

# BE RELEVANT, STAY RELEVANT

In the last six months, I have been approached by a few long-time friends from different institutions for advice on their GP engagement programmes. I felt greatly appreciated by their invitations as it shows that they recognise what I have been trying to do in the last decade. At the same time, I feel flattered though I'm sure I still have much to learn.

## REFLECTION

These invitations got me reflecting on the reasons why the previous programmes have not seen much success. I am sure the previous programmes are all sound and good, and are based on good principles and focused on lightening the national healthcare burden. Many of these programmes are well funded too. Of course, there are some existing policies that cannot be changed overnight but, by and large, there are ways to circumvent them.

Some of the programmes also have very dynamic and enthusiastic managers. These executives spare no effort in visiting GPs, tirelessly explaining to the GPs how their schemes work. While not all patients are happy to leave tertiary care, enough of the public are keen to try out the new schemes.

So what exactly is the problem? Why is it that these schemes do not see any success?

## BAD EXPERIENCES

Not too long ago, a GP colleague shared with me his frustration and anger when he discovered that his faithful patient was directed to a family medicine clinic for follow-up after attending the emergency department of a public restructured hospital. This happened despite the patient telling the attending physician that he had a regular GP. Before we conclude that the patient is unhappy with my GP friend, the truth is the exact opposite. In reality, the patient wanted to schedule his follow-ups with my friend, which was why he brought along the neatly typed letter to show my friend.

This is not an isolated event. Not long after, I was told by another GP, whose clinic is in the northern part of Singapore, that his patient was referred to a private GP group after visiting the polyclinic near his house.

Whenever GPs meet, I hear of various negative accounts. Strangely too, whenever the same GPs meet with our colleagues and leaders from the Ministry of Health, they do not bring up any of these woes. I guess GPs are generally nice people.

## HOW GPs SURVIVE

The conditions in the private world are harsh. Many younger GPs find the going tough. Some will surrender early while others may

seek alternative means of survival. We know that many GPs went into aesthetic practices out of need. Let's face it, there are bills to pay and aesthetic services bring in the much needed cash fast enough for survival.

Older GPs survive through the years often with niches in which they excel. We know of some who "specialise" in company contracts, some offer mainly screening programmes and house call services and others offer health services specifically for men.

Whether it is aesthetics or others, all these "specialisations" are dividing the fraternity, deskilling the well-trained GPs and adversely affecting the public and country. And that would be an interesting topic that deserves a special write-up another time.

The positive lesson here, however, is that GPs have learnt to stay relevant and focused on the needs of their potential clientele to survive and thrive.

## APPLICATION

Applying this lesson in the programmes for right-siting patients, I realised quickly that current GP engagement programmes are not relevant to both the public and GPs. No wonder they will not take off.

It is a near impossible task to convince the public to choose visiting

GPs over polyclinics, Specialist Outpatient Clinics (SOCs) and emergency departments, when the latter's charges are much lower. Similarly, the same medicines are available at these places at only a fraction of the price of those purchased from GPs and retail pharmacies. With that in mind, a little wait and the clinics being slightly out of the way is no deterrent to the almost free services and medicines.

It is well known too that the public will risk being scammed and sometimes even their own lives by buying medicines online. Others may just brave the crowd and long lines entering our neighbouring countries to buy cheaper medicines.

Additionally, engagement programmes are driven by administrators and medical leaders in the institutions who do not have personal experience in the private and GP industry. Simply put, GPs do not need these programmes.

The GPs have learnt to survive and thrive without them. On the other hand, the institutions are the ones suffering from the ever increasing load. The institutions need the GPs much more than the GPs need them.

On top of that, conditions such as fixing consultation charges, drug charges, restricting access to only those who attend "extra" training and so on, put a damper to the programme.

Understanding this helped me realise very quickly the root cause to the lack of success.

## SOLUTION

In my humble opinion, maybe we should let the private GPs take the lead. Let them feedback to the institutions on what they need to attend to their patients, how they should be remunerated and the role they require the public institutions to play. Maybe we still have a chance.

We should think out of the box and for once, let the private world or the GPs take the lead. I am sure the Ministry has already missed the boat since many older GPs have comfortably adapted. But all is not lost. Maybe our Ministry could pin their hopes on the younger GPs while accepting guidance from the older ones.

Finally, we need to listen to the public. They are the ultimate key to success. If the programmes are not conducive for them to switch doctors, they will not. And if that's the case, we will be back to square one regardless of what we do. ♦

## PROFILE



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Dr Leong Choon Kit is a GP in the private sector. He is an advocate of the ideal doctor which is exemplified by one who is good at his clinical practice, teaching, research and leadership in the society. His idea of social leadership includes contributing back to society and lending a voice to the silent.

#### *Disclaimer:*

*The author has been very active in helping MOH, GPs, professional bodies, pharmaceutical companies and patients come together to improve our healthcare system.*

