

立法會
Legislative Council

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LC Paper No. CB(2)1927/11-12
(These minutes have been
seen by the Administration)

Panel on Health Services

Minutes of meeting
held on Monday, 12 March 2012, at 8:30 am
in Conference Room 1 of the Legislative Council Complex

- 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 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
Dr Hon PAN Pey-chyou
Dr Hon Samson TAM Wai-ho, JP
Hon Alan LEONG Kah-kit, SC
- Members absent** : Hon CHEUNG Hok-ming, GBS, JP
Hon IP Kwok-him, GBS, JP
- Public Officers attending** : Items IV, V and VI

Dr York CHOW Yat-ngok, GBS, JP
Secretary for Food and Health

Mr Richard YUEN Ming-fai, JP
Permanent Secretary for Food and Health (Health)

Dr W L CHEUNG
Director (Cluster Services)
Hospital Authority

Items V and VI

Dr Donald LI
Chief Manager (Capital Planning)
Hospital Authority

Item V

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

Item VI

Dr Lily CHIU
Consultant (Centres of Excellence)
Hospital Authority

Miss Uson CHUNG
Project Director/2
Architectural Services Department

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

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

Ms Ivy CHENG
Research Officer (2) 2

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. Confirmation of minutes

(LC Paper No. CB(2)1287/11-12)

The minutes of the meeting held on 9 January 2012 were confirmed.

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

(LC Paper Nos. CB(2)1138/11-12(01) and CB(2)1269/11-12(01))

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

- (a) letter dated 16 February 2012 from the Hong Kong Infant and Young Child Nutrition Association enclosing the results of a survey on infant and young child feeding that it conducted jointly with the Public Opinion Programme of The University of Hong Kong (LC Paper No. CB(2)1138/11-12(01)); and
- (b) referral from the Complaints Division of the Legislative Council Secretariat regarding the display of tobacco products at points of sale (LC Paper No. CB(2)1269/11-12(01)).

III. Items for discussion at the next meeting

(LC Paper Nos. CB(2)1184/11-12(01) and CB(2)1286/11-12(01) and (02))

Items for discussion at the next regular meeting

3. Members agreed to discuss the following items at the next regular meeting scheduled for 16 April 2012 at 8:30 am -

- (a) Development of a Hong Kong Code of Marketing of Breastmilk Substitutes; and
- (b) Relaxation of the assessment criteria for Samaritan Fund.

4. Mr Vincent FANG, the proposer of item (a), suggested to invite representatives of the trade to attend the meeting to give views on the subject. Members agreed.

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5. The Chairman sought members' view on whether the issue of "Referral from Duty Roster Member regarding the financial assistance provided by the Samaritan Fund for tetraplegic patients" scheduled for discussion in the second quarter of 2012 could be discussed in the context of item (b). Members of the Panel on Welfare Services would be invited to join the discussion. Members did not raise objection.

6. Mr CHEUNG Kwok-che proposed to invite views from the relevant concern groups on item (b). The Chairman said that as deputations would be invited to attend the meeting to give views on item (a), there might not be sufficient time to receive oral views on item (b). He suggested to invite the relevant concern groups to provide written views on the subject for members' reference. Members agreed.

Items on the list of outstanding items for discussion

7. Members agreed to the Administration's proposal of deleting the items on "Implementation of the mandatory registration of proprietary Chinese medicines and the label and package insert requirements" and "Issues related to health services under the Framework Agreement on Hong Kong/Guangdong Co-operation" from the Panel's list of outstanding items for discussion.

IV. Further discussion on use of obstetric services by non-local women

(LC Paper Nos. CB(2)1183/11-12(01), CB(2)1286/11-12(03) and (04) and CB(2)1312/11-12(01))

8. Secretary for Food and Health ("SFH") briefed members on the policy on obstetric services and the measures to control the use of obstetric services by non-local women, details of which were set out in the Administration's paper (LC Paper No. CB(2)1183/11-12(01)).

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

9. Mr CHEUNG Man-kwong asked whether the Administration would revise its existing policy to further reduce or remove the quota for the Mainland pregnant women whose spouses were not permanent residents of Hong Kong to give birth in Hong Kong so as to ease the pressure on the healthcare system. Given that children born by Mainland women and fathered by Hong Kong permanent residents were members of Hong Kong families and Hong Kong permanent residents by birth, he asked whether consideration could be given to according the Mainland pregnant women

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whose spouses were Hong Kong residents the same priority in the allocation of delivery places as local pregnant women.

