

立法會
Legislative Council

LC Paper No. CB(3) 636/18-19

Ref : CB(3)/M/MM

Tel : 3919 3300

Date : 24 May 2019

From : Clerk to the Legislative Council

To : All Members of the Legislative Council

Council meeting of 5 June 2019

**Amendments to Hon CHAN Han-pan's motion on
"Promoting healthcare reform"**

Further to LC Paper No. CB(3) 615/18-19 issued on 17 May 2019, 7 Members (Hon Alice MAK, Prof Hon Joseph LEE, Dr Hon Pierre CHAN, Dr Hon KWOK Ka-ki, Dr Hon Helena WONG, Hon CHU Hoi-dick and Hon SHIU Ka-chun) have respectively given notice to move amendments to Hon CHAN Han-pan's motion. As directed by the President, the amendments will be printed in the terms in which they were handed in.

2. The President will order a joint debate on the above motion and the amendments. I set out below the relevant proceedings in which the President will:

- (a) call upon the motion mover to speak and move the motion;
- (b) propose the question on the motion;
- (c) call upon the Members who wish to move amendments to the motion to speak in the following order, but no amendment is to be moved at this stage:
 - (i) Hon Alice MAK;
 - (ii) Prof Hon Joseph LEE;

- (iii) Dr Hon Pierre CHAN;
 - (iv) Dr Hon KWOK Ka-ki;
 - (v) Dr Hon Helena WONG;
 - (vi) Hon CHU Hoi-dick; and
 - (vii) Hon SHIU Ka-chun;
- (d) call upon the public officer(s) to speak;
 - (e) invite other Members to speak;
 - (f) call upon the motion mover to speak on the amendments;
 - (g) call upon the public officer(s) to speak again;
 - (h) deal with the amendments in the order set out in paragraph (c) above, i.e. first invite the mover of the first amendment to move the amendment and forthwith propose and put to vote the question on the amendment, and thereafter proceed to deal with the remaining amendments; and
 - (i) after all amendments have been dealt with, call upon the motion mover to reply, and then put to vote the question on the motion, or the motion as amended, as the case may be.

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

(Dora WAI)
for Clerk to the Legislative Council

Encl.

(Translation)

**Motion debate on
“Promoting healthcare reform”**

1. Hon CHAN Han-pan’s original motion

That the tilting of the public healthcare system towards the provision of care for patients with serious illnesses, coupled with the serious lack of comprehensive preventive healthcare services in society, has rendered it difficult for people to receive treatment at an early stage of illness; in recent years, the Hospital Authority (‘HA’) has phased out the ‘mentorship approach’ to medical practice and adopted clinical and administrative guidelines together with a mechanical management approach in managing frontline doctors, and this has imposed prolonged pressure on frontline doctors, made it difficult for them to develop team spirit, and led to a massive wastage of healthcare personnel; the aforementioned shortcomings have also caused difficulties in improving the quality of public healthcare services, and among others, problems such as excessively long waiting time for healthcare services and persistent healthcare manpower shortage have even intensified; in this connection, this Council urges the SAR Government to expeditiously promote healthcare reform to eradicate the deep-rooted deficiencies in the healthcare system; the relevant proposals include:

- (1) allocating additional resources to develop comprehensive preventive healthcare services, so as to build up an integrated first line of defence in healthcare and compensate for the inadequacies in the existing healthcare system;
- (2) by drawing reference from the mode of public-private healthcare partnership, incorporating private healthcare services into the development planning for a first line of defence in healthcare, so as to reduce the pressure on the public healthcare system by drawing on the strength of private healthcare;
- (3) exploring the feasibility of introducing a new ‘mentorship approach’ to medical practice in HA, so as to rebuild team spirit among frontline doctors and sustain the inheritance of medical experience;
- (4) reforming HA’s mechanical management approach and including the element of humanized management, so as to boost the morale of frontline healthcare personnel;

- (5) adopting the principles of ‘focusing on patients’ needs’ and ‘saving patients’ time’ in reforming HA’s service mode and subsidy computation mode, so as to enable patients to receive one-stop healthcare services within a short time for a single illness or multiple illnesses without having to make repeated trips to hospitals as in the past and in turn reduce their ordeals; and
- (6) developing comprehensive integrated Chinese-Western medicine services in the public healthcare system, so as to promote the diversification of public healthcare services by drawing on the strength of Chinese medicine.

