

**立法會**  
**Legislative Council**

Ref : CB2/PL/HS

LC Paper No. CB(2)650/11-12  
(These minutes have been seen  
by the Administration)

**Panel on Health Services**

**Minutes of meeting**  
**held on Monday, 13 June 2011, at 8:30 am**  
**in the Chamber of the Legislative Council Building**

- Members present** : Dr Hon LEUNG Ka-lau (Chairman)  
Dr Hon Joseph LEE Kok-long, SBS, JP (Deputy Chairman)  
Hon Albert HO Chun-yan  
Hon Fred LI Wah-ming, SBS, JP  
Hon CHEUNG Man-kwong  
Hon Andrew CHENG Kar-foo  
Hon LI Fung-ying, SBS, JP  
Hon Audrey EU Yuet-mee, SC, JP  
Hon Cyd HO Sau-lan  
Hon CHAN Hak-kan  
Hon CHAN Kin-por, JP  
Hon CHEUNG Kwok-che  
Hon IP Kwok-him, GBS, JP  
Dr Hon PAN Pey-chyou  
Hon Alan LEONG Kah-kit, SC  
Hon Albert CHAN Wai-yip
- Members attending** : Hon Miriam LAU Kin-ye, GBS, JP  
Hon Emily LAU Wai-hing, JP  
Hon IP Wai-ming, MH
- Member absent** : Ir Dr Hon Raymond HO Chung-tai, SBS, S.B.St.J., JP
- Public Officers attending** : Items IV to V only  
Professor Gabriel M LEUNG, JP  
Under Secretary for Food and Health

Miss Gloria LO  
Principal Assistant Secretary for Food and Health  
(Health) 2

Dr CHEUNG Wai-lun  
Director (Cluster Services)  
Hospital Authority

Item IV only

Dr CHEUK Tsan  
Hospital Chief Executive  
Hong Kong Buddhist Hospital

Dr Y C WONG  
Consultant (Orthopaedics & Traumatology)  
Yan Chai Hospital

Item V only

Dr Joseph LUI Cho Ze  
Cluster Chief Executive (Kowloon East Cluster)  
Hospital Authority

**Attendance by invitation** : Item V only

Hong Kong Obstetric Service Concern Group

Prof LEUNG Tak-yeung  
Convenor

Dr CHEUNG Tak-hong  
Member

Hong Kong Neonatal Service Concern Group

Dr CHAN Hin-biu  
Spokesman

Sai Kung Tseung Kwan O Woman's Association

Mr CHEUNG Mei-hung  
Member

Mr Eric FONG

Miss YIM Ka-yi

Professional Power

Mr LAM Chi-yuen  
Member

New People's Party

Mr Tim LO

Civic Party

Mr Stephen CHOW  
District Developer (NTE)

Social Services & Healthy and Safe City Committee,  
Sai Kung District Council

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Mr CHAN Kai-wai  
Chairman

Mr Francis CHAU Yin-ming  
Sai Kung District Council Member

Mr Gary FAN Kwok-wai  
Sai Kung District Council Member

Ms Christine FONG Kwok-shan  
Sai Kung District Council Member

Mr OR Yiu-lam  
Sai Kung District Council Member

Mr CHONG Yuen-tung  
Sai Kung District Council Co-opted member

Mr LI Ka-leung  
Sai Kung District Council Co-opted member

Mr LUK Wai-man  
Sai Kung District Council Member

Ms KI Lai-mei  
Sai Kung District Council Member

Ms CHUNG Kwan-chun  
Sai Kung District Council Member

Mr YAU Yuk-lun  
Sai Kung District Council Member

Mr CHAN Kwok-kai  
Sai Kung District Council Member

Sheung Tak Estate Residents' Association

Mr KAN Siu-kei  
Chairman

New Democrats

Mr CHUNG Kam-lun  
Community Officer

Hang Hau Fu Nam Residents' Association

Mr LI Cheuk-yin  
Chairman

Young Liberals

Mr Terry TSUI  
District Officer (New Territories East)

Dr Jeffrey PONG

**Clerk in attendance** : Ms Elyssa WONG  
Chief Council Secretary (2)5

**Staff in attendance** : Ms Maisie LAM  
Senior Council Secretary (2)5

Ms Priscilla LAU  
Council Secretary (2)5

Ms Sandy HAU  
Legislative Assistant (2)5

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**I. Confirmation of minutes**

(LC Paper No. CB(2)1990/10-11)

The minutes of the meeting held on 9 May 2011 were confirmed.

**II. Information paper(s) issued since the last meeting**

(LC Paper Nos. CB(2)1773/10-11(01) and CB(2)1774/10-11(01))

2. Members noted the following papers issued since the last meeting -

- (a) referral from the meeting between Legislative Council Members and Wan Chai District Council members on 13 January 2011 regarding further opening up the medical services market in the Mainland to provide more choices for the elderly residing on the Mainland; and
- (b) referral memorandum dated 4 May 2011 from the Complaints Division regarding the financial assistance provided by the Samaritan Fund for tetraplegic patients.

