

立法會 *Legislative Council*

LC Paper No. CB(2)1992/10-11(06)

Ref : CB2/PL/HS

Panel on Health Services

Background brief prepared by the Legislative Council Secretariat for the meeting on 13 June 2011

Obstetric services provided by the Hospital Authority

Purpose

This paper gives an account of the past discussions by the relevant committees of the Legislative Council on issues relating to the obstetric services provided by the Hospital Authority ("HA") including those to be provided by Tseung Kwan O Hospital.

Background

2. The demand for public obstetric services, in particular, from Mainland women, has continued to increase in recent years. The total number of live births in Hong Kong has increased from 70 875 in 2007 to 88 495 in 2010. The number of live births born to Mainland women has increased from 27 574 to 40 648 in the same period. Among the 40 648 births who were given by Mainland women, 32 653 (or 80%) were fathered by non-residents, and 26% were born in public hospitals. Among the remaining 47 847 births who were given by local women or non-local women other than Mainland women, 68% were born in public hospitals.

3. At present, HA provides obstetrics and gynaecology services on a cluster basis. Each hospital cluster takes account of the demographic profiles of the districts within the cluster, the service utilization pattern of the local residents as well as the service scope of the hospitals within the cluster, in order to plan and provide appropriate services for the residents in the cluster. Each hospital has its own designated role within each cluster and hospitals within the same cluster will complement and provide support to each other. In general, a public hospital in a cluster will provide obstetric services when the number of births is projected to reach 3 000 per year. This reference aims to ensure that the

healthcare personnel can accumulate sufficient clinical experience to handle the risk of sudden changes of the clinical conditions of pregnant patients. In addition, hospitals providing obstetrics services must be equipped with appropriate facilities, such as delivery rooms, operating theatres, neonatal intensive care unit and special care unit. Continuous training and comprehensive clinical guidelines should also be provided to the obstetrics and gynaecology specialists, midwives and neonatal specialists.

4. In the Kowloon East Cluster, United Christian Hospital provides obstetrics and gynaecology inpatient and delivery services, whereas Tseung Kwan O Hospital provides obstetrics out-patient services only. In July 2008, the Finance Committee approved a sum of \$1,945 million in money-of-the-day prices to fund an expansion project of Tseung Kwan O Hospital to meet the future service requirements and service demand in the Kowloon East Cluster. The project includes the establishment of one neonatal intensive care unit with eight cots to provide the necessary facilities for the development of obstetric and neonatal services in the hospital. The expansion project is targeted for completion in early 2013.

5. From 2008-2009 to 2010-2011 (up to 31 December 2010), the numbers of live births in public hospital in the Kowloon East Cluster were 5 347, 4 833 and 4 197 respectively.

6. In 2010, the Obstetrics and Gynaecology speciality in public hospitals recorded the highest turnover rate of doctors (10.3%). The breakdown of the turnover rate by the ranks of Consultant, Senior Medical Officer/Associate Consultant and Medical Officer/Resident was 16.6%, 22.2% and 3.4% respectively.

Past discussions

7. The Panel on Health Services ("the Panel") held six meetings between January 2007 and April 2011 to discuss obstetric services in Hong Kong and received the views of deputations at two meetings. The Panel on Security held one meeting in May 2007 to discuss the complementary immigration measures to tie in with the new obstetric arrangements for non-local women. The Subcommittee to Study Issues Relating to Mainland-HKSAR Families ("the Subcommittee") held five meetings between June 2009 and April 2011 to discuss with the Administration and receive the views of deputations on the impact of the arrangements on Mainland women whose spouses were Hong Kong residents. The deliberations and concerns of members are summarized below.

Capacity for public obstetric services

8. Members were concerned that HA's capacity to respond to the increasing demand for the public obstetric services was constrained by the tight manpower situation amongst midwives and neonatal intensive care nurses. They noted with concern that almost all cases of premature or high risk babies were referred to public hospitals, as neonatal intensive care was generally not available in the private sector. They sought information on the measures to be put in place by HA to meet the increasing service demand.