2. Motion as amended by Hon Alice MAK

That, *for a long time*, the tilting of the *Hong Kong’s* public healthcare system towards the provision of care for patients with serious illnesses, coupled with the serious lack of comprehensive preventive *primary* healthcare services in society, has rendered it difficult for people to receive treatment at an early stage of illness; in recent years, the Hospital Authority (‘HA’) has phased out the ‘mentorship approach’ to medical practice and adopted clinical and administrative guidelines together with a mechanical management approach in managing frontline doctors, and this has imposed prolonged pressure on frontline doctors; *and* made it difficult for them to develop team spirit, and *together with the problem of inadequate communication in managing frontline supporting personnel, these have* led to a massive wastage of healthcare personnel; the aforementioned shortcomings have also caused difficulties in improving the quality of public healthcare services, and among others, problems such as excessively long waiting time for healthcare services and persistent healthcare manpower shortage have even intensified; in this connection, this Council urges the SAR Government to expeditiously promote healthcare reform to eradicate the deep-rooted deficiencies in the healthcare system; the relevant proposals include:

- (1) allocating additional resources to develop comprehensive preventive *primary* healthcare services, so as to build up an integrated first line of defence in healthcare and compensate for the inadequacies in the existing healthcare system;
- (2) by drawing reference from the mode of public-private healthcare partnership, incorporating private healthcare services into the development planning for a first line of defence in healthcare, so as to reduce the pressure on the public healthcare system by drawing on the strength of private healthcare;

- (3) exploring the feasibility of introducing a new ‘mentorship approach’ to medical practice in HA, so as to rebuild team spirit among frontline doctors and sustain the inheritance of medical experience;
- (4) reforming HA’s mechanical management approach and including the element of humanized management, so as to boost the morale of frontline healthcare personnel;
- (5) adopting the principles of ‘focusing on patients’ needs’ and ‘saving patients’ time’ in reforming HA’s service mode and subsidy computation mode, so as to enable patients to receive one-stop healthcare services within a short time for a single illness or multiple illnesses without having to make repeated trips to hospitals as in the past and in turn reduce their ordeals; ~~and~~
- (6) developing comprehensive integrated Chinese-Western medicine services in the public healthcare system, so as to promote the diversification of public healthcare services by drawing on the strength of Chinese medicine;
- (7) *reducing the employment of medical, nursing and supporting personnel through intermediaries and progressively employing and training such personnel by HA direct instead, so as to ensure service quality and efficiency;*
- (8) *expediting the promotion of primary healthcare development, including the construction of additional District Health Centres for taking care of patients with chronic illnesses, so as to reduce the burden on public hospitals; and*
- (9) *reviewing HA’s personnel management system and encouraging its management to enhance communication with frontline personnel, so as to rebuild the morale of HA’s personnel.*

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

3. Motion as amended by Prof Hon Joseph LEE

That the tilting of ~~the~~ *Hong Kong’s* public healthcare system towards ~~the~~ provision of care for patients with serious illnesses *treatment*, coupled with the serious lack of comprehensive preventive healthcare services in society, has rendered it difficult for people to receive treatment at an early stage of illness; in recent years, the Hospital Authority (‘HA’) has phased out the ‘mentorship approach’ to medical practice and adopted clinical and administrative guidelines

together with a mechanical management approach in managing frontline doctors, and this has imposed prolonged pressure on frontline doctors, made it difficult for them to develop team spirit, and led to a massive wastage of healthcare personnel; the aforementioned shortcomings have also caused difficulties in improving the quality of public healthcare services, and among others, problems such as excessively long waiting time for healthcare services and persistent healthcare manpower shortage have even intensified; in this connection, this Council urges the SAR Government to expeditiously promote healthcare reform to eradicate the deep-rooted deficiencies in the healthcare system; the relevant proposals include:

