

For discussion  
On 8 January 2007

## **Legislative Council Panel on Health Services**

### **Impact of the use of Obstetric Services by Mainland Women on Public Hospital Resources**

#### **Purpose**

This paper briefs Members on –

- (a) the impact of the use of obstetric services by Mainland women on public hospital resources; and
- (b) the measures to be taken by the Hospital Authority (HA) to address the situation.

#### **Background**

2. We have all along been monitoring the increasing use of obstetric services by Mainland women. We briefed Members on the surge in the number of non-Hong Kong residents accessing the obstetric services of our public hospitals vide LC Paper No. CB(2)337/04-05(04) which was discussed at the meeting of the Panel on Health Services (the Panel) on 13 December 2004. To address the issue, we proposed vide LC Papers No. CB(2)1530/04-05(05) and No. CB(2)1748/04-05(03) which were discussed and endorsed by Members at the Panel's meetings on 17 May and 13 June 2005 respectively that the HA should introduce an Obstetric Package Charge for Non-eligible Persons (NEPs), which should be pitched at the minimum amount of \$20,000 for a stay of three days and two nights and \$3,300 for each extra day of hospitalisation. The NEP Obstetric Package Charge was introduced in all public hospitals with effect from 1 September 2005.

## **Recent Trend of the Number of Mainland Women Giving Birth in Hong Kong**

3. The total number of births (in public and private hospitals) in Hong Kong has increased by 21.6% from 46 965 in 2003 to 57 098 in 2005 of which most of the babies were born by Mainland women. According to statistics collated by the Immigration Department, the number of births by Mainland women in Hong Kong has increased by 92.9% from 10 128 in 2003 to 19 538 in 2005. It is worth noting that in 2003, the majority of babies born by Mainland women in Hong Kong were fathered by Hong Kong residents. Only 2 070 of those babies were fathered by non-residents. However, that number more than quadrupled to 9 273 in 2005, accounting for 47.5% of all births by Mainland women in Hong Kong. These rising trends continued in the first 10 months of 2006. A total of 20 577 births in Hong Kong were given by Mainland women, of which 12 678 were by non-resident fathers (or 61.8%). Detailed figures on the above statistics are set out in Tables 1 and 2 at **Annex A**.

4. In respect of births handled by public hospitals, the number has increased by 16.2% from 35 499 in 2003 to 41 259 in 2005. Babies born by NEPs account for the main reason of the increase, rising from 8 692 births in 2003 to 13 917 births in 2005. The introduction of the NEP Obstetric Package Charge in September 2005 had been successful in reducing the use of obstetric services of public hospitals by Mainland women. In the first 11 months of 2006, there were a total of 10 919 NEP women who gave births in public hospitals, representing a decrease of about 15.1% from 12 855 similar cases in the same period of 2005, although data in recent months appeared to suggest that the number of births by NEPs in public hospitals may be on the rise again. The births by NEPs now account for about 30% of births handled by public hospitals. Detailed figures on the number of births in public hospitals are set out in Table 3 at **Annex A**.

### **Impact on Public Hospital Resources**

5. The increasing trend of births by NEPs in public hospitals as outlined in paragraph 4 above has exerted pressure on the obstetric services in the public hospitals. In order to assess more accurately how the growing

demand for obstetrics services would impact on the public hospitals so as to facilitate better service planning, it is important to project the future trend/demand. In this regard, the Census and Statistics Department will release an updated set of population projections in mid-2007 based on the results of the 2006 Population By-census. However, to facilitate its service planning in the short-term, the HA has made a projection on the number of births to be handled by public hospitals in 2007, taking into account the latest birth data and trends. According to the HA's projection, the number of births that public hospitals are expected to handle in 2007 will grow to between 44 000 and 45 600 cases, representing an increase between 7.3% and 11.2% over 2006.

6. Apart from obstetric services, the HA is also facing pressure on its neonatal services. As neonatal intensive care is generally not available in the private sector, almost all cases of premature or high risk babies are referred to public hospitals. As a result, the overall increase in the number of births in Hong Kong is having a higher impact on HA's neonatal intensive care services.

