A PUBLICATION FOR PRIMARY CARE PHYSICIANS

GP *NEXT* 2

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OCTOBER-DECEMBER 2020

WHAT'S NEXT FOR GP*NEXT*?

3 NEW CONDITIONS FOR GP*NEXT*: DIARRHOEA DYSPEPSIA HEARTBURN

Scan the QR code using your iPhone or smart phone to view GP BUZZ on the TTSH website or visit https://tinyurl.com/GPBUZZ.

About the Cover Page:

WHAT'S *NEXT* FOR GPs?

The world may have dramatically changed during COVID-19, but the needs of our population have not. While the pandemic will have to run its course till an effective vaccine is available and implemented, the toil on those more vulnerable among us is exacerbated not only by the peculiarities of a disease that has distanced us from each other, but often to those whom we most care about.

At the peak of the circuit breaker period in Singapore, our patients with dementia faced the risk of increased cognitive decline from the lack of social interactions and the day-care centre activities upon which they have established their social routines. Conversely, family members who are not accustomed to being traditional carers, found this role thrust upon them by the circumstances of their filial affinity — a sure formula for frayed nerves.

The collateral damage of COVID-19 to public health has also not escaped global scrutiny. Elsewhere in the world, researchers study excess mortalities beyond the expected trends in 2020. These present not just as manifestations of missed or under-diagnoses, but also from factors related to denial or delays in urgent care, unfulfilled chronic illnesses follow-ups, and self-distancing from healthcare facilities. This is in turn, off-set by a reduction in certain mortalities associated with economic activities such as trauma, traffic accidents, and seasonal influenza along with the recent trend of increased PPE usage.

Now, more than ever, partnerships across healthcare settings must continue to strengthen. This involves a combination of factors, involving the optimal provision of holistic care and a coherent network of clinicians from hospital to the primary care setting, care-facilities and social services partners. As a collective healthcare community looking after the population in Central Singapore, we need to press on where we left off, but with transformed communications, exploiting telehealth to its fullest, strengthening the timeliness of care provision through close collaboration and partnerships.

« Striking a delicate balance in these times: The Mexican Coral Vine or Antigonon leptopus, is an unyielding climber with tiny delicate pink bi-pedal petals and searching tentacular vines, here nestled precariously on the Philondendron Pedalum, a five-leaflet hepta-lobe palmate.

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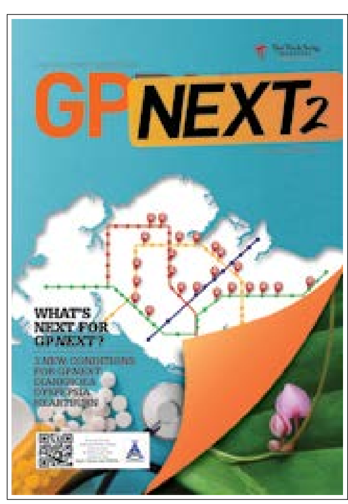


OCTOBER - DECEMBER 2020

This issue of GPBUZZ describes phase II of the **GP*Next* partnership** — a means to enable residents to seek post-emergency care appropriately within the primary care community. GP*Next* has expanded to include three new conditions related to the digestive system. Adj A/Prof Ang Hou from the Emergency Medicine Department and Adj A/Prof David Foo, Clinical Lead Primary Care, will elaborate on the future of primary care's role in anchoring post-emergency care in the community (page 05). Dr Raymond Liang and Adj A/Prof Charles Vu from the Department of Gastroenterology and Hepatology will provide in-depth information on the three new conditions that have now been included under GP*Next*. In the same vein, readers can find guidance on maintaining a healthy gut and eating healthily with simple-to-craft recipes provided by the Department of Nutrition & Dietetics (page 09). Keeping well in the community during today's global climate proves to be more important than ever. As we approach the end of 2020, primary care providers can encourage residents to stay protected against vaccine-preventable diseases. With newly enhanced vaccination subsidies, such preventive health efforts are more accessible to residents (page 03) than before. Afterall, caring for a community takes a *Kampung*.