Regarding (b), Mr CHEUNG Kwok-che suggested that a joint meeting with the Panel on Welfare Services should be held in the next legislative session to discuss the subject. The Chairman said that deputations could be invited to give views at the meeting. Members did not raise any queries. The Chairman said that the subject would be included in the list of outstanding items for discussion.

**III. Items for discussion at the next meeting**

(LC Paper Nos. CB(2)1992/10-11(01) and (02))

3. Members agreed to discuss the following items proposed by the Administration at the next regular meeting scheduled for 11 July 2011 at 8:30 am -

- (a) Proposal for setting up a Health and Medical Research Fund; and
- (b) Proposed Public-Private-Partnership Pilot Scheme on radiological imaging services.

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4. The Chairman suggested and members agreed that further to the last discussion on the issues relating to the manpower and wastage of doctors and nurses in the Hospital Authority ("HA") at the meetings on 11 April and 9 May 2011 respectively, the Panel should hold a follow-up discussion with the Administration on the healthcare manpower issues in HA. The Chairman asked whether the Administration was in a position to discuss the subject at the Panel's July regular meeting. Under Secretary for Food and Health ("USFH") replied in the affirmative.

*(Post-meeting note: At the request of the Administration and with the concurrence of the Chairman, a new discussion item on "Healthcare Reform Second Stage Public Consultation" had been added to the agenda for the July regular meeting, and the discussion on the items "Proposal for setting up a Health and Medical Research Fund" and "Public-Private-Partnership Pilot Project on Radiological Imaging Services" had been deferred to future meetings.)*

**IV. Improvement on joint replacement surgeries in the Hospital Authority**

(LC Paper Nos. CB(2)1992/10-11(03) and (04))

5. USFH briefed members on the initiative of HA to improve joint replacement surgeries, details of which were set out in the Administration's paper (LC Paper No. CB(2)1992/10-11(03)). Director (Cluster Services), HA ("Director (CS), HA") highlighted the services provided by the joint replacement centres at the Hong Kong Buddhist Hospital ("HKBH") and the Yan Chai Hospital ("YCH") respectively as detailed in the Administration's paper.

Establishment of the joint replacement centres

6. Dr Joseph LEE expressed concern on the differences in the set up between the two joint replacement centres at HKBH and YCH respectively. He noted that an additional funding of \$42 million had been allocated for the establishment of a joint replacement centre at HKBH in 2010-2011 but only \$32 million had been earmarked to YCH in 2011-2012 for the same purpose. The additional manpower requirements for these two centres were also different. Mr CHEUNG Kwok-che raised a similar concern. Holding the view that rehabilitation specialists played a vital role in the post-operative and rehabilitation care for patients after surgeries, Mr CHEUNG sought information on the reason for not providing rehabilitation specialists such as occupational therapists and assistant social welfare officers at the joint replacement centre at HKBH.

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7. USFH explained that the additional funding requirement for HKBH and YCH was for the purpose of setting up their respective joint replacement centres and their first year of operation, taking into account their existing manpower establishment and staff experience. Since the new joint replacement centre was considered an enhancement of the existing service at YCH but a new service at HKBH, their funding requirements, in terms of the provision of manpower and medical equipment, would be different.

8. Director (CS), HA supplemented that YCH, being an acute hospital, had to increase more rehabilitation specialists in order to provide comprehensive rehabilitation care to patients at the new centre. HKBH was a convalescent hospital and it could deploy existing staff to provide rehabilitation care to patients. As the joint replacement centre was a new service at HKBH, most of its additional funding was for the purpose of acquiring necessary medical equipment.

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9. At the request of Dr Joseph LEE and Mr CHEUNG Kwok-che, USFH agreed to provide information on the manpower deployment of the two joint replacement centres at HKBH and YCH respectively.

10. Mr Albert CHAN suggested that a review should be conducted to ensure adequate manpower for the provision of joint replacement services at HKBH and YCH.

Service capacity of joint replacement centres

11. Pointing out that the joint replacement centre at HKBH aimed to provide 750 surgeries a year with an additional manpower requirement of 30 healthcare staff whereas the joint replacement centre at YCH could only provide 400 surgeries a year but had asked for an additional manpower requirement of 38 healthcare staff, Ms LI Fung-ying sought explanation for the provision of fewer joint replacement surgeries at YCH.

12. USFH advised that the additional manpower requirement for the setting up of the joint replacement centre at HKBH was not directly comparable to that of YCH, as their respective requirements were based on the hospitals' existing manpower deployment and staff experience. Notwithstanding the different additional manpower requirements, USFH stressed that the level of services to be provided by the two joint replacement centres would be the same.

13. Mr CHAN Kin-por noted from paragraph 5 of the Administration's paper that only 103 joint replacement surgeries had been performed by the

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joint replacement centre at HKBH in the first three months of 2011-2012. He questioned how HKBH could reach its target service throughput of 750 surgeries for the whole year. He was also concerned that in the attempt to meet the target service throughput, HKBH might have to compromise service quality and safety for other patients of the hospital.