9. The Administration advised that additional full-time/part-time nurses and supporting staff were employed/deployed to cope with the increasing demand for the obstetric services in public hospitals. Measures such as organizing midwife training courses to supply 80 more midwives by September 2008, granting of extra salary increment to practising midwives, promotion of deserved officers to the position of Advanced Practice Nurse, granting of an overtime allowance and payment in lieu of leave, etc. had been implemented by HA with a view to boosting morale and improving retention of staff engaged in the obstetric services. Additional obstetric beds had also been opened to increase the overall capacity for the obstetric services to cope with the surge of demand in peak seasons.

Neonatal intensive care services in public hospitals

10. Members noted with grave concern the increasing bed occupancy rate of neonatal intensive care unit of public hospitals from an average of 94% in 2010 to about 108% in February 2011. Many nurses were not willing to work in the neonatal intensive care units due to the heavy workload and the lack of promotion prospects. Some members suggested that children who were born in Hong Kong but whose parents were non-local residents should be charged at the cost recovery level for the use of public neonatal intensive care services, or consideration should be given to imposing administrative measures to limit the private hospitals' admission of non-local women for obstetric services.

11. The Administration advised that at present, one out of 100 newborns would require intensive care and the neonatal intensive care capacity in public hospitals had reached a bottleneck. In the light of this, the private hospitals should take into account the general maternity services, neonatal intensive care and paediatric services capacity in Hong Kong and exercise self-discipline when offering obstetric services to non-local pregnant women. The Administration reassured members that it would strive to forge consensus with the private sector as soon as possible to determine the level of deliveries that could be supported by the overall healthcare system.

Priority to use public obstetric services

12. Pointing out the increasing number of deliveries by non-local parents as well as the high turnover rate of obstetricians and gynaecologists in public hospitals, concern was raised as to whether public hospitals would have the capacity to support the number of births by both local women and non-local women.

13. The Administration explained that HA would reserve sufficient places in public hospitals for delivery by local pregnant women and would only accept booking from non-local women when spare service capacity was available. The existing booking systems in place in the private and public hospitals would ensure that local pregnant women would be given priority to use obstetric services. In view of the increasing demand for public obstetric services, HA would suspend the delivery booking for non-local women in public hospitals from April 2011 until December 2011.

14. While agreeing that sufficient places in public hospitals should be reserved for delivery by local women, members enquired whether consideration could be given to assigning a higher priority to non-local women whose spouses were Hong Kong residents in the allocation of the spare places.

15. The Administration advised that the prevalence of marriages between residents of Hong Kong and the Mainland did not constitute any reason to go against the well-established policy that heavily subsidized health services should only be made available to local residents but not their non-local spouses. Couples who had engaged in cross-boundary marriages should make appropriate plans to meet their medical needs.

16. On the suggestion that non-local pregnant women whose spouses were permanent Hong Kong residents should not be charged the revised rate of the obstetric package charge at \$39,000 but should pay the old rate of \$20,000, the Administration advised that the old rate of \$20,000 was much lower than the charges of most private hospitals for similar services. It was necessary for HA to revise its obstetric service charges for non-local women to make public hospitals less attractive to them.

17. Some members remained of the view that non-local women whose spouses were permanent Hong Kong residents should not be treated on an equal footing with those non-local women with no marital ties in Hong Kong. At the meeting on 11 April 2011, the Panel passed a motion urging the Government to, apart from reserving adequate obstetric services quota for local pregnant women, give priority to women whose spouses were permanent Hong Kong residents in allocating the remaining quota.

Complementary immigration measures

18. Members noted that to tie in with the new obstetric service arrangements for non-local women, the Immigration Department had stepped up arrival checking of all visitors who were at an advanced stage of pregnancy (i.e. having been pregnant for 28 weeks or above). Those visitors whose purpose of visit was believed to be to give birth in Hong Kong would be required to produce proof of booking arrangements with a local hospital. Any visitors who could not meet the immigration requirements concerned might be denied entry.

19. Concern was raised as to whether the Administration would adopt measures to combat activities involving Mainland pregnant women entering Hong Kong for child delivery through the arrangement of intermediaries.

20. The Administration advised that there was so far no indication of any syndicated illegal activities seeking to arrange illegal immigrants or overstayers to give birth in Hong Kong. The Immigration Department would be closely monitoring such activities and would take proactive combating measures where necessary.