This year, join us at the annual Singapore Patient Conference as we look towards building a community of carers and take dialogues to an online space for the first time (page 10). GPBUZZ

ANCHORING POST-EMERGENCY CARE IN THE COMMUNITY: EXPANSION OF GP*NEXT*

GP*Next*, a partnership launched in 2018 between GPs and Tan Tock Seng Hospital's Emergency Department (ED) enable residents to seek the care they need at an appropriate care setting within primary care or with GPs. As a reflection of the key role helmed by primary care, the partnership will continue to strengthen for the benefit of residents in our community. GPBUZZ

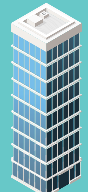
TTSH Emergency Department

16 conditions in GP*Next*:
1) Asthma
2) Bronchitis
3) Chronic obstructive pulmonary disease
4) Contusion
5) Dizziness
6) Hypertension
7) Iron deficiency anaemia
8) Low back pain
9) Lower leg swelling
10) Mid chest infection
11) Non-specific abdominal pain
12) Upper respiratory tract infection
13) Urinary tract infection
14) **Heartburn**
15) **Diarrhoea**
16) **Dyspepsia**

General Practitioner

Within three months from ED discharge, GP may request for fast-tracked SOC appointment should patient's condition escalates.

TTSH Specialist Outpatient Clinics



GP*Next* first launched in October 2018. Find out more about how Primary Care has been anchoring post-emergency care for residents via GP*Next* on page 05.

Scan the QR code to re-visit the GPBUZZ edition of GP*Next*.

If you are keen in partnering with us to provide post-emergency care to the community, reach out to us at gp@ttsh.com.sg

To view a list of GPs involved in post-emergency care, scan the QR code and select "GP: emergency care" to narrow your search.

GET VACCINATED: ENHANCED SUBSIDIES FOR ALL SINGAPOREANS

Many of us are familiar with the year-end flu (influenza) season. Despite the COVID-19 pandemic, protection against influenza and other vaccine-preventable diseases continues to remain important. From 1 November 2020, Singaporeans can now be better protected against vaccine-preventable diseases with enhanced subsidies for recommended vaccines.

Administered at all Community Health Assist Scheme (CHAS) General Practice (GP) clinics, Singaporeans will benefit from higher subsidies between $35 and $125 for selected nationally-recommended vaccinations under the National Childhood Immunisation Schedule (NCIS) and National Adult Immunisation Schedule (NAIS).

At polyclinics, adult Singaporeans will receive subsides of up to 75% for vaccinations covered under NAIS. Merdeka Generation and Pioneer generation seniors will receive an additional 25% and 50% subsidy with prices being similar to vaccinations offered at CHAS GP clinics.

Eligible Singaporean children will additionally receive full subsidies for childhood developmental screening to complement their childhood immunisations from their family doctor. GPBUZZ

Inform your patients and family to get their vaccinations!

NATIONALLY-RECOMMENDED VACCINES

- Bacillus Calmette-Guerin (BCG)
- Hepatitis B
- Human papillomavirus (HPV2 or HPV4)
- Influenza
- Measles, Mumps and Rubella (MMR)
- Oral poliovirus (OPV)
- Pneumococcal polysaccharides
- Varicella (Chickenpox)

Source: Ministry of Health (MOH), 13 June 2020

Scan the QR Code for more information on recommended vaccines and vacination fees

CME (OCTOBER – DECEMBER 2020)

TITLE	CME POINTS	DATE	TIME	VENUE	REGISTRATION DETAILS
Primary Care Forum 2020: Management of Common Infections – Antibiotic Prescribing & Vaccination	1 CME point per session	Session 1 7 Nov 2020, Saturday Session 2 21 Nov 2020, Saturday	2.00pm to 3:30pm per session	Online webinar	**For further enquries, contact us at 6359 6573 or training@ncid.sg**
HIV PrEP Prescriber Course	2 CME Points	12 Dec 2020, Saturday	1.00pm to 4.00pm	Online webinar	**For further enquries, contact us at 6359 6573 or training@ncid.sg**

A confirmation email will be sent after your registration. Kindly email the contact person if you do not receive any confirmation after your registration. Thank you.

MANAGING ENDOSCOPY PROCEDURES AT THE ANG MO KIO SPECIALIST CENTRE

Scopes being sterilised in the Automated Endoscope Reprocessor

Conveniently located in central Ang Mo Kio, the Ang Mo Kio Specialist Centre (AMKSC) offers General Practitioners (GPs) direct access to endoscopy services for patients.

