立法會
Legislative Council

LC Paper No. CB(2)2847/11-12
Ref : CB2/PL/HS (These minutes have been seen by the Administration)

Panel on Health Services

Minutes of special meeting
held on Tuesday, 28 February 2012, at 8:30 am
in Conference Room 1 of the Legislative Council Complex

Members present	:	Dr Hon LEUNG Ka-lau (Chairman) Hon CHEUNG Man-kwong Hon Andrew CHENG Kar-foo Hon LI Fung-ying, SBS, JP Hon Audrey EU Yuet-mee, SC, JP Hon Vincent FANG Kang, SBS, JP Hon WONG Ting-kwong, BBS, JP Prof Hon Patrick LAU Sau-shing, SBS, 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 Hon Alan LEONG Kah-kit, SC
Members absent	:	Hon Albert HO Chun-yan Hon Fred LI Wah-ming, SBS, JP Dr Hon Joseph LEE Kok-long, SBS, JP Hon CHEUNG Hok-ming, GBS, JP Dr Hon PAN Pey-chyou Dr Hon Samson TAM Wai-ho, JP
Public Officers attending	:	Miss Janice TSE Siu-wa, JP Deputy Secretary for Food and Health (Health)1

Ms Estrella CHEUNG
Principle Assistant Secretary for Food and Health (Health)1

Dr W L CHEUNG
Director (Cluster Services)
Hospital Authority

Attendance by invitation :

Hong Kong Obstetric Service Concern Group

Prof LEUNG Tak-yeung
Convenor

Dr CHEUNG Tak-hong
Spokesman

Hong Kong Private Hospitals Association

Dr Alan LAU Kwok-lam
Chairman

Hong Kong Christian Institute

Mr Andrew SHUM Wai-nam
Programme Secretary (Social Concern)

Mainland-Hong Kong Families Rights Association

Mr TSANG Koon-wing
Organizer

Mr SIN Hon-nan
Member

關注中港家庭權利聯席

Mr NG Hoi-ning
Member

Mr CHAN Wai-hung
Member

Clerk in attendance	:	Ms Alice LEUNG Chief Council Secretary (2)5 (Acting)
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
		Miss Liza LAM Clerical Assistant (2)5

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I. Use of obstetric services by non-local women
(LC Paper Nos. CB(2)1183/11-12(01) and (02), CB(2)1221/11-12(01) and CB(2)1244/11-12(01))

Views of deputations

Hong Kong Obstetric Service Concern Group
[LC Paper No. CB(2)1221/11-12(01)]

Prof LEUNG Tak-yeung said that the current number of deliveries in Hong Kong had exceeded the capacity of obstetric services, as evidenced by the fact that neonatal intensive care units in public hospitals were overloaded and there was a shortage of midwifery manpower. Prof LEUNG considered that pregnant non-local women whose husbands were Hong Kong residents should be differentiated from those whose husbands were not Hong Kong residents and the former should have priority to use the obstetric services in public hospitals. He held the view that the Government should formulate a long-term population policy, including an estimate of the annual number of births in Hong Kong, so as to allocate appropriate resources for obstetric services.

2. Dr CHEUNG Tak-hong said that the soaring number of live births born in HK to Mainland women whose spouses were not Hong Kong residents would affect the planning for the future provision of obstetric services and training for medical and healthcare practitioners. He opined that the Government should concretely implement the legislative intent of

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the relevant provisions in the Basic Law that babies born to non-local parents were not entitled to the right of abode in Hong Kong.

Hong Kong Private Hospitals Association

3. Dr Alan LAU said that private hospitals were healthcare service providers and would certainly act in accordance with the Government's population policy in respect of the number of non-local women giving birth in Hong Kong if there was such a policy. He pointed out that private hospitals had implemented a booking system in the middle of last year under which priority was accorded to local pregnant women to use obstetric services and non-local pregnant women whose spouses were Hong Kong residents had priority over those whose spouses were not Hong Kong residents for obstetric services in Hong Kong. Since June 2011, private hospitals had ceased accepting booking for delivery from non-local high-risk pregnant women and the number of case referrals to public hospitals, in particular to the neonatal intensive care units, for follow-up treatments had continued to drop.

