

# APPROPRIATE AND VALUE-BASED CARE CONFERENCE 2025

Maximising Value for All

16-17 OCTOBER 2025 AVBC  
Appropriate and Value-Based Care

## Social Prescribing in Khatib Polyclinic Teamlet A

Dr Goh Jun Heng, Family Physician, Associate Consultant, Khatib Polyclinic  
SSN Chong Jia Ru, Care Manager, Khatib Polyclinic

### Mission Statement

To increase the percentage of eligible patients<sup>1</sup> who have social prescribing discussed from 4.06% to 40% in Khatib Polyclinic Teamlet A from 1st September 2024 to 1st February 2025.

1. Defined as patients who are 60 years and above, come for routine review of chronic conditions such as hyperlipidemia, diabetes mellitus, hypertension, chronic kidney disease, stroke and/or ischemic heart disease

### Team Members

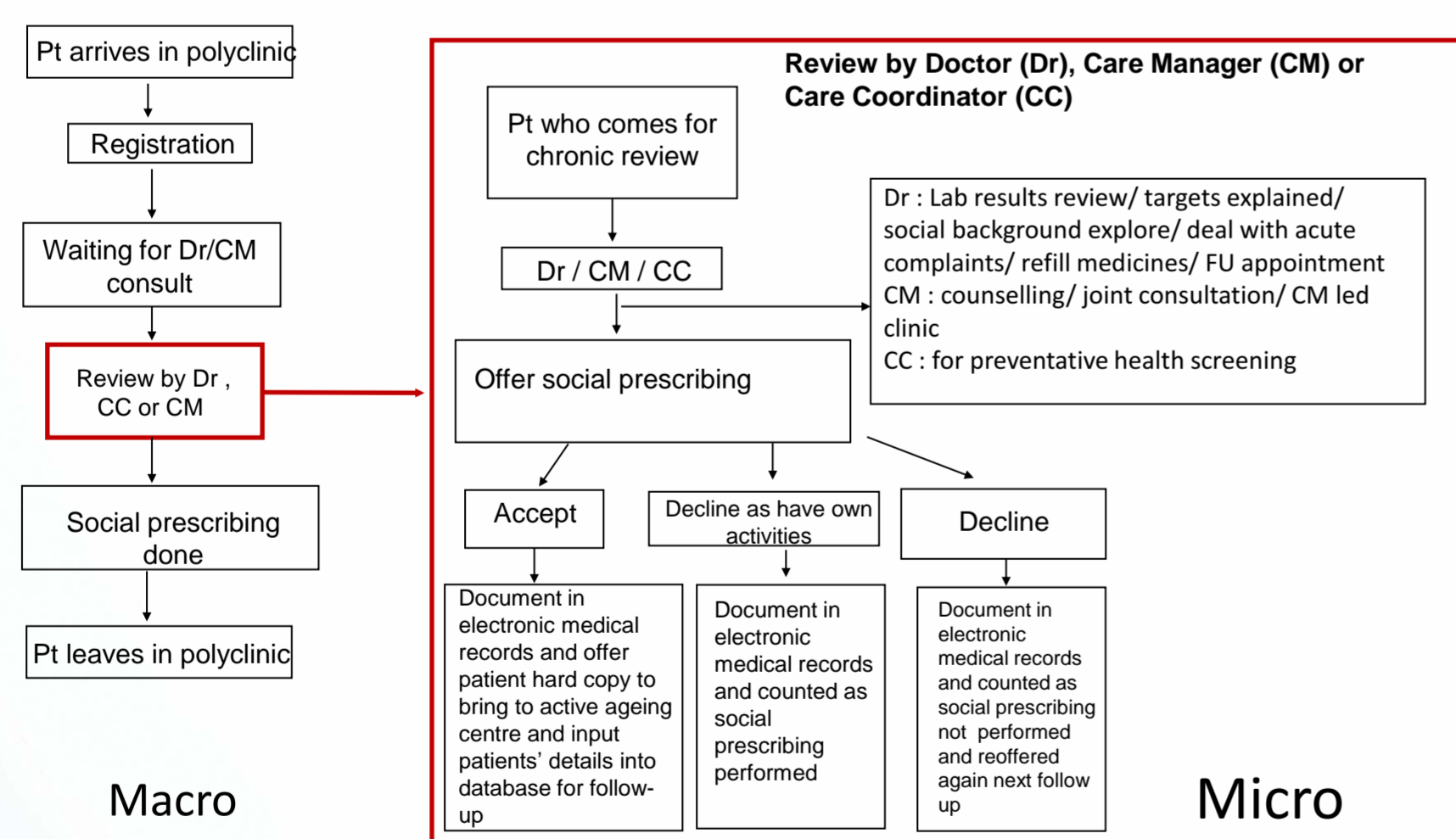
Roles	Name	Designation	Department
Team Leaders	Dr Goh Jun Heng SSN Chong Jia Ru	Family Physician Care Manager	Medical Nursing
Team Members	Dr Jeremy Foo Dr Rajeswari Ms Nuraisha	Family Physician Family Physician Care Coordinator	Medical Medical Nursing
Facilitator	Dr Sze Kai Ping	Deputy Head of Polyclinic	Medical

