

SPEECH BY DR JANIL PUTHUCHEARY, SENIOR MINISTER OF STATE FOR HEALTH, AT THE MINISTRY OF HEALTH COMMITTEE OF SUPPLY DEBATE 2022, ON WEDNESDAY 9 MARCH 2022

📅 9TH MAR 2022

Mr. Chairman, our hospitals, healthcare workers and General Practitioner (GP) clinics continue to work under pressure as a result of the Omicron wave. Individuals who are not fully vaccinated are more likely to be hospitalised, require oxygen supplementation, be admitted into Intensive Care Unit (ICU) care and die. 3% of our adult population who were not fully vaccinated accounted for 25% of ICU cases and deaths. As the unvaccinated are at a higher risk of infection and becoming seriously ill, Vaccination-Differentiated Safe Management Measures (VDS) have been put in place to protect this group of individuals while allowing the fully vaccinated to resume more social and economic activities.

2. Mr Leong Mun Wai, I feel, has cherry-picked the data. He is advocating on behalf of individuals who have not been vaccinated – that is quite reasonable. But I think he should have proper understanding of the effectiveness of vaccination - it is the most effective intervention that we have in our COVID-19 fight. Let me share a few points of data for him to consider, and see if he maybe changes his mind about how he would like to represent the effectiveness of vaccines in our fight. For individuals below the age of 12, there are about 40 per million severe adverse reactions reported after vaccination and most of these will recover quite quickly with no long term effects. When an individual under 12 years is infected by COVID-19, the risk is that about 320 individuals per million will develop Multi-system Inflammatory Syndrome in Children (MIS-C), and about 450 per million will develop myocarditis. Each of these may require admission to ICU or certain admission to hospitals and have the potential to be fatal. So you can see that the infection-related complications are at least 10 times more frequent than any side effects from vaccination. Most of the side effects of the vaccine are short, temporary, and do not have any long term consequences. So these infection-related complications are much more frequent, potentially more severe as compared to vaccine-related adverse events. And the odds are clear - every case of MIS-C and myocarditis is one too many. I think Mr Leong needs to weigh both sides of the risks. At the other end if you are admitted into hospital, vaccinated individuals who have received their booster dose are 33 times less likely to die from COVID-19 as compared to individuals who are not fully vaccinated. So Mr Leong Mun Wai, it is not appropriate to lift the measures at this stage. Once the Omicron wave has subsided, we will be in a better position to ease our Safe Management Measures further.

3. I understand that Ms Sylvia Lim is interested about the access to and approval process for antigen rapid test (ART) kits, the key considerations when approving ART test kits for public health use in Singapore are to ensure that the kits, when used as a self-test, are sufficiently sensitive in detecting COVID-19 infection, easy to use and affordable. The process for approving locally-produced ART kits to meet quality standards is clear, is not more stringent than for foreign-produced kits, and is made known to all interested manufacturers and importers who have enquired about ART kits.

4. The Health Sciences Authority (HSA) has made available the Pandemic Special Access Route (PSAR) for expedited registration of ART kits to be used for public health use as directed by the Ministry of Health (MOH). Only ART kits that meet MOH's quality standards are invited by HSA to apply for PSAR. The PSAR route requires significantly fewer clinical samples than the full registration route as MOH will continue to monitor the performance of these kits as they are deployed.

5. There have been instances where local manufacturers could not meet the quality standards, but this should not be misrepresented as an unclear process. They have been told what else they need to do to meet the quality standards.

6. Lower income households can already apply through Social Service Offices and Family Service Centres for free kits supplied by MOH. MOH also provides free kits for individuals on mandatory rostered routine testing (RRT) at the workplace. Those on Protocol 1-2-3 also have access to free ART kits via our ART vending machines located island-wide.

7. The pandemic has posed a challenge to both the physical and mental health of our people. We will be doing more to support the mental well-being of our citizens.

Investing in our young and population's well-being through whole-of-government approach

8. Our local study, Growing up in Singapore Towards Healthy Outcomes, "GUSTO", found that the mental well-being of the mother during pregnancy can affect the brain development of the foetus, resulting in vulnerability to mood or anxiety disorders later on in life.

9. So KK Women's and Children's Hospital (KKH) and the National University Hospital (NUH) will increase their antenatal and postnatal mental health screening for more mothers. This will allow pregnant women with depressive symptoms to be identified early, and allows treatment during both pregnancy and motherhood.

10. Studies have shown that screen time during early childhood could have a negative association with later cognition. We agree with Ms Ng Ling Ling that more could be done to support parents in calibrating their children's exposure to screen time. Practical guides and resources will be developed for parents to help them develop healthy screen time habits in their children. We need to encourage healthy lifestyle habits from as early as possible.

11. The Interagency Taskforce on Mental Health & Well-being comprises members from over 30 organisations, and we have met regularly to review the population's mental health needs, discuss the identified gaps and develop preliminary recommendations. The focus of these efforts are challenges that cut across the responsibilities of several agencies.

