立法會 Legislative Council

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From : Clerk to the Legislative Council

To : All Members of the Legislative Council

Council meeting of 11 December 2013

Amendments to motion on "Stepping up the promotion of primary healthcare development and improving healthcare services for elderly people"

Further to LC Paper No. CB(3) 215/13-14 issued on 29 November 2013, seven Members (Dr Hon KWOK Ka-ki, Hon Albert HO, Dr Hon Priscilla LEUNG, Hon Steven HO, Dr Hon Fernando CHEUNG, Dr Hon LEUNG Ka-lau and Hon Frankie YICK) have respectively given notices of their intention to move separate amendments to Hon Alice MAK's motion on "Stepping up the promotion of primary healthcare development and improving healthcare services for elderly people" scheduled for the Council meeting of 11 December 2013. As directed by the President, the respective amendments will be printed in the terms in which they were handed in on the Agenda of the Council.

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

- (a) the President calls upon Hon Alice MAK to speak and move her motion;
- (b) the President proposes the question on Hon Alice MAK's motion;
- (c) the President calls upon the seven Members who wish to move amendments to speak in the following order, but no amendment is to be moved at this stage:
 - (*i*) Dr Hon KWOK Ka-ki;
 - (*ii*) Hon Albert HO;

- *(iii)* Dr Hon Priscilla LEUNG;
- (*iv*) Hon Steven HO;
- (*v*) Dr Hon Fernando CHEUNG;
- (vi) Dr Hon LEUNG Ka-lau; and
- (vii) Hon Frankie YICK;
- (d) the President calls upon the public officer(s) to speak;
- (e) the President invites other Members to speak;
- (f) the President gives leave to Hon Alice MAK to speak for the second time on the amendments;
- (g) the President calls upon the public officer(s) to speak again;
- (h) in accordance with Rule 34(5) of the Rules of Procedure, the President has decided that he will call upon the seven Members to move their respective amendments in the order set out in paragraph (c) above. The President invites Dr Hon KWOK Ka-ki to move his amendment to the motion, and forthwith proposes and puts to vote the question on Dr Hon KWOK Ka-ki's amendment;
- (i) after Dr Hon KWOK Ka-ki's amendment has been voted upon, the President deals with the other six amendments; and
- (j) after all amendments have been dealt with, the President calls upon Hon Alice MAK to reply. Thereafter, the President puts to vote the question on Hon Alice MAK's motion, or her motion as amended, as the case may be.

3. For Members' reference, the terms of the original motion and of the motion, if amended, are set out in the **Appendix**.

(Odelia LEUNG) for Clerk to the Legislative Council

Encl.

(Translation)

Motion debate on "Stepping up the promotion of primary healthcare development and improving healthcare services for elderly people" to be held at the Council meeting of 11 December 2013

1. Hon Alice MAK's original motion

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

- to review and improve the Elderly Health Care Voucher Scheme ('HCVS'), conduct a study on the lowering of eligible age for applying for HCVS, and streamline the administrative procedures, so as to encourage more healthcare service providers to participate in HCVS;
- (2) by making reference to HCVS, to introduce 'elderly dental care voucher'; and at the same time, to review and enhance the quality and quantity of the existing public dental services, achieve the establishment of public dental clinics in each of the 18 districts of Hong Kong in the long run, and implement a universal dental care service scheme;
- (3) to examine and enhance the existing Chinese medicine healthcare services of the public sector, and set up additional Chinese medicine clinics in various districts, so as to meet the increasing demand for Chinese medicine services; and, in the long run, to study the setting up of a Chinese medicine hospital for training and attracting Chinese

medicine talents, so as to promote the popularization and development of Chinese medicine healthcare in Hong Kong;

- (4) to enhance the existing services of elderly health centres, at the same time proactively study the setting up of additional community health centres in various districts to upgrade the comprehensiveness of services, and enhance the services of chronic disease management and integrated mental health, etc., with a view to promoting the development of primary healthcare and alleviating the pressure on hospital services; and
- (5) to study the introduction of carer subsidies to encourage family members to discharge the responsibility of caring for the health of elderly people, and increase the number of community nurses so as to enhance home care for elderly people and chronic patients.

