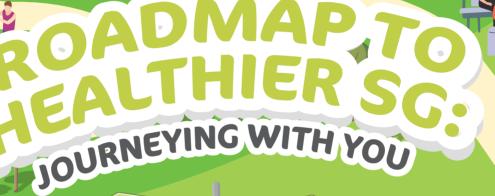
A PUBLICATION FOR PRIMARY CARE PHYSICIANS



# GPBUZZ

MCI (P) 107/03/2023 JUL - SEP 2023







COMMUNITY GARDEN

> COMMUNITY HEALTH POST

DAY CARE CENTRE



MAKING A PERSONALISED HEALTH PLAN

ONE MENU OF PROGRAMMES

CONNECTING PEOPLE TO COMMUNITY RESOURCES

Scan the QR code using your smartphone to view GPBuzz on the TTSH website, or visit https://delivr.com/2KB6V



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# Achieving Healthier SG together

In this issue, Central Health brings to you the network and developments in the neighbourhood that will support General Practitioners (GPs) to care for their patients with the launch of Healthier SG.

As GPs engage in Health Plan discussions with patients, they can rely on community support and resources from various health and social service providers such as Active Ageing Centres, SportSG, Health Promotion Board and Day Rehabilitation Centres. By working together, we can nudge residents

towards healthier lifestyles, adding not just additional years of lifespan, but enhanced meaning and purpose to their lives, while reducing the impact of frailty and poor health.

With increased activity choices, area of interests and opportunities, it may boost participation in health and social activities. Hence, we hope the "One Menu of Programmes" (OMP) which strives to collate all neighbourhood health and social service providers' activities, will be an invaluable resource for GPs and their patients. Through GPs' social prescribing or one's self-motivation, patients can access nutrition, exercise, lifestyle and interest programmes, which enable them to stay physically and mentally active, and foster social connections within their communities.

To further aid residents to age in place, Communities of Care (CoC) grows a network of collaboration among health and social service providers to serve residents in each neighbourhood, supporting resident care coordination across health and social domains, especially those with complex health and social needs. Anchored by Active Ageing Centres (AACs), they are sited near residents' homes for seniors to gather and participate in health and recreational activities. From building a connection to taking care of the residents, AACs are linked up with partners around the neighbourhood, including Central Health's Community Health Teams (CHTs), to address the residents' needs. Selected AACs also house Community Health Posts (CHPs) run by CHT multi-disciplinary teams, to offer structured health programmes, health coaching, nurse counselling, and more.

Together, we hope to build Healthier and Happier communities in our neighbourhoods.

## Sincerely,

Adj. Asst Prof Jerome Goh, Clinical Director, Division for Central Health, Senior Consultant, Department of Psychiatry Tan Tock Seng Hospital and Central Health



**NEWS & COMMUNITY NEWS & COMMUNITY** 

# **Merging Community Support** and Healthcare at POPCollect



An annual population health seminar, Population Health Collective (POPCollect) brings together National Healthcare Group's (NHG) health and social care partners in Central and North Singapore, along with General Practitioners (GPs) and national agencies, Its key objective is the building of relationship-based care and place-based care in line with our Healthier SG movement.

Hosted by NHG on 14 and 15 April 2023, this year's theme was 'Integrating Health and Social Care', with over 400 quests present, including health and social community partners and GPs at the Ng Teng Fong Centre for Healthcare Innovation (CHI).

Mr Ong Ye Kung, Minister for Health, opened POPCollect 2023 with an engaging keynote, followed by a dialogue session with Dr Michael Dixon, Ex Co-Chair of the National Social Prescribing Network and Chair of the Institute for Social Prescription, UK. On the second day of the event dedicated to the GP community, Dr Dixon described how "the time for family doctors has come", highlighting the real potential of family medicine in promoting healthier living for patients and communities through Healthier SG. Dr Dixon's research findings revealed that social prescribing led to a fairly consistent improvement in patient well-being, and reduced the use of family doctor and hospital services by approximately 20%.

