

(Translation)

**Motion on
“Developing primary healthcare services”
moved by Hon WU Chi-wai
at the Council meeting of 30 May 2018**

Wording of the Motion

**Motion as amended by Hon Mrs Regina IP, Prof Hon Joseph LEE,
Hon CHAN Han-pan, Hon Michael TIEN and Hon Alice MAK**

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

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

- (6) make better use of the funds for public-private partnership to implement more screening programmes, so that members of the public can take measures to address their health problems as early as possible;
- (7) relax the application threshold of the Samaritan Fund, waive the requirement that means test must be conducted on a household basis, and lower the proportion of drug costs to be shared by patients; and
- (8) strengthen the role of Chinese medicine in primary healthcare, including incorporating all Chinese Medicine Centres for Training and Research into the public healthcare system, so that Chinese medicine services can be regularly subsidized by public fund, thereby enabling the public to receive affordable and high-quality Chinese medicine services; establish attractive pay scales and career progression pathways for Chinese medicine practitioners and supporting staff employed by the Chinese Medicine Centres for Training and Research operated under the tripartite cooperation of the Hospital Authority, non-governmental organizations and local universities, so as to attract and retain talents; and set up a dedicated fund to support the training and research and development of local traditional Chinese medicine;
- (9) set up additional nurse clinics in various districts;
- (10) enhance audiological treatment under public healthcare services, including increasing the training quota of audiologists and audiology technicians, so as to help elderly people tackle the problem of decrease in hearing acuity;
- (11) increase the resources and manpower of the Department of Health to enhance various health services for children and adolescents, including child assessment services and Student Health Service; and
- (12) perfect the planning for healthcare manpower to increase the number of nurses and allied health staff, and make better use of their professional knowledge to provide nursing, mental health services, drug consultation and counselling, etc. to the public in the community;
- (13) enhance the services of various elderly health centres, apart from providing the elderly with services of health assessment, health counselling, health education and basic medical treatment, each centre should also have its resident physiotherapist, dietician, clinical psychologist, Chinese medicine practitioner, etc. to meet the needs of different elderly people for healthcare services;

- (14) lower the eligibility age for elderly healthcare vouchers to 60 and abolish the accumulation limit of healthcare vouchers;
- (15) increase the number of university places of undergraduate programmes in dentistry to train more dentists to meet service demands;
- (16) expeditiously provide 24-hour outpatient services in public hospitals of various districts in Hong Kong, so as to mitigate the long waiting time for accident and emergency services;
- (17) expeditiously build a public Chinese medicine hospital to provide Chinese medicine in-patient services, and provide Chinese medicine services in district health centres to be established in future to support chronically ill patients;
- (18) with reference to the Elderly Health Care Voucher Scheme, introduce a healthcare voucher scheme for children and inject \$2,000 to each healthcare voucher account for children each year;
- (19) step up efforts in addressing rare diseases, including providing pregnant women with free prenatal non-invasive fetal trisomy testing services and providing those who want to have children with preconception trisomy testing services; and
- (20) enhance vaccination programmes to step up prevention of infectious diseases;
- (21) study the introduction of a complaint mechanism to combat overcharging of medical fees of healthcare service providers under the Elderly Health Care Voucher Scheme;
- (22) extend the School Dental Care Service to kindergarten students;
- (23) study ways to step up promotion on elderly dental assistance programmes, and relax the eligibility criteria for the Elderly Dental Assistance Programme under the Community Care Fund to cover recipients of Old Age Living Allowance aged 65 or above; and
- (24) study the setting up of more elderly health centres to provide more services to elderly members aged 65 or above, and introduce a mechanism to shorten the waiting time for elderly people to become members of these centres;
- (25) expand the membership of elderly health centres;

- (26) continue to enhance the Elderly Health Care Voucher Scheme, including introducing elderly dental care vouchers;
- (27) set up additional public dental clinics in the 18 districts of Hong Kong;
- (28) make better use of the funds for public-private partnership to provide subsidies to needy persons to undergo screening programmes for major cancers such as lung cancer or breast cancer, and provide women with subsidized or free gynaecological check-up;
- (29) optimize various measures and properly allocate more resources for public healthcare services, so as to address the existing problem of inadequate general outpatient services;
- (30) step up publicity to enhance the vaccination coverage of various types of vaccines, especially seasonal influenza vaccines; and
- (31) in order to encourage family members to discharge the responsibility of caring for the health of elderly people, increase carer subsidies and support, and increase the number of community nurses, so as to enhance home care for elderly people and chronic patients.