2. Motion as amended by Dr Hon KWOK Ka-ki

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

- (1) to review and improve the Elderly Health Care Voucher Scheme ('HCVS'), conduct a study on the lowering of eligible age for applying for HCVS *to 65*, and streamline the administrative procedures, so as to encourage more healthcare service providers to participate in HCVS;
- (2) by making reference to HCVS, to introduce 'elderly dental care voucher'; and at the same time, to review and enhance the quality and

quantity of the existing public dental services, *introduce comprehensive dental services, including scaling, filling and crowning, etc., and increase the number of service sessions and quotas in public dental clinics; at the same time, by making reference to the School Dental Care Service, to introduce an 'elderly dental care service' to provide elderly people with dental examination and scaling services once a year, so as to assist elderly people in handling their oral health problems as early as possible; and, to* achieve the establishment of public dental clinics in each of the 18 districts of Hong Kong in the long run, and implement a universal dental care service scheme;

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

study the provision of subsidy for women to receive prophylactic vaccines to prevent cervical cancer;

- (8) to improve the arrangement for telephone appointment of public out-patient services by introducing a telephone system to be answered by live operators, so as to avoid elderly people's failure to complete appointment booking due to difficulties in following pre-recorded phone keying procedure; and
- (9) to resolve the problems of uneven distribution of resources and insufficient manpower faced by the clusters under the Hospital Authority, so as to shorten the waiting time for specialist out-patient services, including geriatrics, psychogeriatrics and ophthalmology, etc., which are in demand by a relatively large number of elderly people.
- Note: Dr Hon KWOK Ka-ki's amendment is marked in *bold and italic type* or with deletion line.

3. Motion as amended by Hon Albert HO

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

to review and improve the Elderly Health Care Voucher Scheme ('HCVS'), conduct a study on the lowering of lower the eligible age for applying for HCVS to 65, increase the HCVS rate to no less than \$1,500 a year, and streamline the administrative procedures, so as to encourage more healthcare service providers to participate in HCVS;

- (2) by making reference to HCVS, to introduce 'elderly dental care voucher'; and at the same time, to review and enhance the quality and quantity of the existing public dental services, achieve the establishment of public dental clinics in each of the 18 districts of Hong Kong in the long run, and provide comprehensive dental services, implement a universal dental care service scheme, and subsidize non-profit-making organizations to expand community elderly dental services;
- (3) to examine and enhance the effectiveness of the existing Chinese medicine healthcare services of the public sector, and set up and enhance such services, including expanding the scope of Chinese medicine treatment to cover acupuncture services for Comprehensive Social Security Assistance recipients, and study the setting up of additional Chinese medicine clinics in various districts, so as to meet the increasing demand for Chinese medicine services; and, in the long run, to study the setting up of a Chinese medicine hospital for training and attracting Chinese medicine talents local Chinese medicine talents on a priority basis and improve their entry remuneration, so as to promote the popularization and development of Chinese medicine healthcare in Hong Kong;
- (4) to enhance the existing services of elderly health centres, at the same time proactively study the setting up of additional community health centres in various districts to upgrade the comprehensiveness of services, and enhance the services of chronic disease management and integrated mental health, etc., with a view to promoting the development of primary healthcare and alleviating the pressure on hospital services; and
- (5) to study the introduction of carer subsidies to encourage family members to discharge the responsibility of caring for the health of elderly people, and increase the number of community nurses so as to enhance home care for elderly people and chronic patients;
- (6) to provide half-fee concessions to all elderly people using public healthcare services, so as to prevent elderly people from delaying disease treatment due to financial considerations; and
- (7) to set up an 'old age population reserve fund' to ensure that when Hong Kong becomes an ageing society, its public expenditure is sufficient to maintain various elderly welfare benefits and services, thereby implementing the Declaration of Alma-Ata on primary healthcare proclaimed by the World Health Organization in 1978.