Guest speakers Dr Eng Soo Kiang, Clinical Lead, Central-North Primary Care Network and Dr Lim Chien Chuan, Clinical Lead, iCARE Primary Care Network, also shared their hopes and knowledge on social prescribing. Dr Wee Xue Ting, Clinical Pharmacist of PanCare Medical Clinic and CEO of iRx Clinical Pharmacy ended the seminar with practical advice on how primary care and the community could take small steps in collaboration to bring forth better resident care.

The event was further livened with interactive booths run by NHG's community partners, as part of the NHG's Health Kampung unveil, a 'marketplace' of over 800 health and social programmes in the community that residents living in the Central and North regions of Singapore can join.

A poster competition was also held to showcase new models of care between community and primary care partners. Pancare Medical Clinic, Asian Women's Welfare Association (AWWA), Agency for Integrated Care (AIC)-Silver Generation Office, National Healthcare Group Polyclinics, and Tan Tock Seng Hospital won the 'Best

Poster' award for their theme on "Building Place-based Partnerships for Residents to Live and Age Well in Our Neighbourhoods". Their initiative kickstarted the Community of Care (CoC) network in Ang Mo Kio, for partners to better support residents. AWWA conducts door-to-door outreach to engage with residents and recommend them suitable active ageing programmes, befriending, or care coordination and service using the AIC Community Screener Tool. The CoC partners hold monthly virtual meetings to stay informed and check-in on residents in the programme, ensuring appropriate care interventions and referrals

From Left to Right: Dr Michael Dixon (Ex Co-Chair, College of Medicine, UK), Dr Wong Kae Thong (Executive Director NHG Primary Care Office, NHG Cares Services)

We look forward to more collaborations and innovations to push the boundaries of what is possible in healthcare with our partners. See you at POPCollect 2024!

From Left to Right: Mr Joe Hau (CEO, NHG Cares Services), Dr Wee Xueting (Clinical Pharmacist of PanCare Medical Clinic and CEO of iRx Clinical Pharmacy), Dr Eng Soo Kiang (Clinical Lead, Central-North Primary Care Network), Dr Lim Chien Chuan (Clinical Lead, iCARE Primary Care Network), Dr Wong Kae Thong (Executive Director, NHG Primary Care Office, NHG Cares Services), Prof Eugene Soh (Deputy Group CEO, NHG and CEO, TTSH)



# Introducing the **NHG CARES APP**

An entirely new experience to Educate, Engage and Empower Residents to start their Healthier SG journey.

### Health Kampung

Gain access to One Menu of health and social programmes offered by national agencies, local community partners and NHG. Search and sign up for programmes with ease.

Family doctors and community care providers can search and recommend programmes, facilitate social prescription - social interventions to keep residents well and healthy.

### Health Ownership

Set health goals and track targets. Improve health literacy with easy access to educational materials.

Scan to download:







Pamela jw yeo@ttsh.com.sq

# **CME** Events

Date & Time of Event	Organising Department	Name of Event	No. of CME Points Awarded	Registration Details	
Saturday, 19 Aug 2023, 1.00pm – 3.00pm	NHG Eye Institute ® Tan Tock Seng Hospital	GP Engagement Series: Updates on Oculoplastics and Neuro- Ophthalmology	1 CME Point	Scan the QR code to register Registration link: https://for.sg/8hc4s5 Email: eye@ttsh.com.sg	Office of the second of the se
Saturday, 16 Sep 2023, 2.00pm – 4.00pm	Pearl Partnership Development	Masterclass Series: Common Chronic Conditions in Older Adults – Diabetes	2 CME Points	Scan the QR code to register Registration link: https://for.sg/ttshgpforumsep2023 Email: Corporates@ttsh.com.sg	国際機関 機 神経療を 会合 for sgn () でのため 関係では 国際では 国際では
Saturday, 23 Sep 2023, 2.00pm - 4.30pm	Department of Haematology	Approach to Common Haematological Problems for the General Practitioner	2 CME Points	Scan the QR code to register Registration link: https://t.ly/Q4uW	
Saturday, 4 Nov 2023, 2.00pm - 4.00pm	Department of General Surgery	Hepatobiliary and Pancreatic Pathologies – Are defensive practices needed?	2 CME Points*	Registration link: https://for.sg/hpbgpforum23 For enquiries, contact: Pamela Yeo 9828 9344 (Text only) ttsh.gs.events@gmail.com OR	E STATE OF THE STA

