

# LEADING HEALTHCARE

The newsletter of the Healthcare Leadership College



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Wishing all of our alumni and healthcare family members a very Happy National Day!

In this issue of Leading Healthcare, we explore the themes of collaborative working and developing others. We were inspired by Prof Pang Weng Sun's humble and selfless desire to support the next generation of leaders to achieve greater heights, to offer our own thoughts on stewardship.

The term "stewardship" means the careful and responsible management of something precious entrusted to one's care. Healthcare leaders have the responsibility to steward Singapore's healthcare system well for future generations of Singaporeans. In other words, above and beyond today's requirements, good leaders act as stewards for the future, making changes happen to meet tomorrow's demands.

In the words of Minister: "Make this transformation journey an exciting and a rewarding one so that 30 years later, you can pat yourself and say a job well done!"



A/Prof Aymeric Lim, Dean HLC



## Dean's Message

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### Humility

The expression of humility should, by definition, resonate with anyone in healthcare. It is an active virtue, not reflective. This concept is conveyed in the Book of Philippians Chapter 2, verses 3 and 4: "Do nothing out of selfish ambition or vain conceit. Rather, in humility value others above yourselves, not looking to your own interests but each of you to the interests of the others."

Patient-centeredness calls for valuing the needs of the patient higher than yours. Patient centeredness is an act of humility. A practice that forms the basis of a vocation in healthcare. This is not just for the healthcare workers in the frontline, but just as true for the many administrators who choose this line because they seek meaning in their careers.

Unfortunately, this form of humility does not always extend to colleagues, employers and employees. The deep expertise of doctors creates a cocoon around the patient relationship that is sometimes impermeable to real and important external factors. This extends to hospitals and systems where departments look like and function more like an archipelago than a connected land mass.

This attitude affects how we treat our patients and how they respond to our care, even as doctors try to do their best in their own specialised domains. And by extension, it affects the three Beyonds that undergird the shifts our healthcare system must take: Beyond healthcare to health, Beyond hospital to community, Beyond quality to value.

In these three critical shifts in outlook, the sense of the particular has to change for a sense of the whole. A sense of valuing the holistic needs of the patient. A sense of the big picture. For we should not lose sight of the forest for the trees.

*"This attitude affects how we treat our patients and how they respond to our care. By extension, it affects the three critical shifts in outlook for our healthcare system. The sense of the particular has to change for a sense of the whole."*

**Associate Professor Aymeric Lim**  
**Dean, Healthcare Leadership College**  
**Physician-in-Chief, The National University Health System**  
**Group Chief Human Resource Officer, The National University Health System**

## HLC Alumni Event: Highlights of Post-Budget Dialogue with Minister (Health)

Minister (Health) announced the 2018 MOH Budget Initiatives on building a Sustainable Healthcare for the Future with a bigger push towards preventive, primary and community care. As part of HLC's larger effort to engage our alumni and build communities of leaders in support of One Public Healthcare, HLC organized a Post-Budget Dialogue with Minister (Health) for our Alumni on 15 May 2018. The session was well attended by over 100 HLC Alumni across professions and different institutions in the public healthcare.



Minister addressed the audience at the Post-Budget Dialogue on 15 May at NTUC Centre.

Minister opened the Dialogue by providing an update of the care transformation journey and progress made in 2017 and 2018 to drive the 3 "Beyonds".

Here are the highlights:

### **Beyond Hospital to Community**

- Launch of Primary Care Networks (PCNs) with over 300 GPs
- Lower the age limit for Flexi-Medisave for outpatient treatments from 65 to 60 years old
- Raise the annual Medisave withdrawal limit for chronic diseases, vaccination and health screening from \$400 to \$500
- Topping up the Seniors' Mobility and Enabling Fund by another \$100 million over the next 5 years and extend coverage to users of home palliative care services
- Review of EldersShield to be completed later this year to strengthen long term care financing for seniors.

