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From : Clerk to the Legislative Council

To : All Members of the Legislative Council

Council meeting of 26 January 2022

**Amendments to Hon CHAN Hoi-yan's motion on
"Ten-year plan for primary healthcare"**

Further to LC Paper No. CB(3) 28/2022 issued on 14 January 2022, the President has given permission for seven Members (Hon Kingsley WONG, Hon YUNG Hoi-yan, Hon Edward LEUNG, Dr Hon David LAM, Hon Tommy CHEUNG, Hon Judy CHAN and Hon Duncan CHIU) to move amendments to Hon CHAN Hoi-yan's motion, and has directed that the amendments 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 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 Kingsley WONG;
 - (ii) Hon Edward LEUNG;

- (iii) Dr Hon David LAM;
 - (iv) Hon Tommy CHEUNG;
 - (v) Hon Duncan CHIU;
 - (vi) Hon Judy CHAN; and
 - (vii) Hon YUNG Hoi-yan;
- (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 amendment(s); 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. The terms of the original motion and the marked-up version of the amendments are set out in the **Appendix** for Members' easy reference.

4. Members are reminded that in accordance with Appendix IIIA to the House Rules, the **maximum duration of this joint debate (including voting) is four hours**. The motion mover will have a total of 10 minutes to make introductory speech and reply, and another five minutes to speak on the amendment(s). The mover(s) of the amendment(s) and other Members may each speak once up to a maximum of five minutes. The public officer(s) will not be subject to any speaking time limit.

(Miranda HON)
for Clerk to the Legislative Council

Encl.

(Translation)

**Motion debate on
“Ten-year plan for primary healthcare”**

1. Hon CHAN Hoi-yan’s original motion

That the pressure faced by Hong Kong’s public healthcare system has been at bursting point for a long time, such as the waiting time for specialist outpatient services remaining at a high level, the accident and emergency departments being always full during the influenza surge and the occupancy rates of medical wards persistently exceeding the capacity; in this connection, this Council urges the Government to implement a ‘ten-year plan for primary healthcare’ and plan afresh the allocation of resources and manpower training for healthcare services with an approach which is more prevention-focused than treatment-oriented, including making optimal use of mobile clinics and setting up influenza triage clinics to triage patients properly in the community; enhancing training for family medicine specialists, and making good use of healthcare professions such as Chinese medicine practitioners and pharmacists to reduce the chances of patients being hospitalized due to serious illnesses and ameliorate the problem of inadequate frontline healthcare manpower; reforming public dental services; and setting health indicators to raise people’s awareness of maintaining a healthy lifestyle, thereby reducing the number of patients seeking medical consultation at public hospitals to resolve the existing overload problem in the public healthcare system.

2. Motion as amended by Hon Kingsley WONG

That *early in 1988, the authorities already started considering the promotion of primary healthcare, but over the past 30-odd years,* ~~the pressure faced by Hong Kong’s public healthcare system has been at bursting point for a long time, such as the waiting time for specialist outpatient services remaining at a high level, the accident and emergency departments being always full during the influenza surge and the occupancy rates of medical wards persistently exceeding the capacity~~ *has all along failed to shift the emphasis of the healthcare system and people’s mindset from treatment-oriented to prevention-focused, thus causing the public healthcare system to face heavy pressure; in this connection to enable primary healthcare services to serve the role of ‘curing the illness while it is still obscure’,* this Council urges the Government to implement a ‘ten-year plan for primary healthcare’ ~~and plan with measures including:~~