- (1) ***promoting primary healthcare services and*** allocating additional resources to develop comprehensive preventive healthcare services, so as to build up an integrated first line of defence in healthcare and compensate for the inadequacies in the existing healthcare system;
- (2) by drawing reference from the mode of public-private healthcare partnership, incorporating private healthcare services into the development planning for a first line of defence in healthcare, so as to reduce the pressure on the public healthcare system by drawing on the strength of private healthcare;
- (3) exploring the feasibility of introducing a new ‘mentorship approach’ to medical practice in HA, so as to rebuild team spirit among frontline doctors and sustain the inheritance of medical experience;
- (4) reforming HA’s mechanical management approach and including the element of humanized management, so as to boost the morale of frontline healthcare personnel;
- (5) adopting the principles of ‘focusing on patients’ needs’ and ‘saving patients’ time’ in reforming HA’s service mode and subsidy computation mode, so as to enable patients to receive one-stop healthcare services within a short time for a single illness or multiple illnesses without having to make repeated trips to hospitals as in the past and in turn reduce their ordeals; ~~and~~
- (6) developing comprehensive integrated Chinese-Western medicine services in the public healthcare system, so as to promote the diversification of public healthcare services by drawing on the strength of Chinese medicine;
- (7) ***abolishing the referral system to enable physiotherapists to directly provide patients with treatment and care services;***

- (8) *allowing optometrists to directly refer patients to public ophthalmological services by dispensing with the need for referral by private or public doctors, so as to enable people to directly receive appropriate services;*
- (9) *improving the employment terms of HA's nursing and allied health personnel and providing them with reasonable remunerations and attractive career prospects, so as to reduce manpower wastage and in turn increase the stability of nursing and allied health manpower in public healthcare; and*
- (10) *continuing the promotion of the Voluntary Health Insurance Scheme and enhancing incentives to encourage more people to purchase private health insurance products, so as to provide people with an additional option of using private healthcare services and in turn reduce the burden on public healthcare services in the long run.*

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

4. Motion as amended by Dr Hon Pierre CHAN

That the ~~tilting of the~~ *serious neglect of primary healthcare services in Hong Kong's* public healthcare system towards the provision of care for patients with serious illnesses, ~~coupled with the serious lack of comprehensive preventive healthcare services in society,~~ has rendered it difficult for people to receive treatment at an early stage of illness; in recent years, *mismanagement on the part of* the Hospital Authority ('HA') ~~has phased out the 'mentorship approach' to medical practice and adopted clinical and administrative guidelines together with a mechanical management approach in managing frontline doctors, and this~~ has imposed prolonged pressure on frontline doctors, made it difficult for them to develop team spirit, and led to a massive wastage of healthcare personnel; the aforementioned shortcomings have also caused difficulties in improving the quality of public healthcare services, and among others, problems such as excessively long waiting time for healthcare services and persistent healthcare manpower shortage have even intensified; in this connection, this Council urges the SAR Government to expeditiously promote healthcare reform to eradicate the deep-rooted deficiencies in the healthcare system; the relevant proposals include:

- (1) allocating additional resources to develop comprehensive, *continuing and person-centred* preventive healthcare services *and enhance training for family doctors and allied health personnel*, so as to build up an integrated first line of defence in healthcare and compensate for the inadequacies in the existing healthcare system;

- (2) ~~by drawing reference from~~ ***expeditiously reviewing the problems with HA's manpower establishment and offering incentives to retain talents; and improving*** the mode of public-private healthcare partnership, ~~incorporating private healthcare services into the development planning for a first line of defence in healthcare,~~ so as to reduce the pressure on the public healthcare system ***and shorten the waiting time of public hospital patients*** by drawing on the strength of private healthcare;
- ~~(3) exploring the feasibility of introducing a new 'mentorship approach' to medical practice in HA, so as to rebuild team spirit among frontline doctors and sustain the inheritance of medical experience;~~
- (3) ***in order to cope with future service demand and the use of advanced medical devices, enhancing training for HA's healthcare personnel to improve the quality and efficiency of healthcare services;***
- (4) reforming HA's ~~mechanical~~ management approach ~~and including the element of humanized management, so as to boost the morale of frontline healthcare personnel,~~ ***in particular, putting aside and deferring certain administrative tasks with no urgency during the influenza surge, and deploying healthcare personnel from the management to outpatient clinics and accident and emergency departments, so as to reduce the pressure on frontline healthcare personnel and boost their morale;***
- (5) adopting the principles of 'focusing on patients' needs' and 'saving patients' time' in reforming HA's service mode and subsidy computation mode, so as to enable patients to receive one-stop healthcare services within a short time for a single illness or multiple illnesses without having to make repeated trips to hospitals as in the past and in turn reduce their ordeals; and
- (6) developing comprehensive integrated Chinese-Western medicine services in the public healthcare system, so as to promote the diversification of public healthcare services by drawing on the strength of Chinese medicine.