10. SFH responded as follows -

- (a) following the recommendation of the Report of the Task Force on Population Policy released in 2003, eligibility for the heavily subsidized public healthcare services was restricted to holders of Hong Kong Identity Card or children under 11 years of age who were Hong Kong residents (i.e. Eligible Persons ("EPs")). Non-Hong Kong residents seeking public healthcare services would be regarded as Non-Eligible Persons ("NEPs") and rates of charges applicable to NEPs would apply. In the case of obstetric services, fees were charged based on the status of the pregnant women and no consideration was given to whether or not their husbands were Hong Kong residents;
- (b) the Court of Final Appeal had ruled in the CHONG Fung-yuen case in 2001 that Chinese citizens born in Hong Kong had the right of abode in Hong Kong even if both parents were not Hong Kong permanent residents. Hence, babies born in Hong Kong to Mainland women, whether fathered by Hong Kong residents or Mainland residents, were Hong Kong permanent residents by birth;
- (c) to ensure that local pregnant women were given priority for obstetric services and neonatal care services, the Hospital Authority ("HA") had since 1 February 2007 implemented the revised arrangements for providing obstetric services to non-local women (including Mainland women). Under the revised arrangements, all NEPs who wished to seek obstetric services in public hospitals had to make prior booking and pay for a package charge of \$39,000. For cases of delivery by emergency admission through the Accident and Emergency Departments ("AEDs") and/or without having attended any antenatal attendance at a HA specialist outpatient clinic during the concerned pregnancy, the charge would be \$48,000;
- (d) notwithstanding the new measures, the demand for obstetric services from non-local women (mainly from the Mainland) had continued to rise since 2007. In anticipation of rising service demand from local women in 2011, HA suspended the booking of obstetric services by non-local women from 8 April to the end of 2011. To further control the number of non-local women seeking to give birth in Hong Kong, and taking into

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account the possible effects of the "Year of the Dragon", the Administration had introduced further measures in June 2011 to limit the number of non-local pregnant women giving birth in Hong Kong, including setting a quota for non-local pregnant women to give birth at public and private hospitals in Hong Kong in 2012 at 3 400 and 31 000 respectively; and

- (e) in view of the steadily rising local birth rate in recent years, it was expected that the quota for NEP deliveries in 2013 would be further reduced. In particular, the quota for public hospitals might be further reduced to below 3 000. Subject to the demand for obstetric services from local women, it could not be ruled out that HA would cease to accept bookings from non-local women.

11. Mr CHEUNG Man-kwong considered it unfair that only Mainland women whose spouses were civil servants, but not other Mainland spouses of Hong Kong residents, could use obstetric services in public hospitals as local women. Ms Audrey EU echoed Mr CHEUNG's view. The Chairman sought information on whether civil servants' Mainland spouses were subject to public hospital's quota restriction for non-local pregnant women. Question was also raised on the legal backing that required HA to provide healthcare services to the civil service.

12. SFH clarified that civil servants' Mainland spouses were eligible for the subsidized public healthcare services as part of the civil service medical benefits. They were not subject to the public hospitals' quota restriction for delivery services. The Government, as the employer of civil servants, had a contractual obligation to provide civil service medical benefits. According to the mutually agreed arrangement between HA and the Administration, 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.

13. The Chairman and Mr CHEUNG Man-kwong remained of the view that a double standard was applied to the obstetric service policy. Ms LI Fung-ying did not subscribe to the Administration's view that Mainland women whose spouses were Hong Kong residents should be treated on equal footing with those Mainland women without marital ties in Hong Kong, as these women and their children could eventually settle in Hong Kong for family reunion. Ms Audrey EU shared the same view. Referring to a suggestion that the Court of Final Appeal should review its decision on the CHONG Fung-yuen case, Ms LI Fung-ying asked whether the Administration had any concrete measure to deter non-local women from delivery in Hong Kong.

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14. Dr PAN Pey-chyou added that according to the Basic Law, Chinese citizens born to Hong Kong permanent residents were permanent residents of Hong Kong by birth even when they were born outside Hong Kong. However, Chinese citizens born to Mainland residents would not become permanent residents of Hong Kong by birth unless they were born in Hong Kong. Hence, babies born to Mainland women whose spouses were Hong Kong residents were obviously different from those born to Mainland parents.

15. SFH stressed 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 EP or not) and no consideration would be given to family relationship. HA did not differentiate non-local residents into different categories for different healthcare 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. At present, 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.

16. Ms Audrey EU expressed dissatisfaction with SFH's response. Given finite public resources, she considered it more justifiable to provide public obstetric services to Mainland spouses of Hong Kong residents, than to those with no marital ties with Hong Kong residents.

17. Mr CHEUNG Kwok-che enquired whether there was any legal backing for treating Mainland pregnant women whose husbands were Hong Kong residents on equal footing with those whose husbands were not Hong Kong residents.

