

GP Insider

A PUBLICATION FOR PRIMARY CARE PARTNERS

MDDI (P) 054/01/2026

ISSUE #1 JAN-JUN 2026

Sleep Apnoea

in Singapore

A Growing Health
Challenge for
Primary Care

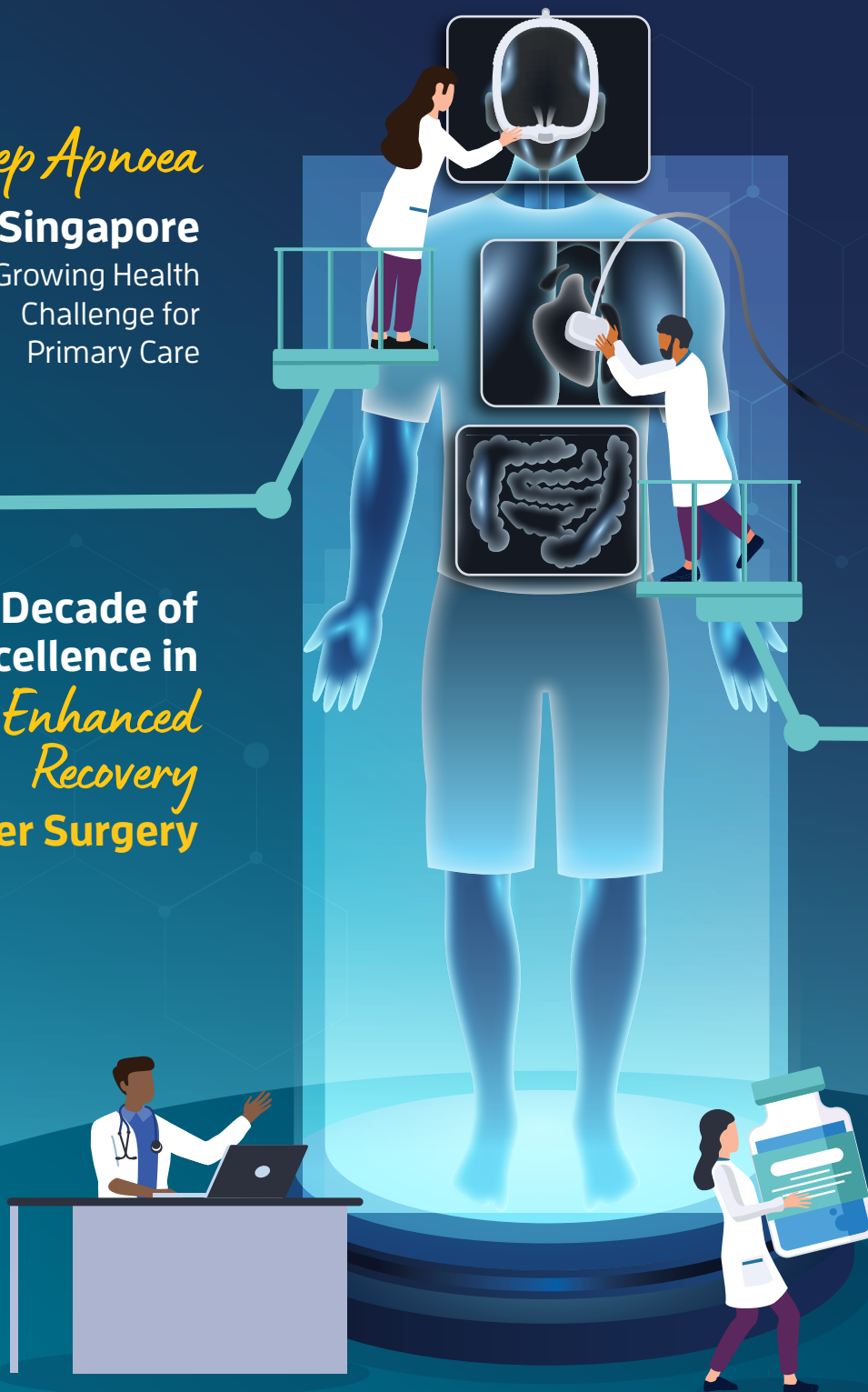
Near-Death to
New Beginnings:

A Patient's Journey through Cardiology's *Lifesaving Care*

A Decade of Excellence in *Enhanced Recovery After Surgery*

Minimally Invasive
Surgical Therapy
(MIST) Approach:

***Safer Prostate Treatment* for High-Risk Patients**



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Publication developed by Primary Care Office, NHG Population Health.

Insider Brief

Dear GP Partners,

I am happy to share the inaugural issue of **GP Insider**, a new publication to support closer collaboration with our primary care physicians across Central and North Singapore. As valued partners of NHG Health, General Practitioners play an important role as an extended care team for the health and wellbeing of residents in our communities. GP Insider brings together specialist insights, healthcare developments and NHG Health programmes and services designed to enhance your practice.

In this issue, you will read about cardiology interventional advancements at Woodlands Hospital, approaches to comprehensive sleep apnoea care from Tan Tock Seng Hospital's (TTSH) Integrated Sleep Services. With patients at the centre of our care model, you will learn about TTSH's Enhanced Recovery After Surgery (ERAS®) - a patient-centred, multidisciplinary approach that improves perioperative outcomes, as well as Khoo Teck Puat Hospital's Minimally Invasive Surgical Therapy (MIST) approach for prostatic hyperplasia.