### **Beyond Quality to Value**

To generate better benefit for every dollar that Singapore and Singaporeans spend in healthcare and help healthcare providers and professionals make better decisions:

- Fee Benchmarking, Values Driven Outcomes & Drug Guidance and Appropriate Care Guides.

## Beyond Healthcare to Health

- 30,000 Singaporeans have benefited from the Screen for Life Programme since Sep 2017
- War on Diabetes:
  - ✓ Healthier catering and soon healthier drinks for entire public sector.
  - ✓ Healthier Ingredient Development Scheme – more than a dozen food manufacturers and suppliers have reformulated their offerings to healthier options.
- Other health prevention areas included raising the tobacco tax and legal smoking age to 21 years old.

To move more effectively in realising these plans, Minister highlighted that we will need the following for our transformation:

- i. **Deeper Integration** within and across public healthcare institutions as well as with social care services;
- ii. **Better Communication** amongst ourselves and with our patients and the broader public, and
- iii. **Greater Innovation** in the way we deliver care and do things.



Minister shared more plans for a Sustainable Healthcare for the Future.

In closing, Minister said...

“What is important over the next few years in the 3 Beyonds – is that our Healthcare system is going through a major overhaul. It’s like a car which needs a change of engine. Therefore we are building new capacity. Outram is undergoing new development and Alexandra is a new campus for us to experiment with. Every new development offers us the opportunity to think.

When we started this journey, I told the CEOs to start with a clean sheet of paper. Do not assume based on what you have today, but think about what you want to have in 30 or 40 years’ time. Once you have decided on a long range, you then decide how to get there. ***If you are always constrained by what you have today, you can only make marginal shifts, so let’s be bold and think of what we want to have when you grow old in 20 years’ time.*** This is our challenge and we cannot do it at the Ministry. A lot of the work has to be done on the ground.

I look at all of you – Make this transformation journey an exciting and a rewarding one so that 30 years later, you can pat yourself and say a job well done!

## Question & Answer Session with Minister for Health

**Q – Has the integration process met the expectations of the Ministry? What is the desired outcome?**

**A** – The re-clustering exercise is only the beginning. It is an enabling step for the 3 Beyonds, to strengthen and deepen our capabilities and service delivery within our healthcare system through integrating our services and programmes. Today we have completed the process of re-clustering but the process of integration has just started.

What I hope to see is a complete mindset shift. For example, today the clusters look at the VWOs and GPs as partners whom they work closely with for continuity of care for patients. However, the concept of integration is that nursing homes and GPs are an integral part of the cluster and not just partners. What this means is that GPs will be treated like cluster polyclinics, and should VWOs face employment problems, they would be a cluster issue too. We are all working together on the same side.

In primary care, each cluster has its own polyclinic group to strengthen the thrust of Beyond Hospital to Community. In addition, MOH is channeling subsidies to the GPs through the CHAS programme to strengthen their role as an integral part of Singapore's healthcare system. Once a strong cluster is formed, and staff think like a cluster, GPs and VWOs are part and parcel of the unit. The strengthening of re-clustering is to enable us to better move towards integration, not just as a cluster but across the entire healthcare system.

On integration ...

*“What I hope to see is a complete mindset shift.”*

*“Once a strong cluster is formed, and staff think like a cluster, GPs and VWOs are part and parcel of the unit. The strengthening of re-clustering is to enable us to better move towards integration, not just as a cluster but across the entire healthcare system.”*

## Question & Answer Session with Minister for Health

**Q – What are Minister’s views on the integration of health and social support services?**

**A –** For the elderly, social issues and health issues are closely interlinked and there are many grey areas. This is why the oversight of Senior Cluster Networks which include Senior Activity Centres (SAC) were transferred from the Ministry of Social and Family Development (MSF) to MOH. This move will further enable MOH to integrate planning and policy for health and social support services for the elderly, in line with our plans for preventive health and aged care. Again, this change has been put in place very recently and we will need to discuss how we can integrate the work better.