approval

# **Health in Your Hands:**

# Making a Personalised **Health Plan**

Under the newly launched Healthier SG nationwide initiative, residents can enrol with their chosen Healthier SG-registered clinic, where the family doctor will serve as the point-of-care to holistically manage their health.



To develop a personalised Health Plan, patients can make an appointment to see the doctor for a consultation. For the family doctor, this Health Plan visit serves as an opportunity to have a conversation with the patient about their concerns, and to establish a baseline assessment of their current state of health. From the visit, the doctor and the patient can then work on mapping out a set of personalised health goals - aimed at promoting patient empowerment and nudging health improvements.

A key feature of the scheme is that details of the Health Plan and specific data sets will flow into the patient's HealthHub account, which can be viewed on the HealthHub app via a smartphone. This is akin to a portable "report card" that patients can access, and share with other healthcare providers.

## Suggested Criteria & Framework for Health Goals

In addition, the doctor can also discuss health goals and set a suggested timeline for the patient to achieve them. Goals should be specific, measurable, attainable, relevant, and time-based (SMART), and a date for the next check-in can also be set. To facilitate ease of data entry, a template on health goals will be provided in the doctor's Healthier SG-compatible Clinic Management System (CMS), or separately online via the Primary Care Digital Services (PCDS) portal.

Aside from the shared goals and activities, another feature of the Health Plan assessment is a free text box for doctors to document their comments or notes — also visible to the patient in HealthHub.

Read on from Page 7 for more information on the available resources to walk the Healthier SG journey with your patient!



## What's Covered in the Health Plan:

- Recommended health screenings and vaccinations
- Advice on adopting healthier lifestyle changes
- Any other suggestions related to the management of chronic conditions

# Health Parameters that can be entered:

- Biodata: e.g. patient's height, weight, waist circumference, and blood pressure
- Specific data related to list of chronic conditions, including diabetes mellitus, hypertension, and hyperlipidaemia

# Move & Exercise

Includes activities such as exercises or dances, suited for different age groups and at varving intensity

> E.g. Qi Gong, Yoga, Zumba

such as healthy cooking methods, nutrition planning and adopting healthier food

Includes activities

screenings, and appropriate vaccinations.

E.g. Cooking Demos,

## Stay Mentally **Fit & Active**

learning practical skills, caregiving, and volunteering amongst others.

Includes activities such as mindful games/board games, colouring, workshops promoting digital literacy and learning English etc.

E.a. Rummikub. IMDA workshops

Includes activities that span across the domains of crafts/hobbies. music/vocals, and outings/gatherings

With the launch of Healthier SG, GPs will be playing an even bigger role in caring for residents' health by developing personalised health plans which include lifestyle adjustments, recommended health

In support of Healthier SG, NHG Cares' One Menu of Programmes (OMP) is a collaborative effort amongst national agencies such as Health Promotion Board, SportSG and the People's Association,

together with other local community partners like TOUCH Community Services and Home Nursing Foundation, that bring together a variety of health and social care programmes. The activities range

With OMP. GPs will be able to refer and connect residents to available community programmes

based on their interests, goals, and strengths to complement residents' health plans. Alternatively,

to participate in order to meet their health goals. The aim is to empower and motivate residents

treatments, and by being more socially engaged and connected to their communities.

to improve their health through participation in meaningful activities that complement their clinical

Live, Learn

& Laugh

GPs may introduce OMP to their residents to self-help on the preferred programmes they would like

from those covering movement and exercise, health management, diet and nutrition, mental wellness,

E.g. Calligraphy, Ukelele Jamming, Breakfast Clubs.