Mainland-Hong Kong Families Rights Associations
[LC Paper No. CB(2)1244/11-12(01)]

4. Mr TSANG Koon-wing pointed out that the Mainland-Hong Kong Families Rights Associations received 69 cases where the Mainland-Hong Kong families faced difficulties in making delivery bookings. He considered that the Administration had the responsibility to provide obstetric services to Mainland women whose spouses were Hong Kong residents. There was a need to differentiate the resident status of spouses of non-local women, so as to assign priority to Mainland women whose spouses were Hong Kong residents in the allocation of delivery places in public hospitals.

5. Mr SIN Hon-nan cited his personal experience to demonstrate the difficulty in securing a delivery place for his Mainland pregnant wife. He said that the high charges of obstetric package in private hospitals were not affordable to ordinary Mainland-Hong Kong families.

關注中港家庭權利聯席

6. Mr CHAN Wai-hung called on the Administration to introduce measures to tackle the problem of lack of sufficient delivery places in public hospitals for Mainland pregnant women whose spouses were Hong Kong residents. Mr NG Hoi-ning considered that Mainland pregnant women whose spouses were Hong Kong residents should be given a higher

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priority over those whose spouses were not Hong Kong residents in the use of obstetric services.

The Administration's response

7. Responding to the views expressed by the deputations, Deputy Secretary for Food and Health (Health)1 ("DSFH(H)1") made the following points -

(a) the Government's policy was to ensure that Hong Kong residents were given proper and priority obstetric services. To further control the number of non-local pregnant women seeking to give births in Hong Kong and thus alleviating the pressure on the overall obstetric and neonatal services, a quota for the booking of obstetric services from these women was imposed in June 2011. The number set for deliveries by these women in public and private hospitals in 2012 was around 3 400 and 31 000 respectively. This represented an around 20% reduction in the number of non-local women delivered in Hong Kong when compared with that of 2011 (i.e. 34 400 vs. 43 982). Taking into account the fact that there was a 9% growth in local birth rate at public hospitals in 2011, it was considered that the setting of the delivery quota could ensure that the available obstetric service capacity would be sufficient to meet the demand from local pregnant women in 2012;

(b) in response to the rise of the number of emergency delivery cases by non-local women at public hospitals without prior booking which stood at 1 657 in 2011, the Immigration Department, assisted by health surveillance assistants and medical personnel deployed by the Department of Health ("DH"), had strengthened surveillance of non-local pregnant women who were at an advanced stage of pregnancy at immigration control points. The Office of the Licensing Authority of the Home Affairs Department had also stepped up inspection and enforcement efforts against unlicensed guesthouses in order to prevent non-local pregnant from entering Hong Kong early and going into hiding in order to evade the screening process;

(c) the Administration would shortly commence discussions with the Hospital Authority ("HA") and private hospitals for their respective delivery quota by non-local women for 2013. In addition, HA was currently reviewing the fees for deliveries by

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Non-eligible Persons ("NEPs") at the Accident and Emergency Departments ("AEDs"). The review would take into account the costs of services as well as the price being charged for comparable services by private hospitals and aimed to raise the fees of emergency delivery to a sufficient level to deter non-local pregnant women from seeking emergency admission to AEDs for delivery to bypass the booking system; and

(d) civil servants' Mainland spouses were eligible for the subsidized public healthcare services as part of the civil service medical benefits. The Government, as the employer of civil servants, had a contractual obligation to provide civil service medical benefits. According to the existing arrangement, civil service eligible persons (who included, among others, civil servants and their eligible dependents) were entitled to free medical treatment and services provided by HA.

Discussion

Use of obstetric services by Mainland pregnant women whose spouses were Hong Kong residents

8. Mr CHAN Hak-kan said that the Democratic Alliance for the Betterment and Progress of Hong Kong ("DAB") was against the policy of allowing Mainland pregnant women whose spouses were not permanent residents of Hong Kong to give birth in Hong Kong. It considered that subject to the availability of sufficient places in public hospitals to meet the demand of local pregnant women, all the public hospitals' delivery quota for non-local women should be allocated to Mainland spouses of Hong Kong residents. Mr IP Kwok-him said that there was a broad consensus in the community and amongst members of the Legislative Council ("LegCo") that the public healthcare system in Hong Kong should also take care of the Mainland pregnant women whose husbands were Hong Kong residents in addition to local pregnant women. He called on the Administration to adjust its policy in this regard.

