Bodies / Events 機構 / 團體 / 活動名稱
	Community Forum organized by the Hon WONG Kwok-hing, District Councillor Miss MAK Mei-kuen, and Community Officer Mr Danny POON Chi-nam) 地區論壇 (王國興立法會議員及麥美娟區議員及潘志南社區幹事舉辦)
15 April 2008	The Board of Directors of Yan Oi Tong 仁愛堂董事局
	Forum organized by FHB for Nursing and allied health associations 食物及衞生局為護理及專職醫療組織舉辦的論壇
	Community Forum organized by the Hon CHAN Kam-lam and District Councillor Office of Chan Man-ki, Maggie 地區論壇 (陳鑑林立法會議員及陳曼琪議員辦事處舉辦)
	Community Forum organized by the Hon CHAN Kam-lam and Community Officer Ms Amelia LAU Mei-lo 地區論壇 (王國興立法會議員及劉美璐社區幹事舉辦)
16 April 2008	Labour Advisory Board 勞工顧問委員會
	Hong Kong Women Professionals and Entrepreneurs Association 香港女工商及專業人員協會
	Hong Kong General Chamber of Commerce 香港總商會
17 April 2008	Hong Kong Dental Association 香港牙醫學會
	Hong Kong Development Forum 香港發展論壇
	The Consumer Council 消費者委員會
	The Hong Kong College of Family Physicians 香港家庭醫學學院
	Community Forum organized by District Councillor Mr YEUNG Man-yiu of Shatin Branch of DAB and the Office of District Councillor Dr Elizabeth QUAT 地區論壇 (民建聯沙田支部楊文銳及葛珮帆議員辦事處舉辦)
18 April 2008	Forum organized by FHB for staff members of Hospital Authority of Kowloon East Cluster and Department of Health 食物及衞生局為醫院管理局九龍東聯網及衞生署職員舉辦的論壇
	Medical Insurance Association under the Hong Kong Federation of Insurers 香港保險業聯會轄下醫療保險協會
19 April 2008	Healthcare Reform Community Forum organized by District Councillor Mr LUI Kin of Yuen Long Branch of DAB 民建聯醫療改革地區論壇 (民建聯元朗支部呂堅區議員舉辦)
	香港衞生界關注醫療改革大聯盟
21 April 2008	Community Forum organized by the Hon WONG Kwok-hing and District Councillor Mr YIU Kwok-wai 地區論壇 (王國興立法會議員及姚國威議員舉辦)
22 April 2008	Community Forum organized by the Hon WONG Kwok-hing and Community Officer Mr SHAM Cheuk-lam 地區論壇 (王國興立法會議員及岑卓霖社區幹事舉辦)
	Community forum organized by the Hon CHAN Yuen-han; Mr WONG Kwok-kin, Chairman of the Hong Kong Federation of Trade Union; District Councillors Mr KWOK Bit-chun and Ms FU Bik-chun 地區論壇 (陳婉嫻立法會議員、工聯會理事長黃國健、郭必錚區議員及符碧珍區議員舉辦)
23 April 2008	Forum organized by FHB for Patient Groups 食物及衞生局為病人組織舉辦的論壇
24 April 2008	Community Forum organized by the Central and West Branch of DAB 地區論壇 (民建聯中西區支部舉辦)
	Healthcare Reform Community Forum organized by the Hon CHAN Kam-lam, District Councillors Mr HUNG Kam In, Mr KWOK Bit-chun, Ms FU Bik-chun and Mr Henry LIM 民建聯醫療改革地區論壇 (陳鑑林立法會議員、洪錦鉉區議員、郭必錚區議員、符碧珍區議員及林亨利區議員舉辦)
25 April 2008	The Mandatory Provident Fund Schemes Advisory Committee of Mandatory Provident Fund Schemes Authority 強制性公積金計劃管理局諮詢委員會
	Forum organized by FHB for staff members of Hospital Authority of New Territory East Cluster and Department of Health 食物及衞生局為醫院管理局新界西聯網及衞生署職員舉辦的論壇
	The New Century Forum 新世紀論壇
	Hong Kong Institute of Certified Public Accountants 香港會計師公會
	Healthcare Reform Community Forum organized by the Hon CHAN Kam-lam, Kwun Tong Branch of DAB 民建聯醫療改革地區論壇 (民建聯官塘支部陳鑑林議員舉辦)
	District forum organized by C W Power and the Association of the Hong Kong Central and Western District Limited 地區論壇 (中西區發展動力及香港中西區各界協會舉辦)
27 April 2008	Symposium organized by Hong Kong Doctors Union 座談會 (香港西醫工會舉辦)

Date 日期	Name of Organizations / Bodies / Events 機構 / 團體 / 活動名稱
28 April 2008	Forum organized by FHB for staff Members of Hospital Authority of Kowloon West Cluster and Department of Health 食物及衞生局為醫院管理局九龍西聯網及衞生署職員舉辦的論壇
	Non-official Members of the Commission on Strategic Development 策略發展委員會非官方委員
	Community forum organized by the Hon CHAN Yuen-han, Mr WONG Kwok-kin, Chairman of the Hong Kong Federation of Trade Union, District Councillors Mr HO Yin-fai and Mr MOK Kin-wing 地區論壇(陳婉嫻立法會議員、工聯會理事長黃國健、何賢輝區議員及莫健榮區議員舉辦)
	Healthcare Reform Community Forum organized by the Hon CHAN Kam-lam, Kwun Tong Branch of DAB 民建聯醫療改革地區論壇 (民建聯官塘支部陳鑑林立法會議員舉辦)
29 April 2008	Hong Kong Polytechnic University 香港理工大學
	Hong Kong General Chamber of Commerce 香港總商會
	Community Forum organized by the Hon CHAN Kam-lam, District Councillors Mr HUNG Kam-in and Mr TANG Wing-chun, and Laguna City Estate Owners' Committee 地區論壇 (陳鑑林立法會議員、洪錦鉉區議員、鄧咏駿區議員及麗港城業主委員會舉辦)
30 April 2008	東九龍區居民委員會
	Kowloon Hospital Alumni Society 九龍醫院同儕會
	Community Forum organized by the Hon CHAN Kam-lam and Mr YUEN Kwok-keung 地區論壇 (陳鑑林立法會議員及袁國強社區服務處舉辦)
2 May 2008	Youth Forum on Healthcare Reform organized by the Hong Kong 200 Association of the Hong Kong Federation of Youth Groups <香港 200>談醫療改革 (香港青年協會香港 200 醫療改革關注小組舉辦)
	Community Forum organized by the Hon WONG Kwok-hing and District Councillor Mr Manwell CHAN 地區論壇 (王國興立法會議員及陳文偉議員舉辦)
3 May 2008	Forum organized by the Hon KWOK Ka-ki 「學界對醫療改革的意見」論壇 (郭家麒立法會議員舉辦)
	District Forum organized by Building Health Kowloon City Association Limited and co-organized by Kowloon City District Office 地區論壇 (建設健康九龍城協會有限公司主辦，九龍城民政事務處協辦)
4 May 2008	District Forum organized by the Hon Albert HO 地區論壇 (何俊仁立法會議員舉辦)
5 May 2008	Federation of Hong Kong Industries 香港工業總會
	The Chinese General Chamber of Commerce 香港中華總商會
	Healthcare Reform Seminar organized by Wong Tai Sin District Office and Wong Tai Sin Healthy and Safe City Company Limited 黃大仙區醫療改革座談會(黃大仙民政事務處及「黃大仙區健康安全城市有限公司」舉辦)
	District Forum organized by Hong Kong Confederation of Trade Union 地區論壇 (香港職工會聯盟舉辦)
6 May 2008	The Frontier 前線
8 May 2008	The Hong Kong Medical Association 香港醫學會
10 May 2008	Savantas 匯賢智庫
11 May 2008	District Forum organized by Hong Kong Confederation of Trade Union 地區論壇 (香港職工會聯盟舉辦)
13 May 2008	District Forum organized by Hong Kong Confederation of Trade Union 地區論壇 (香港職工會聯盟舉辦)
14 May 2008	The Professional Commons 公共專業聯盟
15 May 2008	The Hong Kong Society for Rehabilitation 香港復康會
16 May 2008	Hong Kong Women Development Association Limited 香港婦聯
	Hong Kong Women Doctors Association 香港女醫生協會
17 May 2008	Panel discussion with medical professions from the public and private practices organized by the Hon KWOK Ka-ki 醫學界對醫療改革回應研討會 (郭家麒立法會議員舉辦)
	Hong Kong Federation of Women 香港各界婦女聯合協進會
	District Forum organized by Caritas Mok Cheung Sui Kun Community Centre 地區論壇 (明愛莫張瑞勸社區中心舉辦)
	"The Healthcare System that We Want: Perspectives of Hong Kong Residents" organized by the Institute of Health Policy and Systems Research and the Hong Kong Federation of Insurers 「香港人要的醫療體制」公開論壇 (醫療政策研究學院及香港保險業聯會舉辦)