Relocated from NHG 1-Health, AMKSC has served as an important site for Endoscopy service despite being disrupted by COVID-19. Adhering to the Ministry of Health's guidelines then, only essential Gastroscopy and Colonoscopy procedures could proceed as circuit breaker measures for COVID-19 were in place. Every patient case continues to be screened by our team of doctors from TTSH to determine a safe and appropriate procedure schedule at our centre. Despite fewer cases performed, procedural workflows were strengthened to ensure that patient safety was not compromised.

The two endoscopy suites at AMKSC are thoughtfully designed to ensure safe delivery of care for patients. For example, clean and dirty scope reprocessing areas are properly segregated and all scopes are sterilised in a fully automated endoscope reprocessor. Each endoscopy suite is also equipped with equipment that has been subjected to a stringent disinfection wipe-down process in between cases. Every patient referred to the AMKSC endoscopy centre will be monitored after his or her procedure in our recovery wards before discharge. An endoscopy report will be returned to the referring primary care physician within 5 working days. GPBUZZ

FOR DIRECT REFERRALS TO ENDOSCOPY SERVICES AT AMKSC

Please scan the QR Code to download the Direct Access Endoscopy Request Form and email the completed form to AMKSC_DSC@ttsh.com.sg.

WHAT'S NEXT FOR GP*NEXT*?

By **Adjunct Assistant Prof Ang Hou**,
Senior Consultant and Head, Emergency Department
Tan Tock Seng Hospital

By **Adjunct Associate Prof David Foo**,
Clinical Programme Director, CRiSP
Senior Consultant and Head, Department of Cardiology,
Tan Tock Seng Hospital

Primary care is taking on a new role in the healthcare scene. Not too long ago, general practices commonly manage acute conditions such as the sporadic cough and cold. More recently, there has been a gradual shift in the provision of care, where chronic conditions are also being managed and anchored by General Practitioners (GPs) through partnerships such as the Community Right-Siting Programme (CRiSP). Undoubtedly, primary care plays an integral role in anchoring care in the community.

Above and beyond management of acute and chronic conditions, GPs now have an additional foothold in the provision of post-emergency care to patients via Tan Tock Seng Hospital's (TTSH) Emergency Department (ED). GP*Next* - a partnership launched in October 2018 in collaboration with the primary care physicians.

Since its inception, close to 600 patients with stable conditions ranging from low back pain to mild chest infection had transited to primary care through GP*Next*.

This partnership has shown us that GP*Next* is a safe and effective partnership to enable patients to find care at the appropriate care setting.

Additionally, the partnership has shown high efficacy with 2% of enrolled patients referred back to Specialist Outpatient Clinics (SOCs) eventually.

We would like to thank our GP partners who have been involved in the GP*Next* partnership, bringing us a step closer towards supporting the Nation's Vision of 'One Singaporean, One Family Doctor' within the entire healthcare ecosystem. Even as the COVID-19 pandemic shows no signs of abating in the immediate future,

2018 → 2020: **13 ▸ 16**
Number of GP*Next* conditions
(Refer to page 1 for list of conditions)

597
Number of patients transited via GP*Next*

75%
Complaints resolved in the community (eg. primary care review) with no specialist intervention

2%
Re-admission rate to SOCs

GP*Next* continues to expand with the addition of 3 more conditions to be launched in Oct 2020. To view the full list of conditions under GP*Next* now, refer to page 02 of this issue.

The COVID-19 pandemic has also provided valuable learning lessons and highlighted the importance of close collaboration between the hospital and primary care setting. While patients and their relatives seek care at a typically overcrowded ED, it could at times be inappropriate for their care needs. The hospital strives to further develop and establish close partnerships with GPs to enable residents in the community to seek care at an appropriate setting, thus allowing for greater accessibility and prompt care management. One possible future initiative could be a collaboration to link residents up with a GP to find appropriate care via telehealth means, prior to their ED visit. This could benefit residents by removing the time needed to wait at the ED and in person.

As we continue to expand GP*Next* and strengthen collaborations between the hospital and primary care community, we can deliver the right care at the right time and place for the population we serve. GPBUZZ

HEARTBURN: THE BURNING QUESTIONS.