7. The HA's capacity to respond to the demand changes is constrained by the tight manpower situation amongst midwives and neonatal intensive care nurses. As at October 2006, the projected wastage rates in 2006/07 for the two types of nursing staff were 5.3% and 6.5% respectively. The HA believed that the high wastage rates could be attributed to increasing work pressure and the requirement of frequent night duties. In addition, the practice of midwifery in public hospitals is generally regarded as difficult work, it requires 18 months of extra training as well as compliance with statutory licensing requirement, and practising independently when delivering babies. As the private sector expands its capacity in obstetric services, more HA midwives may be attracted to the private sector.

### **Measures to be taken by HA for Coping with Increased Demand for its Obstetric Services**

8. At its meeting on 21 December 2006, the HA Board has decided to take the following measures to cope with the increasing demand for its obstetric and neonatal intensive care services. The objective is to ensure that priority service will be provided to Hong Kong expectant mothers.

### Service expansion and additional manpower

9. To address ward congestion, the HA has already deployed additional beds for obstetric patients. Depending on service demand, the HA will stand ready to expand its obstetric and neonatal services as required. In respect of the manpower of midwives and intensive care nurses, the HA will recruit additional staff through multiple channels and with more flexible employment terms (e.g. part-time employment). The HA will also augment the supply of such staff by organising extra training courses on midwifery and neonatal intensive care. To boost staff morale and improve retention, the HA will provide salary increment for midwifery qualification for those working in obstetric units, grant overtime allowance for midwives and neonatal intensive care nurses, improve their promotion prospects by creating additional Advanced Practice Nurse posts, and provide relief to midwives and neonatal intensive care nurses from non-nursing duties with the recruitment of more supporting staff.

### Giving priority service to local mothers

10. As public hospital system is established primarily for the benefits of Hong Kong residents, the Government and the HA are committed to ensuring that local expectant mothers would have priority in the use of obstetric services in public hospitals. In this connection, the HA will set up a central booking system for antenatal services for both local expectant mothers and NEPs. Local expectant mothers will be given priority in the booking of antenatal services over NEPs. In addition, the HA will ensure that all local expectant mothers would be able to gain access to such services in their own hospital cluster.

11. The central booking system will also allow the HA to better assess the demand for obstetric services and plan service expansion, if necessary, in advance. In this connection, the HA is discussing with private hospitals on ways to further enhance communication and co-ordination to avoid double bookings with a view to making the most effective use of available resources for obstetric services.

## Increasing the minimum amount of the NEP Obstetric Package Charge

12. The introduction of the NEP Obstetric Package Charge in September 2005 showed that upward adjustments in charges are effective in discouraging service demand to a certain extent. It was also effective in channelling service demand from Mainland women to private hospitals and discouraging premature discharges against medical advice. However, a review conducted by the HA a few months ago found that the current rate of the NEP Obstetric Package Charge is still on the low side when compared to charges for similar services by private hospitals. It was also found that a majority of Mainland women continue to seek hospital admission through the Accident and Emergency Departments (A&EDs) with little antenatal care or unable to produce satisfactory evidence of such care, resulting in increased risks of difficult labour for the mothers, unrecognised congenital anomalies for the babies and infection for healthcare workers.

13. As a measure to rectify the situation, the HA Board decided that the minimum amount of the NEP Obstetric Package Charge should be increased to \$39,000 to remove the financial incentives for Mainland women from accessing public hospital services. However, this rate will only apply to NEPs who have made a booking with the HA for their hospitalisation **and** have undergone satisfactory antenatal examinations. For NEPs who seek emergency hospital admissions through A&EDs without a booking, the minimum charge will be \$9,000 higher at \$48,000 to serve as a deterrent for such behaviour. As in the case with existing practice, the minimum charge will cover the medical cost up to three days and two nights. Extra days of hospitalisation will be charged at \$3,300 per day for public general wards. In order to reduce the risks of labour and ensure satisfactory antenatal examinations are done before delivery, the \$39,000 package will also include the first attendance at obstetric specialist out patient clinic.