Date 日期	Name of Organizations / Bodies / Events 機構 / 團體 / 活動名稱
20 May 2008	The Practising Pharmacists Association of Hong Kong 香港執業藥劑師協會
21 May 2008	Hong Kong Dental Association 香港牙醫學會
22 May 2008	Faculty of Health and Social Sciences, Hong Kong Polytechnic University 香港理工大學醫療及社會科學院
	Aberdeen Kai-fong Welfare Association Social Service Centre 香港仔街坊福利會社會服務中心
	Community forum organized by the Hon CHAN Yuen-han; Mr WONG Kwok-kin, Chairman of the Hong Kong Federation of Trade Union and District Councillor Mr HO Hon-man 地區論壇 (陳婉嫻立法會議員、工聯會理事長黃國健及何漢文區議員舉辦)
23 May 2008	Hong Kong Women Workers' Association 香港婦女勞工協會
	The Hong Kong Institute of Architects 香港建築師學會
	GS1 Hong Kong Healthcare Night 香港貨品編碼協會醫療護理晚宴
24 May 2008	The Institute of Financial Planners of Hong Kong 香港財務策劃師學會
25 May 2008	Aids Concern 關懷愛滋
26 May 2008	Forum organized by FHB for staff members of Hospital Authority of Hong Kong East Cluster and Department of Health 食物及衞生局為醫院管理局香港東聯網及衞生署職員舉辦的論壇
	Women's Commission 婦女事務委員會
27 May 2008	Hospital Governing Committee 醫院管治委員會
28 May 2008	Hong Kong Association of Gerontology 香港老年學會
29 May 2008	The Hong Kong Society for Rehabilitation 香港復康會
	Cancerlink 癌協
	Hong Kong Public Doctors' Association and Government Doctors' Association – 18th Joint Annual Dinner 香港公共醫療醫生協會及政府醫生協會第十八屆週年晚宴
30 May 2008	The Hong Kong Council of Social Service 香港社會服務聯會
	Hong Kong Chinese Civil Servants' Association 香港政府華員會
	The Federation of Medical Societies of Hong Kong 香港醫學組織聯會
31 May 2008	The Hong Kong Management Association 香港管理專業協會
	The Salvation Army Hong Kong and Macau Command Yaumatei Multi-service Centre for Senior Citizens 救世軍油麻地長者社區服務中心
	Caritas Community Centre - Tsuen Wan 明愛荃灣社區中心
	Healthcare Reform Community Forum organized by Tuen Mun Branch of DAB 民建聯醫療改革地區論壇 (民建聯屯門支部舉辦)
1 June 2008	長期病患者關注醫療融資聯席
2 June 2008	Hong Kong Chamber of Insurance Intermediaries 香港保險中介人商會
5 June 2008	Public Policy Forum on Healthcare Finance Reform jointly organized by Governance in Asia Research Centre (GARC), Faculty of Humanities and Social Sciences, City University of Hong Kong and SynergyNet 公共政策研討會探討本港公共醫療改革 (城市大學亞洲管治研究中心及新力量網絡合辦)
	The Obstetrical and Gynaecological Society of Hong Kong 香港婦產科學會
6 June 2008	Forum organized by FHB for staff members of Hospital Authority of New Territories West Cluster and Department of Health 食物及衞生局為醫院管理局新界西聯網及衞生署職員舉辦的論壇
	Small and Medium Enterprises Committee 中小型企業委員會
7 June 2008	HKSKH Lady MacLehose Centre 香港聖公會麥理浩夫人中心
	The Hong Kong Epilepsy Association 香港協癇會
10 June 2008	District Forum organized by Democratic Party 地區論壇 (民主黨舉辦)

Date 日期	Name of Organizations / Bodies / Events 機構 / 團體 / 活動名稱
12 June 2008	The Hong Kong Institute of Directors 香港董事學會
	Caritas Federation for Senior Citizen 明愛長者聯會

APPENDIX IV LIST OF WRITTEN SUBMISSIONS RECEIVED DURING HEALTHCARE REFORM PUBLIC CONSULTATION

Submissions from Organizations

Serial No. 序 號	Name 名 稱
O001	American International Assurance Company (Bermuda) Limited
O002	Association of Chartered Certified Accountants (Hong Kong)
O003	AXA China Region Insurance Co Ltd
O004	Bauhinia Foundation Research Centre
O005	Blue Cross
O006	Brain Health United
O007	British Medical Association Hong Kong Branch
O008	Business and Professionals Federation of Hong Kong
O009	Business and Professionals Federation of Hong Kong (2008-09 Policy Address)
O010	Catholic Diocesan Commission of Hospital Pastoral Care
O011	Centre for Clinical Trials on Chinese Medicine, The Chinese University of Hong Kong
O012	Centre for Public Policy Studies, Lingnan University
O013	Chinese Medicine Society, Medical Society, Hong Kong University Students' Union
O014	Civic Party
O015	Department of Community and Family Medicine, School of Public Health, the Chinese University of Hong Kong.
O016	Department of Rehabilitation Sciences, the Hong Kong Polytechnic University
O017	Diabetes Hongkong
O018	Drug Education Resources Centre
O019	E-Mice Group Holdings Limited
O020	Employers' Federation of Hong Kong
O021	Equal Opportunities Commission
O022	Faculty Staff, Physiotherapy, Department of Rehabilitation Sciences, The Hong Kong Polytechnic University
O023	Family Medicine Unit, the University of Hong Kong
O024	Federation of Hong Kong Industries
O025	Fresenius Medical Care Hong Kong Ltd.
O026	Health Works Charitable Fund Limited
O027	Healthcare Policy Forum
O028	Hodfords.com Ltd
O029	Hong Kong Academy of Medicine
O030	Hong Kong Adventist Hospital
O031	Hong Kong Alzheimer's Disease Association
O032	Hong Kong Chamber of Insurance Intermediaries
O033	Hong Kong Chinese Medicine Concern Group
O034	Hong Kong Chiropractors' Association
O035	Hong Kong Civic Association
O036	Hong Kong College of Community Medicine
O037	Hong Kong College of Health Service Executives
O038	Hong Kong College of Mental Health Nursing
O039	Hong Kong College of Paediatricians
O040	Hong Kong Committee on Children's Rights
O041	Hong Kong Democratic Foundation
O042	Hong Kong Dental Association
O043	Hong Kong Doctors Union
O044	Hong Kong General Chamber of Commerce
O045	Hong Kong Institute of Certified Public Accountants
O046	Hong Kong Institute of Human Resource Management
O047	Hong Kong Occupational Therapy Association
O048	Hong Kong Policy Research Institute
O049	Hong Kong Private Hospitals Association
O050	Hong Kong Psychogeriatric Association
O051	Hong Kong Society for Nursing Education
O052	Hong Kong Society of Certified Insurance Practitioners Limited
O053	Hong Kong Society of Family Dentistry