Along with these clinical insights, find out more about the NHG Health BRIDGE programme which supports smoother transitions from NHG Health hospitals to primary care and Enhanced Community Health Posts, bringing preventive and chronic care closer to our neighbourhoods.

We gratefully acknowledge our specialists from NHG Health for their insightful contributions to our inaugural edition, demonstrating the collaborative spirit that drives healthcare innovation to deliver quality care in our community.

NHG Health is committed to working with and supporting you in our collective goal to create an integrated and robust healthcare system.

Together, we can build a healthier future for our residents in Central and North Singapore.

Warm Regards,

Associate Professor Karen Ng

Chief, Primary Care, NHG Population Health
Chief Executive Officer and Family Physician,
Senior Consultant, NHG Polyclinics





Minimally Invasive Surgical Therapy (MIST) Approach:

Safer Prostate Treatment for High-Risk Patients

For 85-year-old Mr Chen (not his real name), what began as a memorable family holiday turned into an unexpected medical emergency when he could not pass urine. He had developed benign prostatic hyperplasia (BPH) – a common condition where the prostate gland enlarges. The condition caused his prostate to press against his urinary tract, restricting urine flow.

After an urgent catheter insertion abroad and cutting his holiday short, Mr Chen returned to Singapore to face another challenge. His enlarged prostate needed treatment, but his heart condition made him a high-risk candidate for traditional surgery under general anaesthesia.

His surgeon, Dr Lau Weida, Head and Senior Consultant of Urology at Khoo Teck Puat Hospital (KTPH), notes that such a scenario is common. "About 20% of our patients first come to us during a crisis, rather than through regular clinic visits for early symptoms,"

he says. "Many brush off urinary problems as a normal part of ageing, but this can lead to emergency situations that are more complicated to manage."

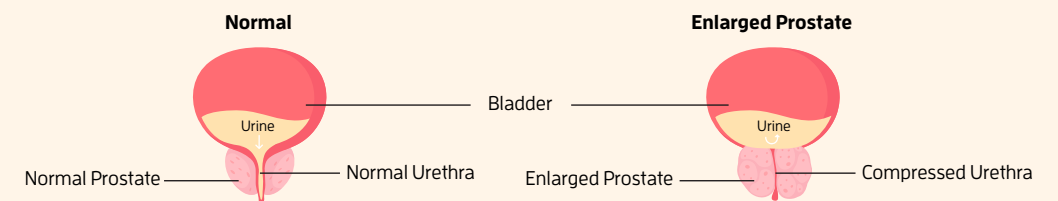
Safer Solutions for High-Risk Patients

Fortunately for Mr Chen, recent advancements in MIST at KTPH's Urology department offered a new solution.

Under local anaesthesia and light sedation, he underwent water vapour ablation therapy, which uses precisely controlled steam to reduce prostate tissue, relieving pressure on the urinary tract and reopening the channel.

"While traditional prostate surgery requires general anaesthesia and carries risks of bleeding, this new approach allows us to treat even high-risk patients safely," Dr Lau explains. In some cases, the procedure can be done with local anaesthetic alone. Being minimally invasive, it also shortens operation and recovery time, with most patients able to go home the same day.

Recognising Prostate Problems



Urinary Symptoms fall into three main categories:

Storage Symptoms

- Frequent urination
- Urgency (inability to hold urine)
- Increased urination at night time

Red Flag Symptoms

- Burning sensation during urination
- Urinary leakage
- Inability to pass urine
- Blood in urine

Voiding Symptoms

- Weak urine stream
- Difficulty starting urination
- Sensation of incomplete bladder emptying

Early recognition and treatment of storage and voiding symptoms can help prevent crisis situations.

Transforming Care through Technology

The department's adoption of MIST marks a significant leap in urological care. Since 2021, over 60 such procedures have been performed using water vapour ablation and prostatic urethral lift. The latter involves placing small implants to lift enlarged prostate tissue away from the urethra, creating a clear channel for urination. These techniques have proven effective, with 80–90% of patients able to discontinue their medications entirely.

For Mr Chen, it took about two months before he could be catheter-free, but he felt it was worth the wait. "The important thing was that we could offer him a safe treatment option that worked with his medical conditions, not against them," Dr Lau shares. These procedures are transforming care not just for elderly or high-risk patients but also for younger individuals seeking alternatives to long-term medication, which often causes unwanted side effects, such as postural hypotension or sexual dysfunction.

"Younger, well-educated patients often come to us specifically seeking alternatives to chronic medication," Dr Lau notes. "They prefer a one-time procedure with minimal downtime that can free

them from daily medications and their side effects."

A Comprehensive Approach to Urological Care

Beyond prostate treatments, KTPH's Urology department has developed subspecialty services led by consultants with advanced overseas training, including:

- Female urology for urinary incontinence and recurrent urinary tract infections
- Complex stone management urethral reconstruction
- Men's health, including erectile dysfunction
- Advanced chronic pelvic pain treatments

"What sets us apart is our team-based, consultant-led practice," Dr Lau explains. "Our internal referral system ensures patients receive care from specialists trained specifically in their condition – collaborating closely with geriatricians, renal physicians, dietitians, and others for comprehensive treatment."

Looking Ahead

The department remains focused on innovative solutions for complex urological problems, Dr Lau says. "Our data shows patients require shorter hospital stays and low readmission rates."

For patients like Mr Chen, these advances provide not only medical success but also the ability to maintain quality of life despite complex medical conditions. "When we can offer safe, effective treatments to patients who previously had limited options," Dr Lau reflects, "That's when we know we're making a real difference."