14. Hospital Chief Executive, HKBH advised that the joint replacement centre at HKBH would steadily increase its service capacity in the remaining nine months in 2011-2012. He was confident that the centre could reach its target service throughput by end of the financial year. There was no cause for concern for compromising service quality and safety for other patients in the hospital as the services for the joint replacement patients were provided by a dedicated team of the hospital.

Joint replacement surgeries

15. Mr Albert HO enquired about the age and risk of operation for the joint replacement patients. Director (CS), HA advised that in general, joint replacement patients aged between 60 and 70 years old. The surgery required general anaesthesia and the risk depended on the health conditions of patients. For instance, patients with chronic diseases, such as diabetes, might have a higher risk of operation.

16. In response to Mr CHAN Kin-por's question about the life span of pseudo-joints, Consultant (Orthopaedics & Traumatology), YCH advised that statistically, pseudo-joints for 90% patients could last for 15 years, but the actual life span would depend on individual cases.

17. In response to Mr Alan LEONG's enquiry about the best time to receive joint replacement surgeries, Consultant (Orthopaedics & Traumatology), YCH advised that as serious joint pain would affect patients' physical ability and social activities, joint replacement surgeries should be arranged as soon as practicable.

Waiting time

18. Mr CHAN Hak-kan enquired whether the waiting time for receiving joint replacement surgeries could be shortened after the commissioning of the joint replacement centre at YCH. Noting that the waiting time for HA cataract patients to receive cataract surgeries was shortened under the Cataract Surgeries Programme in which HA cataract patients were subsidized for receiving cataract surgeries in the private sector, Mr CHAN asked if consideration be given to providing the joint replacement surgeries through public-private partnership so as to further

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shorten the waiting time. Mr Albert HO Chun-yan echoed the view and enquired the feasibility of outsourcing the service to the private sector.

19. USFH advised that the notional waiting time for receiving joint replacement surgeries in 2010-2011 was 27 months. With the commencement of the joint replacement centre at YCH in October 2011, the notional waiting time could be reduced to 20 months. As regards the feasibility of providing joint replacement surgeries through public-private partnership, USFH explained that unlike cataract surgeries, joint replacement surgeries were more complicated and they required post-operative and comprehensive rehabilitation care. The joint replacement centres to be established in HKBH and YCH were to improve joint replacement surgeries by providing a one-stop service to patients, including integrated surgical treatment, post-operative care and comprehensive rehabilitation with a view to shortening the patients' length of stay in hospitals as well as bringing convenience to patients and improvement on clinical outcome.

20. Noting the increasing demand for joint replacement surgeries as a result of the ageing population in Hong Kong, Ms Audrey EU sought information on the waiting time for receiving joint replacement surgeries in the various hospital clusters.

21. USFH advised that at present, the one-stop service to joint replacement patients were provided at HKBH and YCH in view of the longer waiting time in the Kowloon Central and Kowloon West clusters where HKBH and YCH were located respectively. The average waiting time for receiving joint replacement surgeries as at end 2009-2010 was about 33 months and the target was to shorten the average waiting time to 20 months. Additional resources had been provided to the other five clusters to enhance the service capacity for joint replacement. HA would continue to strengthen the specialist service with a view to shortening the overall waiting time.

22. Pointing out an uneven distribution of resources among hospital clusters, in particular, Kowloon East and New Territories West clusters which required more resources than were currently available, the Chairman questioned why resources were not being allocated to these two clusters so as to shorten the waiting time for the patients there. Mr Albert CHAN echoed the same view. He expressed great dissatisfaction that the Administration had neglected the medical needs of the residents of New Territories West, and urged the Administration to shorten the waiting list in the New Territories West cluster.

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23. Director (CS), HA explained that the waiting time for joint replacement surgeries in the Kowloon Central and Kowloon West clusters was also very long. The two joint replacement centres to be established at HKBH and YCH were to cope with the rising service demand in these two clusters. He further explained that the waiting time for specialist services varied among different clusters due to a host of factors such as different service demand, service targets and staff turnover rates among different clusters. Resources would be allocated to address key pressure areas of individual clusters.

24. In response to the follow-up question raised by Ms Audrey EU on the waiting time in the Kowloon East and New Territories West clusters, USFH advised that the waiting time was 17 months and 38 months respectively. Director (CS), HA supplemented that each cluster had to review its service demand for the orthopaedics service and balance the service capacity for urgent and elective orthopaedic surgeries. In the case of the New Territories West cluster, its service throughput was limited by the capacity of operation theatres there.

25. Dr PAN Pey-chyou expressed grave concern on the high variation in the waiting time for joint replacement surgeries among different hospital clusters. He sought information on the percentage of patients coming from the Kowloon East cluster to seek joint replacement surgeries in the Kowloon Central cluster. Mr Alan LEONG also raised a similar concern.