Serial No. 序 號	Name 名 稱
O054	Hong Kong Society of Medical Informatics Ltd
O055	Hong Kong Tuberculosis, Chest & Heart Diseases Association
O056	Hong Kong Women Doctors Association
O057	Hong Kong Women Professionals & Entrepreneurs Association
O058	Hospital Authority
O059	HSBC Insurance (Asia) Ltd
O060	Internet Professional Association and the eHealth Consortium
O061	Kowloon Hospital Alumni Society
O062	Mercer (Hong Kong) Limited
O063	Munich Reinsurance Company Hong Kong Branch
O064	Natural Health Association
O065	Office of the Privacy Commissioner for Personal Data, Hong Kong
O066	Practising Estate Doctors Association
O067	Pharmaceutical Distributors Association of Hong Kong
O068	Police Force Council Staff Associations
O069	Prudential Assurance Company Hong Kong
O070	Public Consultant Doctors Group
O071	Public Hospital Administrators' Association
O072	Public Policy Roundtable Series – Public Policy Forum on Hong Kong Healthcare Reform
O073	School of Pharmacy, Chinese University of Hong Kong
O074	Senior Citizen Home Safety Association
O075	Swiss Re
O076	The Actuarial Society of Hong Kong
O077	The British Chamber of Commerce in Hong Kong
O078	The Consumer Council
O079	The College of Surgeons of Hong Kong
O080	The Federation of Medical Societies of Hong Kong
O081	The Government Doctors Association
O082	The Hong Kong Association of Speech Therapists
O083	The Hong Kong Association of the Pharmaceutical Industry
O084	The Hong Kong College of Mental Health Nursing Ltd
O085	The Hong Kong College of Family Physicians
O086	The Hong Kong Confederation of Insurance Brokers
O087	The Hong Kong Federation of Insurers
O088	The Hong Kong Geriatrics Society
O089	The Hong Kong Health Food Association Ltd
O090	The Hong Kong Institute of Surveyors
O091	The Hong Kong Medical Association
O092	The Hong Kong Paediatric Society
O093	The Hong Kong Pharmaceutical Care Foundation
O094	The Hong Kong Retirement Schemes Association
O095	The Hong Kong Society of Child Neurology and Developmental Paediatrics
O096	The Hong Kong Society of Professional Optometrists, School of Optometry of HKPU and the HK Association of Private Practicing Optometrists
O097	The Indian Chamber of Commerce Hong Kong
O098	The Institute for Health Policy & Systems Research
O099	The Institute of Accountants in Management Limited
O100	The Pharmaceutical Society of Hong Kong
O101	The Institute of Financial Planners of Hong Kong
O102	The Practising Pharmacists Association of Hong Kong
O103	The Society of Hospital Pharmacists of Hong Kong
O104	The Taxation Institute of Hong Kong
O105	Tsuen Wan Adventist Hospital
O106	107 動力
O107	九龍社團聯會
O108	土瓜灣分區委員會
O109	中西區發展動力
O110	中產動力
O111	中產聯盟
O112	心血會有限公司
O113	加以域關注組
O114	平等機會婦女聯席
O115	民主陣線

Serial No. 序 號	Name 名 稱
O116	民主黨
O117	民主黨西貢區議員及社區主任
O118	民協
O119	民建聯
O120	全民黨
O121	匡智會
O122	老人權益中心及深水埗社區協會
O123	老人權益促進會
O124	自由黨
O125	自強協會、關注傷殘津貼聯席、嚴重弱智人士家長協會、香港肢體弱能人士家長協會、殘障人士及照顧者關注組
O126	西九新動力
O127	西貢區焦點小組
O128	何文田動力
O129	扶康家長會
O130	明愛九龍社區中心
O131	明愛牛頭角社區中心
O132	明愛長者聯會
O133	明愛青少年社區服務
O134	明愛荃灣社區中心
O135	社區發展協會
O136	長期病患者關注醫療改革聯席
O137	長者政策監察聯席
O138	長青樹健康管理有限公司
O139	信義會葵涌老人中心
O140	前綫
O141	建設健康九龍城協會
O142	政府人員協會
O143	政府機電監工技工職員協會
O144	紀律部隊評議會(職方)
O145	香港人壽保險從業員協會
O146	香港大學中醫全科學士(全日制)校友會
O147	香港大學專業進修學院中醫同學會
O148	香港 深水埗工商聯會
O149	香港女障協進會
O150	香港工會聯合會社會事務委員會
O151	香港工人健康中心
O152	香港中文大學中醫學院
O153	香港中文大學中醫學院校友會
O154	香港中文大學崇基學院神學院教會智囊
O155	香港中文大學學生會
O156	香港中文大學學生會報社
O157	香港中西醫結合醫學會
O158	香港中華廠商聯合會
O159	香港中華總商會
O160	香港中華經筋醫學研究會
O161	香港中醫師權益總工會
O162	香港中醫骨傷學會
O163	香港公立醫院、衛生署及大學醫生協會
O164	香港天主教正義和平委員會
O165	香港天主教勞工事務委員會
O166	香港水上居民聯誼總會
O167	香港仔街坊福利會社會服務中心
O168	香港各界婦女聯合協進會
O169	香港血友病會
O170	香港物理治療師工會
O171	香港社會工作人員協會醫務社會工作分會

Serial No. 序 號	Name 名 稱
O172	香港社會服務聯會
O173	香港社會保障學會
O174	香港青年協會 - 香港 200 醫療改革關注小組
O175	香港青年協會 青年研究中心
O176	香港研究協會
O177	香港食物及衛生瞭望組
O178	香港政府華員會
O179	香港家連家精神健康倡導協會
O180	香港消防退休人員互助會
O181	香港浸會大學中醫藥學院
O182	香港健康網絡
O183	香港基督徒學生運動
O184	香港基督徒學會
O185	香港基督教女青年會 賽馬會西環綜合社會服務處 “Women With Wisdom”義工小組
O186	香港基督教女青年會秀群松柏社區服務中心
O187	香港基督教女青年會明儒松柏社區服務中心
O188	香港基督教女青年會誌寶松柏中心
O189	香港基督教協進會社會公義與民生關注委員會
O190	香港基督教服務處
O191	香港基督教服務處長者評議會
O192	香港婦女中心協會
O193	香港婦女基督徒協會
O194	香港婦聯
O195	香港專業人士協會
O196	香港專業及資深行政人員協會
O197	香港教育專業人員協會
O198	香港理工大學醫療及社會科學院
O199	香港復康聯會
O200	香港復康聯盟
O201	香港視網膜病變協會
O202	香港註冊中醫學會
O203	香港傷殘青年協會
O204	香港愛滋病基金會
O205	香港新中醫學院
O206	香港新界工商業總會沙田分會
O207	香港新界工商業總會荃灣分會
O208	香港新界工商業總會 (屯門分會)
O209	香港聖公會麥理浩夫人中心
O210	香港聖公會福利協會
O211	香港僱員保健協會
O212	香港衛生界專業團體聯席會議
O213	香港衛生界關注醫療改革大聯盟
O214	香港樹仁大學學生會
O215	香港癌症基金會癌症服務中心
O216	香港職工會聯盟
O217	香港醫務委員會執照醫生協會
O218	中西區民政事務處焦點小組
O219	香港醫療及衛生服務評議會
O220	香港醫療專業聯盟
O221	香港護士協會
O222	根德持續教育中醫藥學會
O223	病人互助組織聯盟
O224	荃灣區焦點小組
O225	荃灣商會有限公司
O226	荃灣舊區長者組
O227	馬鞍山民康促進會
O228	健康之友

