

26 June 2023

# STAKEHOLDER CONSULTATION REPORT ON PROPOSED ACUTE HOSPITAL SERVICE REQUIREMENTS UNDER THE HEALTHCARE SERVICES ACT (HCSA)

#### SUMMARY OF KEY FEEDBACK AND RESPONSES

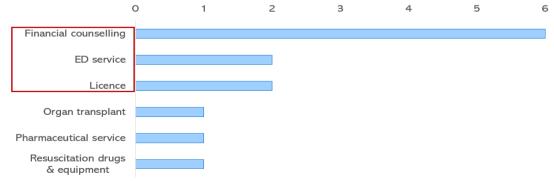
Since the enactment of the Healthcare Services Act (HCSA) in 2020, the Ministry of Health (MOH) has been rolling out the HCSA in phases. Phase 1 of the HCSA was implemented on 3 January 2022, while Phase 2 will be implemented on 26 June 2023. The Acute Hospital (AH) Service will be rolled out in Phase 2 of the HCSA. As such, we have engaged with providers on the proposed HCSA AH Service requirements that aim to further strengthen patient safety and welfare.

2. From 9 December 2022 to 1 February 2023, MOH sought feedback on the proposed AH Service requirements from the AH community via an online public consultation hosted on <a href="https://www.hcsa.sg">www.hcsa.sg</a>. In all, we received feedback from 8 out of 20 AHs via written comments and email enquiries.

### Feedback Received and MOH's Responses

3. Stakeholders were generally supportive of the proposed HCSA AH Service requirements. Majority of the feedback gathered from the stakeholders requested for further clarification on the proposed requirements and licensing details. Please refer to Figure 1 for the breakdown of feedback collected.

Figure 1. Breakdown of feedback received on the proposed AH Service requirements.



^Feedback/Clarifications exclude those on transition-related administrative matters.











4. Of the feedback received, the top 3 areas that licensees were concerned about pertained to: (i) financial counselling, (ii) ED service, and (iii) licence.

# I. Financial Counselling

- 5. Stakeholders generally agreed with the proposed changes to financial counselling requirements for AH Service under HCSA, but some had requested for further clarification on the operational details. For example, they enquired about: (i) the extent of information that should be included in the financial counselling materials; (ii) the possibility for patients to have alternative modes of acknowledgement that financial counselling has been conducted, apart from written acknowledgement; and (iii) the possibility of issuing online bills to patients.
- 6. On the extent of information required in the financial counselling materials, the licensee must ensure that the information provided is sufficient for the patient to make an informed decision. As part of financial counselling, licensees can refer the patient to the relevant websites<sup>1</sup> on fees related to the treatment or procedure the patient is receiving. However, for avoidance of doubt, such referrals to websites should not be used as a substitute for financial counselling. With regard to the alternative modes of acknowledgement, acknowledgement can be made in the form of electronic records as long as the electronic record is accessible and can be used for subsequent reference and audits (e.g., Sign with SingPass, DocuSign, PDF signature, voice recording or acknowledgement via email). On the issuance of online bills, licensees may issue bills via paperless / online means once they are finalised. However, we encourage licensees to make allowances to provide the finalised bill to patients via other means (e.g., letter, self-collection) for patients who may prefer a hardcopy bill.
- 7. MOH has noted stakeholders' requests to provide further information on financial counselling and guidance in the form of FAQs will be published on www.HCSA.sg.

# II. Emergency Department (ED) service

8. Under HCSA, all AH Service licensees will need to provide 24-hour clinic services. MOH will also introduce a new Specified Service known as the ED service. AH Service licensees who wish to provide an ED service must apply to MOH and meet additional requirements before they are allowed to do so. Stakeholders were generally supportive of the distinction made between a 24-hour clinic service and an ED service but sought clarifications on the specialties required for 24-hour coverage in the provisioned ED service. Suggestion was provided to make it mandatory for an emergency medicine (EM) specialist to be present onsite for the provision of ED services. In response to stakeholders' feedback on the requirements relating to the ED service, MOH will be mandating 24-hour coverage by at least one EM specialist onsite at all times in a ED. Further, there must be adequate arrangements for the prompt activation of other specialists accredited by the Specialist Accreditation Board to support the ED service.

<sup>&</sup>lt;sup>1</sup> Examples of relevant websites includes MOH fee benchmark and CPF MediSave and MediShield Life claims calculator.

#### III. Licence

- 9. Stakeholders were supportive of the need to license and regulate the different healthcare services that can be provided today. However, as AHs will need to hold multiple licences, some stakeholders requested for clarity on the applicable licences and their respective licensing requirements.
- 10. MOH has reached out to the AHs and is working closely with them to ensure a smooth transition from the Private Hospitals and Medical Clinics Act (PHMCA) to the HCSA whereby the relevant HCSA service licence(s) will be issued for the respective service(s) that are currently being provided by AHs today.

# **Next Steps**

11. In addition to the feedback received above, MOH is also reviewing other feedback received on the proposed AH Service requirements. MOH will be publishing a set of FAQs to address the feedback received. The finalised requirements and the FAQs will be shared with licensees and uploaded on <a href="https://www.hcsa.sg">www.hcsa.sg</a> in due course.

## Conclusion

- 12. MOH would like to thank all stakeholders who have actively engaged with us during our stakeholder consultations. This has allowed us to better understand your concerns and priorities. Together with our stakeholders, we look forward to improving patient safety, welfare and continuity of care across the sector.
- 13. For further clarifications, please write in to hcsa enquiries@moh.gov.sq.

Thank you.

Health Regulation Group Ministry of Health