26. USFH advised that in view of the long waiting list in the Kowloon Central cluster, there was currently no spare service capacity in the cluster to cope with the service demand from other clusters. However, when the waiting list was shortened upon the smooth operation of the joint operation centre at HKBH, cross-cluster utilization of services might be provided.

27. Pointing out that the population in the Kowloon Central cluster was half of that of the Kowloon East cluster, Dr PAN Pey-chyou considered that the service demand in the Kowloon East cluster should be greater than that of the Kowloon Central cluster. At the request of Dr PAN, USFH agreed to provide after the meeting information relating to the service demand and service capacity of the Kowloon Central and Kowloon East clusters.

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Joint replacement services in other hospital clusters

28. Noting that patients receiving joint replacement surgeries could receive one-stop service including post-operative and comprehensive rehabilitation care at HKBH and YCH, Ms LI Fung-ying asked if such

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one-stop service could also be made available in other hospital clusters.

29. USFH affirmed that all the seven hospital clusters were providing joint replacement surgeries and rehabilitation care services for their patients. Director (CS), HA supplemented that efforts had been made in all the other hospital clusters in recent years to enhance the orthopaedics service, including joint replacement. As different hospital clusters might face different service demand for the orthopaedics service, resources would be allocated to meet the service demand in the highest priority areas of the district.

Funding and cost of joint replacement centres

30. The Chairman held the view that HA should enhance transparency on the utilization of the financial resources, in particular the use of the additional funding for the setting up of the joint replacement centres at HKBH and YCH. Question was raised on the utilization of the additional funding for the setting up of the two joint replacement centres in terms of the various cost components such as manpower, equipment, services and facilities.

31. Director (CS), HA advised that additional funding would be provided for either enhancement of existing services or development of new services, in the form of an one-off allocation (e.g. for the procurement of equipment) or recurrent allocation (e.g. for the employment of healthcare staff). HA would consider a host of factors when determining the size of the funding, such as the average service cost, service demand, manpower requirement and equipment cost. At the request of the Chairman, Director (CS), HA agreed to provide the requested information of the two joint replacement centres for members' reference.

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32. With reference to the additional funding and service capacity of the two centres, Mr CHEUNG Kwok-che calculated that the unit cost for providing the joint replacement service was around \$56,000 in HKBH and \$80,000 in YCH respectively. He sought explanation for the cost difference at these two centres.

33. USFH clarified that the calculation of the unit cost should not be based on the size of the additional funding only. The basis for calculating the unit cost should also include all the basic cost components such as staff and equipment.

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**V. Issues relating to the provision of obstetric services in the Tseung Kwan O Hospital**

(LC Paper Nos. CB(2)1601/10-11(01), CB(2)1992/10-11(05) to (10), CB(2)2025/10-11(01), CB(2)2040/10-11(01) to (05) and CB(2)2059/10-11(01) to (05))

Views of deputations

34. At the invitation of the Chairman, the following deputations presented their views on the provision of obstetric services in the Tseung Kwan O Hospital ("TKOH") –

- (a) Hong Kong Obstetric Service Concern Group;
- (b) Hong Kong Neonatal Service Concern Group;
- (c) Sai Kung Tseung Kwan O Woman's Association;
- (d) Mr Eric FONG;
- (e) Miss YIM Ka-yi;
- (f) Professional Power;
- (g) New People's Party;
- (h) Civic Party;
- (i) Social Services & Healthy and Safe City Committee, Sai Kung District Council;
- (j) Mr Francis CHAU Yin-ming;
- (k) Mr Gary FAN Kwok-wai;
- (l) Ms Christine FONG Kwok-shan;
- (m) Mr OR Yiu-lam;
- (n) Mr CHONG Yuen-tung;
- (o) Mr LI Ka-leung;
- (p) Mr LUK Wai-man;

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- (q) Ms KI Lai-mei;
- (r) Ms CHUNG Kwan-chun;
- (s) Mr YAU Yuk-lun;
- (t) Mr CHAN Kwok-kai;
- (u) Sheung Tak Estate Residents' Association;
- (v) New Democrats;
- (w) Hang Hau Fu Nam Residents' Association;
- (x) Young Liberals; and
- (y) Dr Jeffrey PONG.