9. Ms Audrey EU expressed regret that the Secretary for Food and Health ("SFH") did not attend the meeting to listen to views from deputations and answer questions from members. She said that the Civic Party had all long maintained the view that the delivery quota for non-local women at public hospitals should be restricted to Mainland spouses of Hong Kong residents. She invited views from the deputations on whether the decrease in the number of live births born in Hong Kong to Mainland

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spouses of Hong Kong residents from 9 438 in 2006 to 6 110 in 2011 was due to the introduction of the revised arrangements for providing obstetric services to non-local women by HA in 2007, and the Administration's subsequent measures to further control the number of non-local women seeking to give births in Hong Kong.

10. Mr TSANG Koon-wing of Mainland-Hong Kong Families Rights Association advised that for various reasons, the number of live births born to Mainland women whose spouses were Hong Kong residents had stood steady at around 6 200 since 2009. Mr CHAN Wai-hung of 關注中港家庭權利聯席 said that some Mainland spouses of Hong Kong residents were forced to give birth in the Mainland due to a lack of means to afford the public hospitals' NEP obstetric package charge of $39,000.

11. Mr CHEUNG Man-kwong noted that while there was a 20% decrease in the number of live births born in Hong Kong to Mainland spouses of Hong Kong residents from 2000 to 2011, there was a 50-fold increase in the number of live births born in Hong Kong to Mainland women whose spouses were not Hong Kong residents during the same period. He considered that the Mainland women whose spouses were Hong Kong residents should enjoy public obstetric services as local pregnant women because their babies were permanent residents of Hong Kong by birth. It was also unfair that only Mainland women whose spouses were civil servants, but not other Mainland spouses of Hong Kong residents who had paid public healthcare through tax, could use obstetric services in public hospitals as local women.

12. DSFH(H)1 stressed that the Government's policy was to ensure that Hong Kong residents were given proper and priority obstetric services. Given that public healthcare services in Hong Kong were heavily subsidized, this arrangement could help ensure the rational use of the finite public resources. It should also be noted that the classification of NEPs was based on the status of the patients directly receiving the services (i.e. depending on whether the patient was an Eligible Persons ("EP") or not) and no consideration would be given to family relationship. Mr CHEUNG Man-kwong expressed dissatisfaction with the Administration's response. Mr IP Kwok-him also expressed dissatisfaction that the Administration had failed to take heed of the views of the community and LegCo members.

13. Ms Audrey EU pointed out that members' request for enabling the Mainland spouses of Hong Kong residents to use the public obstetric services as local women involved policy issue. As the Principal Official responsible for the policy matter, SFH should attend the meeting to respond to members' request. This responsibility could not be discharged by other

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representatives of the Food and Health Bureau. To facilitate further discussion of the issue, she suggested that the Panel should adjourn the meeting for 15 minutes to enable the Chairman to contact SFH to request his presence at the meeting.

14. Mr CHEUNG Man-kwong concurred with the view of Ms Audrey EU. He considered it meaningless to continue the discussion without the presence of SFH. Mr Alan LEONG said that SFH had, in his reply to an earlier letter from the Civic Party requesting for a meeting to discuss the delivery quota for non-local women, stated that the issue would be discussed at this meeting. He expressed grave dissatisfaction that SFH did not attend the meeting to explain the policy. Mr IP Kwok-him agreed that the discussion should be continued only if SFH attended the meeting. Ms Cyd HO shared members' views, adding that the current obstetric service arrangements were detrimental to family unity and social integration.

15. DSFH(H)1 explained that the Report of the Task Force on Population Policy released in 2003 had recommended that the principle of seven-year residence requirement should apply in the provision of major social benefits which were heavily subsidized by public funds. Members' suggestion that NEPs whose spouses were Hong Kong residents should be entitled to obstetric services as local women would have read-across implications on other heavily subsidized public services and had to be studied carefully.

