COS FACTSHEET: BEYOND HOSPITAL TO COMMUNITY

TRANSFORMING OUR HEALTHCARE SYSTEM TO MEET THE NEEDS OF SINGAPOREANS

1. We need to shift our healthcare delivery model from one built around the hospital to one that can meet the needs of more Singaporeans closer to their homes, at primary and community care settings. In the coming year, the Ministry of Health (MOH) will embark on efforts to strengthen primary and community care services.

Transforming Primary Care: Primary Care Network

2. Primary care is the foundation of our healthcare system. With an ageing population, rising chronic disease prevalence and increasing complexity of care needs, a strong primary care sector is critical to helping Singaporeans maintain their health, and manage their chronic conditions well. General Practitioners (GPs), who look after 80 percent of our primary care needs, are key partners in providing effective primary care.

3. In 2012, a group of GPs conceptualised and implemented the first Primary Care Network (PCN) pilot to improve chronic disease management through team-based care. From fourth quarter this year, MOH will introduce a PCN scheme to provide support for more GPs to embark on PCNs.

4. Under the scheme’s care model, GPs will organise themselves into virtual networks and deliver care through a multi-disciplinary team of doctors, nurses and allied health professionals to manage patients’ needs more holistically and effectively. The scheme will bring benefits to both patients and GPs, including:

   Better care and better outcome for patients from team based approach

   - More convenient access to services such diabetic foot and eye screening;
   - Individualised advice from nurse counsellors on management of their chronic conditions, including lifestyle and dietary modifications;
   - Care coordinators who help coordinate services and appointments; and
   - Closer monitoring of their chronic conditions for earlier intervention.

Benefits to Participating GPs

- Funding and administrative support from MOH to implement team-based care, monitoring of patients, improvements of care outcomes;
- Additional funding support to better care for patients with complex chronic conditions, such as diabetes; and
- Cross-sharing and peer learning of best practices and protocols within and across PCNs.
5. The demand for mental health services is likely to increase as our population ages. Since launching the Community Mental Health (CMH) Masterplan in 2012, MOH has increased the capacity of mental health services and programmes. MOH will launch a new five-year CMH Masterplan in 2017 to further strengthen our community mental health services and better support persons with mental health conditions. Key aspects of the new plan include:

(i) Improve early identification of mental health symptoms
- Train frontline staff from selected government agencies such as the Housing and Development Board (HDB), National Environment Agency (NEA) and Singapore Police Force (SPF) to identify and respond to mental health cases in the community.
- Increase the number of Dementia-Friendly Communities (DFC) where residents, businesses and other partners are trained to identify and assist seniors with dementia.

(ii) Strengthen response to mental health needs in the community
- Resource the Agency for Integrated Care (AIC) to act as a “first responder” to mental health needs in the community, and coordinate care across the health and social sectors.

(iii) Expand mental health services in polyclinics
- Provide mental health and dementia services within polyclinics to make mental health services more accessible for citizens.

(iv) Strengthen integrated health and social care services in the community
- Provide training to over 130 social service agencies to support clients with mental health conditions.
- Expand community outreach teams from the current 18 to 50 by 2021, to educate the public on mental health and reach out to vulnerable and at-risk individuals.
- Increase allied health community intervention teams from the current 14 to 18 teams by 2021, to support GPs, community and grassroots organisations in caring for persons with mental health conditions.

(v) Strengthen IMH’s post-discharge “after care” support
- Institute of Mental Health (IMH) to widen their case management support to include an additional 3,000 patients in the next 5 years.

6. MOH will strengthen end-of-life care for Singaporeans by expanding Advance Care Planning (ACP), building closer partnerships with the sector to enhance palliative care and facilitating home palliative care.
Advance Care Planning

7. ACP entails a series of conversations among trained facilitators, individuals and their family members about the individuals’ preferences for care towards their end-of-life. It is an important part of planning ahead and ageing well. Over the next four years, MOH will support the broadening and deepening of ACP on two fronts.

(i) We will raise the awareness of ACP through various touch points, such as polyclinics and home care. Together, we aim to reach out to more than 100,000 Singaporeans per year.

(ii) We aim to reach out to 25,000 on ACP conversations in healthcare settings such as outpatient clinics and polyclinics.

Raising Public Awareness and Understanding on Palliative Care

8. To facilitate better understanding of palliative care, we will work with the Singapore Hospice Council (SHC) to introduce a three-year community engagement initiative. This will raise public awareness and understanding on palliative care, and how it can be an option for Singaporeans with terminal illnesses.

Enhancing Palliative Care Services

9. To provide better palliative care, maintain quality of life, and honour the wishes of those who seek palliative care, we will work with SHC on a quality improvement programme among palliative care providers. Through this programme, we seek to galvanise the sector in developing and sustaining a quality improvement culture, aimed at meeting the requirements of the National Guidelines for Palliative Care.

Supporting Home Palliative Care

10. The majority of Singaporeans prefer to be cared for and pass on at home, rather than in hospitals or other institutions. Our Regional Health Systems, starting with the National Healthcare Group (NHG) and the Eastern Health Alliance (EHA), will work with community providers to pilot new integrated home palliative care programmes, to care for end-of-life patients at home.

11. MOH had introduced subsidies and Medisave coverage for day hospice care in 2016. From 1 August 2017, we will extend subsidies to paediatrics home palliative care to provide palliative care for children with life-threatening or life-limiting conditions.

Building Up Healthcare Facilities

12. In line with our emphasis on primary care, MOH will be opening more primary care facilities. These include:

Polyclinics Opening in 2017
- Pioneer Polyclinic
- Punggol Polyclinic
- Re-developed Bedok Polyclinic
Family Medicine Clinics (FMC) Opening in 2017

- Keat Hong FMC
- Tampines FMC

Progress of Other Polyclinics

- Yishun and Ang Mo Kio Polyclinics will be re-developed in 2018
- New polyclinics in Bukit Panjang, Eunos, Sembawang and Kallang/Balestier will be opened in 2020

13. More aged care facilities will also be built so that more seniors can age within the community, close to their loved ones.

- From 2017 to 2020, we will add another 4200 nursing home beds (+33%), 2200 day care places (+55%) and 2500 home care places (+33%).

- We are on track to reach our target of 17,000 nursing home beds, 6,200 day care places, and 10,000 home care places by 2020.

14. MOH’s new general hospital and community hospital projects are also on track. Sengkang General and Community Hospitals are scheduled to open in 2018. Outram Community Hospital is scheduled to open by 2020.

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