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

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

That, *in 2016-2017, Hong Kong's public current health expenditure accounted for around 2.9% of its Gross Domestic Product ('GDP'), and it was merely half of the rate of Hong Kong's current expenditure on health in its GDP (around 5.9%) and far lower than those of other advanced economies;* the tilting of the public healthcare system towards the provision of care for patients with serious illnesses *without offering any holistic primary healthcare services*, coupled with the serious lack of comprehensive preventive healthcare services in society, has rendered it difficult for people to receive treatment at an early stage of illness; in recent years, *the failure of the Hospital Authority ('HA') to rectify the problem of fiefdoms has resulted in chaotic administration and management, such as requesting frontline personnel to participate in internal meetings despite manpower shortage; besides, it* has phased out the 'mentorship approach' to medical practice and adopted clinical and administrative guidelines together with a mechanical management approach in managing frontline doctors, and this has imposed prolonged pressure on frontline doctors, made it difficult for them to develop team spirit, and led to a massive wastage of healthcare personnel; the aforementioned shortcomings have also caused difficulties in improving the quality of public healthcare services, and among others, problems such as excessively long waiting time for healthcare services and persistent healthcare manpower shortage have even intensified; *at the same time, with population growth and the surge of the elderly population, Hong Kong people's demand for healthcare services will rise drastically, but the increase in the number of hospital beds in Hong Kong's public hospitals has greatly fallen short of the demand and seriously lagged behind the planning target of providing 5.5 hospital beds for every 1 000 people in the Hong Kong Planning Standards and Guidelines;* in this connection, this Council urges the SAR Government to expeditiously promote healthcare reform to eradicate the deep-rooted deficiencies in the healthcare system; the relevant proposals include:

- (1) allocating additional resources to develop comprehensive preventive healthcare services, so as to build up an integrated first line of defence in healthcare and compensate for the inadequacies in the existing healthcare system;
- (2) by drawing reference from the mode of public-private healthcare partnership, incorporating private healthcare services into the development planning for a first line of defence in healthcare, so as to reduce the pressure on the public healthcare system by drawing on the strength of private healthcare;

- (3) exploring the feasibility of introducing a new ‘mentorship approach’ to medical practice in HA, so as to rebuild team spirit among frontline doctors and sustain the inheritance of medical experience;
- (4) reforming HA’s mechanical management approach and including the element of humanized management, so as to boost the morale of frontline healthcare personnel;
- (5) adopting the principles of ‘focusing on patients’ needs’ and ‘saving patients’ time’ in reforming HA’s service mode and subsidy computation mode, so as to enable patients to receive one-stop healthcare services within a short time for a single illness or multiple illnesses without having to make repeated trips to hospitals as in the past and in turn reduce their ordeals; ~~and~~
- (6) developing ~~comprehensive~~ ***evidence-based*** integrated Chinese-Western medicine services in the public healthcare system, so as to promote the diversification of public healthcare services by drawing on the strength of Chinese medicine;
- (7) ***expeditiously formulating long-term, macroscopic and comprehensive healthcare development plans, including undertaking to increase the rate of public health expenditure in the Government’s recurrent expenditure by one percentage point every year with a target rate of over 20% three years later; and mapping out detailed plans for the construction of public and private hospitals in the future;***
- (8) ***immediately activating the item of providing additional hospital beds under the second 10-year Hospital Development Plan, and immediately formulating plans to achieve the supply target of providing 5.5 hospital beds for every 1 000 people 15 years later;***
- (9) ***distributing healthcare resources based on patients’ needs, and comprehensively implementing a cross-cluster patient referral scheme to shorten the waiting time for specialist services;***
- (10) ***setting up more elderly health centres, woman health centres and maternal and child health centres, so as to increase service quotas and shorten the waiting time for health assessments;***
- (11) ***perfecting public dental services and enhancing their service quality, including setting up more public dental clinics and increasing the number of service sessions and quotas, and providing people with non-emergency dental services such as scaling, filling and crowning, so as to offer dental health protection for people, especially elderly***

persons, children, low-income persons and people with special needs (such as persons with intellectual disabilities); and, at the same time, by drawing reference from the School Dental Care Service, introducing an elderly dental care service to provide elderly persons with dental examination and scaling services once a year, so as to treat the oral health problems of elderly persons as early as possible;