### Evidence for a Problem Worth Solving

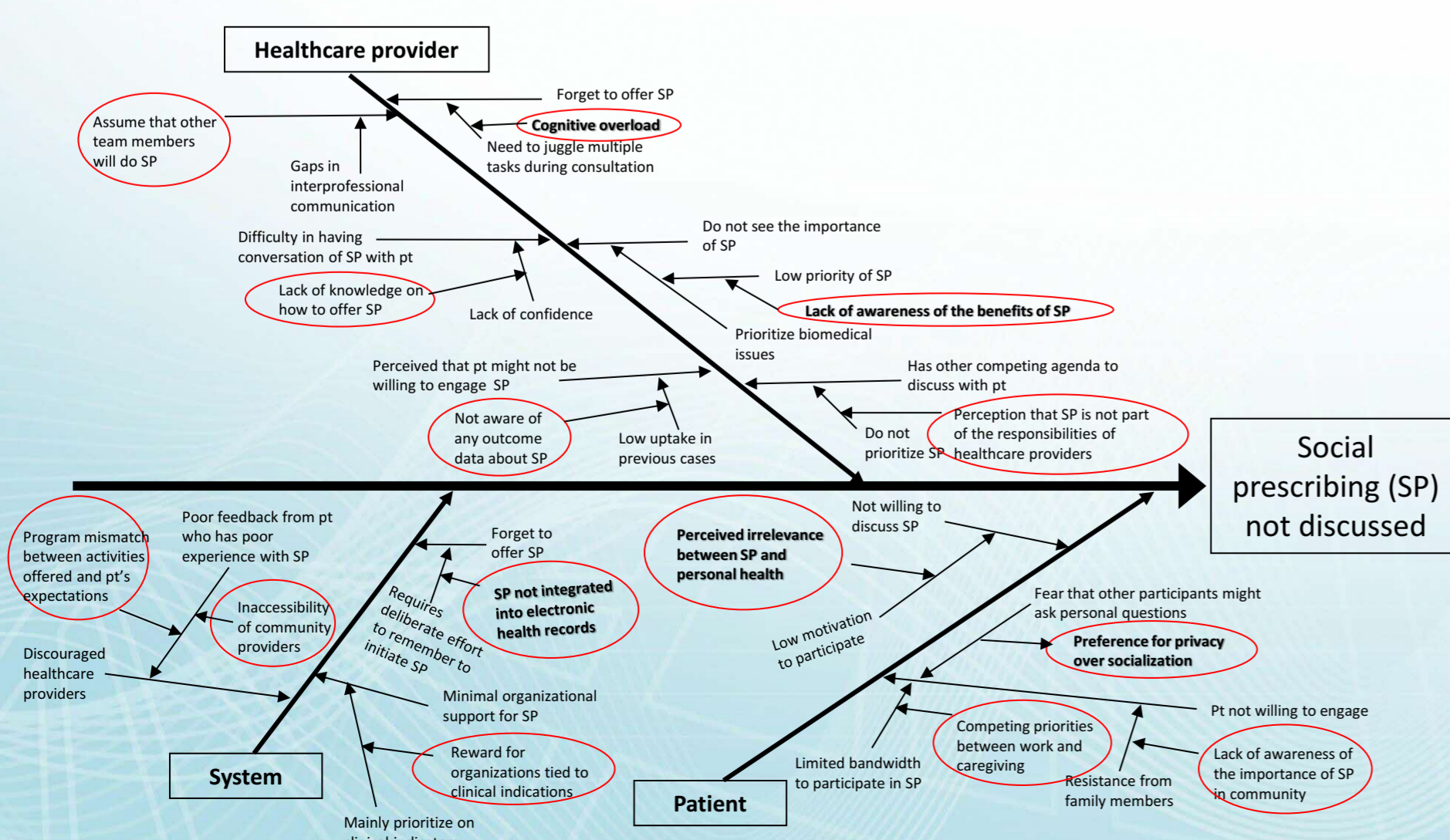
By 2030, 1 in 4 Singaporeans will be aged 65 and above. Seniors are at higher risk of social isolation which has shown to influence health outcomes. As such it is timely to expand social prescribing, an innovative approach which connects patients with non-clinical community services to improve our seniors' social determinants of health.

