

## **PLANNING FOR THE FUTURE — THE NATIONAL HEALTH PLAN**

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In 1983 the National Health Plan was tabled before Parliament following discussions and consultation not only with officials within the Ministry of Health but with numerous representatives from the profession and professional bodies (1). The Plan outlined the health development strategies for our country up to the end of the century. It is relevant at this juncture to reiterate that the guiding objective of the Ministry has always been to strive for medical excellence and in so doing provide better health services to the nation. We also believe that as this objective is achieved, Singapore will be established as a regional medical centre.

Singapore has had a remarkable health record especially over the last 25 years. This is reflected by Singapore's low morbidity and mortality rates which compare most favourably with the best in the world. This, of course, cannot be attributed to improvements in health services alone, but also to the country's growing economic prosperity and improvements in socio-economic status.

Disease patterns have also been changing to a measure as a result of our country's social and economic development. These changing disease patterns will necessitate different and higher standards of medical care. For example, infectious diseases have drastically reduced in incidence and many, like poliomyelitis and diphtheria are virtually an experience of the past. The chief killers today are cancers, coronary and cerebrovascular diseases and diseases due to stress, industrialisation and accidents (2). To meet the altered circumstances, changing trends and rapidly rising expectations of an increasingly well-informed and sophisticated society, the system of primary, secondary and tertiary health care delivery in Singapore will have to be restructured.

One demographic feature is that Singapore's population will very likely continue to grow until the year 2030 (3). As the population grows and ages, becomes more affluent and health conscious, it is to be anticipated that admissions to hospitals and medical consultations will rise. Based on past experiences of developed countries in Europe, the States and elsewhere, the National Health Plan will aim to improve our bed population ratio from the present provision of 4 per 1,000 population to 4.5 by the year 2000. Together with the new Singapore General Hospital which was commissioned not too long ago, the commissioning of the National University Hospital at Kent Ridge later this year will result in the provision of an estimated total of 9,000 beds by the public sector. The National Health Plan projects that by the turn of the century, Singapore will need 13,400 hospital beds. There is therefore scope for future growth of hospitals. The shortfall of hospital beds may be met by the private sector or by government. Plans for new developments are welcome and will be encouraged. This will allow the public a greater choice regarding where they wish to be treated.

### HOSPITAL REDEVELOPMENTS

Except for the Singapore General Hospital, Toa Payoh Hospital, and parts of Tan Tock Seng Hospital, our hospitals were all built well before the Second World War. These old hospitals and their fixtures will therefore have to be restructured, refurbished or even rebuilt to meet the Ministry's aims and objectives in providing better and up-to-date health services.

In this regard, the conceptual plan for the next 10 years will be to concentrate our resources on Tan Tock Seng Hospital, Toa Payoh Hospital and Woodbridge Hospital followed by Alexandra Hospital and Kangkang Kerbau Hospital. Some provisional briefs have been completed and are under more detailed study. The Ministry is conscious of the need for better utilisation of land areas to enable more efficient and better work flow and also to remove all antiquated structures and buildings not conducive to the running of modern, efficient hospitals. Thus, for instance, the ample grounds at Tan Tock Seng Hospital will provide architects and planners with challenges to design and build a new A&E Department, Specialists Outpatient Clinics with the necessary supporting facilities and new multi-storey ward blocks for wards and operating theatres to complement its present facilities. At this site will also be the new Skin Disease Centre whose piling works will commence this year and the Communicable Disease Centre replacing respectively Middle Road Hospital and the former Middleton Hospital. Much thought is also being given by our Specialists and Consultants to include specialities like Clinical Immunology, Paediatric Neurology and Geriatric Medicine in this complex at Moulmein Road.

### ROLE OF COMMUNITY HOSPITALS

In the planning of hospitals, consideration has also been given to the fact that patients' needs for hospital care differ widely. Thus, many patients do not require the highly specialised care that is available in our acute hospitals, but rather require basic facilities which could be catered for more simply and economically but without sacrifice of standards at community hospitals. It is for this reason that the National Health Plan has provided for the establishment of these hospitals. Community hospitals will complement and supplement the work of family physicians and that of the Home Nursing Foundation. For these hospitals, Ministry would welcome participation of family physicians and in this way, with the assistance of families would provide continuous care for their patients in the widest sense.