14. In response to the Report of the Director of Audit on the HA's Management of Outstanding Medical Fees, the HA has already implemented a number of measures to enhance the collection of medical fees. These measures, along with other improvement measures endorsed for implementation by the HA Board recently, are at **Annex B**. Such improvement measures will serve to complement the revised NEP Obstetric Package Charge in achieving a deterrent effect on NEPs in using obstetric services in our public hospitals.

### More standardised care

15. Medical care currently being offered by the HA for expectant mothers, including antenatal visits, investigations and post delivery hospitalisation, is provided according to medical indications and will be arranged as required. However, at the present moment, there are variations in practices across public hospitals. This has unfortunately led to misunderstanding by some local women that they are receiving lesser care. To avoid such misunderstanding, the HA is planning to draw up a guideline to standardise antenatal care across hospitals.

### Contingency measure

16. The Government and the HA will continue to closely monitor the use of obstetric services in public hospitals. If there is further sustained surge in the demand for obstetric services, the HA will consider opening new obstetric units in public hospitals and to seek to arrange for the provision of more midwifery courses in order to ensure that priority service will be provided to local expectant mothers.

### **Advice Sought**

17. Members are invited to note the various measures to be taken by the HA as set out in paragraphs 8 to 16 above.

**Health, Welfare and Food Bureau  
Hospital Authority  
December 2006**

**Birth Statistics**

Table 1 : Total Number of Births in Hong Kong

<b>Year</b>	<b>Number of Births in Hong Kong</b>
2000	54 134
2001	48 219
2002	48 209
2003	46 965
2004	49 796
2005	57 098
2006 (first 10 months)	52 265

(Source: Census & Statistics Department)

Table 2 : Number of Births by Mainland Women in Hong Kong

<b>Year</b>	<b>Number of babies born to Mainland women in Hong Kong</b>	<b>Of which, number of babies whose fathers are also non-Hong Kong residents</b>	
2001	7 810	620	(7.9%)
2002	8 506	1 250	(14.7%)
2003	10 128	2 070	(20.4%)
2004	13 209	4 102	(31.1%)
2005	19 538	9 273	(47.5%)
2006 (first 10 months)	20 577	12 678	(61.6%)

(Source: Census & Statistics Department and Immigration Department)

Table 3 : Number of Births in Public Hospitals

<b>Year</b>	<b>By Eligible Persons (EPs)</b>	<b>By Non-eligible Persons (NEPs)</b>	<b>Total</b>
2003	26 807 (75.5%)	8 692 (24.5%)	35 499
2004	26 552 (70.5%)	11 116 (29.5%)	37 668
2005	27 342 (66.3%)	13 917 (33.7%)	41 259
2006 (first 11 months)	25 900 (70.3%)	10 919 (29.7%)	36 819

(Source : Hospital Authority)



**Hospital Authority's Improvement Measures  
for Collection of Medical Fees**

**Measures Already Implemented/Action in Progress**

Before discharge

- Request patients to produce address proof.
- Enforce payment at discharge and provide more efficient payment methods e.g. credit card, Octopus, EPS, PPS, etc.
- Issue bills to Non-eligible Persons (NEPs) more frequently during their hospitalisation period and distribute bills at wards.
- Introduce a case management system for “abandoned” cases to facilitate early repatriation.

After discharge

- Enhance computer systems to prompt registration staff to remind patients with outstanding medical fees for payment when the patients return for services.
- Print the amount of outstanding fees on outpatient receipts to serve as extra reminders.
- Speed up on issue of final notices/warning letters on outstanding debts.
- Speed up on processing of cases requiring legal action at the appropriate court level.
- Utilise fee collection counters at Accident and Emergency Departments for the collection of an extended range of fees and deposits.

**Measures Recently Endorsed for Implementation**

- Defer submission of birth data to Birth Registry for NEPs until outstanding fees are paid up to 42 days in accordance with the legal requirements under the Births and Deaths Registration Ordinance.
- Eligible Persons (EPs) and NEPs with outstanding fees will only be provided with emergency services.
- Impose administrative charge for late payments.
- Explore the cost-effectiveness for engaging reputable international debt collection agency(ies) to pursue high risk NEP bad debts.