- (1) *planning afresh and stepping up* the allocation of resources and manpower training for healthcare services ~~with an approach which is more prevention-focused than treatment-oriented~~, including *enhancing training for family medicine specialists to dovetail with the development of primary healthcare*;
- (2) *expediting the extension of District Health Centres to all the 18 districts in Hong Kong and* making optimal use of mobile clinics ~~and setting up influenza triage clinics, etc.~~ *to provide healthcare services for the chronically ill, so as to triage patients properly in the community; enhancing training for family medicine specialists, and, thereby alleviating the pressure on public hospitals*;
- (3) *setting up additional day care centres for the elderly to provide the elderly with physiotherapy services, in particular helping stroke patients to undergo rehabilitation treatment in the community*;
- (4) making good use of healthcare professions such as *nurses, chiropractors, physiotherapists, occupational therapists, clinical psychologists, dietitians*, Chinese medicine practitioners and pharmacists *so that patients can be triaged and also undergo appropriate treatment in a timely manner, so as to reduce the chances of patients being hospitalized due to serious illnesses and ameliorate, thereby ameliorating* the problem of inadequate frontline healthcare manpower *in hospitals*;
- (5) reforming public dental services, *including increasing the service quotas and expanding the scope of services*;
- (6) *introducing women health care vouchers and elderly dental care vouchers, and lowering the eligible age for Elderly Health Care Voucher to 60*;
- (7) *subsidizing non-governmental organizations to set up non-profit-making Chinese medicine, general outpatient and specialist outpatient clinics, and further enhancing public-private partnership, including extending the public-private partnership programme to specialist outpatient clinics*;
- (8) *introducing more screening programmes for major cancers such as lung cancer and breast cancer, and implementing a 'universal physical check-up programme' to subsidize all people in Hong Kong aged 40 or above to have a physical check-up once every two years*;

- (9) *subsidizing members of the public to receive vaccination against hepatitis B, cervical cancer, etc. to prevent the occurrence of relevant serious illnesses; and*
- (10) setting health indicators to raise people's awareness of maintaining a healthy lifestyle; ;

thereby reducing the number of patients seeking medical consultation at public hospitals to resolve the existing overload problem in the public healthcare system.

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

3. Motion as amended by Hon Edward LEUNG

That *Hong Kong's primary healthcare services have all along lacked comprehensive planning and the development of such services has been unsatisfactory, causing* the pressure faced by Hong Kong's public healthcare system ~~has been~~ *inpatient and specialist services to remain* at bursting point for a long time, such as the waiting time for specialist outpatient services remaining at a high level, the accident and emergency departments being always full during the influenza surge and the occupancy rates of medical wards persistently exceeding the capacity; in this connection, this Council urges the Government to implement a 'ten-year plan for primary healthcare' and plan afresh the allocation of resources and manpower training for healthcare services with an approach which is more prevention-focused than treatment-oriented, including *expediting the establishment of District Health Centres in all the 18 districts in Hong Kong*, making optimal use of mobile clinics and setting up influenza triage clinics to triage patients properly in the community; *enhancing public-private healthcare partnership by making optimal use of private healthcare resources and incorporating private healthcare services into the development planning of primary healthcare to share the pressure of the public healthcare system;* enhancing training for family medicine specialists, and making good use of healthcare professions such as Chinese medicine practitioners and pharmacists, *including fully incorporating Chinese medicine services into the public healthcare system and developing comprehensive integrated Chinese-Western medicine services* to reduce the chances of patients being hospitalized due to serious illnesses and *proceeding to study the establishment of the third medical school to train more healthcare personnel, so as to* ameliorate the problem of inadequate frontline healthcare manpower; reforming public dental services *to provide the public with not only pain relief and teeth extraction services but also dental care, crowning and other dental*

treatment services, so as to prevent and cure oral health problems in a timely manner; and expanding the screening programmes for major serious illnesses and setting health indicators to raise people's awareness of maintaining a healthy lifestyle, thereby reducing the number of patients seeking medical consultation at public hospitals to resolve the existing overload problem in the public healthcare system.

