Primary Care Networks

Peer Network & Administrative Support benefit GPs & patients alike

By Agency for Integrated Care

The Primary Care Network (PCN) was piloted in 2012 and PCN scheme was launched in 2018 to support GPs in caring for their patients, particularly in chronic disease management. The PCN model/ scheme allows like-minded GPs coming together to tap on shared resources. This allowed the GPs to benefit from economies of scale, enabling greater convenience and affordability of ancillary services for their patients. Since its launch, the programme has grown, from over 300 participating GP clinics in 2018 to over 600 GP clinics in 2022.

Administrative and patient care support

GP clinics who join PCNs have access to mobile nurse counsellors and care coordinators employed by the PCNs. PCN nurse counsellors visit member clinics to provide eye and foot screening to diabetic patients for greater convenience. Certain PCNs offer additional allied health services such as podiatry and physiotherapy, and also mental health services.

"Diabetic Screening and Counselling for Hyperlipidemia and Asthma help patients to be more self-aware."

- Frontier PCN GP

GPs may also refer their chronic patients for nurse counselling where patients are self-empowered through motivational interviews and development of skills such as insulin administration to manage their conditions, thus complementing the medical care already provided by the GPs.

More than **10,000** Nurse Counselling sessions were conducted from 2018 to 2021, helping patients make lifestyle changes

Meanwhile care coordinators support the member clinics by reminding patients of appointments. During the 2021 PCN survey, patients expressed appreciation for the shared care provided by PCN GPs, nurses and care coordinators, with 95% of patients expressing satisfaction with ancillary services provided and 93% of patients sharing that nurse counselling helped them better manage their conditions.

Systematic tracking, collation and analysis of patient data

PCN clinics contribute information for patients whose chronic conditions they are managing to a Chronic Disease Registry, a platform that consolidates the data, allowing GPs to track and monitor patients' conditions systematically.

PCN HQs, consisting of a clinical lead, administrative lead and programme manager, support member clinics with the analysis to enable early intervention, achievement of optimal care outcomes and benchmarking against national standards to deliver appropriate care.

Capability-building through training & peer network

"The camaraderie and peer support is so good that I don't feel that I am alone in this fight." - SingHealth DOT PCN GP referring to the COVID-19 pandemic response

PCNs play a key role in supporting the training and capability-building for member GPs. GPs benefit from having a network of like-minded colleagues to share best practices with, which is particularly useful during public health emergencies. During the COVID-19 pandemic, GPs shared reminders of rapidly changing guidelines and protocols with others in their PCNs. Additionally, PCN GPs are eligible for subsidised course fees which encourages continuous learning and upskilling.

As of June 2021, 77% of PCN GPs have attended at least 1 subsidised training course

PCNs - a key component of Healthier SG

Healthier SG is an initiative to help all Singaporeans journey towards better health, by focusing on preventive care anchored by GPs. Residents will be enrolled to one clinic of their choice and work with their doctor to develop a Health Plan geared towards achieving their health goals. The doctor may include steps in the resident's Health Plan, such as completing recommended health screenings and vaccinations, making dietary changes or participating in health-related programmes and activities.

GPs will require additional support in order to take on this expanded scope and PCNs will be integral to supporting this care. The PCN structure will facilitate the multidisciplinary shared care between GPs, care coordinators, nurses, healthcare clusters and community providers. By being part of a PCN, GPs will have more clinical and administrative support to participate in Healthier SG.

Interested in joining a PCN? Join us for these upcoming Brown Bag Sessions on

Enhancing Diabetes Management through PCN Data, the Chronic Disease Registry and PDSA Workshops

2 November 2022 (Wednesday), 1 - 2pm

12 November 2022 (Saturday), 2 - 3pm

Scan the QR Code(s) to sign up for the session(s)