Provision of obstetric and neonatal services at Tseung Kwan O Hospital

21. Members noted the residents' demand for expediting the provision of obstetric services in Tseung Kwan O Hospital as the proposed expansion works would only be completed by 2013-2014. Some members were disappointed that the wards originally intended for obstetric and paediatrics services in Tseung Kwan O Hospital were used as buffer wards during the works period, and would not be used to commence the intended services until completion of the works. They urged the Administration to provide obstetric services in Tseung Kwan O Hospital without further delay in recognition of the urgent need for the services in the district.

22. The Administration explained that obstetric services would be provided by Tseung Kwan O Hospital in 2013-2014 because the growth in childbirths in Tseung Kwan O by then should have reached the service provision benchmark of 3 000 per year. Such benchmark had been adopted by HA since 1998 as a standard practice across different clusters to ensure safety of expectant mothers and babies.

23. While expressing support for the proposed expansion of Tseung Kwan O Hospital, some members were concerned about the adequacy of manpower to provide the enhanced services in Tseung Kwan O Hospital upon completion of its expansion project in 2013-2014.

24. The Administration advised that apart from increasing the number of nursing graduates from University Grants Committee-funded degree courses, there would also be an enhanced supply of nursing graduates from higher diploma nursing programmes offered by HA. HA nursing schools would also continue to provide nursing training places to ensure continuous supply of nursing manpower. The Administration considered that there would be adequate manpower to provide the enhanced services in Tseung Kwan O Hospital upon completion of its expansion project in 2013-2014.

Recent developments

25. The Administration announced on 28 April 2011 that HA, the Department of Health, the representative concern groups on Hong Kong's obstetrics and neonatal services, the Hong Kong College of Obstetricians and Gynaecologists, the Hong Kong College of Paediatricians and also the representatives of 10 private hospitals that provided obstetrics services in Hong Kong have agreed, among others, to give priority of services to local mothers and local babies in the public and private hospitals, and co-operate to combat illegal activities involving Mainland pregnant women entering Hong Kong for child delivery through the arrangement of intermediaries. Other measures will also be put in place. These include requiring non-local pregnant women to undergo antenatal checkups by obstetricians in Hong Kong to determine if they are suitable to give birth in Hong Kong; authorizing the Department of Health to unify all the antenatal and delivery booking certificates; and setting up a working group to work out the details of measures as well as determine in the first quarter of each year the number of non-local pregnant women allowed to give birth in Hong Kong in the following year.

Relevant papers

26. A list of the relevant papers on the Legislative Council website is in the **Appendix**.

Relevant papers on obstetric services provided by the Hospital Authority

Committee	Date of meeting	Paper
Panel on Health Services	8 January 2007 (Item V)	Agenda Minutes CB(2)833/06-07(01) CB(2)1601/06-07(01)
Panel on Health Services	16 April 2007 (Item I)	Agenda Minutes
Panel on Health Services	30 April 2007 (Item I)	Agenda Minutes CB(2)533/07-08(01) CB(2)205/09-10(01)
Panel on Security	8 May 2007 (Item IV)	Agenda Minutes
Panel on Health Services	18 February 2008 (Item IV)	Agenda Minutes CB(2)2315/07-08(01)
Finance Committee	8 July 2008	Agenda Record of decisions Minutes
Subcommittee to Study Issues Relating to Mainland-HKSAR Families	29 June 2009 (Item I)	Agenda Minutes CB(2)2258/08-09(02) CB(2)2258/08-09(03)
Subcommittee to Study Issues Relating to Mainland-HKSAR Families	28 July 2009 (Item I)	Agenda Minutes

Committee	Date of meeting	Paper
Subcommittee to Study Issues Relating to Mainland-HKSAR Families	19 January 2010 (Item I)	Agenda Minutes CB(2)2070/09-10(01)
Subcommittee to Study Issues Relating to Mainland-HKSAR Families	13 July 2010 (Item I)	Agenda Minutes
Panel on Health Services	11 April 2011 (Item V)	Agenda Minutes
Subcommittee to Study Issues Relating to Mainland-HKSAR Families	28 April 2011 (Item I)	Agenda

Council Business Division 2
Legislative Council Secretariat
7 June 2011