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Policy and Project Co-ordination Unit, Chief Secretary for Administration's Private Office

The Government of

The Hong Kong Special Administrative Region

26/F Central Government Offices, 2 Tim Mei Avenue, Tamar, Hong Kong

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香港添馬添美道2號 政府總部 26 樓

本函檔號 Our Ref.:

電話 Tel: (852) 2810 2691 圖文傳真 Fax (852) 2537 7068 電子郵件 Email: doris ho@cso.gov.hk

> Mr Colin Chui Clerk to Subcommittee to Study Issues Relating to Mainland-HKSAR Families Legislative Council Complex 1 Legislative Council Road Central, Hong Kong

Dear Mr Chui,

Subcommittee to Study Issues Relating to Mainland-HKSAR Families Use of Subsidised Obstetric Services by Mainland-HKSAR Families

Thank you for your letter of 21 June addressed to the Chief Secretary for Administration. I am authorised to reply on her behalf.

One of the strategies of our population policy is to create an environment conducive to helping citizens realise their aspirations for Due regard should be made to the supporting measures in childraising. healthcare and other areas of Hong Kong in taking forward this strategy.

Hong Kong's healthcare system is provided primarily for Hong Kong As our public healthcare services are heavily subsidised by the Government, it is necessary to ensure that our public healthcare services can meet public demand and at the same time can sustain in the long term within the Therefore, in drawing up eligibility criteria for limited financial resources. receiving public healthcare services, we need to accord priority to taking care of the needs of Hong Kong residents.

Applying the above principle to the provision of obstetric services, the Government's policy is to ensure that local pregnant women are given proper and adequate obstetric services. The demand from local women for obstetric services and neonatal intensive care unit services in public hospitals continues to remain high. At present,

- (i) the number of deliveries in the Hospital Authority (HA) remains to be around 39 000 every year;
- (ii) the bed occupancy rate of neonatal intensive care units in HA has reached 106%, which is well above the appropriate level advocated by HA's Coordinating Committee in Paediatrics (i.e. 80%); and
- (iii) the 90th percentile waiting time of routine cases in the specialist outpatient clinics of gynaecology has reached one to two years.

Given the above situation, there remains no spare capacity in public hospitals to provide obstetric services to non-local women. Therefore, HA has to maintain the arrangement of not accepting delivery booking from non-local women so as to ensure the quality and safety of services provided to local pregnant women.

We understand that Mainland pregnant women whose husbands are Hong Kong residents hope to give birth in Hong Kong and there is a consensus in the community that the Government should provide assistance to this group of pregnant women as far as possible. In this connection, the Government has established a special arrangement with private hospitals to allow this specific group of women to make delivery bookings at private hospitals on the production of certain supporting documents. We believe that with this arrangement, the needs of Mainland pregnant women whose husbands are Hong Kong residents to deliver in Hong Kong have been taken care of.

Yours sincerely,

(Ms Doris Ho) Head, Policy and Project Co-ordination Unit Chief Secretary for Administration's Office