Serial No. 序 號	Name 名 稱
O229	基層發展中心
O230	婦女事務委員會
O231	婦女貧窮關注會
O232	救世軍大埔長者社區服務中心政策關注組
O233	救世軍護老者協會
O234	教育評議會
O235	深水埗社區協會公屋民生關注組
O236	連青網絡－香港神托會青少年綜合服務中心
O237	港九勞工社團聯會
O238	港恩中醫診所
O239	街坊工友服務處
O240	雅麗珊郡主紅十字會學校
O241	愛鄰舍服務協會
O242	新界西醫療及復康關注組
O243	新華中醫中藥促進會
O244	新婦女協進會
O245	新論壇
O246	葵芳邨居民協會
O247	葵涌村居民權益關注組
O248	葵涌邨醫療融資關注組
O249	綠色女流
O250	銅鑼灣街坊福利促進會
O251	禮賢會沙田長者鄰舍中心
O252	醫療改革關注小組
O253	鯉魚門耆英關注組
O254	關心您的心
O255	關注長者權益大聯盟
O256	關懷愛滋
O257	觀塘東安老服務聯盟社區關注組

Copies of the written submissions are available on the Healthcare Reform website (http://www.beStrong.gov.hk).

Remarks:
1. There are five submissions which originators have requested confidentiality.
2. In one written submission, the originator has requested not to disclose some parts of its submission.

Submissions from Individuals

Serial No. 序 號	Name 名 稱
I0001	小市民
I0002	香港人
I0003	BP
I0004	Nathan Chung
I0005	劉艾達
I0006	香港市民梁 Sir
I0007	香港市民梁 Sir
I0008	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0009	Stephen Leung
I0010	Mr. Luk
I0011	Mr. Li
I0012	做好呢份工的市民
I0013	吳先生
I0014	Peter Pin
I0015	CHAN Yee-tak Douglas [SBI]
I0016	Guy Shirra
I0017	升斗市民
I0018	Ma Apple
I0019	何嘉韻
I0020	陳文瀚
I0021	M Wong
I0022	Lo siu yu
I0023	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0024	*(Name not provided)* *(沒有署名)*
I0025	呂慶棠
I0026	CTK CTK
I0027	Wilson
I0028	一個月入只有萬多元的人仕
I0029	YYH
I0030	Mr. Eddie Tsang
I0031	駱小姐
I0032	Middle & Working Class
I0033	ellen731
I0034	Christina Chow
I0035	謝文穎
I0036	AMY
I0037	陳生
I0038	WEAK888
I0039	KR, Jena
I0040	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0041	S Cheung
I0042	chi yan cho
I0043	Fonny Lam
I0044	Yip Yiu-Man
I0045	andrew
I0046	區小姐
I0047	Andrew Lee
I0048	gigi ng
I0049	馬先生
I0050	比夾心階層更下一級之打工仔
I0051	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0052	roytszinferior
I0053	Jim-Ming

Serial No. 序 號	Name 名 稱
I0054	中七學生
I0055	Hiu Tsang
I0056	POON, Chi Fai
I0057	joe kwong
I0058	香港市民梁 Sir
I0059	sim
I0060	Geoffrey Tso
I0061	Patrick Wong
I0062	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0063	On Wah Tung
I0064	eunicess
I0065	Jimmy P.W. Woo
I0066	Tom
I0067	小市民
I0068	szekitmax
I0069	Wendy Fung
I0070	Betty Leung
I0071	Barry NG
I0072	LI Melody
I0073	Selina Yu
I0074	a hard working HK girl
I0075	理想也被埋沒的青少年
I0076	bhupinder singh bhatti (john)
I0077	cheng
I0078	黃文偉
I0079	Eric So
I0080	陳小姐
I0081	Ian Wong
I0082	Yi
I0083	陳先生
I0084	何顯輝
I0085	*(Name not provided)* *(沒有署名)*
I0086	connie
I0087	Simon
I0088	劉翠雲
I0089	Cherry Yu
I0090	tse james
I0091	yu chun fai
I0092	chiufai wong
I0093	MIB
I0094	張先生
I0095	Ivy Wong
I0096	李國明
I0097	Lee Esther
I0098	chorshan chan
I0099	elaine wong
I0100	key kk
I0101	SIU LAI CHAN
I0102	Manley
I0103	nospam nospam
I0104	不記名
I0105	Dr KWOK
I0106	KK
I0107	Tsang yiu cheung
I0108	Shirwin Chui
I0109	Jerry
I0110	Hong Kong People
I0111	Anonymously

Serial No. 序 號	Name 名 稱
I0112	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0113	Simon
I0114	普通市民
I0115	William Fung
I0116	stan lee
I0117	ke chan
I0118	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0119	h c.k
I0120	Nathan Chung
I0121	MAGGIE WONG
I0122	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0123	Chan Tai Man
I0124	Simon
I0125	Iris Cheung
I0126	Eric LAU
I0127	鄭小姐
I0128	HL Ho
I0129	Peter Wu
I0130	Josephine Kam
I0131	徐煒然
I0132	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0133	WONG CHI KWAN
I0134	鍾先生
I0135	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0136	Anonymous
I0137	翔冰
I0138	Jason Kwok
I0139	Wong Lan Hui An
I0140	szepo so
I0141	Tony CHAN
I0142	Kai Hong Mo
I0143	反對人
I0144	David Schneider
I0145	c c
I0146	不滿強制性醫療供款的市民
I0147	CKY
I0148	Some Medical Students
I0149	Shera Mak
I0150	Ken
I0151	Kitty Lau
I0152	John So
I0153	Kelvin Lai
I0154	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0155	ivis
I0156	Benjamin Lai
I0157	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0158	Kevin Wong
I0159	KC LAM
I0160	leung ngan ming
I0161	Ms Chan
I0162	小市民
I0163	YUEN Wai Yee
I0164	小市民
I0165	Michael Chau
I0166	*(Name not provided)* *(沒有署名)*

Serial No. 序 號	Name 名 稱
I0167	Mary Barbara Tam Wang
I0168	香港一市民
I0169	JC
I0170	LEE Shu Chung
I0171	brian lai
I0172	李碧惠
I0173	Vanessa Hung
I0174	Vanessa Hung
I0175	hannachoi
I0176	Leung Kwok Shun
I0177	Chui Fong Chow
I0178	楊志尊
I0179	Tracy Wong
I0180	Citizen of Hong Kong
I0181	April Leung
I0182	ka wang Yip
I0183	shadow ....
I0184	Gov Stupid
I0185	陳競立
I0186	楊慶材
I0187	市民尹崇健
I0188	a citizen who does not and will not support the reform
I0189	ANGIE SIN
I0190	梁磊明
I0191	alex
I0192	小市民
I0193	KC
I0194	Jobie Cheung
I0195	Colin PY KEUNG
I0196	反對聲音的一群
I0197	林小姐
I0198	Cheung Ken
I0199	MAGGIE CHAN
I0200	MARIE
I0201	ANGIE SIN
I0202	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0203	趙先生
I0204	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0205	Peter NG
I0206	沙田馬鞍山張先生
I0207	Benny
I0208	*(Name not provided)* *(沒有署名)*
I0209	IRUN
I0210	A very discontented HK citizen
I0211	Jennifer Leung Jek Fong
I0212	Lau Suk Yin
I0213	Victor Ng Hoi Yu
I0214	raymond lam
I0215	yh lau
I0216	Ee Rr
I0217	phil yuen
I0218	Wong Maggie
I0219	何建業
I0220	SIU MAN FU
I0221	JJ
I0222	janny lee
I0223	潘偉倫
I0224	Joey Chan