35. Members also noted a written submission from Mr YEUNG Wai-sing.

36. A summary of views of the deputations is in the **Appendix**.

The Administration's response

37. Responding to the views expressed by the deputations, USFH made the following points -

- (a) it was the Government's policy to ensure that Hong Kong residents were given proper and adequate obstetric services. In recent years, there had been rapid increase in the demand for obstetric services in Hong Kong by non-local women (including Mainland women), which had caused tremendous pressure on the overall obstetric and neonatal care services. There was also an increasing turnover of doctors and nurses in the obstetrics and gynaecology ("O&G") and the paediatrics specialties of HA. To alleviate the workload of frontline healthcare personnel in the two specialties, HA had implemented a number of measures to strengthen the recruitment and retention of healthcare staff and improve the working environment of its staff; and
- (b) to ensure that healthcare personnel could accumulate sufficient clinical experience to handle the risk of sudden changes of the clinical conditions of pregnant patients, a public hospital in a

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cluster would only provide obstetric services when the number of births was projected to reach 3 000 per year. At present, the United Christian Hospital provided O&G services for residents of the Kowloon East cluster which covered Kwun Tong, Tseung Kwan O and part of Sai Kung districts. HA had planned to provide obstetric wards, Neonatal Intensive Care Unit ("NICU") as well as Special Care Baby Unit under the expansion project of TKOH. The plan of HA was to commission these services in TKOH in phases. For delivery of safe and quality obstetric and NICU services for Hong Kong residents, HA would monitor closely the manpower situation with regard to obstetric and paediatric services and would review in 2012-2013 the appropriate timing for the commissioning of the obstetric and NICU services in TKOH.

38. Director (Cluster Services), HA supplemented that the high wastage and turnover of the doctors and nurses in the O&G and the paediatrics specialties in public hospitals, particularly the experienced professionals, had put the obstetric and paediatric services under extreme pressure. In 2010-2011, the respective turnover rate of doctors in these two specialties was 9.3% and 6.5%, and that of nurses stood at 7% and 8.8%. While HA planned to commission the antenatal and postnatal services in TKOH in 2013-2014, the timing for the commissioning of the labour and delivery services had to depend on the manpower situation. Director (Cluster Services), HA further said that at present, the Administration was lining up discussion with the public and the private sectors with a view to mapping out the overall obstetric service capacity and the arrangement for provision of obstetric services to non-local pregnant women. It was expected that there would be a reduction in the quota available for booking of obstetric services in public hospitals next year to alleviate the pressure of frontline healthcare personnel in HA. Meanwhile, the Administration had also planned to increase the number of training places for doctors and nurses in the next few years. The number of midwife training places of HA had also been increased from 40 to 80, and would be further increased to 100 in 2012.

Discussion

39. Mr IP Wai-ming expressed disappointment at the Administration's reluctance to make any commitment in its response to the views expressed by deputations in respect of the exact timeframe for the commissioning of the labour and delivery services in TKOH.

40. USFH explained that the provision of safe and quality obstetric and

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NICU services required the support of a team of healthcare professionals with the appropriate expertise and experience. The Administration would need to take into account the turnover rate of healthcare personnel of HA's O&G and paediatric departments, as well as the number and the allocation of new recruits in 2012 in determining the appropriate timing for the commissioning of the delivery services in TKOH.

41. Mr CHEUNG Man-kwong noted that in 2011, there was a total of 3 270 pregnant women in the Tseung Kwan O and Sai Kung districts. Among them, 2 030 pregnant women used the public hospital services. Holding the view that it might only take one to two years' time for the number of childbirths in Tseung Kwan O to reach the service provision benchmark of 3 000 per year as the number of young couples in the district was on the high side when compared with other districts, Mr CHEUNG urged the Administration to implement without delay effective measures to enhance recruitment and retention of healthcare staff with a view to providing the delivery services in TKOH in 2013-2014 as originally scheduled to meet the anticipated increase in service demand.

42. USFH advised that while the expansion project of TKOH had included, among others, the necessary facilities for the development of obstetric and neonatal services to meet the service demand in the district upon completion, due regard must be given to whether there was adequate support in software. In view of the manpower constraint of the obstetric and paediatric specialties of public hospitals and the time required by the Administration for planning the obstetric service capacity of the overall healthcare system, it was necessary for the Administration to review in 2012-2013 the appropriate timing for the commissioning of the delivery services in TKOH in order to maintain the high professional standard of the services.

43. Dr CHEUNG Tak-hong of Hong Kong Obstetric Service Concern Group pointed out that among the some 3 000 expectant mothers in the Tseung Kwan O and Sai Kung districts, about one-third were non-local women. Assuming an average annual growth rate of 10% on fertility rate, it would still take four to five years' time for the number of births given by local women in the districts to increase to 3 000 per year.

44. Hon Audrey EU remarked that the need of some 2 000 pregnant women still constituted a strong service demand. Mr CHEUNG Man-kwong clarified that according to the Administration, the 3 270 pregnant women were all residents in the Tseung Kwan O and Sai Kung districts.

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45. The Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion.

46. Ms Emily LAU considered that the upsurge in demand of non-local pregnant women for obstetric services in recent years had caused notable increase in the turnover rates of doctors and nurses of public hospitals. Noting that HA had employed part-time doctors and would recruit more doctors with limited registration to strengthen its workforce, she enquired whether additional measures such as adjusting the quota available for booking of obstetric services in public hospitals by non-local pregnant women would be contemplated such that TKOH would have the necessary manpower to provide safe and quality obstetric services as scheduled.