# Support Caregivers

Eauip &

**Activating for Health through** 

By Community Health, Division for Central Health, Tan Tock Seng Hospital

One Menu of Programmes

Includes caregiver support groups, and caregiver trainings, etc.

E.g. Caregiver Caregiver

# **Manage Your Health & Life**

Includes structured programmes to target weight, frailty or chronic disease management and advance care planning etc. Health coaching and personalised care/support planning may also be available

E.g. Free Clinics, FitterLife, Community Health Posts, Steady Lah!

## Volunteer & **Contribute**

Includes volunteering programmes.

E.g. Volunteerina opportunities within NHG or with Partners















GPs and residents in Central Singapore can access a host of community, lifestyle and social programmes through the NHG Cares App and website via the following QR codes.



NHG Cares website



Download NHG Cares app (Android)



Download NHG Cares app (iOS)

# Healthier SG Shines The Spotlight on GPs, But You Are Not Alone On This Journey

By Tan Tock Seng Hospital with inputs from AMKFSC Community Services, AWWA, Care Corner Seniors Services, Kwong Wai Shiu Hospital, Methodist Welfare Services, NTUC Health, Thye Hua Kwan Moral Charities, TOUCH Community Services, Tsao Foundation

Upbeat morning music, the clash of mahiong tiles, not forgetting hearty chatter along with occasional outbursts of laughter - even if you have not seen your neighbourhood bustling with activities, you must at least have heard them!

For more than a decade, we have been transforming these communal spaces to today's **Active Ageing Centres (AAC)** 

to provide a lively and welcoming hang-out spot for seniors. Some centres have also evolved to provide nursing and rehabilitative care, ensuring that seniors receive adequate and timely care just a stone's throw away from their homes. AACs have thus been anchored to provide the following resources to support GPs in co-caring for residents together.

# The 'ABC + 2S' Support at Active Ageing Centres

## Active Ageing Programmes

Provide a diversity of free programmes for seniors to participate in, ranging from exercise and cooking initiatives to recreational activities such as mahjong and bingo. Beyond engaging them, these programmes help our seniors stay well by keeping their minds and bodies active, and are a springboard for them to strengthen their sense of social connectedness.

An avenue to reach out to isolated seniors. AACs serve as go-to community nodes that can lend extra support to our seniors and encourage regular drop-ins.

## Referral to Care Services

Assist with referral support to community care services. They are also the first stop for seniors to receive information on subsidy schemes and care services (e.g. day care centres, rehabilitative and home care services). This will help seniors better navigate the care resources available

AAC staff will extend support to seniors who have been recommended social and lifestyle interventions by GPs in their health plans, and connect them to relevant Active Ageing programmes in the community.

Key resource support to GPs by providing vital signs monitoring for seniors in between GP visits to help ensure that their chronic disease is kept under control.

# Building a Care Network For Our Seniors

# 1. Recommend Programmes to Residents (Social Prescribing)

One of Healthier SG's key objectives is for GPs to co-design a Health Plan with residents enrolled to your clinic, and that will include aspects beyond the resident's medical needs. You may find that some residents need more social support and nudges to adopt positive health behaviours - this is where social prescribing comes in. You can refer residents to AACs, where they could benefit from one or more types of services. Apart from AACs, residents can also hop on to the Healthy 365 mobile app, to participate in light-hearted activities offered by the Health Promotion Board, Active SG, SportSG and People's Association.

To complement the national activities, residents can also access NHG Cares app to access more community, lifestyle and social activity options!

# 2. Leverage on Our Neighbourhood Network

In fact, with AACs nestled within our neighbourhood, AAC staff get to see some of our residents everyday. and would have established a strong rapport with them. Having built close partnerships with agencies, grassroots, volunteer groups and individuals over the past decade, AACs are well-placed to be your connector to access this valuable network.