Serial No. 序 號	Name 名 稱
I0225	K L Wong
I0226	Hon Chun Kong
I0227	LINDA LIU
I0228	吳錦釗
I0229	簡灼英
I0230	Yvonne
I0231	Roy Ngan
I0232	CHAN CHIU CHIU
I0233	Rocky Chan
I0234	萬小姐
I0235	*(Name not provided)* *(沒有署名)*
I0236	Harry
I0237	Anthony Woo
I0238	Anthony Woo
I0239	Jennifer Lo
I0240	Thomas
I0241	sammy suen
I0242	Anthony Woo
I0243	Ng Wai-cheong
I0244	Lau Tse Fung
I0245	mtpm28
I0246	Mei Ying Leung
I0247	Andy Lam
I0248	黃先生及黎小姐
I0249	Wl Leung
I0250	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0251	r p
I0252	TANG W
I0253	可憐的病人
I0254	Ka Yee Tsui
I0255	Joseph Leung
I0256	Rachel Chan
I0257	Wing
I0258	張自華
I0259	李先生
I0260	Union
I0261	Kate Leung
I0262	William
I0263	Mr Peter Ci Wan
I0264	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0265	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0266	Angela
I0267	蔡先生
I0268	譚先生
I0269	*(Name not provided)* *(沒有署名)*
I0270	無奈的升斗市民
I0271	鄭小姐
I0272	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0273	Chad Gerson
I0274	香港市民梁 Sir
I0275	net people
I0276	Law
I0277	Fung Suk Han Cecilia
I0278	CHOI PETER CS
I0279	吳小姐

Serial No. 序 號	Name 名 稱
I0280	甘先生
I0281	Pong
I0282	TO
I0283	timothy tsoi
I0284	一個小市民
I0285	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0286	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0287	sallyshiu87
I0288	林世傑
I0289	Dennis
I0290	Florence Leung
I0291	YUEN Wai Man Raymond
I0292	cindy so
I0293	Cathsy
I0294	譚
I0295	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0296	揭秉麟
I0297	Jason CHAN
I0298	Eric
I0299	LINDA
I0300	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0301	Allah Lung
I0302	Abel Au
I0303	余良義
I0304	Amy LO
I0305	馮 興
I0306	Joe Yiu
I0307	key kk
I0308	鄒炳威
I0309	Peter Wan
I0310	Daviv
I0311	Daviv
I0312	陳偉傑
I0313	Sara Cheung
I0314	蕭偉基
I0315	何玉儀
I0316	*(Name not provided)* *(沒有署名)*
I0317	Lee Lak See (Ms.)
I0318	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0319	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0320	Eric
I0321	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0322	felixthechin
I0323	Myrian
I0324	王志偉牙科醫生
I0325	A concerned, angry & desperate HKSAR citizen
I0326	*(Name not provided)* *(沒有署名)*
I0327	MICHAEL HO
I0328	阮先生
I0329	黃先生
I0330	張學明
I0331	Joseph Lau

Serial No. 序 號	Name 名 稱
I0332	Ching
I0333	P.C. Mar
I0334	Tin-yan Ho
I0335	Chow Kwan Ha
I0336	new_girl_attie
I0337	Pedro CHAN
I0338	*(Name not provided)* *(沒有署名)*
I0339	胃病病人
I0340	Cheryl J. Law
I0341	C T Wong
I0342	Mr WAN
I0343	Henry Chan
I0344	Whitney Fan
I0345	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0346	陶候
I0347	甄振籌
I0348	郭筱文
I0349	*(Name not provided)* *(沒有署名)*
I0350	*(Name not provided)* *(沒有署名)*
I0351	煩惱的人王小姐
I0352	chui shan wong
I0353	Youth - Eric
I0354	Elaine Wong
I0355	KP Ngai
I0356	一個有心的市民
I0357	曾雅
I0358	李松光
I0359	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0360	Lai Sze Nuen
I0361	*(Name not provided)* *(沒有署名)*
I0362	向德明
I0363	Leung Kwok On
I0364	Ng Wong Choi Wan
I0365	蘇薇芳
I0366	mokshalee
I0367	Kelly Chan
I0368	mandykyoto
I0369	Gi Gi Wong
I0370	Chan Yuk Ming
I0371	Ting Chan
I0372	Simon
I0373	尾 氏
I0374	崔麗珊
I0375	忿怒的小市民
I0376	cc227
I0377	胡圖
I0378	Joyce
I0379	Wallace Wong
I0380	陳覺慈
I0381	Cheung Chi Keung
I0382	Koo Prentice
I0383	史 Sir
I0384	Rex
I0385	Winnie Chow
I0386	蔣美貞
I0387	Enna Liu

Serial No. 序 號	Name 名 稱
I0388	Andrea Chen
I0389	Dr Chan Ka Man
I0390	victor
I0391	一個香港市民
I0392	*(Name not provided)* *(沒有署名)*
I0393	Simon Y. T. Tsao
I0394	Jason Lam
I0395	A typical middle class and cancer survivor
I0396	Teresa Hung
I0397	Winnie Liang
I0398	Winnie Liang
I0399	Ting Ping
I0400	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0401	黎
I0402	香港公民林裕萍
I0403	Albert POON
I0404	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0405	Keith Chan
I0406	林婉明
I0407	王先生
I0408	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0409	Mr Chow
I0410	何肇基
I0411	TONG Man Chung Jacky
I0412	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0413	袁景康
I0414	Sanny Chung
I0415	pokafai
I0416	Elizabeth Lam
I0417	Lo Fan
I0418	鄭先生
I0419	方方成彬
I0420	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0421	Christy Koo
I0422	Helen Chu
I0423	陳志國
I0424	cm Leung
I0425	Joyce Cheung
I0426	HT Luk
I0427	Joe Lam
I0428	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0429	michela lo
I0430	王志強
I0431	李松光
I0432	劉志康
I0433	偉 家
I0434	*(Name not provided)* *(沒有署名)*
I0435	Crystal Chan
I0436	李女仕
I0437	香港市民孫太
I0438	香港小市民
I0439	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0440	Chan Fung Ling, Chan Chi Hong

Serial No. 序 號	Name 名 稱
I0441	阿峰
I0442	Dr SNG KP
I0443	Sherry Yip
I0444	Bhaskar Rao Sharon
I0445	Steve Chan Yuk Ming
I0446	*(Name not provided)* *(沒有署名)*
I0447	Dennis LAI
I0448	TANG KIN YEE
I0449	關心香港未來的市民
I0450	Ma Mun Har
I0451	小市民
I0452	一個沉默的香港人
I0453	Wendy Chan
I0454	Kent Wong
I0455	Oi Yee Tang
I0456	DAI Jiyan
I0457	Rodney
I0458	Dr Mary Bi Lok Kwong
I0459	Lee, Yuk Hung
I0460	Tai Ming Hin Gary
I0461	Barry
I0462	Julie Ho
I0463	Wai Fong Leung
I0464	尹先生
I0465	Martin
I0466	June TSE
I0467	梁先生
I0468	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0469	劉堅偉博士
I0470	Wai Fong Leung
I0471	Tommy Tang
I0472	Chan Man Hung
I0473	Ailin Zho
I0474	李家富
I0475	Cheung
I0476	Paul D. Tarrant
I0477	Dr Cheng Hing Ming
I0478	Cheng Michelle
I0479	C.F. Yeung
I0480	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0481	Nancy Yee
I0482	黃文傑.
I0483	*(Name not provided)* *(沒有署名)*
I0484	*(Name not provided)* *(沒有署名)*
I0485	徐先生
I0486	*(Name not provided)* *(沒有署名)*
I0487	潘大永
I0488	李世君
I0489	Ngai Chung Hei
I0490	麥秀枝
I0491	劉先生
I0492	廖生
I0493	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0494	Lok Ivan
I0495	Moon Wai Ho