18. SFH advised that in 2003, the Administration had clarified the eligibility for subsidized public services to the effect that, among others, non-Hong Kong residents who were the spouses or children of Hong Kong residents would be treated as NEPs and charged the NEP rates when using public healthcare services, including obstetric services. A change to the definition of EPs for public obstetric services would have read-across implications on other heavily subsidized healthcare services. Given the legal proceeding of an appeal case under the Court of Final Appeal in progress, it was not appropriate for the Administration to provide further comment in this regard.

19. Mr CHEUNG Man-kwong clarified that he had no intention of seeking a change in the eligibility criteria for other subsidized public

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services. He pointed out that Mainland spouses of Hong Kong residents seeking public obstetric services were different from those seeking other types of public healthcare services, as the babies born to the former were Hong Kong permanent residents by birth. In the light of this, a separate policy should be formulated to enable the former to enjoy public obstetric services as local pregnant women. Mr Alan LEONG expressed a similar view, adding that the unborn foetuses were Hong Kong permanent residents by virtue of their fathers' permanent resident status. Mr Albert HO echoed the view of Mr LEONG. The Chairman sought clarification on whether the mother or her foetus would be regarded as the service user.

20. SFH responded that both the mother and her foetus were users of the obstetric services. As regards the resident status of an unborn foetus, while the Administration had to seek further advice of the Department of Justice in this regard, his understanding was that a foetus would not be separated from the mother for status determination. It should also be noted that HA did not have information regarding the resident status of the spouses of the Mainland pregnant women using HA's services.

21. The Chairman considered that HA should provide obstetric services to Mainland spouses of Hong Kong residents if they were willing and able to pay the NEP rates, as the policy formulated in 2003 only required non-local residents be treated as NEPs and charged the NEP rates. SFH responded that the above policy was formulated to ensure the rational use of the finite public resources.

22. Mr CHEUNG Kwok-che and Ms Audrey EU saw no reason why Mainland pregnant women whose spouses were Hong Kong residents could not be differentiated from those without marital ties in Hong Kong. Ms EU added that the Mainland pregnant women seeking to give birth in Hong Kong were required to provide information on the resident status of their spouses to the Department of Health ("DH") for the issuance of the delivery booking certificates. DH could require the Mainland spouses of Hong Kong residents to provide a reasonable proof of a genuine marital relationship in order to be eligible for public obstetric services.

23. Holding a similar view, Mr Vincent FANG pointed out that while the number of live births born in Hong Kong to Mainland women whose spouses were not Hong Kong residents was 2 070 in 2003, the number of these births had surged to 35 736 in 2011. On the other hand, the number of live births born in Hong Kong to Mainland spouses of Hong Kong residents, which stood at 7 962 and 6 110 in 2003 and 2011 respectively, had remained steady over the past years. Mr CHEUNG Man-kwong stressed that the changing circumstances warranted a change of policy.

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24. Noting that the number of live births born to Mainland women and fathered by Hong Kong residents was 6 110 while the quota for non-local pregnant women giving births in Hong Kong was 35 000 in 2011, Mr CHEUNG Kwok-che considered that the service demand from Mainland spouses of Hong Kong residents could be absorbed by the healthcare system. He asked whether assistance could be rendered to Mainland spouses of Hong Kong residents who could not secure delivery bookings at public hospitals. Mr CHAN Kin-por asked whether, and if so, what concrete measures would be put in place to assist the Mainland spouses of Hong Kong residents to give birth in Hong Kong.

25. SFH explained that NEPs were not obliged to disclose the resident status of their spouses when using HA's services. In addition, it would be difficult for frontline staff of HA to verify the authenticity of the documents produced to establish the marriage relationship between two persons. While the Administration was sympathetic to the Mainland spouses of Hong Kong residents who would like to give birth in Hong Kong, they could not be granted entitlement to the heavily subsidized public healthcare services as Hong Kong residents while they remained as holders of Two-way Permits. These pregnant women could register for public obstetric services when spare service capacity was available. SFH however pointed out that the delivery places for non-local pregnant women in public hospitals, which was set at the level of 3 400 in 2012, could not take care of all Mainland spouses of Hong Kong residents seeking to give birth in Hong Kong and some of them had to use the services provided by private hospitals. In 2011, there were also cases that Mainland spouses of Hong Kong residents who could not secure bookings in public hospitals. The private hospitals had therefore been requested to provide delivery places to some 80 couples.

26. Ms Cyd HO expressed dissatisfaction with SFH's response. In her view, the existing policy on obstetric services would hinder family reunion. While appreciating the difficulty for HA frontline staff to verify the authenticity of the documents produced to establish the marriage relationship between two persons, she pointed out that HA could at any time cancel the booking if the Immigration Department later confirmed that the information so provided was false. She requested SFH to raise the issue for discussion at the Executive Council from the family and population policy angles. She also urged the Administration to increase the number of obstetric beds to cater for the service demand from both local women and Mainland spouses of Hong Kong residents who wished to give birth in Hong Kong.

