

Two New Primary Healthcare Schemes

The Ministry of Health has just announced its new primary healthcare initiatives. It consists of 2 new schemes, firstly the Comprehensive Chronic Care Programme at selected Polyclinics and secondly the Primary Care Partnership scheme which will commence from 1 October 2000.

COMPREHENSIVE CHRONIC CARE PROGRAMMES

The three programmes to be launched are the 'Diabetes Care Programme', the 'Blood Pressure Care Programme' and the 'Blood Cholesterol Care Programme'.

Under these programmes, the Ministry announced that a three-pronged approach would be taken viz.

- (1) Each polyclinic will establish dedicated clinics for these programmes run by teams, each comprising medical officers, diabetic care nurses, nurse educators and other healthcare professional with hospital specialists as advisors;
- (2) Standard management protocols based on cost-effective treatment would be adopted including home glucose monitoring for diabetics; and

- (3) A database would be set up to consolidate the efforts of various organisations conducting mass screening for these diseases.

Subsidies would be given depending on age and income level. The scheme would be piloted at Tampines and Chua Chu Kang Polyclinic on 1 October 2000 and rolled out to all polyclinics six months later and would cost the government an additional \$24.5 million a year.

PRIMARY CARE PARTNERSHIP SCHEME

In the Primary Care Partnership Scheme which will be piloted for the residents in 4 areas – Kreta Ayer Division of Kreta Ayer-Tanglin GRC, Jalan Besar Division of Jalan Besar GRC, Simei estate and Bukit Panjang New Town. The aim is to provide responsive primary healthcare to elderly Singaporeans needing subsidised care.

This Scheme will be a tripartite collaboration among the private sector GPs, the people sector CDCs (Community Development Councils) and the public sector, to reach those who are in need of low-cost and convenient medical

outpatient services.

Singaporeans aged 65 years and above with per capita household income of \$700 and below are eligible for the scheme. Those under the Public Assistance Scheme can also access such services. Similar to the polyclinic services, patients under the scheme have to pay \$4 per attendance and 70 cents per drug item per week.

Private GPs will be contracted to serve the elderly needy who do not live within close proximity to the polyclinics. GPs are invited to provide medical services for "common simple illnesses" such as, cold and flu, diarrhoea, headache, sore eyes, ear infections, abdominal pain/piles, urine infection, simple skin problems e.g. infections, rash, pimples, menstrual problems and muscle, bone, joint pains.

The MOH press release also states that patients with chronic illnesses will continue to be managed by polyclinics. SMA hopes that once the pilot Primary Care Partnership Scheme with the GPs looking after acute condition is found to be workable, it can be extended to GPs managing chronic illnesses as well. ■

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- the AM, CFPS and SMA to facilitate and drive the review of CME programmes and syllabi for specialists and GPs
- the AM, CFPS and SMA to develop expanded Continuing Professional Development (CPD) programmes for the future. CPD programmes will incorporate other elements beyond CME, such as QA measures, participation in teaching and/or research activities and credentialling.

CLINICAL QUALITY ASSURANCE

The former Medical Audit & Accreditation Unit (MAAU) has been expanded and renamed as the Health Regulation Division of MOH. It would focus on licensing and

accreditation, legislative enforcement, surveillance, clinical audit and quality assurance programmes.

The division's major priorities will be to:

- develop suitable clinical audit indicators and credentialling mechanisms for Singapore
- streamline the process of managing and responding to complaints about medical practice
- implement the Maryland Quality Indicator Project.

The Ministry has already announced on 18 August 2000 pilot schemes for the "Chronic Care Programme" in selected polyclinics and the "Primary Care Partnership Scheme" for selected GP for treating indigent elderly patients.

In response, the SMA briefed the DMS on the developments of the SMA Centre for Medical Ethics and Professionalism (CMEP). CMEP would be running an intensive two-and-a-half days course in medical negligence to be held in conjunction with the SMA Ethics Convention and the SMA Lecture in November. The Course Director is Professor Tan Siang Yong who is the Professor of Medicine and Adjunct Professor of Law of University of Hawaii. The intensive course is targeted at doctors as well as healthcare administrators and lawyers. (Please see announcement in the inside back cover of this issue).

Plans for regular CME programmes in medical ethics have been finalised and will be rolled out from Jan 2001. ■