

What Makes a Health System Truly Work for Its People: Insights from Sheriff Abdullahi

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Photo of CHI's 16th Masterclass Q&A session. From left to right: Professor Jonathon Gray (Member, CHI Leadership Council) and Dr Sheriff Abdullahi (Member, CHI Leadership Council)

This article is inspired from the CHI 16th Masterclass, "Transforming the Healthcare Ecosystem: The Things We Tend to Ignore and Sometimes Get Wrong" by Dr Sheriff Abdullahi, Managing Director of Merk Sharp & Dohme (MSD). As a healthcare systems architect and strategic leader with deep experience in UK's National Health Service (NHS), Dr Sheriff challenged us to reimagine healthcare delivery through the lens of preventive care, integrated care, and alignment of health services to real needs.

At the heart of his sharing was a question that defined the masterclass: **What makes a health system truly work for its people?** The answer lies not just in treating illness, but in designing systems that promote health, integrate care, and adapt to the needs of the population.

Preventive Care: The Best Health System is One You Don't Need

“ *The best health system is the one nobody needs to use because everyone is so healthy.* ”

Dr Sheriff's statement reminds us of a simple but overlooked truth: prevention is better than cure. When we shift from a system that reacts to illness to one that proactively keeps people well, we create a healthier population and in return, reduce burden on the healthcare system.

In Singapore, chronic diseases like diabetes and heart disease are some of the biggest contributors to our healthcare burden. These conditions often have roots in lifestyle choices like poor diet, smoking, stressful lifestyle, and lack of exercise – key social determinants of health.

Dr Sheriff praised Singapore's Healthier SG initiative that aims to address these social determinants of health, tackling the root causes of ill health before they require medical intervention by promoting regular physical activity, health screenings and better health seeking behaviours. He emphasised that it provides a robust foundation for driving meaningful change in population health and preventive care.

NHG's efforts complement this by extending care beyond hospitals through initiatives like the Community Health Teams (CHT). Our CHTs work directly with residents to holistically manage chronic conditions and promote healthier lifestyles, reducing the frequency of hospital visits.



Integrated Care: Breaking Down Silos for Seamless Care

Singapore’s health system has many touchpoints, ranging from primary to acute, community and social care, as well as informal relational networks. True integration of healthcare coordinates and connects every part of the system so that no patient falls through the gaps.

“ *If the system doesn’t connect or work across its various boundaries, formal and informal – the system falls apart.* ”

When organisations operate in silos, we accelerate segregation, which may inevitably lead to a disservice to our patients. In Dr Sheriff’s vision of an ideal health system, care does not stop the moment a patient is discharged. The system must ensure that someone – whether it is a community nurse, family member, or social worker, continues to support the patient at home.

The UK, despite having a significantly larger population compared to Singapore, has demonstrated effective healthcare system integration. The UK NHS has undergone transformative reforms, shifting from a centralised model of care to a decentralised one that better responds to local needs.

As Dr Sheriff noted, the 2012 Health and Social Care Act, led by Andrew Lansley, the Health Secretary at the time, aimed to empower local GPs to enable decisions that are more tailored to specific needs of patients and the local community, based on the principle that “local knows best”. Like the UK NHS, Singapore’s healthcare services are delivered through decentralised institutions, while regulatory oversight remains centralised under the Ministry of Health (MOH).



Photo of Professor Jonty Heaversedge (Clinical Director and CCIO, Population Health Office, NHG), during the Q&A segment of CHI’s 16th Masterclass.

At NHG, steps have been taken to ensure care does not stop when a patient leaves the hospital. Family physicians are linked with specialists, nurses, allied health professionals and social services through our Communities of Care. At Tan Tock Seng Hospital, when a patient is discharged from the hospital, post-discharge support involving community nurses and social support is set in motion when needed to ensure a smooth transition home and to continue care in the community.

Beyond that, the NHG Population Health Campus (PHC) was launched in 2024 to integrate health and social care by partnering with hospital campuses, specialty centres, GPs, and community providers across Central and North Singapore. They have recently started a 15M movement, aiming to empower our 1.5 million residents to regain 10 years typically spent in ill health, collectively adding 15 million years of healthy life.

Alignment of Health Services Around Real Needs

Singapore’s healthcare system, like many others, has long faced workforce challenges. While increasing manpower is important, the key lies in smarter alignment— investing in the

training of staff and ensuring that the right people are placed in the right roles at the right time. For example, ensuring enough geriatric specialists to address the needs of an ageing population, or transforming the workforce through training community nurses to support chronic disease management. These efforts don’t just address immediate demands but help future-proof the system.

“ *Work with the community to design the system. Think of how the community sees the system. If the community visits the hospital more on a Sunday, load up the staff on Sunday instead of Saturday.* ”

In the UK, the 24-hour GP service model exemplifies how the healthcare workforce can be organised to meet real community needs. By redirecting after-hours patient calls from NHS to linked primary care providers, this system ensures seamless access to care while alleviating pressure on emergency services. It reflects a commitment to building health services around the realities of the community.

Dr Sheriff’s suggestion to tailor staffing based on real-world usage to meet the demands of the community, offers a practical way forward. It’s a concept worth exploring further for Singapore’s healthcare system, especially as we navigate limited resources.



Photo of the audience and support team behind CHI's 16th Masterclass.

A Call to Action

Dr Sheriff challenges us to change the way we view health systems.

“ When we ask ourselves ‘How do we ensure that our healthcare system is fit for today and tomorrow?’, ask that question from a health and population lens rather than productivity and sickness management lens – The important thing people tend to get wrong when thinking about health systems.

This masterclass contemplates the structure of health systems to drive their purpose, where a truly successful health system empowers its people to live longer, healthier lives. Achieving this requires prevention, seamless integration of care, and alignment with population needs. But most importantly, it calls for collective action. How then do we move forward on this?

“ For those who want to learn to view healthcare from the systems view, either go upstream or downstream to view it from the lens of a user. Put yourself forward to collaborate with people to solve problems at a systems level.

Start small: identify gaps in your area of work, whether it's strengthening care transitions or finding ways to engage the community. Collaborate across boundaries—connect with partners, patients, and colleagues to make health everyone's mission.



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