47. USFH stressed that it was the Government's policy to ensure that Hong Kong residents were given proper and adequate obstetric services. HA would reserve sufficient places in public hospitals for delivery by local pregnant women and would only accept booking from non-local pregnant women when spare service capacity was available. The Administration would closely monitor the effectiveness of the seven measures proposed earlier which aimed at ensuring local pregnant women were given priority for obstetric services as well as the manpower situation with regard to public obstetric and paediatric services in the next 12 months to determine the appropriate timing for commissioning the obstetric and NICU services in TKOH.

48. Pointing out that it took more than half an hour to travel from Tseung Kwan O to the United Christian Hospital, Dr PAN Pey-chyou considered the request of Tseung Kwan O residents for commissioning the obstetric services in TKOH as scheduled reasonable. To strike a balance between the service needs of the residents and the need to address the concern about the acute manpower shortage raised by the frontline healthcare personnel, HA should put in place measures to enhance recruitment and retention of its healthcare staff and increase the midwife training places. Noting that HA had increased the capacity of midwives training from 40 to 80, Dr PAN enquired whether HA had taken into account the manpower demand generated by both staff turnover and projected service growth, including that arising from the TKOH expansion project, in projecting its manpower requirements.

49. Director (Cluster Services), HA replied in the affirmative, adding that the number of midwife training places would be further increased to 100 next year. The Kowloon East cluster had also been employing more doctors and midwives since last year to prepare for the commissioning of

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obstetric services in TKOH. However, HA faced serious turnover of doctors and nurses in the O&G specialty in 2010-2011 and the respective turnover rate had reached an unexpectedly historical high at 9.3% and 7%. To ensure that sufficient manpower in the O&G and paediatric specialties could be made available for TKOH upon its commencement of operation, HA would increase the number of midwife and paediatric nurse training positions in different clusters next year. It was hoped that together with the effort of the Administration to adjust the number of non-local pregnant women allowed to give birth in Hong Kong, the commissioning of the obstetric services in TKOH could be more efficiently planned.

50. In response to Dr PAN Pey-chyou's further enquiry about the healthcare manpower requirements of TKOH, Director (Cluster Services), HA advised that depending on the turnover rate, it was estimated that the number of additional doctors and nurses required for commissioning the obstetric and NICU services in TKOH would be 20 and 90 respectively.

51. The Chairman proposed and members agreed to extend the meeting for another 15 minutes to allow more time for discussion.

52. Mr CHAN Hak-kan held the view that the Administration should take steps to tackle the healthcare manpower shortage problem at source instead of using manpower shortage as the reason for not commissioning the obstetric services in TKOH. Noting that HA would recruit about 300 additional doctors in 2011-2012 to meet the service demand, he sought information on the number of positions to be allocated to the specialty of O&G. USFH advised that as a reference, the number of Resident Trainee positions allocated to the specialty was 14 in 2008-2009, 16 in 2009-2010 and 18 in 2010-2011.

53. Mr CHAN Hak-kan sought the views from the Hong Kong Obstetric Service Concern Group and the Hong Kong Neonatal Service Concern Group on HA's recruitment of non-local doctors to practise with limited registration as one of its measures to address the stringent doctor manpower shortage problem.

54. Ms Audrey EU raised a similar question. She further sought the views from the Concern Groups on how HA could retain talents.

55. Prof LEUNG Tak-yeung of Hong Kong Obstetric Service Concern Group responded that apart from non-local doctors, HA had also recruited local part-time doctors to strengthen its manpower. He was open-minded on the issue provided that the standards of public hospital services could be maintained.

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56. Dr CHEUNG Tak-hong of Hong Kong Obstetric Service Concern Group said that service standard of public hospitals was a common concern to both the frontline healthcare personnel and the public. The view of the Chiefs of Service of the O&G department of eight public hospitals was that the number of doctors possessing a specialist qualification should account for preferably not less than 55% of the establishment. The fact that only about 80 out of the 220-odd doctors in HA possessed a specialist qualification had pointed to the need for HA to retain talents and explore options to immediately address the serious problem of manpower shortfall. Taking into account the fact that local manpower could not be made available overnight and it took about 10 years for a medical graduate to attain a specialist qualification, he was open-minded on the recruitment of non-local doctors to practise with limited registration.

57. Dr CHAN Hin-biu of Hong Kong Neonatal Service Concern Group said that the provision of safe and quality obstetric and NICU services required the support of a team of professional healthcare staff. However, the current neonatal manpower strength of HA showed that there was a shortfall of 240 nurses. An addition of 10 NICU beds in public hospitals to cope with the demand of non-local pregnant women and commissioning of the obstetric and NICU services in TKOH would require 35 and 40 additional nurses respectively. Assuming a turnover number of 140 nurses per year, there would be a shortfall of some 455 nurses.