By **Dr Raymond Liang**,
Consultant,
Department of Gastroenterology and Hepatology,
Tan Tock Seng Hospital

By **Adjunct Associate Prof Charles Vu**,
Senior Consultant,
Department of Gastroenterology and Hepatology,
Tan Tock Seng Hospital

Heartburn is often synonymous with Gastroesophageal Reflux Disease (GERD), but may portend non-oesophageal etiologies as well.

Is it GERD?

GERD exists in a spectrum[1], from non-erosive reflux disease (NERD) to erosive oesophagitis. There are also extra-oesophageal syndromes such as reflux laryngitis, asthma and dental erosions. NERD is the most common phenotype in the Asia-Pacific region[2].

Diagnosis is presumptive in the setting of typical symptoms (heartburn, regurgitation) and response to acid-suppressive therapy, corroborated by objective testing with endoscopy and ambulatory reflux monitoring. Of note, heartburn severity does not correlate well with oesophageal mucosal damage and refluxate may include weakly-acidic or non-acidic content.

Symptomatic patients with normal endoscopy and normal acid exposure on pH-impedance testing may in fact have conditions such as reflux hypersensitivity and functional heartburn. Heartburn may also exist in conditions such as bile acid reflux and esophageal dysmotility.

Approach to Management

If GERD is suspected, lifestyle measures are first-line. Smoking cessation and weight loss if overweight or obese should be advised. Activities that increase intra-abdominal pressure, heavy meals and post-prandial recumbency should be avoided. Elevation of the head of the bed minimises nocturnal reflux. Routine elimination of putative dietary triggers such as acidic and spicy foods has not been substantiated by rigorous evidence and should be individualised[3].

An empiric trial of proton-pump inhibitor (PPI) may be both diagnostic and therapeutic, with a sensitivity of 71% but poor specificity compared with the combination of endoscopy and pH testing[4]. GPBUZZ

When to refer to Gastroenterology?

Patients with persistent reflux symptoms (more than 4 weeks' duration) despite medications and those with 'red flag' symptoms such as dysphagia, odynophagia, hematemesis, unintentional weight loss and iron-deficiency anemia should be sought. These may herald complicated disease or alternative diagnoses such as motility disorders and malignancy.

GPs should call TTSH appointment lines at 6357 7000

Reference:
1. Vakil N et al. The Montreal Definition and Classification of Gastroesophageal Reflux Disease: A Global Evidence-Based Consensus. Am J Gastroenterol 2006; 101:1900-1920.
2. Fock KM, Talley N, Goh KL, et al. Asia-Pacific consensus on the management of gastro-oesophageal reflux disease: an update focusing on refractory reflux disease and Barrett's oesophagus. Gut 2016; 65:1402-1415.
3. Katz PO et al. Guidelines for the Diagnosis and Management of Gastroesophageal Reflux Disease. Am J Gastroenterol 2013; 108:308 - 328.
4. Dent J, Vakil N, Jones R, et al. Accuracy of the diagnosis of GORD by questionnaire, physicians and a trial of proton pump inhibitor treatment: the Diamond Study. Gut 2010;59:714-21.

DYSPEPSIA: THE CRY OF A DISTRESSED GUT.

Dyspepsia is a heterogenous symptom-complex originating from the gastro-duodenal region.

Usual presentations include post-prandial fullness, early satiation, epigastric pain and epigastric burning. Accompanying symptoms include belching, nausea and vomiting. 'Gastritis' should strictly be reserved as a histological diagnosis after obtaining gastric biopsies.

Peptic ulcer disease, pancreato-biliary disorders, malignancy and medication such as Non-Steroidal Anti-Inflammatory Drugs (NSAIDS) are important organic causes. Helicobacter pylori infection may also play a part, though eradication does not always result in symptom resolution.

Careful clinical evaluation for alarm features is paramount. These include recurrent or unresolving symptoms (especially in patients above 45 to 50 years old in a country with intermediate population prevalence of upper gastrointestinal malignancy like Singapore[1]), dysphagia, unexplained weight loss, hematemesis, melena, jaundice and epigastric mass.

In low-risk patients, lifestyle and dietary modulation (e.g. smaller frequent meals, avoidance of spicy and fatty foods) is a reasonable first step to take. Avoiding NSAID use, alcohol consumption and smoking are also sensible measures.