In alignment with the government's Age Well SG initiative, National Healthcare Group Polyclinic (NHGP) launched a social prescribing initiative which was piloted in Kallang and subsequently Khatib polyclinic with plans for expansion across NHGP clinics in 2025. However, the low average baseline social prescribing rate from early May 2024 to early December 2024 of less than 5% make it evident for the need of a targeted improvement programme.

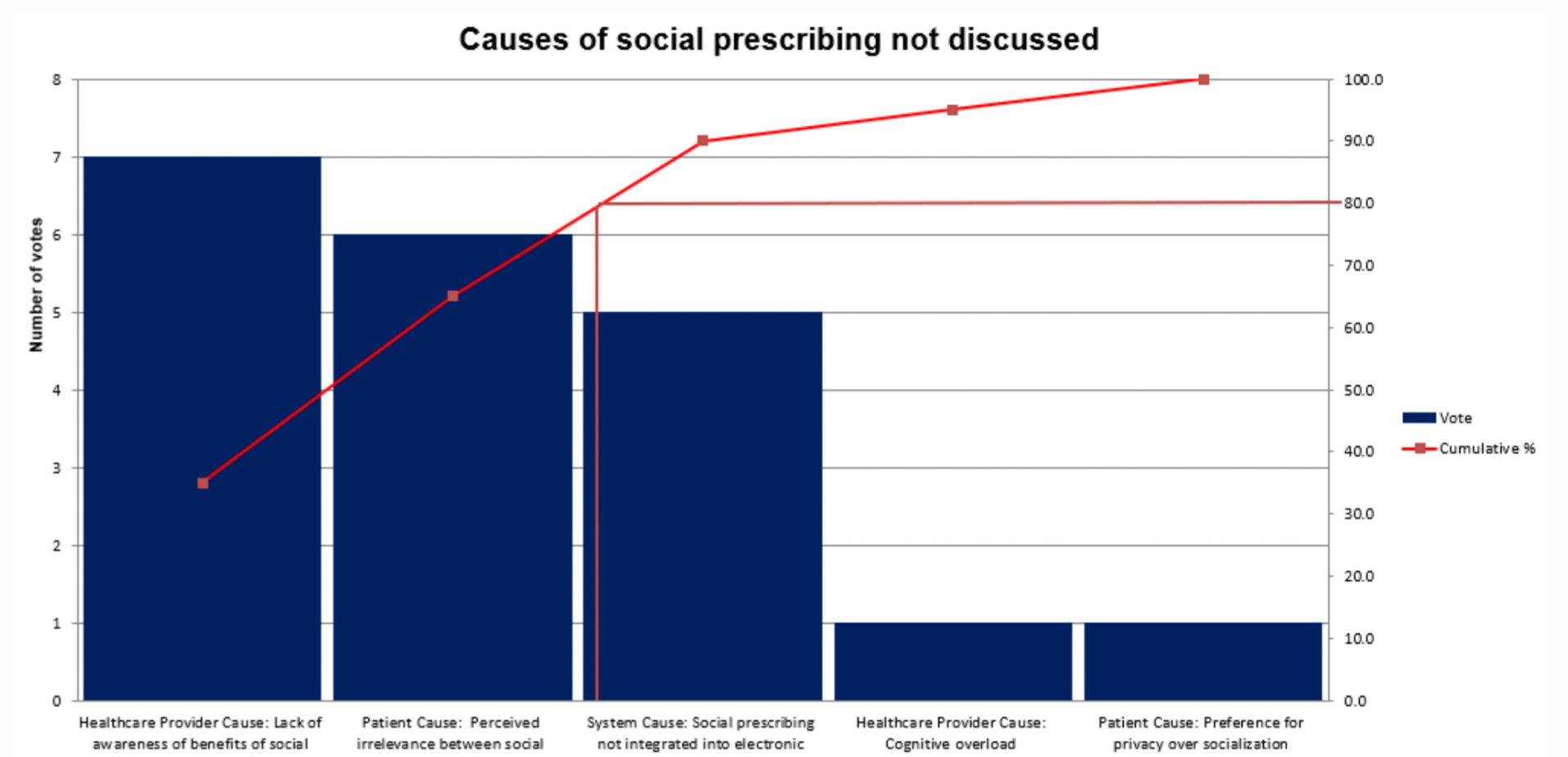
### Flow Chart of Process



### Cause and Effect Diagram



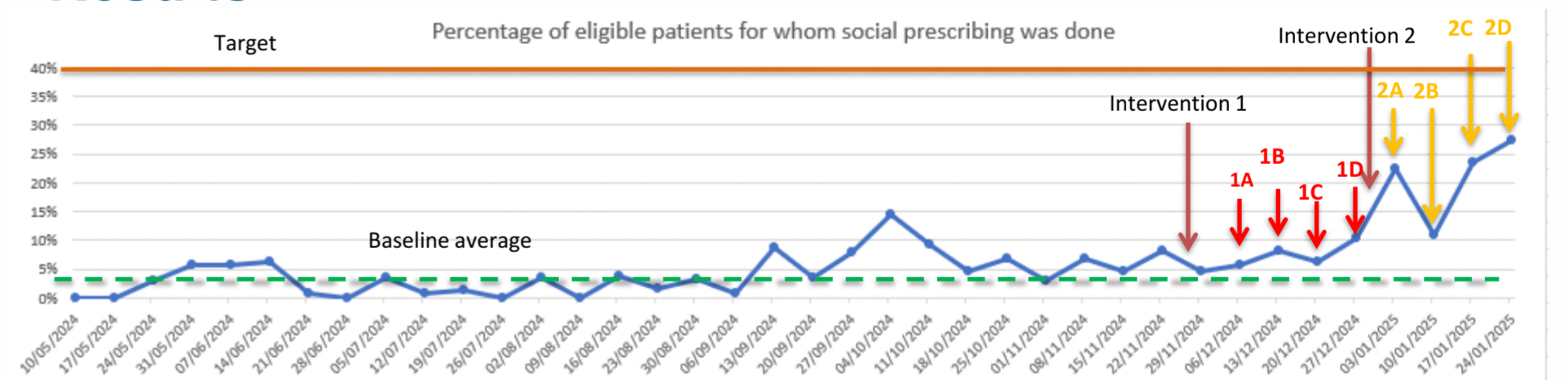
### Pareto Chart



### Implementation

CAUSE / PROBLEM	INTERVENTION	(PLANNED) DATE OF IMPLEMENTATION	Process Measure
1) Healthcare Provider Cause: Lack of awareness of benefits of social prescribing	<b>Intervention 1:</b> Conduct a talk to educate Teamlet A Dr/CM/CC on benefits of social prescribing 1A: Adapt by complementing talk with a summary sheet of benefits sent to members' phones 1B: Adapt by complementing soft copy of summary sheet with hard copies displayed at health provider rooms 1C: Adapt by complementing with automatic prompt of benefits in teamlet work chat 1D: Adopt and tackle next root cause	6/12/2024	Pre and Post Talk score: <b>Pre-Talk Scores: Total: 9/24</b> Average: 3.0 <b>Post-Talk Scores: Total: 18/24</b> Average: 6.0  Improvement in aggregate score by 9/24 and average score by 3.
2) Patient cause: Perceived Irrelevance between social prescribing and personal health issues	<b>Intervention 2:</b> Create a script to help providers motivate patients to agree to social prescribing by explain relevance between social prescribing and patient's personal health 2A: Adapt script by complementing with schedule of activities by active ageing centres 2B: Adapt script by making it more concise and personalized 2C: Adapt script by including schedule of activities organized by health studio 2D: Adopt and tackle next root cause.	3/1/2025	Number of patients who decide to join after the use of a script