16. Mr CHEUNG Kwok-che said that while he agreed to adjourn the meeting for five minutes to enable the Chairman to confirm with SFH his availability to the meeting, the meeting should be continued even if SFH could not attend the meeting in order to address other issues of concern (e.g. assistance to those Mainland spouses of Hong Kong residents who planned to have their delivery in Hong Kong in 2012 but had failed to secure a hospital bed so far). He suggested to invite SFH to attend another meeting of the Panel to be scheduled within two weeks after this meeting to further discuss the policy concerning the Mainland spouses of Hong Kong residents' eligibility to use the public obstetric services as local women. Mr CHAN Kin-por echoed his view.

17. In the light of members' views, the Chairman adjourned the meeting at 9:49 am. The meeting was resumed at 9:56 am.

18. The Chairman said that he had tried to contact SFH through the Political Assistant to SFH but to no avail, as SFH was currently in another meeting. He suggested that the policy concerning the Mainland spouses of

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Hong Kong residents' eligibility to use the public obstetric services as local women could be further discussed at the next regular meeting of the Panel on 12 March 2012. Subject to members' views, he would write to SFH requesting him to attend the meeting to answer questions from members.

19. Mr CHEUNG Man-kwong was of the view that the meeting should be adjourned without the presence of SFH. Ms LI Fung-ying, Mr CHAN Hak-kan, Mr CHAN Kin-por and Ms Audrey EU, however, held the view that adjourning the meeting might not be the best way forward as there were some other issues of concern that needed to be addressed. Mr CHEUNG Kwok-che said that while he had no strong views on whether this meeting should be continued in the absence of SFH, he considered that the Panel should cancel the meeting on 12 March 2012 if SFH did not accede to the Panel's request to attend the meeting. Ms Audrey EU concurred with Mr CHEUNG Kwok-che's suggestion.

20. The Chairman concluded that the meeting should be continued, and he would write to SFH requesting him to attend the meeting on 12 March 2012 to further discuss the subject on the use of obstetric services by non-local women. The Chairman suggested and members agreed that to allow sufficient time to deal with the items on the agenda, the meeting on 12 March 2012 would be extended to end at 11:30 am.

21. In response to Mr CHEUNG Kwok-che's enquiry, Director (Cluster Services), HA ("Director (CS), HA") advised that among the 45 372 live births born in public hospitals in 2011, 10 481 were born to non-local women. Among these 10 481 cases, 3 036 (i.e. about 30%) were fathered by Hong Kong residents. It should however be noted that the above figure might not reflect fully the complete picture as NEPs were not obliged to disclose the resident status of their spouses when using HA's services. Mr CHAN Kin-por noted with concern from Annex A to the Administration's paper that the number of Mainland mothers who chose not to provide the father's residential status during birth registration had drastically increased from 96 in 2003 to 2 136 in 2011.

22. Mr CHEUNG Kwok-che remarked that based on the statistics provided by HA, the service demand from Mainland spouses of Hong Kong residents could be absorbed by the public healthcare system if HA ceased to accept delivery bookings from Mainland women whose spouses were not Hong Kong residents. Ms Cyd HO expressed a similar view.

23. Director (CS), HA explained that the obstetric capacity of public hospitals depended on the manpower of doctors and nurses. It was worthy to note that in view of the shortage of healthcare manpower for obstetric

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service, coupled with the increasing service demand from local women, public hospitals had stopped accepting booking for delivery from non-local pregnant women from 8 April to December 2011 so as to ensure the adequate provision of obstetric services for local expectant mothers. In 2012, having taken into account the steadily rising local birth rate in recent years and the possible effects of the "Year of the Dragon", the number of non-local women giving birth at public hospitals would be further reduced from about 9 000 to 3 400. Hence, public hospitals could not take care of all Mainland spouses of Hong Kong residents seeking to give birth in Hong Kong, which stood at about 6 000 each year.