12. Dr Wan Rizal and Mr Xie Yao Quan asked about our progress. The Taskforce has identified four focus areas. First to strengthen services and family support for parents and youths. Second, to provide and improve access to quality and affordable mental health care by integrating health and social services. Third, to provide employment support for persons with mental health conditions. And fourth, to improve mental health literacy among the citizens and create an inclusive society for persons with mental health conditions.

13. One of the issues identified is the need for better coordination between the health and social service sectors for individuals with mental health needs. Another clear need is to increase community touchpoints for access to mental health services.

14. We will better leverage existing health and social care settings for service delivery, and also equip our frontline workers with skills to identify persons with mental health needs.

15. We are now refining the recommendations for each area and will be seeking the public's views in the coming months. After that, a national strategy and action plan on mental health will be developed. We will also study Dr Shahira's suggestion to set up a mental well-being office.

Connecting like-minded individuals to shape citizens engagement for better mental well-being of the population

16. Part of our efforts have been the Youth Mental Well-being (YMWB) Network, launched in February 2020, aims to implement initiatives to enhance the mental well-being of youths, and mobilise the enthusiasm of youth volunteers to work to improve our mental health.

17. The Network has brought together more than 1,500 individuals and seen the formation of over 20 ground-up initiatives.

18. Moving forward, the Youth Mental Well-being Network will be transiting to a wider remit to expand the focus of engagement beyond youths. The new Network will be supported by the Ministry of Culture, Community and Youth (MCCY) and advised by the Interagency Taskforce. My colleague Minister of State Mr Alvin Tan will share more.

Increase access and capacity of mental health services in the community and the hospitals

19. During the pandemic, we saw an increase in the demand for mental health services. Planning has started to future-proof more hospital capacity for psychiatric services beyond the Institute of Mental Health (IMH), our main psychiatric hospital. The National University Health System will set up psychiatric services at the redeveloped Alexandra Hospital, in addition to the General Hospital services.
20. This includes inpatient beds for acute and sub-acute psychiatric care and rehabilitation, as well as services such as Medical Psychiatry, Child and Adolescent Psychiatry, and Psychogeriatrics.
21. In addition, the National Addictions Management Service currently at IMH will be extended to other hospitals, including Changi General Hospital and NUH, to make the service more accessible.
22. Mental health care services need to be more accessible and delivered in many settings, other than only in IMH, as well as integrated into the community and general medical services. The new unit at Alexandra Hospital and the provision of new services in other centres will increase the outreach of mental health care and improve the care of patients and the support to their families.
23. We will extend this approach to social service organisations and other partners working in the community.
24. We have piloted youth community outreach teams and youth integrated teams to provide a range of support to persons aged 12 to 25 years who are at risk, or who are suspected to have mental health conditions. We have rolled out four outreach teams and two youth integrated teams in 2021.
25. To better support persons experiencing a mental health crisis such as self-harm, IMH has piloted a Crisis Response Team to respond to calls from the Singapore Police Force on cases of attempted suicide. This multi-disciplinary team will conduct an on-site assessment of the suicidal individual and provide appropriate intervention and follow-up management after the immediate crisis is resolved.
26. Some youths who are hospitalised for risk of suicide or severe self-harm may require post-discharge residential care to allow for space and time to integrate back to the community in a more gradual way. MOH will be developing a new intermediate residential facility to address this. This will add another therapeutic environment not quite acute hospital care or quite the community, but a new therapeutic environment for young patients and a new range of possible support services. Further details will be provided soon.
27. Mr Dennis Tan asked about the cost of mental health care services. Patients may tap on the MediSave500/700 scheme to pay for treatments for four mental health conditions under the Chronic Disease Management Programme (CDMP). This includes consultations with psychologists providing services to CDMP providers accredited in giving mental health care.
28. We have had several iterations of development plans for mental health. The work of the Interagency Taskforce on Mental Health & Well-being is the latest. I hope members can see that our approach will be comprehensive and holistic. We will be considering a range of challenges from prevention upstream to how to deal with acute severe illnesses where time is of the essence. We will also take a good look at facilities, skills and processes - all the way from the community and new residential centre and the acute services within the hospitals. We will do this work together with the many professionals and voluntary community organisations that have stepped up and the extraordinary mental health care in response to the challenges of the pandemic - for which I thank them. And we will ensure that the lessons learned become institutionalised and sustainable to benefit our collective mental health for the future.

Leveraging technology to deliver better care

29. In response to Miss Mariam Jaffar, as we move towards more telehealth solutions and a paper-light environment with electronic medical records, clinical staff will receive training and orientation for new workflows.
30. We agree with Mr Yip Hon Weng that we should continue to better leverage technology in healthcare delivery, and our efforts have accelerated during the pandemic. For example, telehealth and virtual ward programmes use chatbots, messaging,

video or phone calls to interact with patients, so that they can recover at home instead of in the hospital.

