

From Prescription to Participation:

Partnerships that Empower Seniors to Age Well in the Community

by the Agency for Integrated Care (AIC)



As Singapore's population ages, general practitioners (GPs) are increasingly expected to support not only disease management but also functional independence and well-being over time. This requires care models that extend beyond clinical settings into the communities where seniors live.

Healthier SG and Age Well SG support this shift by connecting primary care with community-based resources that help address seniors' holistic wellbeing. Healthier SG anchors preventive care through personalised Health Plans and long-term GP-patient relationships, while Age Well SG supports seniors to age actively by addressing physical, social and functional needs within their communities.

Within this landscape, Active Ageing Centres (AACs) are emerging as important community-based partners to GPs, helping translate preventive health goals into practical, day-to-day actions.

What AACs offer

AACs serve as accessible points for seniors' community health, lifestyle and social needs. They provide what is known as the "ABC" suite of services: **A**ctive ageing activities, **B**efriending and buddying, and information and referral to **C**are services, supporting seniors to remain engaged and connected within close proximity to their residences.

In support of Healthier SG, AACs also act as Social Connectors to help seniors participate in programmes aimed at keeping them active, and provide Community Screening which involves assisting them with screening and measurement of vital signs, as prescribed in their Health Plans.

Why this is imperative for GPs

For GPs, this represents a practical extension of care beyond medical management.

The collaboration between Dr Lim Chien Chuan, Clinical Lead of I-CARE Primary Care Network (PCN), and MWS Active Ageing Centre – GreenTops@Sims Place (AACGT) illustrates how this partnership works in practice. Dr Lim notes that many seniors who benefit from AAC programmes do not necessarily present with overt medical diagnoses.

As he explains, "There are patients who are physically frail without a specific disease, simply because they have not been exercising. There are also those who are socially isolated. From a medical point of view, we can see the risk, but these are not issues that medication alone can address."



Dr Lim Chien Chuan (right) from I-CARE Primary Care Network

How it works in practice: Mdm Tan's story

One such patient is Mdm Tan, an 80-year-old woman living alone. While Mdm Tan is still physically independent, Dr Lim observed signs of social withdrawal during consultations and recommended that she explore programmes at the AAC near her home.

Dr Lim often encourages patients not to think of the AAC as a place where they go to receive help, but a place where they can contribute.

“Many older adults are proud,” he says. “When they see themselves as giving rather than receiving, they are more willing to take the first step.”

At MWS AACGT, Centre Lead Ms Melissa Teo observed that Dr Lim's recommendation was instrumental in encouraging Mdm Tan to re-engage with the community.

“Mdm Tan was already known to our team even though she had not been actively participating in our centre's activities,” Ms Teo shares. “With Dr Lim's timely encouragement, she found the confidence to visit the centre and begin exploring what was available.”

While Mdm Tan experienced giddiness and chose not to participate in group exercise sessions, she remained open to alternative forms of support.

Ms Teo observes that Mdm Tan now visits the centre more often for assistance with her mobile phone and government letters. Mdm Tan also uses the Community Health Post at the AAC to monitor her health, returning to Dr Lim for follow-up whenever symptoms recur.



Seniors keeping active through foosball

Photo credit: MWS AACGT

Supporting GPs through structured referrals

Within the I-CARE PCN, referrals to AACs are designed to fit into busy GP workflows. Each GP is supported by dedicated PCN staff who coordinate referrals, liaise with AACs and follow up directly with seniors.

As Dr Lim notes, “GPs are already very busy. It is not realistic to expect them to know which centre offers which activities, on which day and at what time.”

Observable functional improvements

Beyond social engagement, Dr Lim has observed tangible functional improvements among seniors who participate in structured exercise programmes facilitated through AACs.

He recalls one patient who struggled to stand up from a chair and get in and out of a car. Initially, it took her about six seconds to stand up. After supervised exercise, this was reduced to about two seconds.

The patient's daughter also later shared that after the programme, her mother is able to get in and out of the car independently.

“These are changes that affect dignity and confidence, not just physical strength,” Dr Lim adds.

An evolving partnership in community-based care

As the partnership between GPs and AACs deepens, both sides are finding more effective ways to support seniors to age well within familiar community settings.

Ms Teo shares that between 2023 and 2025, MWS AACGT received referrals for older adults to programmes such as gym sessions and befriending support, with varying levels of engagement. Other than these referrals, the AAC's collaboration with I-CARE PCN has also included health talks and bone mass checks conducted at the centre.

AACs are also beginning to experiment with interest-based activities beyond traditional exercise formats. Activities such as pickleball have shown promise in engaging certain groups, particularly when programmes are matched to participants' interests rather than age.

Dr Lim acknowledges that social prescribing within primary care remains an evolving practice, and it takes time to understand what truly engages different patients.

“We are not there yet but the direction is right,” he reflects. “With an ageing population and increasing social isolation, AACs are necessary. More work needs to be done but overall, I am optimistic about where things are heading.”



GPs are encouraged to refer their senior patients to attend AACs near their homes, as part of supporting preventive health and active ageing in the community.

Click or scan the QR code to locate the nearest AAC.