

# College of Public Health and Occupational Physicians

## Newsletter Issue 18

February 2021

### President's message

Dear Fellows and Members,

Happy 2021! 2020 will be remembered as the extraordinary COVID-19 pandemic. We have made it through the last year with new experiences: living through 8 weeks of "Circuit Breaker", followed by adjustments during Phases 1 and 2. Finally we are into a new norm of Phase 3 from 28 December 2020. Trust that you have been keeping well.

Many Fellows in Public Health, Occupational Medicine and Aviation Medicine have been at the forefront tackling the COVID-19 pandemic, including some Preventive Medicine residents who are our Ordinary members. They formulate policies, conduct epidemiological investigations and organise public health operations such as contact tracing and quarantine. Some Fellows manage the health and wellness of fellow healthcare workers in their institutions and facilitate vaccination against SARS-CoV-2. A number of Fellows also handle the outbreak among migrant workers at their dormitories or work in community quarantine facilities.

In my last message, I mentioned that our annual Singapore PHOM Conference has been postponed from September 2020 to 2021. This has always been our College's signature event and facilitates professional updates and networking with one another. However, Singapore and the world are busy battling the COVID-19 pandemic and the current situation does not herald the resumption of a physical meeting in the near future. The Organising Committee of the 15th PHOM conference is contemplating a fully virtual conference for the first time in 2021. We shall bring you updates once details are finalised.

Dr André Wansaicheong was our esteemed Fellow who contributed significantly to public health in Singapore. We were saddened at his passing on 4 May 2020. Our College received a generous gift from his estate to establish The André Wansaicheong Lectureship. This Lectureship seeks to advance the practice of public health and occupational medicine, while perpetuating the memory of a distinguished Public Health Physician and Academician who dedicated much of his professional life to the service of public health. The Lectureship will be delivered during the Singapore Public Health & Occupational Medicine (PHOM) Conference annually. The Councils of the Academy and CPHOP invited donations in support of this Lectureship. I am pleased to update our Fellows that another \$76,310 was raised. With the dollar-for-dollar Government matching by the Bicentennial Community Fund (BCF) until 31 December 2020, a total of \$152,620 would be added to the initial donation.

As we are still unable to organise physical CME sessions, our Council members have brought them online. We had 4 sessions from June to December 2020 covering topics related to COVID-19 and dengue. I hope you can participate in these online CMEs until it is safe and permissible for us to organise face-to-face sessions. Let us continue with our interactions and exchange of ideas online.

Once again, a big thank you for your continued support of the College and the College Council. Look out for the next (online) Annual General Meeting in May 2021. On behalf of the Council, I wish that all of you stay safe, well and healthy.

Yours sincerely,  
Matthias Toh  
President (2020-2022)



Matthias Toh

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# Interview with Mr Peter Tay, CEO of ALPS

By Clive Tan

*ALPS is a national agency that was established in 2018 to pool procurement and supply chain management for our three healthcare clusters – namely National Healthcare Group (NHG), National University Health System (NUHS) and Singapore Health Services (SingHealth).*

**Clive, CPHOP:** Hi Peter, thanks for taking the time to share your work with our readers. Could you tell us a bit more this agency that you lead?

**Peter:** ALPS was established in 2018 as the key healthcare supply chain partner for transforming healthcare in Singapore. Our goals go beyond just achieving best and affordable value, but also to enable to the transformation of our healthcare system.

Over our short history, we have re-organised the business processes for procurement and supply chain management to achieve greater economies of scale, create synergies, develop new capabilities and innovate supply chain solutions across public healthcare.

**Clive, CPHOP:** Before there was ALPS, how were these essential business processes conducted?

**Peter:** Previously, the three healthcare clusters managed their own procurement and logistics activities, through their own Group Procurement Offices (GPO) or individual procurement office of the Public Healthcare Institutions (PHIs). Each cluster worked independently to determine what drugs and medical supplies to procure. On occasion, the Clusters end up competing with one another for a limited quantity of a drug or product and drive up the overall price.