27. Dr PAN Pey-chyou held the view that HA should reserve sufficient delivery places for Mainland spouses of Hong Kong residents to obviate the need for them to use the more costly private obstetric services.

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In addition, the Administration should provide subsidy for the needy ones to settle their NEP charges through the Community Care Fund.

28. SFH remarked that the Administration had to ensure the prudent use of the finite public resources. He would relay the suggestion to the Steering Committee of Community Care Fund for consideration.

29. Mr CHAN Kin-por considered the seeking of an interpretation by the Standing Committee of the National People's Congress ("NPCSC") on the relevant provisions of the Basic Law most effective to address the issue of the upsurge of the number of Mainland women whose spouses were not Hong Kong residents seeking to give birth in Hong Kong. He urged the Administration to clearly explain to the public its policy on obstetric services and the underlying rationale.

30. Mr Alan LEONG said that the Civic Party did not support the seeking of an interpretation by NPCSC on the relevant provisions of the Basic Law. The Civic Party held the view that cancellation of the quota for Mainland pregnant women whose spouses were not Hong Kong residents to deliver in Hong Kong, together with the implementation of the enhanced immigration control measures, could effectively address the problem.

Emergency deliveries by non-local pregnant women

31. Dr PAN Pey-chyou expressed concern that following the decision by HA to cease accepting booking from non-local women, the number of deliveries by non-local women at public hospitals via AEDs had been increasing from 86 in April 2011 to 204 in December 2011. Given that the obstetric service charge of private hospitals was much higher than the fees imposed by HA for emergency delivery by NEPs through AEDs, he enquired whether HA had collected information on whether these non-local women had made prior bookings with private hospitals.

32. While pointing out that such possibilities could not be ruled out, Director (Cluster Services), HA advised that HA had not collected information on whether these non-local women had made prior bookings with private hospitals. HA was currently reviewing the fees for deliveries by NEPs at AEDs, with a view to raising the fees of emergency delivery to a sufficient level to deter non-local pregnant women from seeking emergency admission to AEDs for delivery. The review would take into account the costs of services as well as the price being charged for comparable services by private hospitals.

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33. Dr PAN Pey-chyou suggested that HA should conduct interviews with non-local pregnant women seeking emergency deliveries through AEDs to find out the underlying causes for such behaviour.

Complementary immigration control measures

34. Mr CHEUNG Man-kwong urged the Administration to deter the gate-crashing behaviour by the Mainland pregnant women whose spouses were not Hong Kong residents and combat the profit-making activities of intermediaries to illegally arrange for entry of non-local pregnant Mainland women to Hong Kong.

35. SFH responded that the Administration had long been urging the pregnant women to take their own safety and that of their babies as their prime consideration and avoid the dangerous behaviour of seeking emergency hospital admissions through AEDs shortly before labour without prior booking. The Security Bureau and the Police, in collaboration with the Mainland authorities, had stepped up efforts to combat those intermediaries that were involved in cross-boundary illicit activities in arranging for entry of non-local pregnant women without bookings to Hong Kong. SFH pointed out that following the implementation of the enhanced boundary control measures and vigorous actions taken by the law enforcement agencies, the number of non-booked delivery cases by NEPs at AEDs had declined in February 2012 when compared to that in the previous months.

36. Ms Audrey EU noted that non-local pregnant women failing to produce a booking confirmation certificate or with doubtful purpose of visit might be refused permission to land and be repatriated immediately at the immigration control points. She doubted whether the deployment of one doctor, 13 part-time doctors, 21 midwives and 18 health surveillance assistants by DH was sufficient to assist the Immigration Department in the surveillance of non-local pregnant women who were at an advanced stage of pregnancy (i.e. 28 weeks or above) at the 11 control points.

37. SFH advised that more healthcare personnel would be deployed to the busier control points. A recruitment exercise for additional healthcare personnel to assist the immigration officers in the screening of non-local pregnant women at control points was underway.

38. Ms Audrey EU expressed dissatisfaction that the Administration had failed to provide information on the number of additional healthcare staff to be recruited, albeit that she had already sought the information when examining the Estimates of Expenditure 2012-2013. SFH agreed to provide a written reply to Ms EU's question in due course.

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Obstetric services provided at private hospitals

39. Dr Joseph LEE noted with concern that Mainland pregnant women whose spouses were not Hong Kong residents accounted for 50% on average, and more than 80% in some individual hospitals, of the obstetric service users of the private hospitals. He asked how the Administration could ensure that local pregnant women would be given priority to use private obstetric services. He also sought information on whether a limit was imposed on the percentage of beds for obstetric services for use by non-local residents.