Whether you have onboarded Healthier SG or not, the needs of our residents remain - just as the need for social support systems to improve their health and well-being. Let us rally our community assets, tap on one another's strengths and bring residents to these resource points to build a healthier Singapore collectively!



Access Health & Social Activities Offered By AACs in Central Health



Seniors with their Paper Quilling

( Health

Artwork







Central Health GPs will receive copies of 'Your Neighbourhood Guide' brochure to

distribute to your patients to find their nearest AAC. For more copies, please contact your Relationship Manager.



Seniors enjoyed their outing at Gardens by the Bay with staff and volunteers





Seniors keeping fit with Low Impact Aerobics workout





Senior befrienders bringing cheer to vulnerable seniors in the neighbourhood





Seniors enjoying

a game of

Rummy-O

Seniors attending daSH to ComSA!. a dance and movement workshop specially curated for them







Seniors from the Bakina Interest Group making egg tarts



A senior taking part in a game of adaptive darts

In adaptive sports, the games are adapted to the seniors' physical and functional abilities.





Seniors from the Singing Interest Group attending weekly practices













# A Cohesive Force for Change:

# **Supporting Health Plans** through Community Health Posts

By Community Health, Division for Central Health, Tan Tock Seng Hospital

In efforts to support the Healthier SG health plans co-created by GPs together with residents, Tan Tock Seng Hospital (TTSH) has set up Community Health Posts (CHPs) in collaboration with community service providers, to increase accessibility to health and social care services for residents. These posts are run by TTSH's Community Health Teams (CHTs) of nurses and allied healthcare professionals.

CHPs serve as community nodes where residents will be able to consult with a CHT nurse on managing their chronic diseases, or work with an allied health professional to address issues related to function or performing activities of daily living, set health goals, and take positive steps towards lifestyle changes alongside a health coach. In addition, residents can also attend skills-based workshops and structured, experiential programmes to learn to self-manage their conditions and stay well.

Co-located with other community providers such as Active Ageing Centres and Community Centres, CHTs will also suggest and encourage residents to participate in nearby community activities, to help them stay physically active and socially engaged.

## Care Reviews, Coordination and Interventions

- Chronic disease management
- Falls risk assessment and functional intervention
- Medication reviews
- Care coordination and referrals for other health and social care support



## Coaching and Lifestyle Intervention Programmes

- · Individual health coaching
- Group Coaching Metabolic Disease Management
- Group Coaching Frailty Management

# Skills-Based Learning Programmes for Self-Management

CHArge Up! Modules, including:

- Blood Pressure Monitoring Workshop
- Promoting Good Practices in Chronic Disease Management
- Creating a Safe Home Environment to Reduce Risks of Falls and Proper Handling of a Wheelchair
- Fostering Positive Medication Habits
- Increasing Physical Activity and Enhancing Mobility

- Advance Care Planning (ACP) clinic
- Preparing for Your Future Healthcare Needs

# YOUR REFERRALS CAN BE A FORCE FOR CHANGE

Scan the QR code to find your nearest CHP in Central Health



Alternatively, GPs can also make a referral to our CHTs for specialised intervention, by scanning the QR code or emailing us at chp@ttsh.com.sg.



We will schedule an appointment at the nearest CHP, provide an update on the interventions undertaken and activities recommended, and continue conversations with you to work collectively on any new, arising needs identified for your patients.

# **Building a Healthier** Community with our GPs

In Singapore, 80% of primary care is provided by about 1,800 General Practitioners' (GP) private clinics, with polyclinics caring for the rest. Primary care doctors will serve as navigators in residents' health journey from this month, with Singaporeans and Permanent Residents from the age of 60 starting their enrolment into Healthier SG with the clinic of their choice. Other residents between 40 to 59, will subsequently be invited to sign up.

