



26 June 2023

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

SUMMARY OF KEY FEEDBACK AND RESPONSES

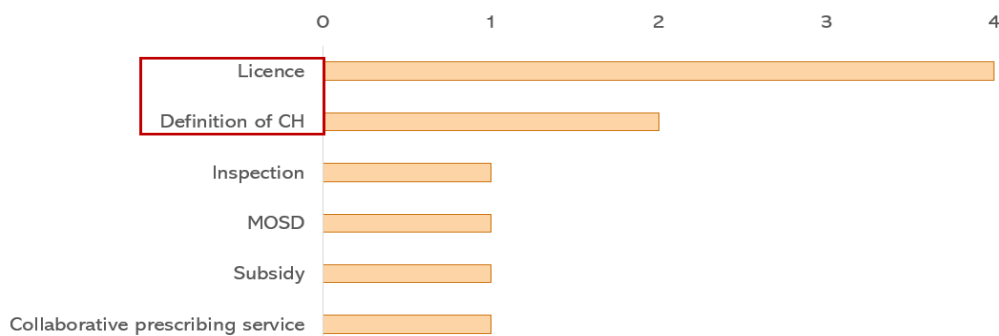
Since the enactment of the Healthcare Services Act (HCSA) in 2020, the Ministry of Health (MOH) has been rolling out the HCSA in phases. Phase 1 of the HCSA was implemented on 3 January 2022, while Phase 2 will be implemented on 26 June 2023. The Community Hospital (CH) Service will be rolled out in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

2. From 9 December 2022 to 27 January 2023, MOH sought feedback on the proposed CH Service requirements from the CH service community via an online public consultation hosted on www.hcsa.sg. In all, we received feedback from 3 out of 12 CHs via written comments and email enquiries.

Feedback Received and MOH's Responses

3. Stakeholders were generally supportive of the proposed HCSA CH 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 CH Service requirements.



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

4. Of the feedback received, the top 2 areas that licensees were concerned about pertained to: (i) Licence and (ii) Definition of CH service.

I. Licence

5. Stakeholders generally agreed with the proposed changes to the licensing requirements for CHs, but some had requested for further clarification on the operational details. For example, they enquired about: (i) the type of services that could be offered under the CH Service licence and the relevant licences they needed to hold in order to continue providing existing healthcare services, e.g., transitional post-discharge services, teleconsultations by nurses and allied health professionals, inpatient palliative care; (ii) the licensing application process; and (iii) whether every CH was required to hold an individual HCSA CH Service licence or could one licence suffice for CHs that are under the same licensee.

6. If transitional post-discharge services (e.g., home visits or teleconsults) are provided under the governance and clinical oversight of a medical practitioner practising at the CH, an Outpatient Medical Service licence with approvals for “temporary premises” (for home visits) and “remote” (for teleconsults) modes of service delivery will be required. On the number of licences needed for multiple CHs under the same licensee, a separate licence will be required for each CH at each permanent premise.

7. MOH has reached out to the CHs 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 provided by CHs today.

II. Definition of CH Service

8. Stakeholders generally agreed with the proposed definition of a CH service, but some proposed suggestions to refine the definition. They suggested for the definition to be more explicit in including subacute care, as they opined that the current definition focuses only on rehabilitation and palliative care. In addition, they asked to further clarify what constitutes cognitive therapy under “Rehabilitation Service”.

9. The scope of the CH Service encompasses the provision of care to patients who had been treated for any condition that is the result of disease or trauma or had undergone surgery, for the purposes of assisting the patient in regaining his or her health or physical functions or providing palliative care to the patient. As such, subacute care falls within the scope of the definition of the CH Service. Cognitive therapy in the context of a Rehabilitation Service refers to the provision of moderate intensity rehabilitation with focus on conditions such as brain injury and cognitive and behavioural impairments, which is a core clinical service capability currently required of every CH.

Next Steps

10. In addition to the feedback received above, MOH is also reviewing other feedback received on the proposed CH 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 www.hcsa.sg in due course.

Conclusion

11. 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.

12. For further clarifications, please write in to hcsa_enquiries@moh.gov.sg.

Thank you.

Health Regulation Group
Ministry of Health