40. SFH advised that while there was no specification on the respective percentage of beds for obstetric services for use by local and non-local residents, private hospitals were required to inform DH before making any change in the number of beds for obstetric services. SFH further said that there was no cause for concern that local pregnant women could not secure bookings at private hospitals, as all private hospitals had agreed that subject to the availability of the obstetricians working or practising in the relevant hospitals to provide the services, there would be no limit on the delivery places for local pregnant women.

Motions proposed by members

Motion 1

41. Mr CHEUNG Man-kwong moved the following motion which was seconded by Mr Fred LI -

"本委員會要求政府立即修訂政策，容許本地居民的內地妻子可以在港輪候產子。"

(Translation)

"That this Panel requests the Government to amend the policy immediately to allow the Mainland spouses of Hong Kong residents to wait for delivery places in Hong Kong."

42. Ms Audrey EU moved an amendment to Mr CHEUNG Man-kwong's motion by adding "並取消雙非孕婦配額" at the end of the motion. Ms EU's amendment was seconded by Dr Joseph LEE.

43. Ms Cyd HO moved an amendment to Mr CHEUNG Man-kwong's motion by deleting all wordings after "本委員會要求政府立即修訂政策，" and substituting with "並在本港公營醫療系統提供足夠配額予

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本地居民的內地妻子，並在必要時在私院買位予單非孕婦”。
Ms HO's amendment was seconded by Mr CHEUNG Kwok-che.

44. The Chairman sought clarification from Ms Audrey EU as to whether the quota of delivery referring to in her amendment was meant to be the quota at both public and private hospitals. Ms Audrey EU said that the intent of her amendment was to cancel the quota at both public and private hospitals. However, if some members were of the view that only the quota at public hospitals should be cancelled, she would support such amendment. Ms Cyd HO said that she considered that the quota at both public and private hospitals should be cancelled until the formulation of a comprehensive population policy.

45. The Chairman drew members' attention that the Panel had not received views from relevant stakeholders, including the private hospitals providing obstetric services, as well as the obstetricians and gynaecologists affiliated with these private hospitals, on issues relating to the cancellation of the private hospitals' delivery quota for non-local pregnant women.

46. Pointing out that the ongoing surge of the number of children born in Hong Kong to Mainland women returning to Hong Kong to study and live would have far-reaching impacts on various planning issues such as education and public finance, Ms Cyd HO remained of the view that the delivery quota for non-local women at both public and private hospitals should be cancelled. She said that Members belonging to the Labour Party and those belonging to the Civic Party had made their stances clear during the motion debate on population policy at the Council meeting of 11 January 2012.

47. Ms Audrey EU said that while she understood the concerns of the relevant stakeholders on the issue, she considered it necessary to, at the very least, suspend the delivery quota for non-local women at private hospitals. However, if some members proposed to further amend her amendment to the effect that only the quota at public hospitals should be cancelled, she would support the amendment.

48. Mr WONG Ting-kwong expressed concern that cancellation of the delivery quota for non-local pregnant women 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.

49. Mr CHEUNG Man-kwong expressed a similar concern. However, he would consider supporting a suspension of the delivery quota for non-

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local pregnant women to allow time for the Administration to work out a policy on Mainland pregnant women giving birth in Hong Kong.

50. In response to Ms Audrey EU, SFH affirmed that the delivery quota for non-local pregnant women only applied to Mainland women seeking to give birth in Hong Kong. Ms Audrey EU said that she would revise her amendment to Mr CHEUNG's motion by adding the words "內地" before "雙非孕婦配額" to make the meaning clear.

51. Mr CHEUNG Man-kwong said that Members belonging to the Democratic Party would abstain from voting on Ms Cyd HO's amendment, as the Democratic Party had not considered the issue of purchasing places from private hospitals for Mainland spouses of Hong Kong residents. He further pointed out that the proposal would entail consideration of whether the Administration should purchase additional places from private hospitals to cater for the needs of local pregnant women when the service capacity in public hospitals was fully utilized.

52. Dr Joseph LEE expressed reservations on Ms Cyd HO's amendment, as this would create a precedent of using public money to purchase places from private hospitals.

53. Dr PAN Pey-chyou said that the right of Mainland spouses of Hong Kong residents to give birth in Hong Kong should be safeguarded. He further pointed out that there were cases of using public money to purchase services from the private sector. A case in point was the purchase of places from private residential care homes for the elderly.