Tan Tock Seng Hospital (TTSH) & Central Health have a strong part to play in supporting the expanded roles of GPs in the Central zone, by providing comprehensive care and support to residents within their local communities. Through collaborations with our community partners and agencies like Health Promotion Board and Agency for Integrated Care, we hope to better integrate health and social care programmes.

# Facilitating Social Prescribing in Jalan Kayu

As the regional health manager for the Jalan Kayu constituency, our Community Health Teams participated in the pilot phase of the Healthier SG programme. Our role in this collaboration was to identify workflows and establish care link-ups between participating GPs and community partners. Residents who have developed health plans with their enrolled GPs could directly access social and community programmes within their neighbourhood. Our CHTs also offer social prescribing services to residents referred to them by GPs, focusing on those with complex needs or required greater social support. Overall, TTSH & Central Health's GP relationship managers served as the single point of contact, supporting family doctors in the referral process for social prescriptions and tertiary care.





SPOTLIGHT SPOTLIGHT

# GPs roped into Community of Care at Ang Mo Kio to better support residents with Preventive Screening

To promote the well-being of residents in Ang Mo Kio, a Community of Care (CoC) network consisting of six partners, including AWWA, Health Promotion Board, PanCare Medical, Silver Generation Office, Tan Tock Seng Hospital & Central Health, and Yio Chu Kang Grassroots Organisation, organised 'Health Fiesta: Meet a Healthier You!' in March 2023. This community-led initiative aimed to bring preventive screenings to the residents. Over the two days of public outreach, various key stakeholders and our volunteers partnered in different areas such as:

- AWWA, Silver Generation Office & Yio Chu Kang Grassroots Organisation conducted outreach to encourage residents to participate in health screenings
- AWWA offered dementia screening services
- TTSH & Health Promotion Board provided fall risk and function screenings
- PanCare Medical Clinic facilitated vaccination and chronic disease screening

Dr Ong Guan Hong,
Director of PanCare
Medical, counselling a
resident on her health
and fitness

Following the Health Fiesta event, PanCare Medical Clinic offered health counselling to all participants on how they can keep themselves healthy. Additionally, AWWA and Yio Chu Kang Grassroots Organisation further complemented these efforts by engaging interest groups to introduce various activities that residents could participate in to stay active and healthy.

## Healthy Habits and Preventive Care for Better Quality of Life

With an ageing population and increasing healthcare demand, there is a need to shift our focus from reactive care to proactive care. This transition forms the core of Healthier SG and aligns with our mission to care for the population we serve, and not just those who seek treatment at our hospital. Through the Healthier SG initiative, our trusted General Practitioner (GP), who plays a crucial role in delivering proactive care, will have much stronger and supportive relationships with residents.

# **GPs** x Healthier **SG**:

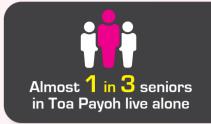
# Progressive Steps towards Holistic Care

On 13 May 2023, TTSH-Central Health and Care Corner Singapore jointly organised a Continuing Medical Education (CME) and engagement event for General Practitioners (GPs) in Toa Payoh. The event was a collaborative effort to shine the spotlight on the network of health and social providers residing within the neighbourhood, to better support GPs in caring for their residents as they embark on the Healthier SG journey.



## Tackling Frailty & Falls: Early Identification & Management

A pressing issue amidst our ageing demographic, the topic of frailty and falls in the community was discussed amongst the 20 attendees, including GPs and clinic staff, National Healthcare Group Polyclinics, Silver Generation Office, TOUCH Community Services and Thye Hua Kwan Moral Charities. Beyond increasing awareness on frailty, the importance of strengthening health and social care integration to enhance patient support was also highlighted.



Dr Noor Hafizah Bte Ismail, a geriatrician from TTSH's Department of Continuing and Community Care, shared the physiological components of frailty that GPs can actively look out for to initiate early intervention, while Mr Daniel Chien, Senior Group Director from Care Corner Seniors Services explained various dimensions of social support for seniors, and how these can be leveraged to better combine social and health care services, to delay further progression of frailty and future falls.