**Q – Can healthcare cost be kept low with an ageing population? There is a perception that the increase is due to doctors’ fees.**

**A –** There are a few healthcare cost drivers. First Ageing – or rather the diseases and disability that come with Ageing. Second, normal inflationary costs (such as wages and salary) lead to increased healthcare costs. Third, healthcare technology advances are getting more expensive. Fourth, people’s expectations of the quality of care have risen. Along with this expectation is our concern of over-servicing. All of us have a role to correct over-servicing, not just the doctors and patients.

**Q – With ageing population, is there a role for GP to be Generalists in Aging – not a Geriatrician, somewhere between a GP and Geriatrician?**

**A –** Some of the GPs whom we talked to expressed their preference to develop excellence in certain areas of care and are pursuing courses in areas such as paediatrics or geriatrics. We can explore if there is a role for special services focused on senior care and if this can help level up the GPs to tackle the complex ageing cases.

The Q&A session during the Post-Budget Dialogue with Minister.



## Question & Answer Session with Minister for Health



A HLC Alumni asking questions during the Q&A Session.

*On Public and Private ...*

*“Whether private or public sector, we are all on the same side. Singapore is too small to split into multiple systems – public and private.”*

**Q – What is the Ministry’s plan to retain specialists and not lose them to private sector? Are there plans to engage the private sector to give back to the public sector?**

**A** - Whether private or public sector, we are all on the same side. Singapore is too small to split into multiple systems – public and private. Even the three Clusters should be seen as one system, so sharing of staff’s expertise and collaboration between clusters ought to be encouraged. ***But it is not easy to go beyond boundaries. We need to take a great leap.*** If you look at very specialised areas like Neuroscience, not every cluster has the same capability so it is important to tap on each other’s strengths.

Similarly, we need to overcome the mentality that the private and public healthcare sectors are two separate systems. Today we are already funding primary care with CHAS. We also have a few collaborations with the private sector. An example is Raffles Hospital which provides emergency services. We are looking at how we can collaborate more with the private hospitals and GPs.

From a national viewpoint, the Ministry wants both the public and private sectors to have good quality, excellent healthcare services and competent healthcare workers. As we know the new private hospitals which are in the pipeline, we should work out the manpower development plans. What we want to avoid is the sudden loss of expertise and excellence from the public sector to the private sector. So we need to plan and build capacity in manpower in public hospitals while taking into account private sector developments rather than to leave it to chance.

# Being a Stepping Stone for the Next Generation

A note from Prof Pang Weng Sun,  
Deputy CEO (Population Health), National Healthcare Group

Dear Young Leaders,

I recently had the opportunity to meet with a group of you, and shared personal stories of how my perspectives as a leader were shaped. What struck me was how much and how little has changed in the work that we do in healthcare.

Leading and working in healthcare reminded me of a tour boat at the Niagara Falls. As the boat draws near to the base of the grand and scenic falls, my glasses were misted by the constant spray of water. I could not see anything; I did not know what direction I was facing; I was overwhelmed. I could only wait and trust that the boatman will take me out of there so that I could clean my glasses and see the world again.

Like me, you always have so many things to do. You have your department, hospital, organisations, and your juniors to manage as a leader. You face all these challenges and will continue to face them, and hopefully things will get better someday. In the meantime, let me share some stories that helped me navigate the storm.



## Value of Camaraderie in the Healthcare Family

***“There is some value in putting and bringing people together.***

***Hospitals are not about buildings.***

***At the end of the day, it is about the people who work there, the community and the legacy. “***

I fondly recall the Tea Room at Tan Tock Seng Hospital, where junior and senior doctors would congregate for breaks. It was there that I had the opportunity to listen to the stories of the older clinicians, pick up the culture of the hospital, and seek informal help from my seniors. There was a strong culture of respect between physicians, surgeons and nurses.