31. The initial success of these programmes and services prompts us to study how we can extend it to other groups of hospitalised patients and more clinical services under a Mobile Inpatient Care at Home (MIC@Home) sandbox. We will provide updates on this in the future.

32. In response to Ms Ng Ling Ling and Mr Yip Hon Weng, similar technology is also being used to help patients manage chronic conditions. For example, the Primary Tech Enhanced Care (PTEC) Home Blood Pressure (BP) Monitoring programme at selected polyclinics. These patients monitor their blood pressure regularly at home and submit their readings to a care team in the polyclinic, through a Bluetooth-enabled blood pressure machine and mobile phone application, saving them a visit to the polyclinic while still receiving timely support. We will be scaling this to all polyclinics and progressively introduce the approach to other chronic diseases such as diabetes.

33. Project Pensieve is another technology driven initiative. It could enable earlier detection of dementia among seniors who are at high risk of the disease. Many of our seniors with dementia and their caregivers are not aware of the condition until a more advanced stage of the disease, missing the opportunity of early intervention. This is in part because early symptoms can be subtle and require specialised assessments by a trained healthcare professional in a clinic or hospital, taking up to two hours.

34. By using local clinical and technology expertise, an inter-agency team has developed a digital drawing test, draw with a stylus on a tablet. It takes as little as 10 minutes to estimate the risk of dementia. It uses shapes and symbols and is not affected by the language skills of the patient. Artificial Intelligence is used to analyse how the shapes and symbols are being drawn. The process is simple and can be administered through volunteers and non-clinical staff. This makes the test more accessible and more seniors who are at risk could benefit from earlier diagnosis. The project is still in the research phase but it represents some of the ways in which we are using technology and local clinical expertise to address the health problems we will face in the future.

IT systems and cybersecurity

35. We share Dr Tan Wu Meng's view that technology must enable our healthcare workforce to deliver better care to patients. Good IT user interfaces can improve ease of use and productivity, if they are well-integrated with data systems and clinical workflows. The user experience as well as manpower and time savings are important considerations when we enhance or roll out new healthcare IT systems. We currently either procure or build our platforms, depending on the availability of ready solutions in the market that meet our needs, at an appropriate price point.

36. Even as we digitalise, we agree with Mr Yip Hon Weng on the importance of protecting and securing systems and data. MOH has addressed all the Committee of Inquiry (COI) recommendations arising from the SingHealth incident and learnt from them to improve our cybersecurity defences.

Investing in our healthcare infrastructure

37. We would like to assure Mr Leon Perera that we are actively managing healthcare capacity for future challenges.

38. Last year, we opened three new polyclinics and five new nursing homes including the new NTUC Health (Tampines) Nursing Home which has operated as a Community Treatment Facility since September 2021 to support our fight against COVID-19.

39. This year, the new National Cancer Centre Singapore and Sembawang Polyclinic are on track to open. Preparation works for the redevelopment of Alexandra Hospital and the new Eastern Integrated Health Campus at Bedok North have also started.

40. In addition, the Woodlands Health Campus and the TTSH-Integrated Care Hub are scheduled to open progressively from 2023.

41. As part of our plan to expand to 32 polyclinics by 2030, residents of Taman Jurong can look forward to a new polyclinic by 2028. The existing Queenstown Polyclinic will also be redeveloped by the end of the decade.

42. For dental health, we are expanding and upgrading our specialty centres. The new National Dental Centre will be expanded as part of the overall Outram Campus Plan. The National University Hospital Dental Centre has started accepting specialty referrals and the new National University Centre for Oral Health has started operations from 7 January 2019. The number of dental specialists in our public healthcare clusters has risen by 9% per annum from 2017 to 2021.

43. Mr Edward Chia asked about a sustainable renal treatment strategy. The emphasis should be on the upstream prevention of chronic diseases, through screening for diabetes and hypertension, and promoting healthier lifestyle interventions. MOH has also taken steps to provide better access and integration of care for dialysis patients through the co-location of renal dialysis centres with polyclinics and community hospitals, and will continue to do so. In addition, we are encouraging the use of peritoneal dialysis which can be administered at home by the patients themselves.

Conclusion

44. Sir, in my speech, I focused on mental health, technology, services and infrastructure. But the most important part of our healthcare system is our people - our healthcare workers. Details about our plans from MOH will be provided in the further speeches by my MOH colleagues. But I would like to record my thanks to all healthcare workers for their service to Singapore - protecting us, keeping us healthy. On a personal note, I would also like to record my heartfelt appreciation to those health care workers across our institutions that I have had the privilege to work with - my colleagues, my students, and most of all, my teachers.

45. In my speech, I have highlighted examples through which we will make sure that our healthcare workers will have the best possible tools, technology, services and infrastructure, so that they can focus on delivering the best possible care. Curing the sick, relieving suffering, easing our pain and fears, and helping all of us to prevent disease and stay healthy.

46. With that Sir, I wish you and all Singaporeans good health. Thank you.

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