- (12) *increasing psychiatric healthcare manpower and introducing evening psychiatric consultation services, so as to shorten the waiting time for psychiatric services and enable patients to receive treatment before their conditions turn serious; and allocating additional resources to improve psychiatric services for children and adolescents, and launching new measures for assisting students with special learning needs or those plagued by mental problems, so as to shorten their waiting time for assessment and treatment, identify students' needs as early as possible and prevent the deterioration of their conditions due to delays in treatment;*
- (13) *improving the general outpatient clinic telephone appointment service, including the deployment of more manpower to answer hotline calls, so as to assist people in need, especially elderly persons, in resolving their difficulties in making appointments; and*
- (14) *abolishing the system of the HA Drug Formulary and having the Government directly offer drug subsidies, so as to provide genuine care for patients in need.*

Note: Dr Hon KWOK Ka-ki's amendment is marked in *bold and italic type* or with deletion line.

6. Motion as amended by Dr Hon Helena WONG

That *the SAR Government allocates substantial funding to the Hospital Authority ('HA') every year; yet, the tilting of the Hong Kong's public healthcare system towards the provision of care for patients with serious illnesses, coupled with the serious lack of comprehensive preventive healthcare services in society, has rendered it difficult for people to receive treatment at an early stage of illness; in recent years, the Hospital Authority ('HA') HA has phased out the 'mentorship approach' to medical practice and adopted clinical and administrative guidelines together with a mechanical management approach in managing frontline doctors, and this has imposed prolonged pressure on frontline doctors, made it difficult for them to develop team spirit, and led to a massive wastage of healthcare personnel; the aforementioned shortcomings have also caused difficulties in improving the quality of public healthcare services, and among others, problems such as excessively long waiting time for*

healthcare services and persistent healthcare manpower shortage have even intensified; in this connection, this Council urges the SAR Government to expeditiously promote healthcare reform *and draw up fresh planning for the supply of and demand for healthcare manpower* to eradicate the deep-rooted deficiencies in the healthcare system; the relevant proposals include:

- (1) allocating additional resources to develop comprehensive preventive healthcare services, so as to build up an integrated first line of defence in healthcare and compensate for the inadequacies in the existing healthcare system;
- (2) by drawing reference from the mode of public-private healthcare partnership, incorporating private healthcare services into the development planning for a first line of defence in healthcare, so as to reduce the pressure on the public healthcare system by drawing on the strength of private healthcare;
- (3) exploring the feasibility of introducing a new ‘mentorship approach’ to medical practice in HA, so as to rebuild team spirit among frontline doctors and sustain the inheritance of medical experience;
- (4) reforming HA’s mechanical management approach and including the element of humanized management, so as to boost the morale of frontline healthcare personnel;
- (5) *drawing up a performance pledge on the waiting time for accident and emergency cases and new cases for specialist services, and* adopting the principles of ‘focusing on patients’ needs’ and ‘saving patients’ time’ in reforming HA’s service mode and subsidy computation mode, so as to enable patients to receive one-stop healthcare services within a short time for a single illness or multiple illnesses without having to make repeated trips to *one or more* hospitals as in the past and in turn reduce their ordeals; ~~and~~
- (6) developing comprehensive integrated Chinese-Western medicine services in the public healthcare system, so as to promote the diversification of public healthcare services by drawing on the strength of Chinese medicine;
- (7) *devising schemes for retaining talents in public hospitals to avoid the wastage of various types of healthcare professionals;*
- (8) *increasing the number of training places for local medical students and various types of healthcare professionals, and studying the establishment of a third medical school;*

- (9) *requiring local medical graduates to serve in public hospitals for certain years after graduation from their specialist studies;*
- (10) *inducing Hong Kong people with specialist training in renowned medical schools overseas and medical faculties of universities in the United Kingdom, Canada, Australia and New Zealand to return to Hong Kong and serve in the public healthcare system; and*
- (11) *requesting HA to reduce the deployment of doctors to handle unnecessary administrative work, so that they can focus on their intrinsic duty of providing healthcare services.*

Note: Dr Hon Helena WONG's amendment is marked in *bold and italic type* or with deletion line.