Acid-suppressive medications such as proton pump inhibitors are usually most effective in patients with ulcer or reflux-like dyspepsia. Prokinetic agents (e.g. Domperidone) work better in patients with bloating symptoms. A 'test-and-treat' strategy for Helicobacter pylori can be considered for low-risk patients, for whom urea breath testing or stool antigen testing are useful non-invasive modalities. Selected patients may also benefit from low doses of anti-depressants, anxiolytics and even psychological therapies[2].

Functional Dyspepsia (FD) is diagnosed once organic pathology is excluded by endoscopy and other relevant tests. 2 subtypes exist per Rome IV consensus[3]: Post-prandial Distress Syndrome (PDS), characterised by meal-induced symptoms, and epigastric pain syndrome (EPS), with symptoms that are not exclusively post-prandial, though these have not been convincingly validated in Asian cohorts[4]. Pathophysiology is multifactorial, with lifestyle factors, gut dysmotility, altered visceral sensation, Helicobacter pylori infection, psychological factors and genetics all playing a part. GPBUZZ

When to refer to Gastroenterology?

Patients with alarm features or non-resolving symptoms (more than 4 weeks' duration) should be referred for endoscopy and/or radiology.

GPs should call TTSH appointment lines at 6357 7000

Reference:

1. Miwa H et al. Asian Consensus Report on Functional Dyspepsia. J Neurogastroenterol Motil. 2012 Apr;18(2):150-68.
2. Moayyedi P et al. ACG and CAG Clinical Guideline: Management of Dyspepsia. Am J Gastroenterol. 2017 Jul;112(7):988-1013.
3. Stanghellini V et al. Gastroduodenal Disorders. Gastroenterology 2016 May;150(6):1380-92.
4. Siah KTH et al. Rome Foundation-Asian working team report: Asian functional gastrointestinal disorder symptom clusters. Gut. 2018 Jun;67(6):1071-1077.

DIARRHOEA: HOW TO APPROACH IT?

Acute diarrhoea is usually infectious in origin and self-limiting. Prolonged symptoms may necessitate further evaluation.

Diarrhoea is caused by excessive build-up of stool water due to abnormal water and electrolyte transport. The defining feature is decreased stool consistency, usually accompanied by increased frequency. Diarrhoea must be distinguished from fecal incontinence as a primary symptom. Evaluation is guided by meticulous history and physical examination. Initial emphasis should be on volume status, screening for red flags and testing for common identifiable intestinal pathogens.

Acute infectious diarrhoea is most often viral in nature. Rehydration and nutrient repletion are the cornerstones of treatment. Oral rehydration solutions and short trials of anti-diarrhoea medication will suffice for most cases[1]. Antibiotics should generally be reserved for ill immunocompetent patients, returning travellers with persistent, inflammatory diarrhoea and immunocompromised patients[2]. Hospitalisation may be required for intravenous fluid volume and electrolyte replacement in severe cases, especially for patients who cannot tolerate oral fluid intake and/or are at risk for end-organ complications such as infants and the elderly.

Chronic diarrhoea is defined by symptom duration of greater than 4 weeks[3] and can be characterised as watery (secretory or osmotic), inflammatory (bloody) or steatorrhea. Watery diarrhoea can be of diverse origin, from pathologic causes such as inflammatory bowel disease, dysmotility (e.g. in diabetic autonomic neuropathy, endocrinopathies, post-bowel resection) and infections (e.g. giardiasis), to medication and dietary culprits (e.g. excess caffeine, alcohol) and even functional causes such as irritable bowel syndrome (IBS). Important causes of chronic bloody diarrhoea include neoplasia, inflammatory bowel disease, infections and diverticular disease. Steatorrhea is usually caused by pancreatic disease, small bowel mucosal disease, qualitative or quantitative bile salt deficiency and/or post-gastrointestinal surgery (e.g. post-gastrectomy, short gut syndrome).

Identification of specific etiology allows directed treatment. GPBUZZ

When to refer to Gastroenterology?

Patients with chronic (more than 4 weeks' duration), indeterminate diarrhoea, especially with red flags such as bloody stool and unintentional weight loss should be referred for further evaluation.

