

# Future hospitals could see merger of B2 and C wards

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Patients who choose to stay in public hospitals' subsidised wards in the future, especially at new hospitals, will most likely be placed in a ward with a maximum of six beds, instead of up to eight beds or more now.

Ward layouts for new hospitals have been standardised with the launch of a new national framework – the Healthcare Facility Design Standards (HFDS) – on Dec 9 by the Ministry of Health (MOH).

It paves the way for a possible merger between the two subsidised ward types – B2 and C – of which MOH said in 2021 that their physical differences “are no longer so obvious”.

HFDS also standardises other features of public hospitals, such as plumbing systems and lifts.

This brings about numerous benefits, including allowing new hospitals to be built faster, at a potentially lower cost.

The new Tengah General and Community Hospital (TGCH) in

Tengah Garden Avenue, the new Tan Tock Seng Hospital Medical Tower, and the redevelopment of the National University Hospital (NUH) in Kent Ridge are the first few projects to tap HFDS.

Ward layouts under HFDS, seen by The Straits Times, are made up of standard grids of 8.4m by 8.4m, with each bed and the space around it fitting into this grid. Such a layout allows for “easy reconfiguration of internal spaces without major structural changes while supporting future renovations, expansions or technology upgrades”.

The framework allows for three standardised general wards – A class with one bed, B1 class with four beds, and B2 or C class with six beds.

Existing B2 class wards have either five or six beds. For C class wards, the number of beds ranges from five to 12, based on online checks.

HFDS was developed by MOH Holdings (MOHH) and all three public healthcare clusters, and drew from the best practices and lessons learnt from past projects.

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# New framework also standardises ward layouts

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Associate Professor Victor Koh, TGCH's pro tem chief executive, was asked if the hospital would fully adopt the standardised ward layout, and if it would have only one subsidised ward type. He said that as the first project using HFDS, TGCH is "still in the planning and exploration stage and learning how to interpret and apply HFDS to explore the reconfiguration of clinical spaces and ward layouts".

While a decision on ward types may not have been made for TGCH yet, MOH's earlier remarks point to a possibility of public hospitals having only three general ward types in future.

During the debate on MOH's budget in Parliament in 2021, Dr Koh Poh Koon, Senior Minister of State for Health, said the physical differences between the B2 and C class wards were "no longer so obvious, following infrastructural improvements to raise patient safety and infection control standards".

He was most likely referring to the number of beds, ventilation by fans and availability of an attached toilet.

He said this when announcing that the subsidies between these two ward classes would be unified to a range of 50 per cent to 80 per cent for Singaporeans.

As better means testing had been achieved, there was less of a need to rely on ward choice to differentiate the subsidy levels, said Dr Koh then.

In addition to the lack of physical differences between these two subsidised ward types, online checks also point to minimal differences between them in charges at most hospitals.

The daily room rate for Singaporeans, assuming they receive the maximum subsidies, at Ng Teng Fong General Hospital's 12-bed C-class ward is \$51, \$4 less than for the six-bed B2 wards.

A stay in an NUH eight-bed C ward costs \$52.40 a day, while the cost of stays at the hospital's six-bed B2 wards is a notch higher at \$57.

KK Women's and Children's Hospital's (KKH) and Singapore General Hospital's (SGH) subsidi-

dised ward charges see larger differences.

Stays in KKH's six-bed B2 wards cost from \$75.60 daily. Its C wards – also holding six beds for the women's wards, but eight beds for the children's wards – have a rate of \$43.10 a day.

Stays in SGH's C wards (up to eight beds) are from \$47.30 daily, \$19.10 lower than for the B2 wards (up to six beds).

Some hospitals also have different offerings for patients in B2 wards, compared with those in C wards.

For instance, Sengkang General Hospital separates the shower from the toilet for its B2 wards, while its C wards have both facilities together.

At Woodlands Health, patients of B2 and C wards may be placed in the same physical ward. Those in the B2 class are charged a daily rate of \$64 and get a complimentary toiletry set and up to 14 different lunch or dinner options. Those in C class are charged \$53 and get up to 10 meal options.

Speaking to ST at the launch of HFDS, Mr Joseph Toh, a director at MOHH's healthcare infrastructure projects division, said it is important to be prudent when spending public monies.

Therefore, projects that have already begun may not be able to change their plans to comply with HFDS, to avoid aborting work done.

However, Mr Toh also said that as HFDS was derived from best practices, these could probably have already been incorporated into a hospital's designs.

Existing hospitals can adopt HFDS when they are up for refurbishment or renewal, he said.

On whether HFDS prescribes for the conversion of existing B2 wards to C wards or vice versa to achieve the standardised ward layout, Mr Toh said HFDS provides for operational flexibility to allow for ward conversion, if needed.

The 1993 White Paper on Affordable Health Care stipulated that at least 65 per cent of public hospital beds were to be B2 or C beds, and A class beds were to comprise no more than 13 per cent.