7. Motion as amended by Hon CHU Hoi-dick

That the tilting of ~~the~~ *Hong Kong's* public healthcare system ~~towards the provision of care for patients with serious illnesses, coupled with the serious lack of~~ *towards treatment and healthcare services in hospitals without allocating appropriate resources for* comprehensive preventive healthcare services ~~in society,~~ *and the primary healthcare system* has rendered it difficult for people to receive treatment at an early stage of illness *and overloaded the public healthcare system;* in recent years, *there have been voices in society claiming that improper management and the lack of vision on the part of the Hospital Authority ('HA')* has ~~phased out the 'mentorship approach' to medical practice and adopted clinical and administrative guidelines together with a mechanical management approach in managing frontline doctors, and this has imposed prolonged pressure on frontline doctors, made it difficult for them to develop team spirit, and led to a massive wastage of~~ *healthcare and allied health personnel; this, coupled with the imbalance between the public and private healthcare systems, has resulted in a mass exodus of* healthcare personnel *from the public healthcare system to the private healthcare system;* the aforementioned shortcomings have ~~also~~ caused difficulties in improving the quality of public healthcare services, and among others, problems such as excessively long waiting time for healthcare services and persistent healthcare manpower shortage have even intensified; in this connection, this Council urges the SAR Government to expeditiously promote healthcare reform to eradicate the deep-rooted deficiencies in the healthcare system; the relevant proposals include:

- (1) *clarifying the roles and positioning of the Food and Health Bureau, HA, the Department of Health ('DH') and the medical and healthcare organizations, so as to reconstruct the 'healthcare pyramid'; and*

allocating additional resources to develop ~~comprehensive preventive healthcare services~~ *and formulate a comprehensive policy on preventive healthcare and primary healthcare services and putting forth a practicable timetable*, so as to build up an integrated first line of defence in healthcare ~~and~~, compensate for the inadequacies in the existing healthcare system, *and reduce people's dependence on public hospitals and their burden in the long run*;

- (2) ~~by drawing reference from the mode of public private healthcare partnership, incorporating private healthcare services into the development planning for a first line of defence in healthcare~~ *with research studies and the participation of various stakeholders, conducting regular reviews of the healthcare financing options and the cause for the imbalance between the public and private healthcare systems, and formulating an approach and a timetable for healthcare reform and putting them into implementation*, so as to reduce the pressure on the public healthcare system by drawing on the strength of private healthcare, *thereby achieving a balance between the public and private healthcare systems*;
- ~~(3) exploring the feasibility of introducing a new 'mentorship approach' to medical practice in HA, so as to rebuild team spirit among frontline doctors and sustain the inheritance of medical experience;~~
- (3) *targeting at the impossibility to alleviate doctor shortage in the short run, improving the autonomy of various healthcare professions in their division of duties as a means of reducing doctors' workload, such as expeditiously enhancing the status and functions of nurse specialists and allied health personnel, conferring referral power on various healthcare professionals where appropriate to enable the relevant personnel to provide independent consultation without the need for doctors' referral, and opening administrative and system management posts held by doctors in HA and DH to non-doctor personnel with public health training*;
- (4) reforming HA's mechanical management approach and including the element of humanized management, ~~so as to~~ *including dispensing with unnecessary meetings and administrative work, examining the shift arrangements for healthcare personnel, setting up channels for frontline healthcare personnel to express their views and a follow-up mechanism, and consulting frontline personnel before implementing any major initiatives (such as the Hospital Accreditation Scheme) to avoid the management formulating unrealistic measures, in a bid to cultivate a desirable working environment, retain talents and* boost the morale of frontline healthcare *and allied health* personnel;

- (5) adopting the principles of ‘focusing on patients’ needs’ and ‘saving patients’ time’ in reforming HA’s service mode and subsidy computation mode, *and studying the improvement of community health services and carer support services at regular intervals*, so as to enable patients to receive one-stop healthcare services within a short time for a single illness or multiple illnesses without having to make repeated trips to hospitals as in the past and in turn reduce their ordeals; ~~and~~ *and those of carers;*
- (6) developing comprehensive integrated Chinese-Western medicine services in the public healthcare system, *including, through examining the Integrated Chinese-Western Medicine Pilot Programme and by drawing reference from the model of the future Chinese medicine hospital, introducing integrated Chinese-Western medicine in different medical disciplines; increasing subsidies for Chinese Medicine Centres for Training and Research, and narrowing down the fee discrepancy between Chinese medicine outpatient clinics and general outpatient clinics; and, in the long run, considering expanding the proportion of Chinese medicine in public healthcare services, improving the remuneration packages of Chinese medicine practitioners, and providing them with more training, research subsidies and room for career advancement*, so as to promote the diversification of public healthcare services *and alleviate the pressure of manpower shortage faced by Western medicine practitioners* by drawing on the strength of Chinese medicine; *and*
- (7) *continuously monitoring and following up the construction progress, performance and effectiveness of various District Health Centres (‘DHCs’) and formulating plans with reference to previous experience, so as to turn DHCs into the cornerstone of primary healthcare and community health services.*