Dr Lau Weida is a Senior Consultant, Head of Department for Urology and Divisional Chairman (Surgical) at Khoo Teck Puat Hospital. He graduated from NUS Yong Loo Lin School of Medicine and is UK-Fellowship trained in Andrology and Reconstructive Urology. As a key opinion leader in penile oncology, genitourethral reconstruction, and male sexual dysfunction, he has introduced innovative treatments to KTPH including low-intensity shockwave therapy, Water Vapour Thermal Ablation of prostate, and Prostatic Urethral Lift.

Scan for Doctor's Profile





Sleep Apnoea in Singapore:

A Growing Health Challenge for Primary Care

Sleep is essential to overall health and cognitive function. Poor sleep habits or inadequate sleep impair attention, memory and mood, while increasing the risk of chronic disease. For many patients, persistent fatigue, difficulty concentrating, or poor blood pressure control may in fact stem from an undiagnosed sleep disorder. Nearly 75% of Singaporean residents sleep less than the recommended seven hours, with fewer than 20% reporting sleeping through the night without disturbance. Factors like long working hours, high stress levels, and our urban environment contribute to sleep duration and poorer sleep quality.¹

The Silent Epidemic

Not all poor sleep is attributable to lifestyle factors. For a significant proportion of patients, inadequate sleep reflects an underlying medical condition. Obstructive sleep apnoea (OSA) – characterised by repetitive upper airway obstruction during sleep, resulting in fragmented sleep and intermittent oxygen desaturation – is one of the most common yet underdiagnosed conditions.

This silent epidemic contributes to excessive daytime sleepiness, impaired concentration and reduced quality of life, while increasing risk of cardiovascular, metabolic and neurocognitive complications. Local

data estimate that around 30% of adults in Singapore experience moderate to severe sleep-disordered breathing with 91% of cases previously undiagnosed.²

Diagnostic Options at Tan Tock Seng Hospital (TTSH)

Recognising the complexity of sleep disorders, TTSH established the **Integrated Sleep Service (ISS)** to provide comprehensive, coordinated care. The multidisciplinary team includes respiratory physicians, ENT specialists, neurologists, psychiatrists, and primary care physicians, working closely with allied health professionals such as sleep technologists, occupational therapists, and clinical psychologists. This integrated approach ensures holistic care that addresses sleep apnoea and its behavioural, cognitive and medical contributors.

Sleep assessments at TTSH are tailored to each patient's clinical profile.

In-Lab Polysomnography (PSG)

PSG is the gold standard for diagnosing sleep disorders, including OSA. Conducted overnight in a monitored laboratory, it provides a comprehensive evaluation of sleep architecture, breathing parameters, oxygen saturation and other physiological parameters, guiding optimal treatment – particularly complex or severe cases.

Home Sleep Apnoea Testing (HSAT)

For patients with a high clinical suspicion of OSA, HSAT offers a convenient alternative. Portable devices enable home-based monitoring of respiratory effort, airflow, oxygen saturation and heart rate. HSAT is suitable for patients with uncomplicated OSA and no major cardiopulmonary co-morbidities.

Peripheral Arterial Tonometry (PAT)

WatchPAT, a validated PAT device, is another diagnostic alternative. This finger-mounted sensor detects respiratory events by measuring peripheral arterial tone, oxygen saturation and heart rate, enhancing accessibility to diagnostic testing outside the sleep laboratory.

Individualised Treatment Options for OSA

Treatment is individualised based on the severity of the condition, patient preference, and the likelihood of adherence. At TTSH, care is delivered through a multidisciplinary approach that integrates medical, surgical, and lifestyle strategies.

Positive Airway Pressure (PAP)

PAP is the gold standard and first-line therapy for moderate to severe OSA, functioning as a pneumatic splint to keep the airway open. TTSH Sleep Technologists support PAP use through device trials, mask fitting, and troubleshooting.

Lifestyle Interventions

For patients who are overweight, a modest weight reduction can significantly reduce OSA severity. Good sleep hygiene including avoidance of alcohol and sedatives, can also improve overall sleep quality.



■ Sleep technician fitting Continuous Positive Airway Pressure (CPAP) nasal mask onto patient for treatment preparation.

Upper Airway Surgery

Surgery may be considered when anatomical factors contribute to

obstruction. Options include soft tissue procedures to address nasal obstruction and Maxillomandibular Advancement (MMA), a highly effective intervention that moves the upper and lower jaws forward to significantly enlarge the airway.

Upper Airway Stimulation Therapy

Hypoglossal Nerve Stimulation (HGNS) is a newer option for select patients with moderate-to-severe OSA who are unable to tolerate CPAP. An implanted simulator opens the airway during sleep by causing protrusion and stiffening of the tongue and activating surrounding muscles.

Oral Appliances (OAs)

Custom-fitted mandibular advancement devices are an excellent alternative for patients with mild-to-moderate OSA or for those

who are CPAP-intolerant. These devices function by moving the jaw and the base of the tongue forward, which helps to enlarge the airway.

Positional Therapy

Patients with supine-dependent OSA are advised to avoid sleeping on their backs.

The Path Forward: Partnering for Better Sleep Health

Sleep disorders, in particular OSA, profoundly impact daily functioning and long-term health. Through strong partnerships between primary care and our multidisciplinary specialist teams, we can ensure that OSA is recognised early, treated effectively, and managed as an essential part of holistic patient care.

