



PROVIDING ACCESSIBLE, AFFORDABLE AND GOOD QUALITY HEALTHCARE

The Ministry of Health (MOH) is committed to providing accessible, affordable and good quality healthcare to all Singaporeans. We have invested significantly to increase capacity in both primary and acute care, to meet the needs of an ageing population. At the same time, we have made healthcare more affordable for Singaporeans, with regular enhancements to healthcare finance schemes including MediSave.

Strengthening Primary and Acute Care

Expansion of polyclinic network

2. MOH will continue to expand the polyclinics network and strengthen the primary care infrastructure. By 2030, we will open another 12 polyclinics, bringing the total number of polyclinics to 32. With this, MOH's previously announced target will be fulfilled. The new polyclinics include:

- Three new polyclinics (Bukit Panjang, Eunos and Kallang), which will open in 2020, followed by Sembawang in 2021;
- Six more new polyclinics (Khatib, Tampines North, Serangoon, Kaki Bukit, Tengah and Yew Tee) to be completed by 2026; and
- Two more new polyclinics (Bidadari and Bishan) to be completed by 2030.

Redevelopment of Alexandra Hospital

3. MOH will work with the National University Health System (NUHS) to design new and innovative care models, and test them at Alexandra Hospital (AH) as part of AH's future redevelopment.

4. The master planning exercise for AH was completed in 2019. Following this, the hospital's site boundary was shifted to bring it closer to Queensway and hence more accessible to patients. A tender for medical planning consultancy services will be called to establish the key operational and space requirements of the various clinical services of AH.

5. The first phase of AH's redevelopment is scheduled to be completed by 2030.

New Integrated General and Community Hospital in the East

6. To meet the growing and evolving healthcare needs of an ageing population, MOH has begun planning of a new integrated general and community hospital in the East, which is targeted to be ready around 2030. The new integrated hospital will be operated by the Singapore Health Services (SingHealth).

7. MOH and SingHealth will engage the local community to co-create ideas on how the new hospital can better meet the needs of the community. The integrated hospital is currently at the early planning stage and more details on the location, services and facilities will be shared when ready.

8. Singapore currently has 10 public acute hospitals¹ and five public community hospitals. The upcoming public hospitals – Woodlands Health Campus and the Tan Tock Seng Hospital Integrated Care Hub at Novena – are scheduled to open progressively from 2022. The addition of a new integrated general and community hospital in the East will bring the total to 12 acute hospitals and eight community hospitals by around 2030.

Strengthening Community Mental Health Services

Update on Enhanced Community Mental Health Masterplan

9. In 2017, the Community Mental Health Masterplan was enhanced to further expand mental health services in the community over the next five years.

10. Mental health and/or dementia services have since been set up in 14 polyclinics and over 210 general practitioner (GP) partners have been trained to diagnose and support persons with mental health conditions. In addition, 22 community intervention teams have been established to support GP partners and community partners by providing allied health services such as psychosocial intervention and counselling. As of December 2019, over 26,000 persons with mental health conditions have been supported by these teams.

11. To encourage Singaporeans to seek help early for mental health issues, 43 community outreach teams have been set up across Singapore to reach out to persons with, or at-risk of, mental health conditions and dementia, as well as their caregivers. As of December 2019, the teams have reached out to over 300,000 individuals. We will continue to expand our network of community outreach teams to 50 by 2021.

12. The Agency for Integrated Care (AIC) has also trained over 24,000 frontline staff of government agencies and community partners to identify early signs of mental health conditions so as to provide prompt support, such as referring them to relevant health and/or social care services.

¹ These include general hospitals and specialty centres with acute care inpatient facilities but exclude psychiatric hospitals.

Launch of Integrated Youth Service

13. To strengthen support for youths who are at risk of mental health issues, MOH is developing a new Integrated Youth Service with the Institute of Mental Health, AIC and our community partner, Care Corner.

14. The Integrated Youth Service is a one-stop service where at-risk youths can access coordinated mental health and social support services, such as individualised basic emotional support, needs identification and befriending services. Care Corner will reach out to the youths via a series of outreach events, starting in Woodlands this year.

Supporting caregivers' mental health

15. MOH is working with hospitals and community partners to develop a structured support system where caregivers are provided with information and linked up with community teams at the point when their loved ones are first diagnosed. With this, caregivers will have early access to community support and be equipped with the skills and knowledge to care for their loved ones at home.

Enhancing MediSave to Better Support Complex Chronic Patients

16. To ensure outpatient and primary care remain affordable for all Singaporeans, as well as to better anchor care in the community, from 1 January 2021, MOH will introduce MediSave700 as an enhancement to the existing MediSave500 scheme, to better support patients with complex chronic conditions²:

- i. To help reduce their out-of-pocket expenses, patients with complex chronic conditions will be eligible for a higher MediSave withdrawal limit of \$700 each year, up from \$500 currently³.
- ii. Under both withdrawal limits, patients will continue to be able to claim for other existing approved treatments, i.e. vaccinations and screenings.

17. Patients can continue to tap on their own and their family members' MediSave accounts, up to the patient's own annual withdrawal limit for the treatment. With the higher withdrawal limit for patients with complex chronic conditions, the limit will change from the current per-account basis to a per-patient basis⁴. This change will allow patients to withdraw an amount of MediSave that is commensurate with their medical needs.

² The definition of complex chronic conditions is similar to the Community Health Assist Scheme (CHAS).

³ This is applicable for patients who have made MediSave claims for two or more conditions under the Chronic Disease Management Plan (CDMP), or one CDMP condition with complications. The CDMP covers 20 chronic diseases, including diabetes mellitus, hypertension, hyperlipidemia (lipid disorders) and stroke.

⁴ This means that each patient's withdrawal limit will either be \$500 or \$700, based on their chronic conditions. Previously, patients tapping on more family members' accounts will see their limit increased by the number of accounts.

18. An estimated 176,000 patients are expected to benefit from these enhancements.

19. MOH regularly reviews the MediSave withdrawal limits to ensure they remain relevant and adequate to Singaporeans. Recent changes include raising the limit on the MediSave400 to \$500 and extension of Flexi-MediSave to patients age 60 and above from June 2018.

Second Tranche of Fee Benchmarks

20. In November 2018, MOH started publishing fee benchmarks for private sector professional fees for 222 common surgical procedures, to guide private sector healthcare providers in charging appropriately and enable patients and payers to make more informed decisions.

21. Based on data up to August 2019 after the publication of benchmarks, surgeon fees have converged within the fee benchmarks range. Over 60% of cases were within the fee range and more than 80% within the upper limit. There is also a slight reduction in the average surgeon fees. This indicates that doctors are using the benchmarks as a guide.

22. MOH will continue to monitor charges, seek feedback from stakeholders such as doctors and insurers, and review the benchmarks with the Fee Benchmarks Advisory Committee (FBAC) to ensure they remain relevant and effective.

23. Building on the first tranche of fee benchmarks, the FBAC is studying expansion to cover other areas, including:

- i. surgeon fees for the less common procedures;
- ii. doctors' inpatient consultation fees; and
- iii. anaesthetist's fees.

24. The FBAC will consult stakeholders on these new areas and plans to submit its recommendations to MOH later this year.