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

4. Motion as amended by Dr Hon David LAM

That ~~currently~~ the pressure faced by Hong Kong's public healthcare system has been ***hospitals is*** at bursting point ~~for a long time~~, such as the waiting time for specialist outpatient services remaining at a high level, the accident and emergency departments being always full during the influenza surge and the occupancy rates of medical wards persistently exceeding the capacity; in this connection, this Council urges the Government to implement a 'ten-year plan for primary healthcare ***development plan***' and ~~plan afresh the allocation of resources and manpower training for healthcare services with an approach which is~~ ***with measures including:***

- (1) ***expeditiously submitting to this Council the Primary Healthcare Development Blueprint and extensively consulting the relevant professional sectors and members of the community on the Development Blueprint;***
- (2) ***putting into practice the concepts of 'more prevention-focused than treatment-oriented, including making optimal use of mobile clinics and setting up influenza triage clinics to triage patients properly in the community; enhancing training for family medicine specialists, and making good use of healthcare professions such as Chinese medicine practitioners and pharmacists' and 'specialists and family doctors jointly taking care of patients' in order to promote primary healthcare development;***
- (3) ***planning afresh a healthcare system featuring 'community-and-hospital partnership with family doctors and specialists jointly taking care of patients' to achieve seamless interfacing of the upper and lower tiers;***
- (4) ***providing two-way referral services between specialist outpatient services and community healthcare for patients according to their***

conditions to alleviate the burden on specialist outpatient clinics in public hospitals;

- (5) *establishing a primary healthcare co-ordination and management structure with dedicated responsibilities for deploying resources, training primary healthcare personnel and developing community healthcare networks;*
- (6) *encouraging, through policies, family doctors to pursue continuing education; offering policy incentives to encourage healthcare professions such as Chinese medicine practitioners, pharmacists, nurses, physiotherapists, occupational therapists, speech therapists, psychologists, etc. to provide services in the community;*
- (7) *encouraging people to make good use of health care vouchers to undergo regular physical check-ups according to medical protocols, so that chronic diseases can be diagnosed early and treated in a timely manner to reduce the chances of patients being hospitalized due to serious illnesses and ameliorate the problem of inadequate frontline healthcare manpower; reforming public dental services, thereby ameliorating pressure on frontline medical services;*
- (8) *extending the School Dental Care Service to secondary school students, and enhancing the elderly dental services under the Community Care Fund; and*
- (9) *setting ~~health~~ healthy living indicators (such as average daily amount of physical activities, calorie intake standard) to raise people's awareness of maintaining a healthy lifestyle, ~~thereby reducing the number of patients seeking medical consultation at public hospitals to resolve the existing overload problem in the public healthcare system so as to minimize the incidence of diseases and complications.~~*

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

5. Motion as amended by Hon Tommy CHEUNG

That, ***in fact***, the pressure faced by Hong Kong's public healthcare system has been at bursting point for a long time, such as the waiting time for specialist outpatient services remaining at a high level, the accident and emergency departments being always full during the influenza surge and the occupancy rates of medical wards persistently exceeding the capacity; in this connection,

this Council urges the Government to implement a ‘ten-year plan for primary healthcare’ and plan afresh the allocation of resources and manpower training for healthcare services with an approach which is more prevention-focused than treatment-oriented, including making optimal use of mobile clinics and setting up influenza triage clinics to triage patients properly in the community; enhancing training for family medicine specialists; ***expediting the importation of non-locally trained doctors and frontline healthcare workers***, and making good use of healthcare professions such as Chinese medicine practitioners and pharmacists to reduce the chances of patients being hospitalized due to serious illnesses and ameliorate the problem of inadequate frontline healthcare manpower, ***so that the healthcare system comprises both hardware and software; at the same time***, reforming public dental services; and setting health indicators to raise people’s awareness of maintaining a healthy lifestyle, thereby reducing the number of patients seeking medical consultation at public hospitals to resolve the existing overload problem in the public healthcare system.

Note: Hon Tommy CHEUNG’s amendment is marked in ***bold and italic type***.