Note: Hon CHU Hoi-dick’s amendment is marked in *bold and italic type* or with deletion line.

8. Motion as amended by Hon SHIU Ka-chun

That the tilting of the public healthcare system towards the provision of care for patients with serious illnesses, coupled with the serious lack of comprehensive preventive healthcare services in society, has rendered it difficult for people to receive treatment at an early stage of illness; in recent years, the Hospital Authority (‘HA’) has phased out the ‘mentorship approach’ to medical practice and adopted clinical and administrative guidelines together with a mechanical management approach in managing frontline doctors, and this has imposed

prolonged pressure on frontline doctors, made it difficult for them to develop team spirit, and led to a massive wastage of healthcare personnel; *at the same time, after the SAR Government released the Report of the Strategic Review on Healthcare Manpower Planning and Professional Development in June 2017, it has not formulated any specific policies for training healthcare professionals in large numbers, such as local doctors, nurses and allied health personnel; while the number of hospital beds has still fallen short of the planning target of providing 5.5 hospital beds for every 1 000 people in the Hong Kong Planning Standards and Guidelines, the policy on elderly dental care services is not comprehensive enough;* the aforementioned shortcomings have also caused difficulties in improving the quality of public healthcare services, and among others, problems such as excessively long waiting time for healthcare services and persistent healthcare manpower shortage have even intensified, *thus making patients unable to receive treatment as early as possible and in turn affecting their health;* in this connection, this Council urges the SAR Government to expeditiously promote healthcare reform to eradicate the deep-rooted deficiencies in the healthcare system; the relevant proposals include:

- (1) allocating additional resources to develop comprehensive preventive healthcare services, so as to build up an integrated first line of defence in healthcare and compensate for the inadequacies in the existing healthcare system;
- (2) by drawing reference from the mode of public-private healthcare partnership, incorporating private healthcare services into the development planning for a first line of defence in healthcare, so as to reduce the pressure on the public healthcare system by drawing on the strength of private healthcare;
- (3) exploring the feasibility of introducing a new ‘mentorship approach’ to medical practice in HA, so as to rebuild team spirit among frontline doctors and sustain the inheritance of medical experience;
- (4) reforming HA’s mechanical management approach and including the element of humanized management, so as to boost the morale of frontline healthcare personnel;
- (5) adopting the principles of ‘focusing on patients’ needs’ and ‘saving patients’ time’ in reforming HA’s service mode and subsidy computation mode, so as to enable patients to receive one-stop healthcare services within a short time for a single illness or multiple illnesses without having to make repeated trips to hospitals as in the past and in turn reduce their ordeals; ~~and~~

- (6) developing comprehensive integrated Chinese-Western medicine services in the public healthcare system, so as to promote the diversification of public healthcare services by drawing on the strength of Chinese medicine; ***and, at the same time, increasing the weighting of Chinese medicine in the public healthcare system and improving the remuneration packages and career advancement ladder of Chinese medicine practitioners in the public healthcare system;***
- (7) ***formulating a long-term policy for increasing the number of places in local universities for training healthcare professionals such as general practitioners, specialists, nurses and allied health personnel, so as to deal with the existing problems of manpower shortage and excessively long waiting time for specialist healthcare services in the public healthcare system;***
- (8) ***substantially increasing the numbers of local public hospitals and hospital beds; and***
- (9) ***increasing the quotas of public dental outpatient services and expanding public dental services to provide people with non-emergency services such as scaling and filling, with a view to offering dental health protection for people, especially elderly people.***

Note: Hon SHIU Ka-chun's amendment is marked in ***bold and italic type*** or with deletion line.