Serial No. 序 號	Name 名 稱
I0496	Doris Wai
I0497	Margaret Fung
I0498	梁太
I0499	Esther
I0500	Alan yeung
I0501	Sam
I0502	張治明
I0503	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0504	*(Name not provided)* *(沒有署名)*
I0505	Stephanie Chiu
I0506	*(Name not provided)* *(沒有署名)*
I0507	martin abc
I0508	Stephanie Liu
I0509	Kenny KUNG
I0510	Linus Lo
I0511	ÿffffb1ÿffffd2ÿffffbdÿffffff7 ÿffffc3ÿffffff6
I0512	Dr Chu
I0513	黃稼梅
I0514	Kevin Chan
I0515	羅小姐
I0516	鍾先生
I0517	Andrew Lam
I0518	*(Name not provided)* *(沒有署名)*
I0519	*(Name not provided)* *(沒有署名)*
I0520	呂先生
I0521	Annie Wing Chi Chan
I0522	Dr Lam Tzit Yuen David
I0523	An HA specialist doctor
I0524	陳泰光
I0525	Simon Chan
I0526	YH Chow
I0527	Paul
I0528	w..SISTER
I0529	源為池
I0530	源志榮
I0531	Michelle Wong
I0532	Lovely
I0533	TONY
I0534	小市民
I0535	莫小姐
I0536	Richard
I0537	*(Name not provided)* *(沒有署名)*
I0538	林先生
I0539	Charles
I0540	Lincoln Tso
I0541	Alan Lung
I0542	楊翠芝
I0543	Andrew Wong
I0544	ericleung
I0545	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0546	Alice Choi
I0547	一個小民
I0548	路人甲
I0549	*(Name not provided)* *(沒有署名)*

Serial No. 序 號	Name 名 稱
I0550	Chui Wan HO
I0551	Phoenix
I0552	湛詩琪
I0553	Puddy
I0554	*(Name not provided)* *(沒有署名)*
I0555	Small potato
I0556	黃 敬
I0557	Jenny Yeung
I0558	calvin calvin
I0559	chong po shan calvin
I0560	calvin chong
I0561	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0562	Joshua Fok
I0563	karl leftwing
I0564	江小姐
I0565	annette chow
I0566	William Cheng
I0567	*(Name not provided)* *(沒有署名)*
I0568	Judy Loong
I0569	Dr Kelston Wong
I0570	Penny Mak
I0571	choy sharon
I0572	j lam
I0573	wayne chan
I0574	Au ken
I0575	周玉瑩
I0576	Andrew Tsai
I0577	agnes tsui
I0578	kurven.chow
I0579	Doris Cheung Ngan Mei
I0580	低收入中產人仕
I0581	cheng
I0582	Forest KC Wong
I0583	Dr Edward Lee, Dr Sandra Leung, Dr S Y Ng
I0584	陳純菁
I0585	Rita Cheung
I0586	Cally Cheung
I0587	*(Name not provided)* *(沒有署名)*
I0588	*(Name not provided)* *(沒有署名)*
I0589	李先生
I0590	張冠海
I0591	鄭維港, 李建生, 王水林
I0592	Chau Wing Shun
I0593	黃以謙醫生
I0594	Name withheld
I0595	Ng Micheal
I0596	彭慧詩
I0597	Cecilia
I0598	Jennifer Yeung
I0599	憤怒的市民
I0600	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0601	j lam
I0602	*(Name not provided)* *(沒有署名)*
I0603	*(Name not provided)* *(沒有署名)*
I0604	鄧崇銘
I0605	Cheng Kit Ling
I0606	Deborah Lam
I0607	陳炎勤
I0608	唐鈞豪
I0609	一眼科醫生
I0610	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0611	不平人
I0612	*(Name not provided)* *(沒有署名)*
I0613	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0614	譚耀輝
I0615	Rachel FONG
I0616	憤怒的市民
I0617	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0618	Phyllis Chan
I0619	karl leftwing
I0620	Wai Kin Keung
I0621	David Lau
I0622	Emily Cheung
I0623	Dr Joyce Tang on behalf of 44 Primary health care professionals
I0624	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0625	Dennis LEUNG
I0626	Charles
I0627	Agnes Liu
I0628	Steve Lau
I0629	宇石
I0630	方鈺鈞
I0631	Gordon Wu
I0632	*(Name not provided)* *(沒有署名)*
I0633	Herbert Tsui
I0634	Cally
I0635	*(Name not provided)* *(沒有署名)*
I0636	bc a
I0637	Chi Wai Chan
I0638	Chi Wai Chan
I0639	pingyin lam
I0640	pingyin lam
I0641	pingyin lam
I0642	pingyin lam
I0643	一市民
I0644	香港市民
I0645	Rocky Chan
I0646	*(Name not provided)* *(沒有署名)*
I0647	Pat
I0648	*(Name not provided)* *(沒有署名)*
I0649	fs
I0650	Ms Yuen
I0651	Cheung Chun-kit
I0652	Lee Yat Sau
I0653	黃小姐

Serial No. 序 號	Name 名 稱
I0654	Li Gary
I0655	Dr Leung Ting Fan
I0656	Chow Chung Mo
I0657	Lee Ying Piu
I0658	Shirley Kwok
I0659	一個小市民
I0660	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0661	Ms Ho
I0662	Dr Chi Kong LI
I0663	Dr Susan Fan
I0664	Clarice Cheung
I0665	jason chan
I0666	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0667	Ip Siu Mingy Sunny
I0668	*(Name not provided)* *(沒有署名)*
I0669	Ma Kam Shing
I0670	Rebecca Tsui
I0671	Zhou Yan
I0672	*(Name not provided)* *(沒有署名)*
I0673	鄭先生
I0674	harley
I0675	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0676	Raymond Lee
I0677	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0678	蕭楚基
I0679	Arthur Yung
I0680	Edwin Chan
I0681	Dr Chan Wai Hung
I0682	文祺山
I0683	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0684	Lee
I0685	Dr Nguyen
I0686	ada chan
I0687	Scott Pang
I0688	abby lam
I0689	Alice Law
I0690	廖錦添
I0691	梁偉強
I0692	Wilson Yeung
I0693	Barbara Y
I0694	Tony Liu
I0695	鐘國華
I0696	kenny
I0697	Prof. S. H. Lee
I0698	jessica wong
I0699	April Ngan
I0700	Cherry Tang
I0701	fat chuen leung
I0702	Louis
I0703	kk kwok
I0704	潘敏基
I0705	何太
I0706	盧國耀, 張玉儀
I0707	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*

Serial No. 序 號	Name 名 稱
I0708	吳少翔
I0709	Perry Chan
I0710	Vicky Ng
I0711	宋贊光
I0712	S C Siu
I0713	劉偉明
I0714	J Wong
I0715	mosthappyone
I0716	Chin Tao Wong
I0717	tom yip
I0718	Wong Eric
I0719	Colortech Colortech
I0720	劉劍玲
I0721	蔡廣平
I0722	盧善姿
I0723	潘韻如
I0724	tsang clara
I0725	Janet Chan
I0726	林會壇
I0727	Eric
I0728	一名中產一士
I0729	Alan Din Wai Bun
I0730	Dr. Lun Kin Shing, Dr Chan Kwai Yu Winnie, Mr Lun Wai Ching, Ms Fung Lai Har
I0731	樂仔
I0732	朱小姐
I0733	陳錦美
I0734	Julian Fung
I0735	Lam Wan Yan Winnie
I0736	吳國偉
I0737	張嘉浩
I0738	李潤安
I0739	黃小姐
I0740	Katherine Chan
I0741	黎麗君
I0742	Hong Kong Citizen
I0743	東華三院甲寅年總理中學中四甲班學生
I0744	C. F. Yam
I0745	梁鏜烈
I0746	周麗娟
I0747	癌症病人
I0748	Bonnie Tse
I0749	黃嘉怡
I0750	miu miu king
I0751	左偉翔
I0752	Dr LEUNG Kwok Fai
I0753	Gabiel Y. F. Ng
I0754	M Lee
I0755	Kenneth Fong
I0756	*(Name not provided)* *(沒有署名)*
I0757	Leon
I0758	Sing Ping Lok
I0759	FUNG Ching-Yee, Chris
I0760	*(Name not provided)* *(沒有署名)*
I0761	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0762	Portia
I0763	羅淑玲