24. Mr IP Kwok-him sought clarification on whether HA would be able to differentiate Mainland spouses of Hong Kong residents from those with no marital ties with Hong Kong residents. Ms Cyd HO suggested that HA could require the Mainland spouses of Hong Kong residents to provide a proof of a genuine marital relationship in order to be eligible for public obstetric services. HA could check with the Immigration Department to confirm its authenticity. DSFH(H)1 reiterated that NEPs were not obliged to disclose the resident status of their spouses when using HA's services.

25. Mr CHEUNG Kwok-che asked whether the Hong Kong Private Hospitals Association could render assistance to the 69 cases referred by the Mainland-Hong Kong Families Rights Association whereby the Mainland spouses of Hong Kong residents, who planned to give birth in Hong Kong in 2012, had failed to make their bookings in private hospitals so far.

26. Dr Alan LAU of Hong Kong Private Hospitals Association advised that privately practised obstetricians would prefer to establish a long-term relationship with their patients from their early stages of pregnancy, so as to facilitate the management of maternal and fetal risk factors and complications. Hence, it might be difficult to request private doctors and private hospitals to provide obstetric services for those expectant mothers whose expected date of delivery was as close as March to June 2012.

27. The Chairman opined that the imposition of a delivery quota for non-local pregnant women at public and private hospitals would affect not only the Mainland women seeking to give birth in Hong Kong, but also wives of those employees recruited or relocated from outside Hong Kong who intended to have deliveries in Hong Kong. Director (CS), HA advised that most of these non-local women would use the private obstetric services.

28. Ms Audrey EU asked whether the public and private hospitals providing obstetric services would stop accepting delivery bookings from

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Mainland women whose spouses were not Hong Kong residents in 2013. DSFH(H)1 responded that it was expected that the quota for NEP deliveries at public hospitals in 2013 would be lower than that for 2012 and might be further reduced if necessary. In setting the quota, the Administration would also take into consideration the marriage rate and the local birth rate in recent years. Dr Alan LAU of Hong Kong Private Hospitals Association advised that private hospitals would follow the Administration's policy in this regard.

Distribution of the delivery quota for non-local pregnant women

29. Ms Audrey EU sought elaboration on how the delivery quota for non-local women in public and private hospitals would be distributed throughout the whole year; and how the private hospitals could ensure that Hong Kong residents, as well as Mainland spouses of Hong Kong residents, would have priority over Mainland pregnant women without marital ties in Hong Kong in the booking of obstetric services.

30. Director (CS), HA advised that there was a seasonal variation in the demand from local pregnant women for obstetric service. HA would project the monthly demand of local pregnant women and reserve sufficient obstetric and neonatal care places to meet such demand. In case that spare service capacity was available, HA would accept booking from non-local pregnant women. Ms Audrey EU requested HA to make public the available delivery quota for NEPs in each public hospital providing obstetric services. Director (CS), HA advised that a breakdown of the available delivery quota for NEPs by hospital, which would be updated on a daily basis, was uploaded on the internet website of HA.

31. Dr Alan LAU of Hong Kong Private Hospitals Association advised that the Association would, based on the service capacity and statistics on the proportion of local women using the obstetric service of each private hospital, reserve sufficient obstetric places in the private hospitals to meet the local demand. Local pregnant women who planned to have their delivery in private hospitals, in particular those who had their own preference for a particular hospital and/or doctor, were advised to secure a booking in their first 12 weeks in pregnancy. The Association also undertook to assist those local expectant mothers who had failed to secure a hospital bed. As regards the Mainland expectant mothers married to Hong Kong residents, they would also be provided an obstetric place if they made a booking in their first 14 weeks in pregnancy and provided the relevant documents to prove their identity and marital relationship. However, the maternity package charges of private hospitals would depend on the type of

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accommodation, mode of delivery and other factors, and would vary among hospitals.

32. Mr CHAN Wai-hung and Mr NG Hoi-ning of 關注中港家庭權利聯席 said that there were cases whereby the Mainland expectant mothers married to Hong Kong residents could not secure a hospital bed in private hospitals even the bookings were made in their first few weeks in pregnancy. Dr Alan LAU of Hong Kong Private Hospitals Association responded that he could follow up such cases if more detailed information of the cases could be provided after the meeting. Prof LEUNG Tak-yeung of Hong Kong Obstetric Service Concern Group remarked that to his understanding, there were also cases whereby local pregnant women had difficulty to secure delivery bookings at private hospitals.