58. Prof LEUNG Tak-yeung of Hong Kong Obstetric Service Concern Group supplemented that whether the obstetric and NICU services in TKOH should be commissioned in 2013-2014 was a question of wider public interest rather than a district issue. Given the existing healthcare manpower stringency of various specialties of HA, commissioning the services against the original schedule would put undue pressure on the overall public healthcare system and adversely affect the quality of public hospital services. The commissioning of the obstetric and NICU services in TKOH might also result in a significant drop in the number of births given in the United Christian Hospital. He called on members not to push HA to commence the obstetric and NICU services in TKOH when healthcare manpower shortage remained a major problem.

59. Ms Miriam LAU considered that residents of Tseung Kwan O should continue to fight for the commissioning of obstetric services in TKOH so as to put pressure on the Administration to take steps to address both the service needs of the community and the healthcare manpower shortage problem. She sought the views from the Concern Groups on whether the long travelling time between the Sai Kung district and the United Christian Hospital would adversely affect the conditions of the

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expectant mothers who were in urgent need or about to give birth.

60. Prof LEUNG Tak-yeung of Hong Kong Obstetric Service Concern Group opined that members could urge the Administration to improve the transportation support for residents of Tseung Kwan O and Sai Kung to travel to the United Christian Hospital. Dr CHEUNG Tak-hong of Hong Kong Obstetric Service Concern Group considered that given the existing healthcare manpower stringency of HA and the insufficiency in the number of births to support the provision of obstetric services in TKOH at the present stage, a more cost-effective way to address the critical needs of the pregnant women in the Tseung Kwan O and Sai Kung districts might be to arrange ambulances to stand by in the districts for travelling to the United Christian Hospital.

61. Mr CHEUNG Man-kwong held the view that the Administration had the responsibility to address the obstetric service needs of the Tseung Kwan O and Sai Kung residents. He requested the Administration to endeavour to reach a consensus with the frontline healthcare personnel and the community to address the problem and provide a concrete timetable for commissioning the obstetric and NICU services in TKOH.

62. Ms Emily LAU thanked the deputations for their views. She considered it important that frontline healthcare personnel in HA would voice out their concerns to provide a true picture of the manpower situation in the public healthcare system to safeguard public interest.

**VI. Date of next meeting**

63. The Chairman reminded members that a special meeting had been scheduled for 14 June 2011 at 4:45 pm to receive views from deputations on the "Drug Formulary of the Hospital Authority" and another special meeting had been scheduled for 4 July 2011 at 8:30 am to receive views from deputations on the "Implementation of hospital accreditation in public hospitals".

64. There being no other business, the meeting ended at 11:35 am.

**Panel on Health Services**

**Meeting on Monday, 13 June 2011**

**Issues relating to the provision of obstetric services in the Tseung Kwan O Hospital**

**Summary of views and concerns expressed by deputations/individuals**

<b>Organization / individual</b>	<b>Major views and concerns</b>
<b>Postponing the provision of obstetric services</b>	
<ul style="list-style-type: none"><li>• Hong Kong Neonatal Service Concern Group</li><li>• Hong Kong Obstetric Service Concern Group</li><li>• Mr YEUNG Wai-sing, Eastern District Council Member</li></ul>	<ol style="list-style-type: none"><li>1. The deputations express concern on the provision of safe and quality obstetric services which depends on a stable workforce of experienced healthcare professionals and a reasonable workload to sustain their expertise. In view of the serious shortage of doctors and nurses in the public hospitals, particularly in the obstetrics and gynaecology specialty, the deputations hold the view that it is not appropriate to provide obstetric services in the Tseung Kwan O Hospital ("TKOH") in 2013-2014.</li><li>2. The deputations consider that if the commissioning of the obstetric services in TKOH requires redeployment of experienced healthcare professionals from the existing neonatal units, it will affect the quality of the existing service, causing tremendous pressure on the healthcare staff. The deputations also point out that if the annual number of births is less than 3 000, the healthcare personnel might not be able to accumulate sufficient clinical experience to handle the risk of sudden changes of the clinical conditions of pregnant patients.</li></ol>

Organization / individual	Major views and concerns
	<p>3. Noting the call for the provision of the obstetric and neonatal services in TKOH, the deputations urge the Hospital Authority ("HA") to formulate and expedite a viable long-term manpower plan. There is also a suggestion of enhancing the ambulance service from Tseung Kwan O ("TKO") to the United Christian Hospital to transport women who are in urgent need or about to give birth.</p>
<p><b>Supporting the provision of obstetric services</b></p>	
<ul style="list-style-type: none"> <li>• Civic Party</li> <li>• New Democrats</li> <li>• New People's Party</li> <li>• Professional Power</li> <li>• Sai Kung Tseung Kwan O Women's Association</li> <li>• Mr Francis CHAU Yin-ming, Sai Kung District Council Member</li> <li>• Ms CHUNG Kwan-chun, Sai Kung District Council Member</li> <li>• Mr Gary FAN Kwok-wai, Sai Kung District Council Member</li> <li>• Mr Eric FONG</li> <li>• Mr Li Ka-leung, Sai Kung District Council Member</li> <li>• Mr OR Yiu-lam, Sai Kung District Council Member</li> <li>• Miss YIM Ka-yi</li> </ul>	<ol style="list-style-type: none"> <li>1. The deputations express support for the provision of obstetric services in TKOH. Noting that the current population in TKO is over 430 000 with many young families, the deputations consider that there is a great demand for obstetric services in TKO. The deputations also consider that if obstetric services are to be provided in TKOH, the number of deliveries in the district will be close to 3 000 by 2013-2014. The deputations also point out that the travelling time from TKO to the United Christian Hospital is long and it might pose a potential risk to the pregnant women.</li> <li>2. There is a view that before the commissioning of obstetric services in TKOH, HA should enhance the obstetric out-patient services and provide a timetable for the commissioning of the obstetric services in TKOH.</li> <li>3. While recognizing the shortage of healthcare professionals in the public hospitals, the deputations hold the view that HA should solve the manpower shortage problem through providing more training for the healthcare professionals, recruiting more qualified non-local doctors to practise in Hong Kong and improving the working environment for the healthcare staff.</li> </ol>