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

4. Motion as amended by Dr Hon Priscilla LEUNG

That, as the with population ageing in Hong Kong society has become becoming increasingly serious, a heavy burden is expected to be imposed on the local healthcare system; and since primary healthcare, as the healthcare system's first contact point with patients and at the same time assumes the important functions of disease prevention, patients diversion, and promoting people's health, the quality and quantity of its service will become more important; yet, in the past, the Government allocated very limited resources to primary healthcare, resulting in the slow development of primary healthcare in Hong Kong and making it difficult to cope with the major challenges to the local healthcare system brought about by population ageing; in this connection, this Council urges the Government to take measures to step up the promotion of primary healthcare development, and accord priority to upgrading the quality and quantity of primary healthcare burden brought about by population ageing; the relevant measures should include:

- to review and improve the Elderly Health Care Voucher Scheme ('HCVS'), consider increasing the HCVS rate for elderly people aged 70 or above to \$2,000 per person per year, conduct a study on the lowering of eligible age for applying for HCVS, and streamline the administrative procedures, so as to encourage more healthcare service providers to participate in HCVS;
- (2) to relax the assessment criteria of the financial test for the Samaritan Fund, and allocate additional resources for the Hospital Authority Drug Formulary to expand the coverage of drugs subsidy to include certain expensive blood pressure drugs, target therapy drugs for treating cancers and specific drugs for treating dementia, etc., so as to benefit more elderly people;
- (3) to study the introduction of tax concessions for encouraging children to pay for medical insurance contributions for their parents, so as to alleviate the burden on public healthcare expenditure;
- (2)(4) by making reference to HCVS, to introduce 'elderly dental care voucher'; and at the same time, to review and enhance the quality and quantity of the existing public dental services, achieve the establishment of public dental clinics in each of the 18 districts of Hong Kong in the long run, and implement a universal dental care service scheme; and to

study the provision of mobile dental services for elderly people living in remote districts;

- (3)(5) to examine and enhance the existing Chinese medicine healthcare services of the public sector, and set up additional Chinese medicine clinics in various districts, so as to meet the increasing demand for Chinese medicine services; and, in the long run, to study the setting up of a Chinese medicine hospital to expeditiously implement the construction of an integrated Chinese medicine hospital and enhance Chinese medicine in-patient services for training and attracting Chinese medicine talents, so as to and promote the popularization and development of Chinese medicine healthcare in Hong Kong, so as to respond to people's demand for Chinese medicine treatment services;
- (4)(6) to enhance the existing services of elderly health centres, at the same time proactively study the setting up of additional community health centres in various districts to upgrade the comprehensiveness of services, and enhance the services of chronic disease management and integrated mental health, etc., with a view to promoting the development of primary healthcare and alleviating the pressure on hospital services; and
- (5)(7) to review the effectiveness of the Pilot Scheme on Community Care Service Voucher for the Elderly, and study the introduction of carer subsidies to encourage family members to discharge the responsibility of caring for the health of elderly people, and increase the number of community nurses so as to enhance home care for elderly people and chronic patients.
- Note: Dr Hon Priscilla LEUNG's amendment is marked in *bold and italic type* or with deletion line.

5. Motion as amended by Hon Steven HO

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

- (1) to review and improve the Elderly Health Care Voucher Scheme ('HCVS'), conduct a study on the lowering of eligible age for applying for HCVS, and streamline the administrative procedures, so as to encourage more healthcare service providers to participate in HCVS;
- (2) by making reference to HCVS, to introduce 'elderly dental care voucher'; and at the same time, to review and enhance the quality and quantity of the existing public dental services, achieve the establishment of public dental clinics in each of the 18 districts of Hong Kong in the long run, and implement a universal dental care service scheme;
- (3) to examine and enhance the existing Chinese medicine healthcare services of the public sector, and set up additional Chinese medicine clinics in various districts, so as to meet the increasing demand for Chinese medicine services; and, in the long run, to study the setting up of a Chinese medicine hospital for training and attracting Chinese medicine talents, so as to promote the popularization and development of Chinese medicine healthcare in Hong Kong;
- (4) to enhance the existing services of elderly health centres, at the same time proactively study the setting up of additional community health centres in various districts to upgrade the comprehensiveness of services, and enhance the services of chronic disease management and integrated mental health, etc., with a view to promoting the development of primary healthcare and alleviating the pressure on hospital services; and
- (5) to study the introduction of carer subsidies to encourage family members to discharge the responsibility of caring for the health of elderly people, and increase the number of community nurses so as to enhance home care for elderly people and chronic patients;
- (6) to increase the quotas of general out-patient services, provide an out-patient telephone appointment service to be answered by live operators, and introduce late-night general out-patient services, so as to improve general out-patient services and alleviate the pressure on the accident and emergency departments services;