33. In response to Mr CHEUNG Kwok-che's enquiry about whether the public and private hospitals would maintain a waiting list of couples who would like to make a booking with their obstetric services, Director (CS), HA advised that the booking of obstetric services at public hospitals was on a first-come-first-served basis. As mentioned earlier at the meeting, a breakdown of the available delivery quota for NEPs by hospital would be updated on a daily basis and uploaded on the website of HA. Dr Alan LAU of Hong Kong Private Hospitals Association advised that bookings of delivery at private hospitals had to be made through obstetricians affiliated with the private hospitals or resident doctors of the hospitals. In general, private hospitals would inform the relevant doctors when spare obstetric hospital beds were available.

34. Ms LI Fung-ying sought information on the number of local women, Mainland spouses of Hong Kong residents, and Mainland women whose spouses were not permanent residents of Hong Kong who gave birth in private hospitals in the first and second half of 2011, as well as average maternity package charge of the private hospitals. Dr Alan LAU of Hong Kong Private Hospitals Association agreed to provide the information after the meeting.

Obstetric and neonatal care capacity of the healthcare system

35. Mr CHAN Hak-kan pointed out that the outcome of a recent survey conducted by DAB revealed that more than half of the 450 respondents, in particular those residing in the vicinity of the New Territories East ("NTE") and the New Territories West ("NTW") Clusters, expressed dissatisfaction with the obstetric services and antenatal checkups provided by public hospitals, as well as the childhood immunisation services provided by the Maternal and Child Health Centres of DH. He was concerned that the

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surge in the number of non-local women seeking to give births in Hong Kong had affected the provision of such services to local residents. He asked whether consideration could be given to providing additional resources to strengthen the service capacity in this regard.

36. Director (CS), HA responded that the Prince of Wales Hospital and the Tuen Mun Hospital belonging to the NTE and NTW Clusters respectively had stopped accepting booking for delivery from non-local pregnant women from 8 April to December 2011 so as to ensure the adequate provision of obstetric services for local expectant mothers. HA had also increased the number of training places for midwives and the new Resident Trainee positions for the Obstetrics and Gynaecology specialty in recent years. That said, given the current manpower constraint, the rising trend of local birth rate had exerted pressure on the obstetric services in public hospitals. He stressed that doctors would decide on the required number of antenatal checkups based on the clinical conditions of each expectant mother.

37. The Chairman sought further elaboration on the obstetric service capacity of public hospitals. He pointed out that while the total number of live births born in Hong Kong had risen from some 75 000 in 1998 to some 95 000 in 2011, the total number of doctors in Hong Kong had increased from about 5 000 to about 12 000 during the same period. It was also worthy to note that while the number of doctors working in public hospitals had increased from some 35 000 in 1995 to some 52 000 in 2011, the total number of deliveries in public hospitals had dropped from about 46 000 to about 42 000 during the same period.

38. Director (CS), HA explained that the advancement in medical technology had enhanced the comprehensiveness of healthcare to patients, and thus increased the workload of frontline healthcare staff in the public sector despite an increase in manpower over the years. Prof LEUNG Tak-yeung of Hong Kong Obstetric Service Concern Group said that apart from the total number of doctors of public hospitals, there was a need to compare also the change in the number of doctors in the Obstetrics and Gynaecology specialty over the years, and take into account the putting in place a limitation on the average working hours of doctors of public hospitals in recent years.

39. Dr Alan LAU of Hong Kong Private Hospitals Association said that while there was an ongoing surge of the number of Mainland women giving birth in Hong Kong in recent years, there was no cause for concern about the capacity of obstetric service of private hospitals, as private hospitals had all long reserved a 10% to 20% buffer capacity and

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maintained a large pool of affiliated obstetricians and adequate manpower of nurses and midwives to meet the service demand. Prof LEUNG Tak-yeung of Hong Kong Obstetric Service Concern Group pointed out that unlike private hospitals, public hospitals would take care of many high-risk pregnancy cases. In addition, while about 60% to 70% of babies were delivered by Cesarean section in private hospitals, the proportion of babies delivered by Cesarean section in public hospitals had remained steadily at 20%.

