

**For information
on 21 January 2013**

Legislative Council Panel on Health Services

**Provision of Obstetric Services
in Tseung Kwan O Hospital**

Purpose

This paper briefs Members on the provision of obstetric services in Tseung Kwan O Hospital (TKOH).

Background

2. The Kowloon East Cluster of the Hospital Authority (HA) provides healthcare services to residents of Kwun Tong, Tseung Kwan O and part of Sai Kung through the United Christian Hospital (UCH), Tseung Kwan O Hospital (TKOH) and Haven of Hope Hospital. To cope with the increasing demand for hospital services, HA started the TKOH expansion project in 2009 with a view for completion in 2013.

3. The TKOH expansion project has included, among other things, a plan to establish the obstetric wards, neonatal intensive care units (NICU) and special care baby units. The detailed arrangement, including the timing for the provision of these services, hinges on factors such as overall services demand, the supply of healthcare personnel and the overall allocation of healthcare resources.

Overall Services Demand

4. HA has recently reviewed the overall healthcare needs of the Sai Kung District (SKD). As compared with 2011, the population of SKD will be increased by 15.5% by 2019, and that of the elderly (i.e. those aged 65 or above) will be increased by 56.3% (**Annex 1**). This highlights the rise in population, including in particular the elderly population, and its impact on the overall healthcare services demand.

5. On the other hand, the birth projection for the SKD in public hospitals for the coming years is expected to be steady, ranging from 2,300 to

2,500 per annum (**Annex 2**). To ensure healthcare personnel can accumulate sufficient clinical experience in handling delivery for the provision of quality and safe obstetric services, HA's Expert Committee on Obstetric and Gynaecology Services has set a planning reference (which is 3,000 delivery per annum) for the provision of such services in a public hospital. Obstetric service provision is not recommended if the projected number of delivery per annum is below this planning reference.

Supply of Healthcare Personnel

6. HA is encountering the problem of manpower shortage in recent years. For instance, there has been significant reduction in local medical graduates in the past few years, dropping from 310 a year in 2007 to 280 in 2010 and further to 250 in 2011. Manpower shortage in HA is further exacerbated by the competing demands for experienced doctors in the private healthcare sector. Doctor's attrition rate in 2011-12 was 4.8% and the demand for doctor manpower will continue to exceed supply in the coming few years. HA has already implemented measures to reduce doctor wastage and to retain talents. The wastage rate has shown signs of declining. That said, for 2012, the shortfall of doctor in HA is around 250 and the shortfall is expected to continue in the coming years due to increasing demand from an aging population. The situation is expected to improve when the number of medical graduates starts to go up to 320 in 2015 and to 420 in 2018.

7. As for nurses, the overall nursing manpower within HA has also been under pressure in the past few years, largely because of the overall increase in demand for manpower due to the increased service needs in both public and private sectors. Attrition rate of nurses in HA in 2011-12 was 5.3%. Depletion of expertise due to turnover of experienced staff is also an area of concern. For 2012, the shortfall of nurses in HA is around 850 and the shortfall is expected to continue till 2014.

8. In sum, while HA has already implemented various measures to retain and attract staff, the manpower problem is envisaged to remain in the near future.

Overall Allocation of Healthcare Resources

9. When planning the overall healthcare services for SKD, we have to be mindful of the demand for different types of healthcare services having regard to the population growth and the trend of ageing in the district, as well as

the services supply given the prevailing shortage of healthcare personnel. As such, it would be necessary for HA to prioritize the services provision within the manpower constraints to best suit the needs and demands of the community. According to the population based analysis of the medical needs of SKD, we consider that the priority should be accorded to the enhancement of inpatient, ambulatory and other supporting specialized services in TKOH. The demand for obstetric services in the district would be served by UCH, which is within the same cluster of Kowloon East and is well equipped with quality and comprehensive supporting specialties. Pregnant women and infants can enjoy the antenatal and postnatal services provided in TKOH.

10. While the birth projection for the SKD does not justify the provision of obstetric services in TKOH in the next three years, HA recognizes there may be a need for such services in the longer term. With due regard to manpower constraint and the safety issue in connection with the provision of delivery and NICU services, HA will continue to make plan for the provision of manpower to prepare for the opening of such services in TKOH at an opportune time as and when sufficient manpower is available and safety standard can be assured.

11. HA will continue to monitor closely the overall number of deliveries of coming years in Hong Kong and its impact on obstetric and NICU services in HA hospitals. It will also continue to recruit and retain staff, and to enhance training to augment the manpower supply. It will constantly review the timeline for the provision of delivery and NICU services in TKOH and continue to communicate with the Sai Kung District Council on the progress.

Advice Sought

12. Members are invited to note the content of this paper.

Food and Health Bureau
Hospital Authority
January 2013

Population Growth in Sai Kung District

Year	Overall		Elderly		Elderly population to non-elderly population ratio
	Population ^a	% increase (over 2011)	Population ^a	% increase (over 2011)	
2011 ^b	436 600	--	39 300	--	1 to 10.1
2019 ^c (Projected)	504 200	+ 15.5% over 2011	61 500	+56.3% over 2011	1 to 7.2

^a Figures are rounded to the nearest hundred.

^b Source: 2011 Population Census – Summary Results, Census & Statistics Department

^c Source: Projections of Population Distribution 2010-2019, Planning Department

Projected number of births by Hong Kong residents in HA

		2013	2014	2015
Sai Kung District (including Tseung Kwan O)	Total number of births^a	3 710	3 700	3 720
	Number of births in HA (using HA's territory-wide average market share, i.e. 69% ^b)	2 560	2 550	2 570
	Number of births in HA (using HA's existing market share in Tseung Kwan O, i.e. 63% ^b)	2 340	2 330	2 350
Kwun Tong	Total number of births^a	3 890	3 840	3 880
	Number of births in HA (using HA's existing market share in Kwun Tong, i.e. 82% ^b)	3 190	3 150	3 180
Sai Kung District and Kwun Tong	Total number of births^a	7 600	7 530	7 600
	Number of births in HA (using HA's territory-wide average market share for Sai Kung District, i.e. 69% ^b ; and HA's existing market share for Kwun Tong, i.e. 82% ^b)	5 750	5 700	5 750
	Number of births in HA (using HA's existing market share in Tseung Kwan O for Sai Kung District, i.e. 63% ^b ; and HA's existing market share for Kwun Tong, i.e. 82% ^b)	5 530	5 470	5 530

Source:

^a Based on

- (i) 2011-based projected HK births from Census & Statistics Department (Projection year refers to the period from mid-year of the preceding calendar year to mid-year of the reference calendar year, e.g. 2013 projected birth figures refer to the projected births from July 2012 to June 2013)
- (ii) 2011-based projected HK births from Census & Statistics Department (projection year as defined above),
- (iii) 2009-based district-specific projected female population aged 15-49 from Planning Department and district-specific general fertility rate derived from known birth statistics and female population aged 15-49 in 2011

^b Known birth statistics from Census & Statistics Department in 2011