Clinician Spotlight



Dr Ho Choon Heng, Benjamin is a Senior Consultant in the Department of Respiratory & Critical Care Medicine at TTSH. Dr Ho serves as the Clinical Director of TTSH's Integrated Sleep Service whilst also holding the position of Chief, Department of Respiratory Medicine at Woodlands Hospital. He also leads the Sleep Workgroup of the NHG Respiratory Health Steering Committee, which reflects the expanding reach of comprehensive sleep care across NHG Health's network.



Dr Chong Khai Beng holds multiple leadership and academic appointments, including Programme Director for Otorhinolaryngology in the NHG Residency Programme, Chief of ENT Sleep Service and Deputy Clinical Director of the Integrated Sleep Service at TTSH. He is a Fellow of the Academy of Medicine, Singapore, with dual accreditation in Otorhinolaryngology and Sleep Medicine.



Dr Zulfikri Salikin provides comprehensive orthodontic services and contributes to teaching and training programmes at the Department of Dental Surgery. He also serves as a Clinical Adjunct Educator and Curriculum Advisory Panel member at Nanyang Polytechnic in the Diploma in Oral Health Therapy. He has collaborative clinics with the Otorhinolaryngology Department at TTSH for obstructive sleep apnoea patients.

Authors:

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Dr Chong Khai Beng, Deputy Clinical Director, Integrated Sleep Service, Tan Tock Seng Hospital

Dr Rita Lai Wei Lien, Associate Consultant, Department of Respiratory & Critical Care Medicine, Tan Tock Seng Hospital

¹ Robinson F. Singaporeans would like to sleep for at least seven hours but only a quarter have that routine. YouGov Singapore. 2022 Mar 18. Available from: <https://sg.yougov.com/society/articles/41611-singaporeans-would-sleep-least-seven-hours-only-qu>

² Tan A, et al. Prevalence of moderate-severe sleep-disordered breathing in a multi-ethnic Asian population in Singapore: A community-based study. *Respirology*. 2016 Jul; 21(5):943-50.

Scan to
learn more about
Respiratory & Critical
Care Medicine



A Decade of Excellence in Enhanced Recovery After Surgery



Dr How Kwang Yeong is a Senior Consultant in the Colorectal Service at Tan Tock Seng Hospital. He graduated from NUS Yong Loo Lin School of Medicine and is a Fellow of the Royal College of Surgeons of Edinburgh. Specialising in minimally invasive surgery for colorectal conditions, he played a key role in establishing TTSH's ERAS® programme and now leads as Clinical Director of the Perioperative Recovery Office.

Scan for Doctor's Profile



Over the past ten years, Tan Tock Seng Hospital (TTSH) has transformed surgical care in Singapore through its Enhanced Recovery After Surgery (ERAS®) programme. Introduced in 2016, ERAS® is a patient-centred, evidence-based, multidisciplinary approach to perioperative care that reduces surgical stress, accelerates

recovery, and improves patient outcomes. Since its inception in 2016, TTSH has earned several awards, including a Certification as ERAS® Centre of Excellence by the ERAS® Society in 2016. TTSH has also actively supported the adoption of ERAS® across Asia Pacific in countries such as Australia, Japan and more.

Traditional Care	ERAS® Programme
Patients fast from midnight pre-surgery and remain in bed for days , with no food or drink until bowel function returns.	Patients receive a pre-surgery carbohydrate drink and can sit, walk, and eat within hours after surgery.

Evidence-based Outcomes Benefitting Patients on ERAS® programme

A robust evidence base, including over 70 randomised controlled trials involving more than 9,000 patients, demonstrates that ERAS® protocols lead to the following benefits:

- Reduced Length of Stay**
Orthopaedic and gastrointestinal procedures show the greatest reductions, but benefits extend to gynaecological and breast surgery as well.
- Lower Complication Rates**
Fewer infections, less postoperative ileus, and reduced rates of deep vein thrombosis and pulmonary complications.
- Earlier Return of Function**
Faster return of bowel function and earlier resumption of normal activities.
- Reduced Readmissions and Cost Savings**
Fewer complications and shorter stays translate into lower readmission rates and significant cost savings for both patients and healthcare systems.
- Improved Patient Satisfaction**
Standardised, patient-focused care improves the overall experience and outcomes.

49-year-old Ms Michelle Tan, underwent keyhole surgery at TTSH to remove a tumour in her colon. Through the ERAS® programme, which optimises post-surgery recovery, she was fit for discharge the next day – three days earlier than the average colorectal surgery patient.

"I was quite surprised that I didn't feel much pain after the surgery and could eat, and didn't feel like vomiting," she said. "Four hours after surgery, I was able to get out of bed and walk." Her recovery was supported by pre-operative nutritional optimisation, minimally invasive techniques, and early mobilisation.

ERAS® was initially implemented for colorectal surgeries, later expanding to knee replacement, breast, and bariatric procedures. Other specialties, including hepatobiliary, urology, head and neck, and spine surgeries have also adopted ERAS® principles. To support this expansion, TTSH established a dedicated Perioperative Recovery Office (PRO) in 2020 to facilitate and scale ERAS® across TTSH.