Serial No. 序 號	Name 名 稱
I0764	恆
I0765	Dr. Tam Wai Fun
I0766	勞孝宜
I0767	*(Name not provided)* *(沒有署名)*
I0768	K.P. Shum
I0769	盧吳文
I0770	小市民
I0771	Maggie Chau
I0772	Dr SHAE Wan-chaw
I0773	崔慶森
I0774	李先生
I0775	QUEENIE FAN
I0776	David M Webb
I0777	Wing Kwok
I0778	Martin Yeung
I0779	江紫紅
I0780	Angus Yip
I0781	黃健怡
I0782	Amy
I0783	Dr Kenneth Yiu Kwan CHUNG
I0784	潘耀輝
I0785	YUEN Kwok-ki
I0786	不記名
I0787	Mr W W Hui
I0788	Claudia Leung
I0789	Yuen Chi Chuen
I0790	Ho Yue Tung
I0791	蔡禮華
I0792	ALBERT LEUNG
I0793	文麗凱
I0794	莊永燦區議員
I0795	May Wong
I0796	黃志成 醫生
I0797	Alan FUNG
I0798	Philip Chow
I0799	Mr Lin
I0800	Leslie Chen
I0801	Jennifer Myint
I0802	Oliver
I0803	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0804	周建平
I0805	Hung Chau Chung
I0806	Poon Ming Chun
I0807	C. C. hai
I0808	梁慧筠註冊中醫師
I0809	丁毓珠
I0810	Michael
I0811	註冊中醫師吳奕興
I0812	K.T. NG
I0813	Kennedy
I0814	李樂詩
I0815	Jason C. Y. Li
I0816	Johnson Choi
I0817	Ho Tak On
I0818	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0819	Dr LAM Siu Keung
I0820	TSANG Siu Tong
I0821	陳紹輝

Serial No. 序 號	Name 名 稱
I0822	倪書航
I0823	梁樂生
I0824	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0825	Nck
I0826	Billy Lam
I0827	吳綺文
I0828	徐珍妮
I0829	黃學德
I0830	張先生
I0831	萬永昌
I0832	香港市民
I0833	余 兆
I0834	俞煥彬
I0835	*(Name not provided)* *(沒有署名)*
I0836	Dr C W Man
I0837	黃志強
I0838	Sheron
I0839	彭穎芝
I0840	Angel Tai
I0841	香港市民
I0842	羅紹忠
I0843	盧大威
I0844	葉鳳珍
I0845	范曉津中醫師
I0846	梁度明
I0847	鄧耀明
I0848	周思藝
I0849	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0850	Godfrey Law
I0851	梁明輝
I0852	Tom L
I0853	葉任翔
I0854	Macy Wong
I0855	James Lam
I0856	Dr Alexamder Kai Yiu Choi
I0857	謝穎兒
I0858	黃祥東
I0859	Ian Lam
I0860	Simon Wong
I0861	Salome Ng
I0862	K S Choy
I0863	曾麗文
I0864	Zhourou
I0865	何秀蘭
I0866	湯允中
I0867	Lee Chi Kin
I0868	C. P. IU
I0869	c w
I0870	林信忠
I0871	Kelvin Or
I0872	陳麟興
I0873	梁少華
I0874	HAN, Li-ming
I0875	何志輝
I0876	Soundi
I0877	楊慶材
I0878	李志豪

Serial No. 序 號	Name 名 稱
I0879	Lewis TAN
I0880	Charle cheung
I0881	盧愷茵
I0882	施美儀
I0883	TANG NINA
I0884	小中醫余維訓
I0885	Kitty Tong
I0886	*(Name not provided)* *(沒有署名)*
I0887	Thomas Wong
I0888	*(Sender's name cannot be ascertained)* *(未能確定來信人署名)*
I0889	Leo Lam
I0890	姜浩華
I0891	Raymond Cheung
I0892	林國豪
I0893	陳長輝
I0894	Andy Chan
I0895	彭鳴遠
I0896	Dr Lai Chi Wai, Alex
I0897	Carmen Tsui
I0898	KEN SZE
I0899	ka yi wu
I0900	明
I0901	林秀玲
I0902	Connie Lok
I0903	良心
I0904	Chan Chun Nam
I0905	Joseph Hu
I0906	Ho Hin Leung
I0907	TANG, Tsz Pun Albert
I0908	Danny Ho
I0909	*(Name not provided)* *(沒有署名)*
I0910	Gary Ho
I0911	auwin
I0912	張秀蘭
I0913	梁榮輝
I0914	李玉生
I0915	張家齊
I0916	Frank Au
I0917	譚以和
I0918	Bernard Hui
I0919	*(Sender's name cannot be ascertained)* *(未能確定來信人署名)*
I0920	甄肇文
I0921	Yeung Yuk Wah
I0922	伍小姐
I0923	周碧香
I0924	Yu Suk Yee
I0925	Michael Chow
I0926	Ami Ng
I0927	Michael Kan
I0928	A group of public hospital doctors
I0929	Vinz
I0930	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0931	15 位婦女聯署的意見
I0932	Yung Siu-yee
I0933	Ho, Mon
I0934	盧丹懷

Serial No. 序 號	Name 名 稱
I0935	Lim Tuc Hwai David
I0936	Raymond Yiu
I0937	鄺凱茵
I0938	市民
I0939	Jeffrey Yuen
I0940	TAM Mei Ling
I0941	A Hong Kong resident
I0942	Arthur Tse
I0943	Jeffrey Yuen
I0944	Dr Y T Hung
I0945	KS Lau
I0946	劉成漢
I0947	wayne chan
I0948	Dr HK Cheng
I0949	kenny
I0950	一名癲癇症病人
I0951	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0952	Fiona Or So Kam
I0953	陳宇傑
I0954	Paul Wong
I0955	陳耿新註冊中醫師, 劉美余註冊中醫師
I0956	傅滿芳
I0957	一位香港市民
I0958	Sherry Kwok
I0959	Leo Lui
I0960	溫少耀
I0961	Katie chen
I0962	洪奕顯
I0963	Chen Jow Jin
I0964	Tom
I0965	一位納稅人
I0966	Antony CHAN
I0967	Suggestions and opinions from 179 nurses
I0968	徐啟榮
I0969	Joseph Chan
I0970	Sherry Kwok
I0971	Brown Joe
I0972	Dr MC Yam
I0973	Mr Ho
I0974	Mr YUNG Yat-yeung
I0975	Bernard Holland
I0976	簫仕文
I0977	Fiona Or So Kam
I0978	Dr Bruce Vaughan DC
I0979	s l
I0980	oi yi choy
I0981	D Lau
I0982	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I0983	Vernon Moore
I0984	葉慶龍
I0985	市民意見
I0986	*(Name not provided)* *(沒有署名)*
I0987	Winnie Ho
I0988	Andy
I0989	Robert Footman
I0990	劉育港醫生
I0991	Maggie So