3) System Cause: Social prescribing not integrated into electronic health records	<b>Intervention 3:</b> To reduce need for deliberate effort to remember social prescribing by incorporating it in care coordination notes, create a social prescribing order option in EPIC and create a smart phrase template to be incorporated in provider notes	31/1/2025	Number of patients with status of social prescribing placed in care coordination notes, social prescribing referral option selected in EPIC and smart phrase created who have social prescribing performed

### Results



Analysis revealed a substantial increase in social prescribing rates, with figures reaching 27.4% at its peak

### Cost Savings

Cost incurred	Savings from reduction in Accident and Emergency attendance	Savings from reduction in unscheduled inpatient stay
Patient	\$17.0 to \$30.4	\$1.11 to \$19.2
Government	\$4.00 to \$17.4	\$15.7 to \$87.9

### Problems Encountered

Intervention that was initiated in October 2024 was discontinued after assessment at the mid-point CPIP review  
Project data acquisition by the Information Management and Analytics team was interrupted when the NGEMR underwent scheduled system updates  
The number of social prescribing declined during temporary team member absences

### Strategies to Sustain

Engage link workers to help with ensuring patients follow through with the social prescription  
Provide three minutes buffer time during consult for each chronic patient 60 and above not yet engaged in social prescribing, to discuss social prescribing.