Clinical Outcomes

Colorectal Surgery

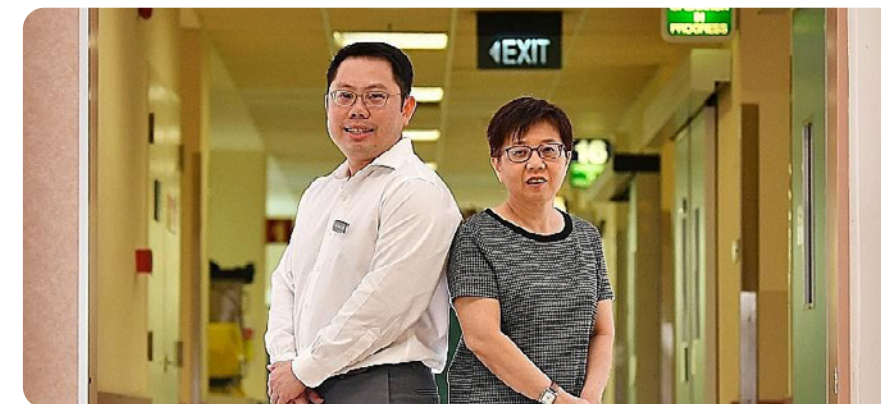
- Over 3,000 patients have benefitted
- Median length of stay decreased from seven to five days
- Decline in complication and readmission rates, generating cost savings
- Sustained improvements demonstrated over nine years

Breast Surgery with Reconstruction

- Median length of stay reduced from seven to five days
- Decline in overall complications following ERAS® implementation

Knee Surgery

- Targeted same-day admissions for total knee replacement (TKR) and unicompartmental knee arthroplasty (UKA)
- Reduced length of stay
- Improved overall recovery



Ms Michelle Tan, with Dr How Kwang Yeong, Clinical Director of the TTSH Perioperative Office, and Senior Consultant, Colorectal Service of the Department of General Surgery.

To maintain the highest standard of surgical care, the TTSH ERAS® team continues to innovate and improve its programme. Key improvements include integrating ERAS® pathways into electronic medical records and developing the Surgical Enhanced Recovery Assistant (SERA) app, which supports patient engagement, education, and post-surgery care compliance.

In early 2024, TTSH launched a dedicated ERAS® ward – a novel approach to postoperative care. The ward features a 50 metres walking track, communal dining spaces, and activity corners to encourage patients to move, eat, and socialise after surgery. Recovery is further optimised through environment redesign, multidisciplinary workflows, real-time compliance monitoring, and structured patient and family education.

Since its opening, patients recovering from major surgeries

such as colorectal, bariatric, and breast reconstruction have benefited from this proactive approach:

- 97.5%** of patients resumed eating and drinking within 24 hours
- 98%** were able to get out of bed on the first day
- Average hospital stay decreased by **25%**, with no increase in complications

Patients also enjoy cost savings, as charges remain the same as a standard ward.

ERAS® is now recognised as the standard of perioperative care at TTSH. TTSH's experience shows that strong multidisciplinary teamwork, digital innovation, and continuous audit, enable ERAS® protocols to deliver sustained improvements in patient outcomes, cost savings, and satisfaction. As the ERAS® Centre of Excellence, TTSH continues to lead and support the adoption of ERAS® principles across the region, ultimately improving outcomes for patients and healthcare systems alike.

Achievements and Regional Leadership

TTSH's ERAS® programme has received numerous awards, including:

- Certification as ERAS® Centre of Excellence (2016)
- Asia Hospital Management Awards – Excellence Award (2021)
- International Hospital Federation Mastercard Excellence Award for Quality and Patient Safety – Bronze (2023)
- National awards for quality improvement and innovation

As a Centre of Excellence, TTSH has:

- Hosted site visits for teams from across Asia Pacific
- Provided coaching and support for ERAS® implementation in Australia, Japan, Taiwan, South Korea, Malaysia, and the Philippines
- Organised the regional symposia and will host the 12th ERAS® World Congress in Singapore in 2026

Near-Death to New Beginnings: A Patient's Journey Through Cardiology's Lifesaving Care



“At **NHG Heart Institute**, we are committed to partnering with primary care providers to strengthen cardiac care across Singapore. Our team of cardiologists stands ready to collaborate with GPs on risk stratification and primary prevention whilst delivering comprehensive acute and preventive cardiac services. NHGHI is focused on reducing cardiovascular disease burden through ongoing partnerships that promote healthspan and extend years of healthy living.”

Adj A/P David Foo Chee Guan,
Clinical Director (NHG Heart Institute) and Senior Consultant



Dr Alimi A. Hatib is an Associate Consultant and Interventional Cardiology Fellow at Woodlands Hospital and a member of the NHG Heart Institute. He graduated with an MBBS degree from the NUS Yong Loo Lin School of Medicine and obtained his MMED (IM) and MRCP (UK) prior to completion of his cardiology residency training. He has a keen interest in Complex High-risk Indicated PCI (CHIP), Intravascular Imaging, and PCI for Chronic Total Occlusions (CTO).