54. Ms Cyd HO explained that the proposal of purchasing places from private hospitals for Mainland pregnant women whose husbands were Hong Kong residents was originated from the Administration's effort made in the end of 2011 to request private hospitals to provide delivery places at the package charge of \$39,000 to some Mainland spouses of Hong Kong residents who could not secure bookings in public hospitals.

55. According to the order in which the amendments related to the text of the motion, the Chairman ruled that Ms Cyd HO be called to move her amendment first, to be followed by Ms Audrey EU. After the amendments had been voted upon, Mr CHEUNG Man-kwong's original motion or his motion as amended, as the case might be, would be put to vote.

56. The Chairman put to vote Ms Cyd HO's amendment to Mr CHEUNG Man-kwong as follows:

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"本委員會要求政府立即修訂政策，容許本地居民的內地妻子可以在港輪候產子，~~並在本港公營醫療系統提供足夠配額予本地居民的內地妻子，並在必要時在私院買位予單非孕婦。~~"

(Translation)

"That this Panel requests the Government to amend the policy immediately ~~to allow the Mainland spouses of Hong Kong residents to wait for delivery places in Hong Kong~~ *and provide the Mainland spouses of Hong Kong residents with sufficient quotas in the public healthcare system in Hong Kong, and where necessary, purchase places in private hospitals for the Mainland spouses of Hong Kong residents.*"

The results were: three members voted in favour of the amendment; no member voted against it; and nine members abstained. The Chairman declared that Ms Cyd HO's amendment was carried.

57. Ms Audrey EU said that it was not her intention that her proposed amendment to Mr CHEUNG Man-kwong's motion be incorporated with Ms HO's amendment. In view of the voting result of Ms HO's amendment, she withdrew her amendment. Mr CHEUNG Man-kwong said that he also withdrew his motion.

58. The Chairman declared that as Mr CHEUNG Man-kwong had withdrawn his motion, voting on the amended motion could not be proceeded with.

Motion 2

59. Mr CHEUNG Man-kwong proposed to move the following motion which was seconded by Mr Fred LI -

"本委員會要求政府立即修訂政策，容許本地居民的內地妻子可以在港輪候產子。"

(Translation)

"That this Panel requests the Government to amend the policy immediately to allow the Mainland spouses of Hong Kong residents to wait for delivery places in Hong Kong."

60. Ms Audrey EU proposed to amend the motion by adding "，並取消內地雙非孕婦配額" at the end of the motion to read as follows -

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"本委員會要求政府立即修訂政策，容許本地居民的內地妻子可以在港輪候產子，**並取消內地雙非孕婦配額。**"

(Translation)

"That this Panel requests the Government to amend the policy immediately to allow the Mainland spouses of Hong Kong residents to wait for delivery places of giving birth in Hong Kong **and cancel the quota for Mainland pregnant women whose spouses were not Hong Kong residents.**"

61. The Chairman put Ms EU's amendment to vote. All members present at the meeting voted in favour of the amendment. The Chairman declared that the motion as amended was carried.

Motion 3

62. Ms Cyd HO proposed to move the following motion which was seconded by Dr Joseph LEE -

"本委員會要求政府應確保本港公營醫療系統提供足夠產科服務予本地孕婦及單非孕婦。"

(Translation)

"That this Panel requests the Government to ensure that the public healthcare system in Hong Kong provides sufficient obstetric services to local pregnant women and Mainland spouses of Hong Kong residents."

63. The Chairman ruled that the content of Ms Cyd HO's motion was not contradictory to the motion that had been passed. He put Ms HO's motion to vote. All members present voted in favour of Ms HO's motion. The Chairman declared that the motion was carried.

V. Expansion of United Christian Hospital
(LC Paper Nos. CB(2)1286/11-12(05) and (06))

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

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65. SFH briefed members on the proposed expansion of the United Christian Hospital ("UCH"), details of which were set out in the Administration's paper (LC Paper No. CB(2)1286/11-12(05)).

Proposed scope of the project

66. Mr CHAN Hak-kan noted that HA had earlier planned to commission the obstetric and neonatal intensive care unit ("NICU") services in the Tseung Kwan O Hospital ("TKOH") in phases. Meanwhile, the demand for public obstetric services in the Kowloon East cluster ("KE cluster") (including the Tseung Kwan O ("TKO") district) would continue to be met through the services provided at UCH. He asked whether the obstetric services at UCH would be strengthened under the expansion project to better meet the increasing needs arising from the rapid population growth in the KE cluster.

67. Director (Cluster Services), HA ("D(CS), HA") responded that HA would reserve sufficient delivery places for residents of the KE cluster by reducing UCH's obstetric quota for non-local women where necessary. For delivery of safe and quality obstetric and NICU services at TKOH, 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. Cluster Chief Executive (Kowloon East), HA ("CCE(KE), HA") supplemented that the construction works of the TKOH expansion project was expected to be completed by 2013 as originally scheduled.