GPs should call TTSH appointment lines at 6357 7000

Reference:
1. Riddle MS et al. ACG Clinical Guideline: Diagnosis, Treatment, and Prevention of Acute Diarrheal Infections in Adults. Am J Gastroenterol. 2016 May;111(5):602-22.
2. Shane AL et al. 2017 Infectious Diseases Society of America Clinical Practice Guidelines for the Diagnosis and Management of Infectious Diarrhoea. Clin Infect Dis. 2017 Nov 29;65(12):1963-1973.
3. Arasaradnam RP et al. Guidelines for the investigation of chronic diarrhoea in adults: British Society of Gastroenterology, 3rd edition. Gut. 2018 Aug;67(8):1380-1399.

Gut-healthy Nutrition

By **Michelle Perera**,
Dietitian, Department of Nutrition and Dietetics,
Tan Tock Seng Hospital

Maintaining a healthy gut is important as it plays an integral role in food digestion, nutrient absorption and as a barrier to protect the immune system from harmful organisms[1].

Our gut is also home to both 'good' and 'bad' bacteria. 'Good' bacteria play a role in immunity, appetite and energy use[2]. Prebiotics can be thought of as dietary fibre that supports the growth and activity of 'good' bacteria in the gut[1]. Dietary fibre is the indigestible part of plant foods that are fermented by bacteria in our gut. Dietary fibre can be found in wholegrains, fruits, vegetables, legumes, nuts and seeds. This food type should be included in a balanced diet as it provides proteins, healthy fats, vitamins, minerals and bioactive compounds that benefit health. Functionally, dietary fibre:

- Helps to add bulk and soften stool to prevent constipation[3]
- Slows digestion to improve sugar control and reduce cholesterol levels[3, 4]
- Promotes the feeling of fullness to prevent over-eating and helps to manage weight gain[4]

In Singapore, the recommended fibre intake is 20g for women and 26g for men. This can be met by aiming for 2 servings of fruit and vegetables each and 2-3 servings of wholegrains per day[3].

Other than prebiotics, probiotics are 'good' bacteria that can restore and balance our gut flora. These organisms are found in fermented products such as yoghurt, cheese, kimchi, sauerkraut, miso, pickles, tempeh, kombucha and kefir[5,6]. Note that there are other health considerations for fermented foods such as higher salt and sugar content which can be naturally occurring or present through the use of food additives.

Kimchi Tempeh Fried Rice

Preparation: 5min
Cook time: 25min
Serves 4

INGREDIENTS

- 1 tbsp canola oil
- 200g tempeh, cubed into 1x1cm pieces
- 4 cloves chopped garlic
- 4 cups leftover brown rice
- 2 cups spinach, roughly chopped
- 1 cup peeled and matchstick-cut carrots
- 2 large eggs
- 4 tsp soy sauce, divided
- 2 tsp sesame oil, divided
- 1 cup drained and packed kimchi, roughly chopped
- water

METHOD

1. Heat 1/2 tbsp oil on medium-high heat and add tempeh, stirring occasionally until golden brown or after about 4 minutes. Remove and set aside.

2. Using the same pan, heat remaining 1/2tbsp oil and cook carrots and 3 tbsp water, stirring frequently. Add spinach, rice and continue stirring before reducing heat to medium low.

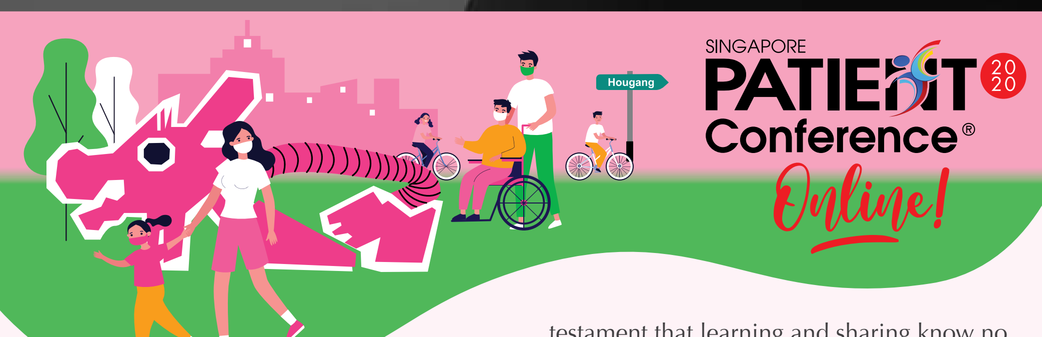
3. In a seperate bowl, whisk eggs with 1 tsp soy sauce and 1 tsp sesame oil. Push rice mixture to edges of pan, and add egg mixture. When eggs begin to set, gently break them up and fold them into the rice mixture until combined.