Scan for
Doctor's Profile



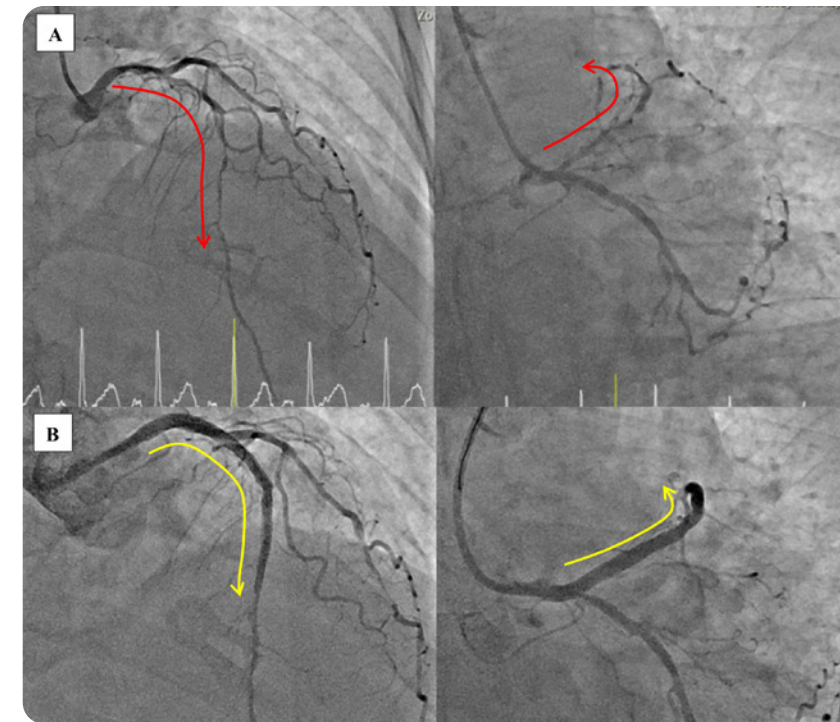
Cardiology is an ever-evolving field, with ongoing clinical trials and innovations rapidly changing the standard of care. Fortunately, these advancements enable patients to benefit from the latest stent technologies, cardiac implantable devices, guideline-directed medical therapies (GDMTs), and critical care treatments. Mdm C's journey at Woodlands Hospital (WH) illustrates how such advancements can meaningfully improve patient outcomes.

Mdm C is a 64-year-old woman with a history of diabetes, hypertension, and hyperlipidaemia. She presented to her General Practitioner (GP) with complaints of chest tightness and leg swelling. Recognising signs of fluid overload, her GP referred her to the WH Emergency Department for further evaluation where she was diagnosed with non-ST-elevation

myocardial infarction (NSTEMI), complicated by acute decompensated heart failure (ADHF). A transthoracic echocardiogram (TTE) revealed an ejection fraction (EF) of 40% with regional wall motion abnormalities, prompting a coronary angiogram and subsequent percutaneous intervention (PCI).

Interventional Cardiology

Beyond their popular association, diamonds also play a critical role in the tools used by interventional cardiologists to treat coronary artery calcification. While plain old balloon angioplasty (POBA) was once the standard approach, it often proved inadequate for heavily calcified lesions. Today, atherectomy devices equipped with diamond-coated burrs and crowns enable interventional cardiologists to remove calcium blockages before stenting, improving procedural outcomes.



Panel A shows pre-PCI images of the LAD with severely calcified disease (red arrows), while Panel B shows post rotational atherectomy-assisted PCI to the LAD with three DES implanted (yellow arrows).

In Mdm C's case, she was found to have a severely calcified left anterior descending artery (LAD). She subsequently underwent PCI with **rotational atherectomy**, followed by the successful implantation of three drug-eluting stents (DES).

Critical Care Cardiology

Advancements in post-cardiac arrest care have improved treatment effectiveness and patient outcomes. Targeted temperature management (TTM) and the avoidance of hyperthermia are now standards of care for optimising neurological recovery, while a range of various mechanical circulatory support (MCS) devices is available to stabilise patients in cardiogenic shock.

Two days after her PCI, Mdm C experienced a cardiac arrest due to ventricular tachycardia (VT). The WH team promptly inserted an **intra-aortic balloon pump** to support haemodynamics, and she regained spontaneous circulation (ROSC) after 55 minutes. Ongoing VT runs necessitated the insertion of a **temporary pacing wire** for overdrive pacing. She was

also placed on TTM and cooled to 33°C using an **intravascular cooling device**. Following optimal resuscitation, she made a full neurological recovery.

Electrophysiology

Electrophysiology extends beyond the lines seen on electrocardiograms (ECGs). With an expanding range

of advanced devices and treatments for tachy- and bradyarrhythmias, these interventions – combined with the skills of our team – help improve patients' quality and length of life for our patients.

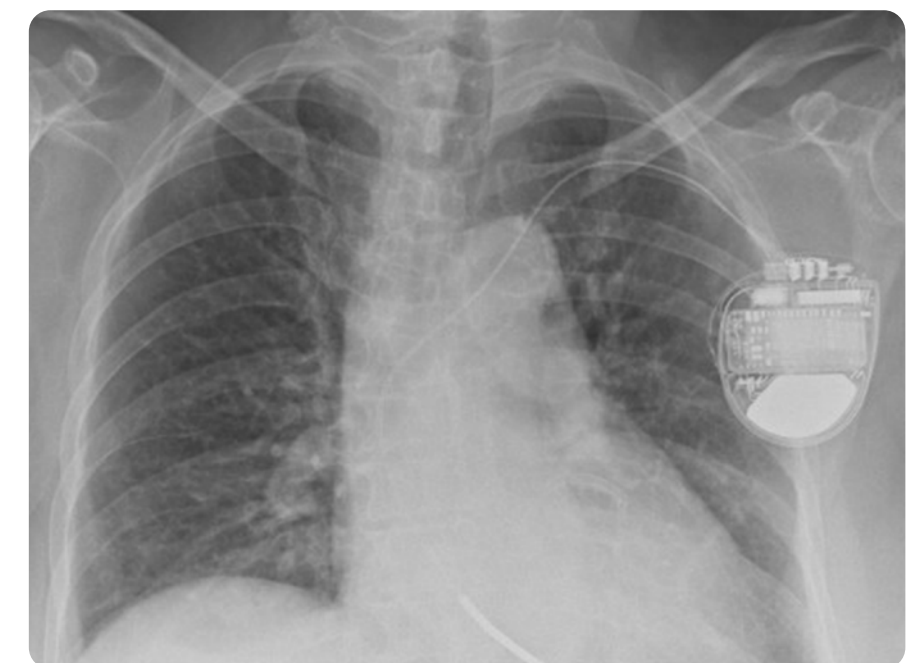
With her history of VT arrest, Mdm C was deemed a candidate for an **implantable cardioverter defibrillator (ICD)** to prevent arrhythmic death, and underwent ICD implantation during her hospital stay.