### SPECIALISATION

In the forefront of today's and tomorrow's diseases are the cardio and cerebrovascular disorders, cancers, traumatic injuries and chronic and other degenerative diseases. Further specialisation is therefore necessary to meet effectively with this disease profile. We have seen the establishment of Departments of Neurosurgery and Neurology, Cardiothoracic Surgery and Cardiology, Renal Medicine, Rehabilitation Medicine, Paediatric Surgery, Plastic and Reconstructive Surgery. In recent months Clinical Haematology and Hand Surgery have been established as Departments at the Singapore General Hospital. These established disciplines aside, our doctors have in increasing numbers over the years also developed special interests in many other tertiary specialities.

In our development plans for this coming decade, consideration will therefore be given to the establishment of independent departments for Genetic Counselling, Urology, Oncology, Clinical Immunology, Paediatric Neurology, Traumatology, Gastroenterology, Endocrinology and Geriatric Medicine. May I also add in passing that proposals for the establishment of a Children's Hospital are presently under study by a group at the Ministry.

A good measure of expertise and specialised equipment are available for all these specialities that have been identified, albeit within our existing medical and surgical services. Keeping clearly in view our vision of achieving excellence, it is hoped that by establishing these tertiary specialities as individual independent departments, expertise would be developed within a framework that is more conducive to the provision of quality service, to economy and to the rapid advancement of the respective disciplines.

The actual order and time frame of the implementation will perforce be dependent on the availability of trained staff, facilities and physical accommodation.

Mention has been made with regard to Hand Surgery and Haematology at the Singapore General Hospital. Specialised expertise, equipment and instrumentation are presently available for Urology. With the transfer of the main University Department of Surgery from the Singapore General Hospital to the National University Hospital in a few months' time and with some reorganisation of beds, arrangements would be made for the establishment of an independent Department of Urology. This department would serve as a referral centre to deal with complicated urological problems. The exact staffing details are still being studied, but it has been provisionally proposed that the department has 3 Consultants for about 73 beds.

To progress pari passu and developing in concert

with these specialities, must be the development and strengthening of our Departments of Radiology, Anaesthesia, Laboratory and Nuclear Medicine. The training of our medical personnel in the newer fields which have been mentioned and identified will have to be supported by the availability and training of adequate numbers of medical of medical scientists and technologists. All these medical and related personnel will have vital roles to play in these developments.

With few clear exceptions, there has been a lack of tradition for clinical research and the pursuit for new knowledge amongst our medical community. We hope that this basic infrastructure with the necessary supporting facilities will provide a strong nucleus for the establishment of a Research Department.

#### SPECIALIST TRAINING AND AFFILIATIONS

Besides upgrading our facilities and establishment of new departments, an overriding consideration must be the enhancement of our medical manpower resources to meet these expected demands of health care. Manpower training and development will have to be tailored to the diseases of highly urbanised societies, which we are rapidly assuming.

As part of our Health Manpower Development Plan, arrangements will be made to send our more talented and promising Registrars to renown centres abroad for specialised training. In this regard and to upgrade further the status of our health care institutions, formal affiliation with top medical centres and colleges of higher medical learning have been planned and some will be initialled and formalised within this year. In this way not only will our Registrars and fellows benefit more effectively from institutions abroad, but these centres will be able to provide experts and expertise through visits to our hospitals here in Singapore on a regular basis. Personal contacts, links and friendships will also be more readily established between our Consultants and overseas experts.

#### CONTINUING MEDICAL EDUCATION

Related to specialist training is the important matter of continuing medical education. (This, I believe, is the subject for detailed discussion at another symposium of this convention). A recent committee report of the Singapore Medical Council has reiterated the importance of this as a responsibility for all doctors to undertake and no doctor should allow himself to fall behind and not keep abreast of recent advances. This is necessary not just to ensure that his patients get the best medical care, but to protect his credibility and professional integrity also. I believe that it is the duty of professional bodies to have this programme established on a more structured basis at the national level and have this idea accepted by all doctors, be they family physicians or specialists. Thus it is timely that the King Edward VII College of Medicine Building will soon be restored and its ground floor be made available for this purpose for the Academy of Medicine and the College of General Practitioners.