68. Mr Fred LI noted that at present, the extended care services of UCH were supplemented by around 230 convalescent/rehabilitation/infirmarary beds in Kowloon Hospital of the Kowloon Central cluster. For Accident and Emergency ("A&E") services, UCH recorded the longest waiting time for non-urgent cases. He sought information on how the inpatient convalescent and rehabilitation service and A&E service in the KE cluster would be improved upon completion of the project.

69. D(CS), HA responded that the opening of additional extended care wards would expand the capacity of the convalescent and rehabilitation service at UCH. An Emergency Medicine Ward would also be provided under the project to help reduce the inpatient burden and avoid unnecessary hospitalization at UCH.

70. In response to Mr Fred LI's enquiry on the psychiatric service at UCH, D(CS), HA advised that the present arrangement of providing psychiatric outpatient, day and in-patient hospital services at UCH and referring the compulsory admission cases to the Kowloon Hospital would

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remain unchanged at this stage. That said, HA would continue to monitor the service demand in this regard and make adjustment where necessary.

71. Dr PAN Pey-chyou said that enhancement of the facilities in UCH and provision of more resources for the KE cluster had long been called for by Members and the public. He expressed concern about whether the increase in number of beds from about 1 400 to around 1 700 could meet the increasing medical needs of the growing and ageing population in the cluster by 2021.

72. D(CS), HA advised that the proposal of increasing the number of beds of UCH by 300 had taken into account the increasing needs arising from the anticipated population growth and the increase in the ageing population in the KE cluster. The overall service capacity of the KE cluster would be further increased with the opening of the some 200 additional inpatient beds under the TKOH expansion project. In addition, consideration was being given to improving the Haven of Hope Hospital. It was hoped that by 2021, the medical services provided by the three hospitals in the KE cluster would be able to cope with the service demand.

73. Dr PAN Pey-chyou asked whether the proposed works would cater for the increase in traffic demand arising from the use of the ambulatory care facilities in the new ambulatory block.

74. Chief Manager (Capital Planning), HA ("CM(CP), HA") advised that an additional entrance at Hip Wo Street would be provided under the expansion project. According to the Traffic Impact Assessment carried out under the feasibility study of the project, the additional entrance would be able to absorb the additional traffic generated and improve the existing traffic flow.

75. Mr WONG Ting-kwong said that the Democratic Alliance for the Betterment and Progress of Hong Kong was in support of the project. He called on the Administration to take into account the increase in demand arising from the population growth brought about by the development of the TKO district and the Kwun Tong Town Centre redevelopment project when planning the development of healthcare facilities in the KE cluster.

76. SFH advised that the Administration would study the demographic change arising from the population growth in Tiu Keng Leng in TKO and Lei Yue Mun in Kwun Tong.

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Project implementation

77. In response to Mr CHAN Hak-kan's enquiry about how HA could ensure that patients would not be affected during the construction period, CCE(KE), HA replied that HA would carry out necessary decanting works for demolition of existing Blocks F, G and H and the low block of Block P to ensure that all the clinical and allied health services would be maintained during the construction period. Patient services would not be affected.

78. While expressing support for the proposed expansion of UCH, Mr Fred LI considered the time required to complete the project, i.e. some nine years from 2012 to 2021, too long, and urged the Administration to shorten the completion period of the project.

79. Holding the view that the KE cluster had all along been suffering from inadequate provision of resources as compared with some other clusters, Mr Alan LEONG said that the Civil Party was in support of the proposed expansion of UCH. Sharing Mr Fred LI's concern about the long time anticipated for completion of the project, he asked whether consideration could be given to compressing the lead time in preparatory works, which took about two years to complete, and expediting the main works delivery schedule to enable phased commissioning of services.

80. Mr WONG Ting-kwong echoed that the Administration and HA should expedite completion of the proposed works.

81. SFH responded that the proposed timeframe was a professional estimate. He assured members that the Administration would endeavour to shorten the time required for completion of the project in the detailed design and planning stage. D(CS), HA supplemented that the progressive commissioning of services of TKOH upon completion of its expansion project, which included, among others, an expanded specialist outpatient department, ambulatory care facilities and additional inpatient beds, from 2013, would alleviate to some extent the burden of UCH in providing medical services for the KE cluster.

82. CM(CP), HA advised that the commencement of the proposed main works in 2014 had taken into consideration the lead time required by the consultants for the detailed design and the need to seek approval by the Buildings Department and the tendering procedures. It was estimated that the demolition of existing Blocks F, G and H and the low block of Block P and the construction of a new ambulatory block would complete in three and a half year's time. The new ambulatory block could then commence operation. The long refurbishment period for part of existing Blocks P and S for expansion of facilities was attributable to the need to carry out the

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works in phases in order to ensure that all clinical and allied health services would not be affected during the construction period.