Imaging and Heart Failure

In addition to TTE, WH's cardiology team employs a range of imaging modalities, including **cardiac magnetic resonance imaging (MRI)**, **computed tomography (CTs)**, and **nuclear imaging**, to deliver comprehensive assessments of the heart's structural, functional, and metabolic status.

These services aim to support the optimisation of GDMTs and promote overall cardiac health through rehabilitation, dietary interventions, and vaccinations.

Following a successful period of cardiac rehabilitation and GDMT optimisation, Mdm C completed her inpatient care. Her journey, from a near-death experience to vibrant recovery, underscores the impact of the advancements in cardiology and reflects WH's commitment to delivering high-quality care that improves patient outcomes.



Chest X-ray showing a single-chamber ICD inserted for secondary prevention.

Enhanced Community Health Posts:

Bringing Health Closer to Home



Community Health Posts (CHPs) serve as accessible healthcare hubs that offer comprehensive care across the health spectrum. They are designed to complement primary care by bringing preventive and chronic care services into the heart of our neighbourhoods. Staffed by Community Nurses, Health Coaches, Pharmacists and Allied Health Professionals, CHPs provide services that empower residents to stay healthy and manage their conditions effectively.

Our enhanced model delivers **four key components of service**, each offering targeted support to meet diverse community needs:

Hospital-to-Home Services



Recently discharged patients receive transitional care at home, including health assessments, medication management, caregiver training, and wound care.

Teleconsultations



Residents receive convenient virtual consultations with tele-Nurses, tele-Dietitians, and tele-Pharmacists for health coaching and supportive care advice, medication support, and nutritional guidance.

On-Site Community Health Services



Residents with chronic diseases and frail seniors access regular health monitoring, education on disease management, medication reviews, care navigation, and preventive screenings.

Health Promotion Programme



Residents participate in skills-based workshops, group coaching on lifestyle modifications, and caregiver training programmes.

For General Practitioners (GPs), CHPs serve as an extended arm of care, creating seamless care pathways that complement clinical practice. By providing patient monitoring between visits, medication adherence support, and early identification of health concerns requiring medical input, CHPs enable more proactive and coordinated care.

This collaborative approach allows GPs to focus on clinical decision-making and treatment, while CHPs support routine monitoring and reinforce care plans. Through collaboration, GPs can also tap into resources such as telehealth services, community health programmes, and coordinated support for patients with complex needs.

As residents increasingly seek holistic and accessible care, GP-CHP shared-care partnerships demonstrate the value of coordinated, community-based models. Through these collaborative arrangements, patients benefit from enhanced chronic disease management, health coaching, nutrition counselling, and ongoing monitoring services delivered in familiar community settings. This integrated approach improves patient outcomes, while strengthening a resilient and sustainable care ecosystem.



Connecting You to Community Care
Find a community health post near you by scanning the QR code.



Let's Work Together for Better Patient Care
Make a referral by scanning the QR code.