## Harmonising Standards & Protocols

'I am heartened by the hospital's efforts to build an ecosystem to support GPs as part of the HSG effort. I see exciting possibilities of improving patients' primary care by co-managing them with allied healthcare professionals, hospital specialists and community social partners. It's good to know that as a solo GP practising with limited resources, "We'll Never Walk Alone".'

- Dr Tham Kwong Lum, GP, Mediview Clinic & Surgery at Toa Payoh

Diving into dialogue in the second half of the event, participants brought up some of the challenges they faced in the community. With the central role they play in care delivery, GPs raised the need for resources that could help them start a conversation with their patients about social prescribing, as well as a feedback loop to track the outcomes of referrals made. This opens up opportunities for health and social partners to develop a robust network to support the needs of Toa Payoh residents. GPs were brought on a tour of Care Corner's Active Ageing Centre (AAC), where they were able to experience some of the facilities and activities available to their patients.

Marking the beginning of the Healthier SG journey where health and social partners will have many chances to work seamlessly together, the event left GPs with a deeper understanding of the comprehensive spectrum of services provided by Care Corner. The newfound awareness has since resulted in two GP clinics actively referring patients who require social services intervention to Care Corner, thus enabling a stronger delivery of holistic care to the residents of Toa Payoh!

# No Man Is An Island: **Connecting People to Community Resources**

Anselm Joachim Yap Pun Shern Physiotherapist, Department of Physiotherapy, Tan Tock Seng Hospital

Did you know that up to 80% of a person's health outcome is predominantly influenced by social determinants, which refer to where they were born and raised, how they live, work and play; whilst medical treatment only accounts for the remaining 20%? As a result, there is growing awareness and initiatives for "social prescribing" to promote better population health in Singapore.

Good health is attained through everyday choices and habits that take place outside of healthcare facilities. Social prescribing aims to enhance the well-being of an individual by referring them to community care partners to optimise their social determinants of health.

As Healthier SG's Health Plan commences, General Practitioners (GPs) may help patients achieve their recommended dose of physical exercise by referring them to support networks in the community where amenities such as Care Corner and Active Health programmes, are available. These centres provide a range of engaging exercise programmes such as Zumba dancing, step aerobics and kickboxing. Exercising is not limited to just a gym setting or performing circuit training, but it involves getting our body to move!

**Treatment** 80% Predominantly
Influenced by
Social Determinants

What if patients continue to lament that they are time-starved, or that going to health centres is not their cup of tea? Below are some suggestions employing the concept of Non-Exercise Activity Thermogenesis (NEAT), where calories can be burned through these everyday activities apart from formal exercise:



Cycle to and from work



Take the stairs instead of the lift



Set a timer and take work breaks (every 30 - 45 minutes)



Stand up, stretch and walk around during TV advertisements



Invest in a step tracker and challenge yourself



Go hiking or cycling with friends



# That's NEAT!

Alternatively, GPs could consider tapping on the resources in the community or simply recommending their patients with lifestyle changes according to their individual preferences and interests, nudging them in the direction of a more active lifestyle.

> Refer to Pg 7 for the One Menu of Programmes!





# 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).

# Step 7 PREPARE

**Before You Contact TTSH** 

Get patient's full name, NRIC, date of birth and contact number.



Check if patient has CHAS/MG/PG card.



Prepare documents:

For CHAS referral:

(i) CHAS Cover Note and



For non-subsidised referral:

(i) Referral Letter only





# Step 3 INFORM

Inform patient after confirming appointment details\*



Inform patient of Specialist Outpatient Clinic name, date and time of appointment



Remind patient to bring all necessary documents for their appointment





Step

TTSH Appointment Hotline: 6357 7000

Advise which clinic you are referring your patient to



For CHAS/ non-subsidised referrals

Email referral documents to referrals@ttsh.com.sg\*\*



- \*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.