4. Add tempeh and remaining 3 tsp soy sauce; stir until combined. Remove from heat and stir in kimchi and remaining 1 tsp sesame oil.

If you do prepare fermented products, it is important to observe food safety by monitoring bacteria/mould overgrowth, which can cause undesirable side effects such as bloating/diarrhoea.

It is always best to speak with your dietitian to find out more about nutrition for a healthy gut and/or gastrointestinal diseases. GPBUZZ

Reference:
1. Taylor P, Conlon M, Bird M. The CSIRO Healthy Gut Diet. Macmillan Publishers Aus. 2018:21-25.
2. U.S. Department of Health & Human Services. Probiotics. National Institutes of Health Office of Dietary Supplements. June 3, 2020. Accessed August 30, 2020. [https://ods.od.nih.gov/factsheets/Probiotics-HealthProfessional/#disc]
3. Ministry of Health. High Fibre for a Fit and Fabulous You. HealthHub. March 16, 2020. Accessed August 30, 2020. [https://www.healthhub.sg/live-healthy/1049/more-fibre-for-a-fit-and-fabulous-you]
4. Valdes Ana M, Walter Jens, Segal Eran, Spector Tim D. Role of the gut microbiota in nutrition and health. BMJ 2018; 361:k2179
5. U.S. Department of Health & Human Services. Probiotics. National Institutes of Health Office of Dietary Supplements. June 3, 2020. Accessed August 30, 2020. [https://ods.od.nih.gov/factsheets/Probiotics-HealthProfessional/#disc]
6. The Association of UK Dietitians. Fermented Foods. British Dietetic Association. October 1, 2019. Accessed September 6, 2020. [https://www.bda.uk.com/resource/fermented-foods.html?utm_source=Facebook&utm_medium=social&utm_campaign=SocialSignIn]



Building A Community Of Carers

Into its 8th year, the Singapore Patient Conference (SPC) is a dedicated patient conference where patients, caregivers, volunteers, community partners, health and social care professionals come together to share their experiences and ideas to co-create a better health and social care system for all.

This year, we continue to build on the theme of '*Building A Community of Carers*', as the community plays an increasingly important role in bridging the gaps between our health and social landscape.

SPC 2020 brings the Kampung spirit online with a series of engagement activities branded as the 'Build a Kampung' campaign. Hosted on our dedicated Singapore Patient Conference Facebook page, the activities included community resources, inspirational stories, live exercise, cooking and crafting demonstrations presented by healthcare staff, volunteers and community partners.

The online campaign culminated with our virtual conference, known as 'Kampung Central', on 6 November with plenary presentations alongside Central Health partners and a Ukulele performance. The livestream attracted more than 2,000 views, a strong testament that learning and sharing know no boundaries.

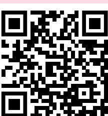
The 6th edition of the Singapore Patient Action Awards (SPAA) was also held in conjunction with 'Kampung Central', where we honoured the contributions of 8 Kampung Heroes who demonstrated exemplary qualities of care, courage, empathy and resilience in the face of adversities.

Tune in to our video premiere of the year-end showcase, 'Colours of Our Kampung' on 30 December, where we feature the tales of ground-up initiatives by individuals and groups submitted by the SPC community.

Visit, like and follow our SPC Facebook page to access inspirational community stories, health tips, exercise videos, recipes and nifty crafts to try within the comfort of your homes. Through SPC Facebook, be part of the virtual community today as we continue the conversations nf health and social care. What's more, if you know of any outstanding individuals that have contributed significantly to health and/or social care, you can nominate them as your own Kampung Heroes for SPAA 2021 in December!

Scan the QR code below, we can't wait to see you online!

Join us on Facebook



Watch the SPAA2020 recipient showcase

3 Steps for referring patients to TTSH

Here's a comprehensive chart listing the steps to refer **non-subsidised patients and patients under the Community Health Assist Scheme (CHAS)** to Tan Tock Seng Hospital (TTSH).

*To ensure that your patients are seen promptly at TTSH, triaging may be conducted by our staff. Our staff will get back to you with an appointment date within 3 to 5 working days.

**Please retain a copy of the documents for reference purpose.

We thank you for your kind understanding.