- (7) to recruit additional healthcare personnel, enhance the training for them, and actively retain talents, so as to upgrade the quality of public healthcare services;
- (8) to expand the scope of Public-Private Partnership projects in healthcare with special focus on specialist services which are in great demand, so as to shorten the waiting time for public healthcare services; and
- (9) to allocate additional resources to enhance community healthcare support and outreach healthcare services, and strengthen rehabilitation care services for chronic patients or the chronically ill.
- <u>Note</u>: Hon Steven HO's amendment is marked in *bold and italic type* or with deletion line.

6. Motion as amended by Dr Hon Fernando CHEUNG

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

- (1) to significantly increase the quotas of general out-patient services to meet demand, introduce a telephone appointment service to be answered by live operators and allow people to collect chips in person at clinics;
- (1)(2) to review and improve the Elderly Health Care Voucher Scheme ('HCVS'), conduct a study on the lowering of eligible age for applying for HCVS, and streamline the administrative procedures, so as to encourage more healthcare service providers to participate in HCVS;

- (2)(3) by making reference to HCVS, to introduce 'elderly dental care voucher'; and at the same time, to review and enhance the quality and quantity of the existing public dental services, achieve the establishment of establish public dental clinics in each of the 18 districts of Hong Kong in the long run for providing comprehensive dental treatment services and allowing elderly people and persons with disabilities to receive such services on a priority basis, and implement a universal dental care service scheme;
- (3)(4) to examine and enhance the existing Chinese medicine healthcare services of the public sector, and set up additional Chinese medicine clinics in various districts, so as to meet the increasing demand for Chinese medicine services; and, in the long run, to study the setting up of to immediately set up a Chinese medicine hospital for training and attracting Chinese medicine talents, so as to promote the popularization and development of Chinese medicine healthcare in Hong Kong;
- (4)(5) to enhance the existing services of elderly health centres, at the same time proactively study the setting up of *immediately set up* additional community health centres in various districts to upgrade the comprehensiveness of services *for allowing all elderly people and persons with disabilities in the districts to undergo comprehensive physical examination free of charge once a year*, and enhance the services of chronic disease management and integrated mental health, etc., with a view to promoting the development of primary healthcare and alleviating the pressure on hospital services; and
- (5)(6) to study the introduction of *introduce* carer subsidies to encourage family members to discharge the responsibility of caring for the health of elderly people *and persons with disabilities*, and increase the number of community nurses so as to enhance home care for elderly people, *persons with disabilities* and chronic patients; *and*
- (7) to significantly increase subsidies for healthcare services, so as to alleviate the existing problems of long waiting time for accident and emergency department services, specialist and general out-patient services as well as various surgical operations, short consultation time, insufficient hospital beds and manpower shortage, etc.
- Note: Dr Hon Fernando CHEUNG's amendment is marked in *bold and italic type* or with deletion line.