Serial No. 序 號	Name 名 稱
I0992	Tommy Lui
I0993	Angela Wong
I0994	趙振雄
I0995	劉育港醫生
I0996	Tony Nelson
I0997	石硤尾街坊
I0998	Eric Yu Zhiheng
I0999	立法會議員郭家麒醫生
I1000	*(Name not provided)* *(沒有署名)*
I1001	Keith YUEN Kwok-wah
I1002	灣仔區議員麥國風
I1003	Mandy Wong
I1004	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I1005	蔡桂儀
I1006	梁迪舜
I1007	牙科醫生嚴達明
I1008	Wu Shek Chun, Wilfred
I1009	wing kwan, janice p wong
I1010	Dr WONG Pik-wan Helena
I1011	一位年青的香港市民
I1012	Y.H. Cheng
I1013	Daisy Chong
I1014	吳富兒
I1015	Patty Wu
I1016	rocky poon
I1017	Ken Bridgewater
I1018	Dr YT Hung
I1019	Chimmy
I1020	Dr Cheung Tak-hong
I1021	Angel
I1022	翁振輝
I1023	Dr Yvonne LAU
I1024	Michael Stone
I1025	Dr Chan Yee Shing
I1026	劉先生
I1027	MASON
I1028	Samson Tam
I1029	黎民
I1030	Alan Sew
I1031	立法會議員(衞生服務界)李國麟博士
I1032	Daniel
I1033	lis lis family
I1034	(Mr) M Lam
I1035	李天澤
I1036	Mr Lam
I1037	David M. Webb
I1038	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I1039	Tse Lap Keung, Ng Ka Chi
I1040	Yu Ching Hoi
I1041	Joseph Ho
I1042	kwong wing sum
I1043	The Hong Kong people
I1044	Patsy CHENG
I1045	曾慧婷
I1046	Dr Alvin CY Chan
I1047	周 淵
I1048	一位需要照顧年老父親、妻兒的星斗市民
I1049	Ms Kwong

Serial No. 序 號	Name 名 稱
I1050	*(Name not provided)* *(沒有署名)*
I1051	FRANKI
I1052	Vivian Yau
I1053	姚先生
I1054	草根市民 Eva
I1055	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I1056	Alberta Lin
I1057	Jane Yeung
I1058	關心香港醫療的人
I1059	呂偉廉
I1060	Dr Clement Chen
I1061	Paul Jackson
I1062	*(Name not provided)* *(沒有署名)*
I1063	chau ka yee
I1064	CSAuyeung
I1065	Patrick Shiu
I1066	邱玉冰
I1067	*(Name not provided)* *(沒有署名)*
I1068	張健明
I1069	吳惠娥
I1070	Catherine Ching-yi Fung
I1071	主內小僕梁虹光
I1072	heng)
I1073	何栢良醫生
I1074	東區區議員楊位醒
I1075	張先生
I1076	*(Name not provided)* *(沒有署名)*
I1077	Kenny Wong
I1078	Jill Taylor
I1079	林有嫻離島區議員
I1080	歐陽耀明
I1081	阿慧
I1082	林秀玉
I1083	Wu Wai Yee
I1084	朱小姐
I1085	*(Name not provided)* *(沒有署名)*
I1086	吳佩珊
I1087	Eric Cheng
I1088	*(Name not provided)* *(沒有署名)*
I1089	一位熱愛香港的市民
I1090	*(Name not provided)* *(沒有署名)*
I1091	林信忠
I1092	代表大部份市民發表的意見
I1093	Ray Lee
I1094	一位市民經電話發表對醫療改革的意見
I1095	carol
I1096	梁廣華
I1097	Conrad Sun
I1098	黃燕嬋
I1099	黃文泰
I1100	cheung kamcheong
I1101	*(Name not provided)* *(沒有署名)*

Serial No. 序 號	Name 名 稱
I1102	Yu Ziv
I1103	chan
I1104	Whistney Wong
I1105	李大剛
I1106	一個正式香港人
I1107	C. Y.
I1108	呂志興, 何笑貽
I1109	張震
I1110	王可象
I1111	梁虹光
I1112	余偉麟
I1113	註冊護士陳惠容
I1114	陳嘉敏
I1115	LEE Jiann, James
I1116	陳芷翹
I1117	何遠波
I1118	kong wai
I1119	會計界立法局議員譚香文
I1120	吳歷山醫生
I1121	Yap Tuan Gee
I1122	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I1123	劉志康
I1124	Dr Foo Kam So, Stephen
I1125	梁宅仝人
I1126	Chan Siu Hing Alice
I1127	*(Name not provided)* *(沒有署名)*
I1128	Thomas Chiu
I1129	市民何慧玲
I1130	譚錦聰
I1131	麥太
I1132	上環區一市民
I1133	*(The sender requested anonymity)* *(來信人要求以不具名方式公開)*
I1134	cheng
I1135	傅小姐
I1136	譚國祥
I1137	阮愛英
I1138	梁洪波
I1139	梁森
I1140	*(Name not provided)* *(沒有署名)*

Serial No. 序 號	Name 名 稱
I1141	*(Name not provided)* *(沒有署名)*
I1142	姚愛珍
I1143	方正圓
I1144	*(Name not provided)* *(沒有署名)*
I1145	207 位市民簽名的意見書
I1146	李松光
I1147	Jaff Ho
I1148	Cheng Tao Keung
I1149	*(Name not provided)* *(沒有署名)*
I1150	Miss Choi
I1151	*(Name not provided)* *(沒有署名)*
I1152	黃柏禧
I1153	KEUNG CHAN
I1154	ken kwan
I1155	*(Name not provided)* *(沒有署名)*
I1156	david david
I1157	一群牛頭角的自在人生自學計劃人際關係與溝通技巧課程的 一班學員
I1158	一群牛頭角的婦女大使
I1159	張素馨女士
I1160	傅小姐
I1161	醫師陳守吉
I1162	*(Name not provided)* *(沒有署名)*
I1163	*(Name not provided)* *(沒有署名)*
I1164-I1176	Self-designed Standard Form I 自行設計的劃一表格 I
I1177-I4504	Self-designed Standard Form II 自行設計的劃一表格 II
I4505-I4594	Self-designed Standard Form III 自行設計的劃一表格 III
I4595-I4614	Self-designed Standard Form IV 自行設計的劃一表格 IV
I4615-I4625	Self-designed Standard Form V 自行設計的劃一表格 V

Copies of the written submissions are available on the Healthcare Reform website (http://www.beStrong.gov.hk).

Remarks:

1. There are 19 submissions which originators have requested confidentiality.
2. A total of 3,462 submissions are in identical standard forms.

APPENDIX V QUESTIONNAIRE SURVEYS AND FOCUS GROUP DISCUSSIONS CONDUCTED BY THE GOVERNMENT

Number	Project Title	Consultants	Purpose	Study Period
Questionnaire Surveys				
Survey 1	Opinion Poll on Healthcare Reform and Financing	Center for Social Policy Studies, Department of Applied Social Science, The Hong Kong Polytechnic University / Hong Kong Institute of Asia-Pacific Studies, The Chinese University of Hong Kong	To collect the public's views on healthcare reform, in particular the supplementary financing options, via telephone interviews	March to August 2008
Survey 2	Survey on Healthcare Service Reform 2008	Social Sciences Research Centre, The University of Hong Kong	To canvass the general public's views on healthcare reform, in particular the service reform, via telephone interviews	July 2008
Focus Group Discussions				
Focus Group 1	Focus Group Research – Public Views on Healthcare Reform and Supplementary Financing Options	Faculty of Health and Social Sciences, The Hong Kong Polytechnic University	To solicit more in-depth qualitative views of different segments of the population towards the proposed healthcare reform initiatives and supplementary financing options	May 2008
Focus Group 2	Focus Group Research on Supplementary Financing for Healthcare	The Nielsen Company (Hong Kong) Limited	To understand the public's opinions towards different supplementary healthcare financing options after the first stage public consultation exercise	October 2008

Reports of the Questionnaire Surveys and Focus Group Discussions are available on the Healthcare Reform website (http://www.beStrong.gov.hk).

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