A joint initiative by the Ministry of Health (MOH) and the Agency for Integrated Care (AIC), the Primary Care Networks (PCNs) anchor effective chronic disease management within primary care, providing holistic and coordinated care for patients with chronic conditions such as diabetes, hypertension and hyperlipidaemia. Currently, two PCNs have been established, one led by Frontier Healthcare Group and the other set up by National University Health System (NUHS).

**Frontier PCN**
- Piloted in 2012 with 9 GP clinics
- Now has 39 GP clinics that manage over 9,000 patients
- Taps on the Diabetic Society of Singapore and Community Health Centres for patients’ diabetic foot and eye screening tests

**NUHS PCN**
- Kick-started with 8 clinics in April 2017 and had since expanded to 23 clinics
- Makes multidisciplinary team-based care possible through shared care between the PCN GPs and NUHS Specialists to better manage patients with complex conditions

To encourage more GP clinics to work in networks, an inaugural application call for PCN proposals ran from 1 April 2017 to 31 May 2017. The response has been positive, with a total of 14 applications involving more than 200 interested GP clinics. Successfully awarded PCNs are targeted to commence from early 2018.

**Dr Tan Tze Lee, Family Physician**
The Edinburgh Clinic – Frontier PCN

“Through periodic follow up, close monitoring at the clinic and lifestyle modification advice from the PCN nurse counsellor, some patients’ blood sugar was so well controlled that their initial therapy had been reduced by more than two-thirds.”

Dr Tan has seen 47-year-old Ms Lim Yee Wah since 1992. Thanks to PCN, she enjoys individualised and dedicated dietary and lifestyle counselling from a nurse counsellor, as well as the convenience of mobile eye and foot screening services at Dr Tan’s clinic. She values the continuity of care and long-term relationship with Dr Tan.

**Dr Mark Yap, Family Physician**
Cashew Medical & Surgery – NUHS PCN

“Through imparting adequate knowledge such as meal planning to the patients through the PCN nurse counsellor, we are empowering patients to make informed and important choices that could impact their health conditions.”

Dr Yap has been seeing Mr Ong Keng Cheong, 68, for the past 15 years for his diabetes. With PCN, Mr Ong has benefitted by having more holistic team-based care with regular diabetic eye and foot screening, as facilitated by the PCN care coordinator and health counselling by the nurse counsellor.

To learn more about PCN and how you can be a part of it, contact AIC at gp@aic.sg or 6632 1199.