Somewhere along the way, some of this was lost. Today, we tend to do things only within the department, rather than as a whole hospital. There is value in putting and bringing people together. Hospitals are not about buildings. At the end of the day, it is about the people who work there, their community, philosophy and legacy.

***“But I went anyway, despite it being outside of my comfort zone, because of a sense of duty.”***

## Stepping Out of Your Comfort Zone

As a registrar, I was once asked to help cover the old Changi Hospital (as it was called back then, before it was amalgamated with Toa Payoh Hospital to become the current Changi General Hospital). At that time, I knew that the posting would be challenging as it was a long distance from home, less well-resourced and not a hospital that most patients would go to. But I went anyway, despite it being outside of my comfort zone, partly out of a sense of duty and partly because I was (and still am) not very good at saying no. It turned out to be a period of growth for me and I learnt to be more independent.

Over time, I got to know the staff and culture and started a hospital newsletter, called the Changi Times, to build a stronger sense of identity for the them. I also picked up strong friendships with the MOs who worked with me there. These opportunities would not have presented themselves if I had not gone beyond what was comfortable for me. I encourage you to see that there is no job too big or small for a leader in healthcare.

***“I encourage you to see that there is no job too big or small for a leader in healthcare.”***

### **Importance of Role Models**

***As you work with your team, ask yourself, “what is your own purpose and what purpose are you giving to your people?”***

When I was an MO in Cardiology TTSH, a patient was admitted in handcuffs, escorted by the police, claiming to have chest pain while in custody. Initially, those of us who examined him were sceptical, because the tests did not indicate anything was amiss. So we kept him under observation, handcuffed to the bed near the front of the ward.

When the consultant came on her evening round and saw him in the open ward, she had him sent to the CCU even though there was no clear medical indication. Her explanation for this struck me. It was nearing visiting hours and it would not be fair for this patient to be seen by visitors, handcuffed to the bed. She said it was not for the hospital or doctors to determine whether he was guilty or innocent. So on that basis she treated him with dignity and moved him to the CCU behind curtains to give him privacy. I was somewhat stunned by her action.

Sometimes, we have to bend the rules for things that are worthwhile and important to people. The lesson of “patients are not just conditions to be treated, but people with issues” stuck with me because of the actions of that consultant. As you work with your team, ask yourself, “what is your own purpose and what purpose are you giving to your people?” Learn from the right seniors and be a good role model to your juniors. I came across a poster that reminded me: ‘People want to feel they are working for a higher purpose, for something enduring.’

***“Beyond that, you should always remember that you are a stepping stone for those that will come after you. You want them to do better than you.”***

### **Nurturing the Next Generation**

As a closing thought, I encourage you, while you busy yourself with implementing your current policies and services, to think about how you are developing the next generation. One day, you will move on yourself. So you have to consciously do something to ensure that you pass on your vision to the future generation.

Beyond that, you should always remember that you are a stepping stone for those that will come after you. You want them to do better than you. Have the courage to venture out of your comfort zone to set a good example and lay the foundation for a stronger healthcare community and system.

I wish you the very best in your journey.



Photo: Taken by Prof Pang Weng Sun in Japan.  
Remind him to be a stepping stone for others.

Best regards  
Weng Sun, 2018

# ONE Healthcare Leadership Framework: Nurturing Relationships



In the previous issue of Leading Healthcare, we discussed the Outward Focus or “O” dimension in the ONE Healthcare Leadership Framework. In this issue, we present the Nurturing Relationships or “N” dimension.

The challenges in healthcare are increasingly complex, and our healthcare system is becoming more inter-dependent. The solutions that we need are no longer straightforward. They will require us to tap into the collective perspectives and expertise of our people, and to harness the networks with partners in the health eco-systems. To do these well, leaders need to be adept at nurturing relationships – both with our own people, and with partners whom we collaborate with.