In certain instances, not all the hospitals get what they need, especially when supply is limited and there is competition. In logistics terms, we call that store or supply hoarding - where you don't know how much is enough, so just grab whatever you can. At a systems level, when everybody rushes in and buy more than what they need, then some will have a shortfall.

**Clive, CPHOP:** I can imagine what you mentioned would be a disaster scenario if three clusters went to procure their COVID-19 testing supplies separately.

**Peter:** Indeed, so ALPS became the interface between MOH, and the clusters and public healthcare institutions (PHIs). I stress the importance of sustenance at the PHIs. Prior to ALPS, it was difficult for MOH to have visibility over the supply issues at the PHIs; the clusters operate and manage these autonomously. This is probably all right in peacetime but to operate during this national crisis, we needed to look at the healthcare system in totality. MOH and the PHIs entrusted ALPS to look after this aspect and be the interface on the supply chain sustenance. One of the first things that we did was to assess the risk of supply chain disruption and how to ensure sustenance of the PHIs. During business as usual, most PHIs were holding about one month's worth of medical supplies. Given the potential disruption and uncertainty in global supply chain, we recommended for a significant increase in their holdings. That meant more storage requirements – but hospitals and polyclinics did not have adequate storage space to hold these additional supplies. So ALPS had to help by centrally sourcing for warehouse space and watching over the logistics and distribution chain. By and large, you can say that ALPS helped managed the entire public healthcare supply chain systematically and from end-to end. This also allowed the PHIs to better focus on the much-needed care for the population.

**Clive, CPHOP:** How was ALPS involved with the COVID-19 response?

**Peter:** ALPS was heavily involved in the planning of the national COVID-19 response since the start of the year.

ALPS has two different workstreams – one on procurement, and one on logistics. The logistics team works very closely with PHIs, with a strong focus on supply chain management. Given the disruptions in trade and high demand for certain medical supplies at the start of 2020, the procurement team had to look for alternate supply sources so that our public healthcare institutions can continue with their business as usual.



Clive Tan and Mr Peter Tay at ALPS

## Interview with Mr Peter Tay, CEO of ALPS (Cont'd)

**Clive, CPHOP: At the start, there was a global shortage of COVID-19 testing related supplies – how did ALPS help to ensure that Singapore had enough?**

**Peter:** Our main challenge was availability. Much of our ‘pre-Covid’ lab supplies and instruments were imported from the West. As the outbreak prolonged and worsened, the supplies were running low much faster. To make the situation worse, the product principals faced restrictions in exporting the supplies to us. These were not helpful in our fight against COVID-19. It was fortunate that we had earlier expanded our sourcing to the Asia-Pacific – China, Korea, Japan and even Viet Nam; and eventually did not face a shortage in our testing supplies.

Other than getting the supplies, we were also mindful that the ground clinicians might have reservations using these supplies from alternate sources as they were used to materials from the incumbent suppliers. At the same time, suppliers in the market were not giving out samples, and were only selling in supplies in units of hundred thousand minimally. So we started importing base volumes of few hundred thousand to let the hospitals try out. We provided an “adaptation period” for them to assess. Once they have assessed and ascertained that the quality is okay, and we move on to order larger quantities. So we adapt first, then adopt. In addition, I can’t stop with one brand – my team has to diversify the supply chain for greater resilience. So the sourcing activities didn’t stop even though a brand was adopted.

**Clive, CPHOP: In terms of sustaining operations for COVID-19, what were some of the workstreams that ALPS was deeply involved in?**

**Peter:** Simple “forecast-and-procure” methodology would not be enough in sustaining the overall public healthcare supply chain during COVID-19. Instead, we took on a “sustenance approach” and asked ourselves “What would help the PHIs sustain?” The approach of forecasting shortfall then processing the buy and re-supply process is rather reactive. So, to help them sustain, we started by working with the PHIs to establish the mission critical areas to ensure that these areas would have prioritised logistic and supply chain support.