Conclusion

83. In concluding the discussion, the Chairman said that members were supportive of the proposed expansion of UCH.

VI. Establishment of a multi-partite Medical Centre of Excellence in Paediatrics

(LC Paper No. CB(2)1286/11-12(07) and FS19/11-12)

84. SFH briefed members on the proposed development of the Centre of Excellence in Paediatrics ("CEP") for Hong Kong, details of which were set out in the Administration's paper (LC Paper No. CB(2)1286/11-12(07)).

Management of CEP

85. The Chairman expressed concern on the management framework for CEP. He enquired whether CEP would be placed under the management of HA or an independent body. Mr Fred LI raised a similar question. He further sought information on the hospital cluster to which CEP would belong to.

86. SFH advised that CEP would be established as a custom-built centre of excellence dedicated to the paediatrics specialty focusing on tertiary and specialised services interfaced with existing paediatrics services of HA to further enhance the quality of medical services for the children of Hong Kong. It would be placed under the management of HA, serving as the tertiary referral centre for complex and serious cases for all children under the age of 18 in Hong Kong territory-wide. Although CEP would be a public hospital under HA, its management structure would be different from that of existing public hospitals. CEP would be governed by a hospital governing committee/board of directors comprising experts from the public and private healthcare sectors, academics from the medical schools of the University of Hong Kong and the Chinese University of Hong Kong, as well as representatives from relevant stakeholders. It would bring together paediatric professionals from various sectors, pool resources from both the public and private sectors for professional collaboration, research and training in the areas of paediatrics.

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Funding and operation

87. Noting that CEP would be a teaching ground for training the future generation of specialists in paediatrics and have research functions in addition to the clinical services, the Chairman expressed concern on the sources of funding for the research and training activities to be carried out by CEP.

88. SFH advised that CEP would accept referrals from both the public and private sectors with reference to set clinical criteria. It would also offer private paediatrics services, with fees and charges to be set with reference to the market rate. In general, the hospital fee income received would be counted towards income received by HA to support the operation of CEP. At present, Government appropriation to HA could only be used on the provision of medical services and not on research activities. Research projects to be undertaken by CEP could be funded by other financial sources, such as the Health and Medical Research Fund set up under the Food and Health Bureau. As regards the funding for the provision of professional training in the area of paediatrics, SFH advised that HA would continue to be responsible for the training and development of its medical and healthcare practitioners.

89. Noting that the surge in demand for local obstetric services by non-local women had caused immense pressure on the public NICU services, Mr Fred LI expressed concern on the impact brought about by the increasing number of children born to non-local women in Hong Kong on the services of CEP.

90. SFH advised that CEP would serve as the tertiary referral centre for complex and serious cases for all children under the age of 18 in Hong Kong territory-wide. As children born to non-local women in Hong Kong were Hong Kong residents, they were eligible for public healthcare services provided by HA, including the services of CEP.

91. In response to Mr Fred LI's enquiry on the charges of the private services provided by CEP, SFH advised that the charging policy of the private services provided by CEP had yet to be determined. However, charges for cases referred by the public sector to CEP would be determined with reference to the established fees and charges policy of HA.

Traffic arrangements

92. Noting that CEP would be co-located with a Centre of Excellence in Neuroscience and a new acute hospital, the Chairman expressed concern on the traffic arrangements between CEP and the new acute hospital.

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In particular, he was concerned whether there was a major road separating CEP from the new acute hospital.

93. Project Director/2, Architectural Services Department advised that there would be appropriate traffic links, including two link bridges and a tunnel across the road connecting CEP, the Centre of Excellence in Neuroscience and the new acute hospital. Consideration would also be given to enhancing the connectivity within the major facilities in CEP, the Centre of Excellence in Neuroscience and the new acute hospital.

94. The Chairman said that to his understanding, the new acute hospital would provide certain supportive services to CEP. He urged the Administration to adopt a comprehensive approach when planning CEP, the Centre of Excellence in Neuroscience and the new acute hospital in order to facilitate the transfer of patients within these three facilities.

Conclusion

95. In closing, the Chairman said that members of the Panel were in support of the proposed development of CEP.

96. At the request of the Chairman, SFH agreed to address the concerns raised by members at the meeting, in particular the management and the funding mechanism of CEP, and revert to the Panel before the seeking of funding approval from the Finance Committee of the Legislative Council in 2013.

VI. Any other business

97. There being no other business, the meeting ended at 11:34 am.