6. Motion as amended by Hon Duncan CHIU

That ***as a matter of fact***, the pressure faced by Hong Kong’s public healthcare system has been at bursting point for a long time, such as the waiting time for specialist outpatient services remaining at a high level, the accident and emergency departments being always full during the influenza surge and the occupancy rates of medical wards persistently exceeding the capacity; in this connection, this Council urges the Government to implement a ‘ten-year plan for primary healthcare’ and plan afresh the allocation of resources and manpower training for healthcare services with an approach which is more prevention-focused than treatment-oriented, including making optimal use of mobile clinics and setting up influenza triage clinics to triage patients properly in the community; enhancing training for family medicine specialists, and making good use of healthcare professions such as Chinese medicine practitioners and pharmacists to reduce the chances of patients being hospitalized due to serious illnesses and ameliorate the problem of inadequate frontline healthcare manpower; reforming public dental services; and setting health indicators to raise people’s awareness of maintaining a healthy lifestyle, thereby reducing the number of patients seeking medical consultation at public hospitals to resolve the existing overload problem in the public healthcare system; ***however, to resolve the problem of primary healthcare in an ageing society in the long run, the Government must expeditiously formulate comprehensive planning and strategies on digital healthcare to make good use of technology to resolve various existing and anticipated healthcare problems, during which reference can be drawn from the comprehensive***

digital healthcare plan introduced by the National Health Commission in 2018 to clearly set out guidelines and protocols on various types of healthcare services, and through digitalization of the healthcare process, substantially save the time patients need to receive healthcare services.

Note: Hon Duncan CHIU's amendment is marked in ***bold and italic type***.

7. Motion as amended by Hon Judy CHAN

That the pressure faced by Hong Kong's public healthcare system has been at bursting point for a long time, such as the waiting time for specialist outpatient services remaining at a high level, the accident and emergency departments being always full during the influenza surge and the occupancy rates of medical wards persistently exceeding the capacity; in this connection, this Council urges the Government to implement a 'ten-year plan for primary healthcare' and plan afresh the allocation of resources and manpower training for healthcare services with an approach which is more prevention-focused than treatment-oriented, including making optimal use of mobile clinics and setting up influenza triage clinics to triage patients properly in the community; enhancing training for family medicine specialists, and making good use of healthcare professions such as Chinese medicine practitioners ~~and~~, pharmacists ***and physiotherapists*** to reduce the chances of patients being hospitalized due to serious illnesses and ameliorate the problem of inadequate frontline healthcare manpower; reforming public dental services; and setting health indicators to raise people's awareness of maintaining a healthy lifestyle, thereby reducing the number of patients seeking medical consultation at public hospitals to resolve the existing overload problem in the public healthcare system.

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

8. Motion as amended by Hon YUNG Hoi-yan

That the pressure faced by Hong Kong's public healthcare system has been at bursting point for a long time, such as the waiting time for specialist outpatient services remaining at a high level, the accident and emergency departments being always full during the influenza surge and the occupancy rates of medical wards persistently exceeding the capacity; in this connection, this Council urges the Government to implement a 'ten-year plan for primary healthcare' and plan afresh the allocation of resources and manpower training for healthcare services with an approach which is more prevention-focused than treatment-oriented, including making optimal use of mobile clinics and setting up influenza triage

clinics to triage patients properly in the community; enhancing training for family medicine specialists, and making good use of healthcare professions such as Chinese medicine practitioners and pharmacists to reduce the chances of patients being hospitalized due to serious illnesses ~~and~~; ***enhancing community Chinese medicine services and the promotion of Chinese medicine by including Chinese medicine in the scope of services of health centres and health centre expresses so as to*** ameliorate the problem of inadequate frontline healthcare manpower, ***alleviate the pressure on the public healthcare system and shorten the waiting time for specialist outpatient services; strengthening the development of Chinese medicine***; reforming public dental services; and setting health indicators to raise people's awareness of maintaining a healthy lifestyle, thereby reducing the number of patients seeking medical consultation at public hospitals to resolve the existing overload problem in the public healthcare system.

Note: Hon YUNG Hoi-yan's amendment is marked in ***bold and italic type*** or with deletion line.