We labelled these areas as COVID-19 critical facilities – ICUs, ARI wards, isolation rooms, A&E facilities – and we zoomed in to focus on the sustenance for these areas. This frame provided the ALPS team with a clear mission and ability to value-add to the healthcare ecosystem during the crisis.

Such arrangement not only boosted the confidence from the clusters to ALPS, but it also allowed the PHIs to better focus on the clinical front.

**Clive, CPHOP: How did COVID-19 bring out the best in whole-of-government approaches and interagency cooperation?**

**Peter:** While the intensity of the supply chain disruption experienced earlier this year had started to disentangle slightly in the April-May period and our procurement team managed to secure much-needed medical supplies, we were not entirely out of the woods yet. Like most other crisis, a secondary disruption soon surfaced.

Due to border restrictions imposed from April-May onwards, during that period there were no Singapore-bound flights or any outgoing flights for that matter.

Through MTI, MFA and MOF, and with the assistance from our national carrier SIA, we were able to transport the medical supplies into Singapore. Over time, and with help from SIA, we also established a regular flight schedule for these emergency medical supplies deliveries. I see this as a good example of a multi-agency, national-level effort to tackle the challenges brought on by COVID-19.

**Clive, CPHOP: So what are some of the growth areas that ALPS are looking at, that has been positively or negatively affected by COVID-19?**

**Peter:** In terms of re-thinking logistics and supply chain, we are also thinking about prescriptions for chronic medical conditions. One of the projects we started in 2019 was for home delivery of medications. The concept was well established, but the demand wasn’t high initially. However, demand picked up strongly during COVID.

In terms of numbers, in January 2020, we had about 200 patients on this service. By December 2020, we had more than 3000 patients subscribing to this home delivery of medication service. This also helps patients reduce unnecessary visits to the hospitals and polyclinics, which was an issue during the “Circuit Breaker” period. As our user pool grows, we are seeing economies of scale of running this across PHIs rather than it being run by individual PHIs. As we progress and continue to grow this service, my team is trying to do better by seeing how IT can help to refine the work processes as the subscriber numbers grow.

## Interview with Mr Peter Tay, CEO of ALPS (Cont'd)

**Clive, CPHOP: It seems like ALPS is evolving with every crisis and learning along the way. What are the future plans for ALPS?**

**Peter:** ALPS intend to further develop supply chain capabilities and capacities and enable the transformation of Singapore public healthcare.

As we grow, one of the key enablers would be a strong IT system that would be well-integrated with the PHIs. For that, we have an in-house IT team that is working closely with IHIS on this front.

COVID-19 has dealt a temporary hiatus to our progress. But there is a silver lining – our response to the crisis has revealed that

ALPS and its people are highly adaptive, resourceful and resilient to the changes and challenges thrown at us. And when the COVID-19 situation is no longer a national or international priority, I am confident we can get back on track on our transformation roadmap.

ALPS remains committed to our goal to support MOH's target for Singaporeans to receive good healthcare services at the best and affordable value.

**Clive, CPHOP: Thanks, Peter, for this sharing. Very thankful that we have ALPS to help out when COVID-19 struck.**

**Peter:** Thanks, Clive, always happy to share.

## CME Talk 26 June 2020

The College organised the CME talk on "COVID-19 Epidemiological Investigation" on 26 June 2020. We were honoured to invite A/Prof Teoh Yee Leong to give this talk. This was attended by 102 participants and chaired by Dr Matthias Toh.



## CME Talk 25 August 2020

The CME talk on “Ops Assurance: Managing Covid-19 in Migrant Workers in Singapore” was organised and chaired by Dr Gan Wee Hoe on 25 August 2020. The panel of distinguished panellists included Dr Lionel Cheng, Dr Mohan Tiru, Dr Wu Hong King, A/Prof Jeremy Lim, A/Prof Hsu Li Yang. This was attended by 204 Fellows and Members of the Academy of Medicine, Singapore.