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40. The Chairman requested the Administration to provide after the meeting written information on (a) the number of neonatal beds of public hospitals and the occupancy rate, with breakdown by special care baby unit and neonatal intensive care unit; (b) the number of registered obstetricians and gynaecologists in Hong Kong, with breakdown by those serving in public hospitals; (c) the number of registered midwives in Hong Kong, with breakdown by those serving in public hospitals; and (d) the average weekly work hours of public hospital doctors and nurses in the Obstetrics and Gynaecology specialty. The figures should cover the period from 1998 to 2008 (at four-yearly intervals) and since 2009 (on a yearly basis). The Administration was also requested to provide the justification, with supporting statistics, for its explanation that the obstetric and neonatal services in public hospitals had already reached full capacity.

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

42. Ms LI Fung-ying was concerned that the increasing use of obstetric services in Hong Kong by Mainland women had exerted heavy pressure on the obstetric services in the public hospitals and deprived local expectant mothers from accessing such services. She asked whether the Administration had any other concrete measures to ensure that Hong Kong residents would be given proper obstetric services.

43. DSFH(H)1 stressed that the enhanced administrative and immigration control measures had been effective in further limiting the number of non-local pregnant women giving birth in Hong Kong and deterring Mainland pregnant women from entering Hong Kong to give birth without prior booking of obstetric services. As said earlier, the setting of the delivery quota for non-local women at the level of 34 400 in 2012 represented an around 20% reduction of the number of non-local women delivered in Hong Kong when compared with that of 2011. According to DH, as at February 2012 (i.e. for expected date of delivery up to October 2012), only 18 000-odd copies of "Confirmation Certificate on Delivery

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Booking" were issued to non-local pregnant women who planned to have their delivery in Hong Kong's private hospitals in 2012, which accounted for about 60% of the private hospitals' delivery quota of 31 000. The number of deliveries by non-local women in public hospitals via AEDs had also decreased from 224 in October 2011 to about 111 in February 2012.

44. Mr IP Kwok-him expressed concern that newborns in private hospitals requiring intensive care had to be transferred to public hospitals for treatment due to the lack of neonatal intensive care facilities in the private sector. He was of the view that private hospitals providing obstetric services had the responsibility to provide also neonatal intensive care services.

45. Dr Alan LAU of Hong Kong Private Hospitals Association advised that some private hospitals were in the process of setting up neonatal special care units. Private hospitals had also ceased accepting booking for delivery by non-local high-risk pregnant women since June 2011. The percentage of newborns in private hospitals being transferred to neonatal intensive care units of public hospitals for treatment was around 0.6% in 2011. However, it should be noted that babies born in Hong Kong to Mainland women whose spouses were not Hong Kong residents were residents of Hong Kong and were eligible to use the public healthcare services. In addition, while the setting up of neonatal intensive care units in private hospitals might obviate the need for newborns requiring such care to be transferred to public hospitals for treatment, it might further strain the healthcare manpower of the public sector and affect the quality of public neonatal care services.

46. Prof LEUNG Tak-yeung of Hong Kong Obstetric Service Concern Group remarked that based on the same principle stated by Dr Alan LAU, private hospitals should limit the bookings of deliveries by non-local women in order not to put further strain on the already tight manpower situation of the Obstetrics and Gynaecology specialty in the public sector.

Default payment by NEP pregnant women

47. The Chairman noted from Annex C of the Administration's paper that in 2011, there were a total of 1 219 delivery cases by NEP pregnant women via AEDs of public hospitals without prior booking of obstetric service. He asked about the rate of default by these NEPs.

48. Director (CS), HA advised that at present, the overall settlement rate by NEP pregnant women was about 97%. As regards those delivery cases by NEP pregnant women via AEDs, the settlement rate was about 90%.

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II. Any other business

49. There being no other business, the meeting ended at 10:43 am.

Council Business Division 2
Legislative Council Secretariat
25 September 2012