## Collaborative working

In order to move beyond hospital to community, and to move beyond healthcare to health, it is essential for public healthcare institutions to collaborate with partners in the other sectors. The job cannot be done by ourselves alone.

Effective leaders recognise and emphasise the importance of forming trusting and respectful relationships. We need to have humility – respect the views of others, treat others as equal and be comfortable not knowing all the answers. We must also be anchored on our sense of public service purpose to want to help make a difference to public healthcare, and not just to our own professions, institutions or clusters.

Effective leadership involves creating supportive environments which encourage diverse viewpoints, influencing and engaging across boundaries, and making ourselves accessible to people. In doing so, we can inspire a collaborative spirit in others – igniting collaboration across disciplines, departments, institutions, clusters and sectors.

“Leadership in the future needs to be more collaborative, team-based, open to new ideas. An important ability will be that of building trust.”  
– Interview with Director, Specialty Centre

**“From the start of the project, consensus was key. The emphasis is integration, how to give and take, and to gel and resolve differences. We want to respect each other’s views rather than just go with the majority votes.”** - Extracted from The Kampung Spirit behind the Kampung Multi-Agency Project in PSD’s Challenge Newsletter

## Developing others

Healthcare institutions are now promoting more team-based working to deal with the complex diseases and issues that they face. This requires every person to have the opportunity and confidence to contribute to his/her highest potential so that the healthcare system can benefit from the collective leadership being exercised by everyone.

Effective leaders nurture and inspire others, creating opportunities for growth. We need to provide support and encouragement to help others achieve their potential so that they, in turn, have increased capacity and confidence to lead others. Providing feedback, coaching and mentoring are good ways to develop others. This requires us to ‘lead from the heart’, to demonstrate a personal interest in people, recognise the needs of others and have a generosity of spirit to help and support them. Or in other words, we need to have compassion, not only towards patients, but also to those whom we work with.

**“He put in his own time and effort, made sacrifices and ensured others could take over and carry on when it was time for him to move on. He was tough, and yet I learnt much under his care.”** - Letter to Young Officer by Ms Ngiam Siew Ying, Deputy Secretary (Policy), Ministry of Health, in PSD’s Challenge Newsletter.

6<sup>th</sup> Strategic Leaders Programme (SLP) Learning Journey to Kampung Admiralty on 17 July 2018



The participants of the 6<sup>th</sup> SLP visited Kampung Admiralty on 17 Jul (Tues).

Kampung Admiralty houses three blocks of integrated living spaces and is a multi-agency project led by the Housing and Development Board (HDB). Other agencies involved included Alexandra Health, Ministry of Health, National Environment Agency, National Parks Board, Land Transport Authority, Early Childhood Development Agency and Ministry of Social and Family Development.

The learning journey was hosted by Housing Development Board, NTUC Health and Admiralty Medical Centre.



Greenery surrounding the Sky Terrace on level 8 of Kampung Admiralty.



Ms Tang Yuin Shum from HDB shared more details about the project.

## Reflections from participants of the 6th Strategic Leaders Programme (SLP) on their Learning Journey to Kampung Admiralty on 17 July 2018

*During our visit to Kampung Admiralty, we witnessed health in its simplest form where people are connected and ageing well-in-place. It certainly feels like going back in time where many of us lived in kampongs, being part of the larger community, looking out and being there for each other. For this to be sustainable, we don't need expensive physical facilities to achieve this. Kampung Admiralty can be a portable concept brought to many communities in Singapore. This piece of upstream work, if done well, will push one of the "Beyonds" - from Healthcare to Health and will help to keep cost in check in the long run. More importantly, it's the wellness and quality of life that gives new meaning to ageing.*

*Great credit must be given to the many collaborators that made this happen - HDB, NEA, NTUC, etc. While there were many challenges, all came together to work collaboratively for a common mission - giving wellness to the residents who living Kampung Admiralty. It was a heartening journey.*

**Ms Doreen Yeo, Deputy Chairperson, Allied Health and Pharmacy,  
Tan Tock Seng Hospital**



Fostering the Kampung spirit at NTUC Health's Active Ageing Hub



Participants, together with HDB's Ms Tang Yui Shum enjoying the greenery at the Sky Terrace.