Organization / individual	Major views and concerns
	<p>4. With regard to the increasing demand for public obstetric services by non-local women, including Mainland women, the deputations call on the Administration to come up with effective measures to limit the number of Mainland pregnant women giving birth in Hong Kong, so that sufficient places of obstetric services can be reserved for the local pregnant women.</p>
<p><b>Providing the obstetric services in 2013-2014</b></p>	
<ul style="list-style-type: none"> <li>• Hang Hau Fu Nam Residents' Association</li> <li>• Sheung Tak Estate Residents' Association</li> <li>• Social Services &amp; Healthy and Safe City Committee, Sai Kung District Council</li> <li>• Young Liberals</li> <li>• Mr CHAN Kwok-kai, Sai Kung District Council Member</li> <li>• Mr CHONG Yuen-tung, Sai Kung District Council Member</li> <li>• Ms Christine FONG Kwok-shan, Sai Kung District Council Member</li> <li>• Ms KI Lai-mei, Sai Kung District Council Member</li> <li>• Mr LUK Wai-man, Sai Kung District Council Member</li> <li>• Dr Jeffrey PONG</li> <li>• Mr YAU Yuk-lun, Sai Kung District Council Member</li> </ul>	<ol style="list-style-type: none"> <li>1. The deputations strongly request the Administration to provide obstetric services in TKOH in 2013-2014. They point out that the population of TKO will be over 500 000 in 2018 and the annual number of newborn babies in TKO and Sai Kung will reach the level of 3 000 in 2013-2014. The service capacity of the United Christian Hospital would not be able to cope with the increasing demand for obstetric services in the TKO district. In addition, the long travel time from TKO to the United Christian Hospital would pose a potential risk to pregnant women. In the deputations' view, since there is no private hospital in TKO, it is necessary to provide obstetric services in TKOH so as to address the pressing demand. There is also a view that consideration be given to providing evening obstetrics out-patient services in TKOH.</li> <li>2. As regards the shortage of doctors and nurses in the public hospitals, the deputations consider that the Administration should ensure an adequate supply of qualified healthcare professionals, and review the manpower policy, especially in the areas of remuneration packages, career prospects and training opportunities, to strengthen the workforce and retain the healthcare staff.</li> </ol>

<b>Organization / individual</b>	<b>Major views and concerns</b>
	3. To ease the pressure of the demand for public obstetric services, there is a view that the Administration should discourage Mainland pregnant women from seeking emergency hospital admissions through the Accident and Emergency Departments shortly before labour.

**Nate of Organization / individual**

**Submission [LC Paper No.]**

Civic Party	LC Paper No. CB(2)2059/10-11(01)
Hang Hau Fu Nam Residents' Association	LC Paper No. CB(2)2059/10-11(03)
Hong Kong Neonatal Service Concern Group	LC Paper No. CB(2)1992/10-11(07)
New Democrats	LC Paper No. CB(2)1992/10-11(10)
New People's Party	LC Paper No. CB(2)2040/10-11(04)
Professional Power	LC Paper No. CB(2)2040/10-11(03)
Sai Kung Tseung Kwan O Woman's Association	LC Paper No. CB(2)2040/10-11(01)
Sheung Tak Estate Residents' Association	LC Paper No. CB(2)2059/10-11(02)
Social Services & Healthy and Safe City Committee, Sai Kung District Council	LC Paper No. CB(2)1992/10-11(08)
Young Liberals	LC Paper No. CB(2)2059/10-11(04)
Mr Gary FAN Kwok-wai, Sai Kung District Council Member	LC Paper No. CB(2)1992/10-11(09)
Ms Christine FONG Kwok-shan, Sai Kung District Council Member	LC Paper No. CB(2)2040/10-11(05)
Mr Eric FONG	LC Paper No. CB(2)2040/10-11(02)
Dr Jeffrey PONG	LC Paper No. CB(2)2059/10-11(05)
Mr YEUNG Wai-sing, Eastern District Council Member	LC Paper No. CB(2)2025/10-11(01)