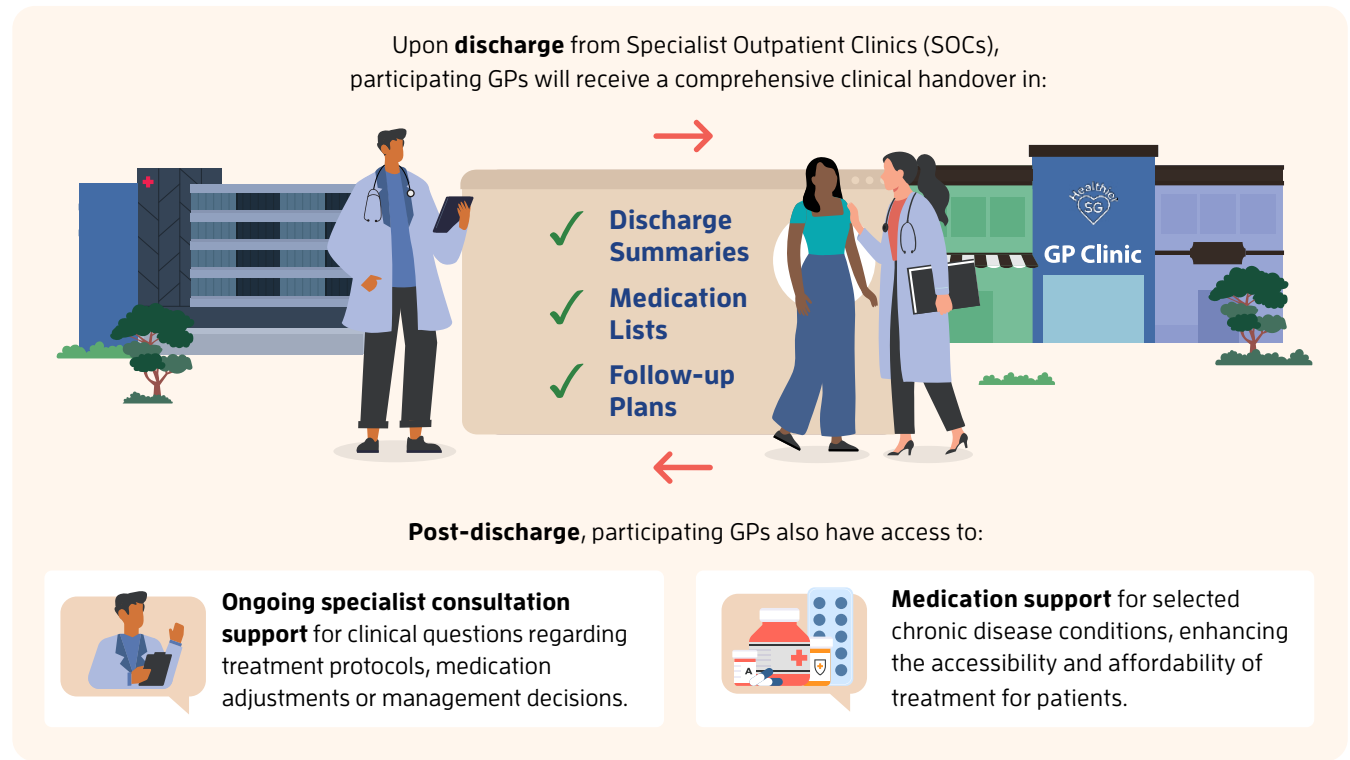


NHG Health BRIDGE

Transitioning Stable Patients from Specialist Outpatient Clinics to GPs

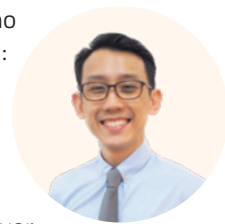
Today, over 200 Healthier SG General Practitioners (GPs) within Central and North Singapore are participating in NHG Health BRIDGE. This collaborative approach is helping patients access personalised, affordable care with strong support networks, while keeping re-escalation rates under 5%.

Discharging patients back to GPs for follow-up care used to be a very time-consuming process especially when there are differing workflows across hospitals. With the NHG Health BRIDGE Programme we have streamlined processes across three NHG Health hospitals – Tan Tock Seng Hospital, Khoo Teck Puat Hospital and Woodlands Hospital to make it easy for GPs to manage stable discharged patients with acute and chronic conditions.



Dr Darren Chen from NTUC Health Family Medicine Clinic, who has been a BRIDGE partner since 2018, shares his experience:

“ I value the communication from Care Transition Officers, who provide comprehensive discharge summaries, medication lists, and follow-up plans for my patients. This information enables me to deliver holistic care and ensure seamless care continuity. Additionally, my patients have expressed appreciation that I am well-informed about their treatment received at the SOC, which enhances their confidence in the coordinated care approach.”



Interested in joining BRIDGE?
Contact your Relationship Manager to learn more.

Events and Resources⁺

GP Programmes and Services



GPFirst

Encourages patients with mild to moderate medical conditions to visit their GPs first, rather than going directly to the ED.



NHG Health BRIDGE

Receive patients right-sited from NHG Health Institutions for follow-up at your clinic.



Virtual Professional Consultation

Consult hospital specialists for general clinical queries as well as to receive announcements and updates from NHG Health.



Scan the QR code to find out more about new and current GP initiatives!



Refer with ease - BMD services with NHG Diagnostics

Our Bone Mineral Densitometry (BMD) services are available at the service locations listed below. In addition, we provide mobile options for community and corporate events.

Brought to you by
Diagnostics
NHG Health

Service locations

- Ang Mo Kio Polyclinic
- Geylang Polyclinic
- Kallang Polyclinic
- Serangoon Polyclinic
- Woodlands Polyclinic
- Yishun Polyclinic

For more information

8893 6345 (WhatsApp Only)

nhgd.ask@nhghealth.com.sg

Scan to book an appointment



Upcoming CME Events

NHG Health offers a variety of **Continuing Medical Education (CME) programmes** developed by our hospitals, national specialty centres, polyclinics, and partners to support our GP partners' ongoing professional development. The programmes include virtual and face-to-face sessions, as well as workshops, designed to help GPs stay current with the latest advancements in healthcare.

Scan the QR code for more information



Upcoming GP Engagement Events

29 - 30
May

NHG Healthiverse 2026 POP Collect Seminar 2026

NHG Healthiverse is the flagship public health festival in Central and North Singapore that brings residents, partners and NHG Health together to add 15 million years of healthy life.

NHG Healthiverse 2026 takes place on 29 and 30 May at the Bukit Canberra Integrated Hub. It will be held in conjunction with **POP Collect Seminar 2026**, an annual gathering of leaders from the NHG Population Health Collective to co-learn and collaborate. This year's event will feature the 15M Health Games, which activates residents through social connections and adapted sports, alongside the inaugural 15M Hungry Games, which empowers residents to eat healthier through cooking healthier versions of local food.



POP Collect 2025 at Allkin Integrated Service Centre @ Ang Mo Kio 304

+ Are You a GP Insider? Take the Quiz!

5 participants with all correct answers will receive a **\$20 e-CapitaVoucher** each!



Scan the QR code to participate now!



Contact your **NHG Health Relationship Manager** for enquiries.

9727 1081

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Dedicated GP Referral Channels

Acute Hospitals



☎ 6357 1595

✉ ttsh.gp@nhghealth.com.sg



☎ 6602 1668

✉ ktph.gp@nhghealth.com.sg

☎ 6602 1669 [Fax]



☎ 6363 3131

✉ wh.gp@nhghealth.com.sg

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