

# Town Hall Meeting with Minister

by Adj A/Prof Leong Choon Kit, FCFP(S), PCN Council Chair

**G**ood afternoon everyone. My name is Choon Kit. It is a big privilege for me to share about the coming Healthier SG from a PCN point of view.

First, I would like to make a disclaimer. Whatever I say is purely my personal point of view, and not that of the Ministry of Health's.

Second, I would like us to look at Family Medicine from the past to the future. I have the privilege of experiencing the early days of Family Medicine as I am old enough to see its development into what it is today. As for the future, much of it will depend on the younger GP colleagues in our midst.

I would also like to share a bit of what the other Family Medicine practitioners are doing in the world. I have the privilege of having my children living, studying, and working in Australia, where I visit them often. I see how the Family Physician practice there is. Obviously, they are very different from us and we have much to learn from them.

The Australians started their primary care transformation over twenty years ago and they are still transforming.

We do have friends practising in New Zealand. Similarly, they have an impressive primary care system, which we can learn plenty from.

Finally, I would like to urge all of us to ride the wave and transform primary care by joining the Healthier SG programme.

I remembered that Family Medicine traineeship started around 1991 when I first graduated leading to the Master of Medicine in Family Medicine. Under the College of Family Physicians Singapore, the programme for Graduate Diploma for Family Medicine was started around the time when I returned from China, where I built a hospital in 2000.

Prof Goh Lee Gan, the undoubted father of Family Medicine in Singapore, has taught all of us the 3 Cs and the 3 Ps in family medicine. We must constantly take stock of these Family Medicine ideals in our practice.

Unfortunately, I must confess that in my own practice, this is not always possible. Of these values, coordinating of care, continuing of care, and preventive care are the hardest to adhere to.



Co-ordinating of care we do fairly often. No matter how hard we try, the reality is that it is hard for us to do continuing of care. Often for a few cents' difference, lower consults, or for subsidised care, patients will disappear and stop seeing us or not see us often enough. In some cases, the patients may even be so poor that we do not have the heart to charge them. Instead, we refer them to the polyclinics.

I do that often with my colleagues at the Hougang Polyclinic, and I made it a point to know every new head of the Hougang Polyclinic so I can assign some of my patients there.

The last point is preventive care. We did not do much until COVID-19 started. That was when we actively started swabbing patients and administering the COVID vaccine. Now, with the help of HPB, we are doing more influenza and pneumococcal vaccinations.

As a private GP, I don't have the privilege of visiting overseas primary care systems, unlike my public sector colleagues who go for their HMDP programme. However, I do get free passes and sponsorship to attend talks given by foreign experts when they speak at our local conferences, such as the annual SHBC conference that NHG organises. I always thank Phui Nah, my good friend and classmate for that, as well as Prof Philip.

It is about time we gather ourselves together to reshape the primary care landscape, taking a leaf from the transformation lessons from these experts from Europe, Australia, and New Zealand. There is never a best time or a worst time. Whenever there is an opportunity, we must learn to ride the wave.

In Europe, some of the GPs even run the urgent care centres (UCC), whereas in Singapore it is run by specialists. I visited

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my classmate in Australia, and he as a GP runs the rehab services, old folks' home, and even the dementia care as well.

One of the largest obesity programmes I know in the world in Canada is actually run by a GP, coordinating care with many specialists and allied health professionals.

In UK, the primary care has the GPwSI (GP with Special Interests) system. The GPs with special interests straddle between the GPs and the specialists, offering care to the public at the primary care system. Overall, these systems help their governments save lots of money. While many people were skeptical about the NHS, there are still many things we can learn from NHS.

Now, let me get more personal. About 20 years ago, when I first returned from China after building the hospital, our good friend Dr Ho Han Kwee, the then director of PCC, brought some of us into MOH to help him develop some primary care stuff.

Among us were Dr Tham Tat Yean, currently part-time in the MOH Office for Healthcare Transformation and leading Frontier, and Dr Lee Yik Voon, who was the immediate past president of Singapore Medical Association (SMA) and now the chairman of GP+ Co-operative.

Over the past 20 years, the emphasis has always been on transforming Family Medicine. Over this period, we have served in different capacities under the leadership of three Health Ministers, namely Minister Khaw Boon Wan, Minister Gan Kim Yong, and Minister Ong Ye Kung.

Without any bias and prejudice, I believe that, out of all these tenures, we are now having the most supportive MOH team to date. Today's turnout is a testimonial to how well this current team is working. This is definitely the largest turnout for any GP gathering; we even filled up all the hotel car parks in the vicinity. We have never worked with a better team. So let us not waste this excellent opportunity. I am confident that this will work out well for us.

The Primary Care Network commenced discussion in 2016 and subsequently launched in 2018. I do not see HSG as a duplication of PCN; rather, I prefer to see it as an evolution of PCN. So, there is absolutely no conflict there.

In fact, the financing model Shi-Hua presented earlier is actually modified from the funding model of PCN. There are new things and changes to make things in Healthier SG work better. We are quietly confident as we all have benefitted from PCN over the last 4 to 5 years. For those of us who are new to PCN, I would suggest you talk to us who have tried out the PCN system. Let us share our knowledge and experience with you and help you adjust.

My final slide is really a challenge for all of us. I do not surf but I like watching people surf. If you watch these surfers, they are very clever. They time their surf very well. They watch the tide and sense the opportunity. And at the right time, they would hop onto the board and ride the wave. Neither a second too early nor too late.

If they are too early, they won't be able to maximise the wave. If they are too late, they fall off the board and end up falling into the water. What am I trying to illustrate?

To my GP friends in the audience today, we must ride the wave at the right spot. Not too late, especially the older ones among us. If we are planning to retire, planning to bring value to our clinics, the time is now and not later. If you join even a few months later, you might fall off the board.

The last point I would like to share is that everyone is a leader. I come from a mission agency where all of us are leaders. Why do we believe in that? Because we believe that all of us can and must play a part in change. I wish for my GP colleagues here that no matter how little you think you could do, be a leader among yourself, among the areas around your clinic, and among your patients. Let them take your lead and adopt a healthier lifestyle.

In the next 10 to 20 years, I am confident of a very vibrant primary care. We will benefit from it as we become patients ourselves. Thank you so much!

*This transcript has been edited for clarity.*

■ CM

## Healthier SG (HSG) Financing

by Ms Teh Shi-Hua  
Director, Subsidy and Subvention, Healthcare Finance, MOH

Healthier SG enrolment benefits will encourage residents to enrol with a clinic, kickstart their relationship with their family doctor through the free first health plan consultation, complete their screenings and vaccinations, and stay with their GP even if they develop more complex chronic conditions.

New financing schemes, including the Healthier SG annual service fee and IT enablement grant, will also be introduced to support GPs in caring for their Healthier SG enrollees and adopt a Healthier SG-compatible Clinic Management System. The annual service fee will apply for all HSG enrollees and is on top of existing fee-for-service payments.