## CME Talk 28 October 2020

CGH's Changi Aviation Medicine Centre (CAMC) and the Civil Aviation Medical Board of the Civil Aviation Authority of Singapore co-organised the 2nd Changi Aviation Medicine (CAM) Symposium on 30 September 2020. The symposium provided perspectives on the impact of the COVID-19 pandemic on commercial pilots, as well as sought to support pilots with practical tips on how to safeguard their health and wellbeing.

At the request of our College's Council, CAMC agreed to re-telecast the recording of the 2nd CAM Symposium to allow our College Fellows to get a better understanding of the impact of the COVID-19 pandemic on this unique occupational group. The re-telecast was held on 28 October 2020. The talk was hosted by Dr Brian See.

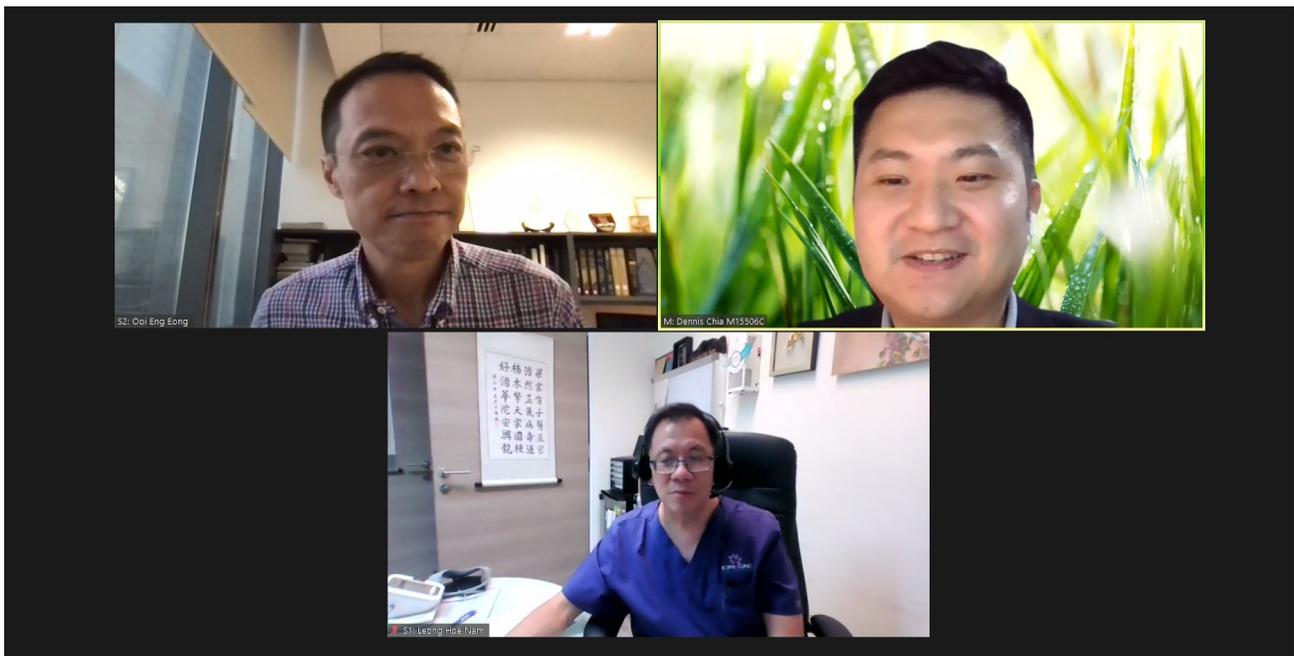


## CME Talk

1 December 2020 & 28 January 2021

Dr Dennis Chia organised and chaired the CME talk on “Dengue in Singapore 2020” on 1 December 2020. The speakers were Dr Leong Hoe Nam and Dr Ooi Eng Eong. It was attended by 106 Fellows and Members of the Academy of Medicine, Singapore.

Due to the a high number of request, the College also organised a re-telecast of the recorded webinar on 28 January 2021.



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