7. Motion as amended by Dr Hon LEUNG Ka-lau

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

- (1) to restructure the out-patient services of the Hospital Authority and enhance the role of general out-patient, family medicine clinic and integrated specialist out-patient as the 'gatekeeper', so as to reduce the number of specialist out-patient attendances and shorten the waiting time;
- (1)(2) to review and improve the Elderly Health Care Voucher Scheme ('HCVS'), conduct a study on the lowering of eligible age for applying for HCVS, and streamline the administrative procedures, so as to encourage more healthcare service providers to participate in HCVS;
- (2)(3) by making reference to HCVS, to introduce 'elderly dental care voucher'; and at the same time, to review and enhance the quality and quantity of the existing public dental services, achieve the establishment of public dental clinics in each of the 18 districts of Hong Kong in the long run, and implement a universal dental care service scheme;
- (3)(4) to examine and enhance the existing Chinese medicine healthcare services of the public sector, and set up additional Chinese medicine clinics in various districts, so as to meet the increasing demand for Chinese medicine services; and, in the long run, to study the setting up of a Chinese medicine hospital for training and attracting Chinese medicine talents, so as to promote the popularization and development of Chinese medicine healthcare in Hong Kong;

- (4)(5) to enhance the existing services of elderly health centres, at the same time proactively study the setting up of additional community health centres in various districts to upgrade the comprehensiveness of services, and enhance the services of chronic disease management and integrated mental health, etc., with a view to promoting the development of primary healthcare and alleviating the pressure on hospital services; and
- (5)(6) to study the introduction of carer subsidies to encourage family members to discharge the responsibility of caring for the health of elderly people, and increase the number of community nurses so as to enhance home care for elderly people and chronic patients.
- <u>Note</u>: Dr Hon LEUNG Ka-lau's amendment is marked in *bold and italic type* or with deletion line.

8. Motion as amended by Hon Frankie YICK

That, as the population ageing in Hong Kong society has become increasingly serious, a heavy burden is expected to be imposed on the local healthcare system; and since primary healthcare, as the healthcare system's first contact point with patients and at the same time assumes the important functions of disease prevention, patients diversion, and promoting people's health, the quality and quantity of its service will become more important; yet, in the past, the Government allocated very limited resources to primary healthcare, resulting in the slow development of primary healthcare in Hong Kong and making it difficult to cope with the major challenges to the local healthcare system brought about by population ageing; in this connection, this Council urges the Government, and accord priority to upgrading the quality and quantity of primary healthcare services for elderly people, so as to properly prepare for the heavy healthcare burden brought about by population ageing; the relevant measures should include:

- to review and improve the Elderly Health Care Voucher Scheme ('HCVS'), conduct a study on the lowering of eligible age for applying for HCVS, and streamline the administrative procedures, so as to encourage more healthcare service providers to participate in HCVS;
- (2) by making reference to HCVS, to introduce 'elderly dental care voucher'; and at the same time, to review and enhance the quality and quantity of the existing public dental services, achieve the establishment of public dental clinics in each of the 18 districts of Hong Kong in the long run, and implement a universal dental care service scheme;

- (3) to examine and enhance the existing Chinese medicine healthcare services of the public sector, and set up additional Chinese medicine clinics in various districts, so as to meet the increasing demand for Chinese medicine services; and, in the long run, to study the setting up of a Chinese medicine hospital for, including the construction of a Chinese medicine hospital on the former campus site of the Hong Kong Institute of Vocational Education (Lee Wai Lee), for enhancing training and attracting Chinese medicine talents, so as to promote the popularization and development of Chinese medicine healthcare in Hong Kong;
- (4) to enhance the existing services of elderly health centres, at the same time proactively study the setting up of additional community health centres in various districts to upgrade the comprehensiveness of services, and enhance the services of chronic disease management and integrated mental health, etc., with a view to promoting the development of primary healthcare and alleviating the pressure on hospital services; and
- (5) to study the introduction of carer subsidies to encourage family members to discharge the responsibility of caring for the health of elderly people, and increase the number of community nurses so as to enhance home care for elderly people and chronic patients;
- (6) to study the provision of appropriate assistance to encourage all people to undergo physical check-up, with a view to achieving the targets of upgrading public health and lessening health care expenditure in the long run; and
- (7) to further relax the application threshold of the Samaritan Fund subsidy, and extend the scope of the Hospital Authority Drug Formulary to cover more categories of drugs, so as to benefit more patients who are in need.
- Note: Hon Frankie YICK's amendment is marked in *bold and italic type* or with deletion line.