In keeping with the Plan's objectives of upgrading our older hospitals, 3 hospitals have been identified to merit more immediate attention, namely Toa Payoh Hospital, Tan Tock Seng Hospital and Woodbridge Hospital, followed by Kandang Kerbau Hospital and Alexandra Hospital.

#### TOA PAYOH HOSPITAL

With the rising numbers due to shifts in population in the northern sector of the island, Toa Payoh

Hospital will require an additional 150 beds to cater for these changes. Also its present provision of about 400 beds is clearly insufficient and the plan will be to increase this number to 550 by providing 3 new blocks for wards, theatres and other supporting facilities. Its undulating terrain will certainly provide challenges to architects and engineers. Preliminary discussions have indicated that some existing single-storey buildings will have to be demolished for new blocks to be built in the vacated areas and in the vacant land while the A&E Department and Specialist Outpatient Clinics could be located nearer the main road for freer flow and convenience of patients.

#### TAN TOCK SENG HOSPITAL

This hospital, historically the oldest of Singapore, will be rebuilt into a more compact 1,500-bedded institution. Complementing the newer multi-storey blocks will be 5 new blocks to replace the existing single-storey buildings and pavilion-like wards, the A&E Department, Specialists Outpatient Clinics, Hospital Administration, canteen facilities and so on. All these are presently spread out much over the grounds of the hospital. The provisional plans for the 5 new blocks for the hospital are to have 2 multi-storey ward blocks for 'A' and 'B1' beds which are presently in short supply, a multi-storey complex to house the A&E Department, Specialists Outpatient Clinics, laboratory and other supporting services, the Hospital Administration and other Ancillary Departments, a new operating theatre complex with intensive care facilities and a new Diagnostic Radiology Department, and lastly, a separate 200-bedded complex for the Communicable Disease Centre as the modern successor to the former Middleton Hospital.

The newer buildings will be sited in close proximity to the existing multi-storey ward blocks which will be retained for 'B2' and 'C' class beds. Also retained will be the relatively newer buildings such as the Artificial Limb Centre, the Surgical Store, the Linen Store whilst the Dietetic & Catering Department and the Central Sterile Supplies Department will be remodelled and physically expanded and upgraded.

In addition, a 5-storey new building for the Skin Disease Centre will also be located in the grounds of the hospital to replace Middle Road Hospital. As mentioned earlier, works for this building will commence shortly this year for completion by 1987.

#### WOODBIDGE HOSPITAL

Woodbridge Hospital now sits on a vast area of 142 hectares of land. Its buildings are antiquated and obsolete. Despite many ad hoc changes made over the years, the buildings still have the custodial character and connotations that have been associated with the hospital since its foundation, clearly an environment that is not conducive for treatment and rehabilitation of psychiatric patients. These must be demolished. A new psychiatric hospital will therefore have to be built to replace the present buildings. It will have 3,000 psychiatric beds and 300 non-psychiatric beds. The new hospital will provide a full range of psychiatric services such as behavioural therapy, physiotherapy, occupational therapy as its supportive services. Where security is essential, care will be taken to ensure that the security facilities will be so planned as to be aesthetically pleasing.

#### CONCLUDING REMARKS

In another vital dimension, emphasis must also be given to the crucial role played by the individual in the promotion and maintenance of his own state of health.

In the final analysis health cannot be imposed by the Ministry, but it can only be attained to a great measure by the individual himself. Ministry will however continue to emphasize the importance of preventive medicine in the promotion of health, and the early detection and diagnosis of diseases through its Training and Health Education Department in the certain hope that Singapore becomes a healthy and physically fit nation. The building process to build Singapore into a medical and health centre of excellence with the assistance of the whole medical community, must continue.

## REFERENCES

1. NHP National Health Plan — A Blue Paper by the Ministry of Health, February 1983.
2. Ministry of Health, Annual Report, 1984.
3. Saw Swee Hock, Demographic Trends in Singapore, Census Monograph No. 1 Department of Statistics, Singapore, 1981.