



TOWARDS HEALTHIER SG: LEARNINGS FROM NHS' AMBITION & ACTION

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This article was inspired by the CHI 14th Masterclass on “Population Health – Ambition into Action” with Dr Jonty Heaversedge (pictured above), Chief Medical Officer and the Chief Clinical Information Officer of South East London Integrated Care System, as well as the Clinical Director of Imperial College Health Partners.

Over 350 healthcare professionals engaged in conversation on 17 February, as Dr Jonty shared practical insights on prevention, primary care transformation, and population health management, supported by real life examples and studies.

Assistant Professor Clive Tan distills the key learning points from the Masterclass, and how it relates to NHG's journey towards Healthier SG.

Social Deprivation Leading to Poor Health

There are many social and demographic factors that determine a person's health. The presence of several of these negative factors often precede and lead to poor health.

People with lower socio-economic status may not have the time and money to eat healthier and exercise. Living in a city with high air pollution levels can significantly shorten people's life spans.

In places where there is poor access to maternal and child health services, child birth becomes a high risk event and maternal and infant mortality can worsen.



In remote areas where vaccine access is difficult, children may not receive vaccinations and will be at higher risk of potentially disabling conditions as such polio.

In big cities like London and Singapore, similar social deprivations (defined by the American Psychological Association as limited access to society's resources due to poverty, discrimination or other disadvantage) are present, although they may be more invisible. People in such situations often present with poor health.

In medical school, we are taught to pen these issues down in the “social history” column. Often it just stays there, because we are not taught how to manage and tackle these “social issues” and these issues are “beyond our scope” as healthcare professionals.

I agree and I also empathise. But these patients then keep coming back and we label them as “complex” and sometimes “frequent flyers”. At times we may inadvertently add on to their guilt by insinuating that they have not done enough to help themselves.

Dr Jonty's paradigm of social deprivation leading to poor health helps us take a more people-centred and respectful approach towards how we can help people recover from poor health, and in the future give more attention to these sub-populations to reduce their chances of lapsing into poor health.

This perspective will be more pertinent in the Healthier SG era, where the NHG is given the mandate to take charge of the health of 1.5 million people in the Central-North region of Singapore.

Their problem is now our problem – in a good way, since our mission is to Add Years of Healthy Life for our people, and what better way to do this than to focus on the people with the greatest need.

Key to Population Health: Data, Insights & Action

In the past, NHG can only have and hold information of our patients, meaning people who have an encounter with our network of healthcare providers. To care for the health of people in the Central-North region of Singapore, the most significant blind spot we have is that we do not know who are underserved – people who need healthcare services but are not accessing and using them for various reasons.

Dr Jonty mentioned that linked data is a cornerstone of a well-integrated health system. This comprises of linked data from the network of health and social care providers and longitudinal data – which will be crucial for care coordination and help the health system better understand the population health needs.

With the demographic and health data provided, we must then be able to harness insights from the data, make informed decisions and take meaningful action to improve the health of our population, starting with those with the greatest needs.

To make an impactful change at this magnitude, Dr Jonty mentioned that “it requires a village”. Fortunately, the NHG already has a Kampung and our partners are all excited to make this positive change with us.



Ownership, Relationships & Empathy: Our Residents, Our People

Dr Jonty mentioned ownership several times, when sharing about the IKEA effect and commenting on engendering ownership of issues.

What does this mean for us at NHG? One way to encapsulate the concepts of ownership and building relationships is for us to build empathy and see these 1.5 million people as our people.

As NHG, we have done very well in terms of ownership, relationship and empathy when it comes to our patients. With Healthier SG, we will need to extend this concept beyond our patients, to also take this view with our residents, to see them as our people.

Dr Jonty's sharing bears many lessons for us as we warm up and get ourselves ready at the starting line of the Healthier SG journey. But what was unspoken that is worth highlighting is that the journey is long and iterative – we have seen many health systems in the world undergo multiple periodic reforms. We have survived many local health reforms, campaigns and crises and have emerged from these stronger and more resilient. For Healthier SG, it is healthy for us to maintain a longer time horizon, pace ourselves sustainably, and stay true to our mission of Adding Years of Healthy Life, which like a good North Star, will always remain in sight but just slightly out of reach.



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