Participants, trying out the retractable laundry drying rack in the ADL room which is a replicable model of the studio apartment

## Reflections from participants of the 6<sup>th</sup> Strategic Leaders Programme (SLP) on their Learning Journey to Kampung Admiralty on 17 July 2018

The 6<sup>th</sup> SLP programme arranged a half day visit to Kampung Admiralty where we were able to see a major community project with collaboration from multiple agencies to integrate services and bring convenience to the elderly population .

We saw many elderly residents exercising. NTUC Health shared with us that they will try to identify the "hidden" skills of the elderly and tap on it to help elderly residents contribute back to society – an example is an elderly resident who helped in repair work. This is very empowering to the elderly and reminded us when we design our own clinical services, we should not forget the skills and wisdom of our elderly patients. Sometimes we do tend to design services that "over-protect" our patients and in some ways make them lose their independent living skills.

We also saw young children actively playing at the Day Care Centre and this allows young couples to leave their children there while they proceed to work.

Overall the feeling of community integration was obvious at Kampung Admiralty. This is a successful model that can be spread to other parts of Singapore.

We were also told that the hard challenges faced as the project involved multiple agencies with differing needs and demands – but HDB took on the lead and drove the project to completion.

**Adj Asst Prof Alex Su, Vice Chairman Medical Board (Clinical Quality) & Senior Consultant Institute of Mental Health**



Admiralty Medical Centre sharing on their services.



Inter-generational bonding at Kampung Admiralty.



Participants listening attentively to NTUC Health on their programmes.

## Reflections from participants of the 6<sup>th</sup> Strategic Leaders Programme (SLP) on their Learning Journey to Kampung Admiralty on 17 July 2018



The flight of stairs linking Levels 3 & 4 of Admiralty Medical Centre, encouraging patients and staff to stay active and healthy.

It was very pleasing to see that the facilities at Kampung Admiralty were well planned and catered positively to the needs of the residents. It is a highly complex project that requires the collaboration of several agencies. Often, it is difficult to work across ministries, however, effective leaders think beyond their own area, understand the need of the wider system and make decisions for the good of the system.

With expert leadership and cooperation, it has resulted in wonderful outcomes where people can lead fulfilling and enjoyable lives. Albeit, it has the potential to develop even further, and that requires continued collaboration between the agencies.

This model can be replicated for other retirement village, to cater to our ageing population.

**Dr Tan Siok Bee, Deputy Director, Nursing (APN),  
Singapore General Hospital**



The 6<sup>th</sup> SLP class with the learning journey hosts at Kampung Admiralty.

## Upcoming Programmes

- **Effective Leaders Programme (ELP)**  
23<sup>th</sup> – 31<sup>th</sup> Aug 2018
- **9th Healthcare Policy Series - Careshield Life**  
14<sup>th</sup> Sept 2018
- **New Leaders Programme (NLP)**  
18<sup>th</sup> – 21<sup>th</sup> Sept 2018
- **Alumni Experiential Leadership Game**  
28<sup>th</sup> Sept 2018
- **Igniting Leaders Programme (ILP)**  
11<sup>th</sup> – 19<sup>th</sup> Oct 2018

**Participation for the above programmes is strictly by nomination. Kindly contact your respective HR Department if you are interested to join any of the above programmes**

### Leading Healthcare Team

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### About the Healthcare Leadership College

The Healthcare Leadership College, a division of MOH Holdings, supports the building of strong leadership capacity and capabilities for our national public healthcare system, in line with the Ministry of Health's vision and strategic priorities.

We develop and deliver high quality programmes and other learning platforms for public healthcare leaders, covering topics such as leadership and organisational development, public service ethos and values, and key healthcare policies and issues.

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