Primary Care Network (PCN)

Frequently Asked Questions (FAQs)

1. What is a Primary Care Network (PCN)?

The PCN is a network of General Practitioners (GPs) supported by nurses and care coordinators in providing holistic and coordinated care for patients with chronic conditions such as diabetes, high blood pressure and high cholesterol. This team-based care approach ensures patients with chronic conditions are better cared for in the community.

2. How does the PCN work?

First, the patient consults a PCN GP for his or her chronic condition(s). The PCN GP assesses and diagnoses the patient's condition and registers patient on the PCN's Chronic Disease Registry (CDR) if applicable. Patient will be referred to see a nurse counsellor and the relevant ancillary services (such as diabetic foot or eye screenings) if required.

The care coordinator at the PCN-HQ level will then work with the respective clinic assistant to schedule the patient for the ancillary service(s) appointment. Upon completion of the ancillary service(s), the doctor will review the test results and follow up with the patient.

The patient's progress and clinical outcomes will be tracked and monitored under the PCN CDR to ensure that they follow through with their personalised care plans and treatment. The overall aim is to help patients better manage their chronic conditions and improve their health outcomes.

3. How does the PCN benefit me as a patient with chronic condition(s)?

There will be closer monitoring of your chronic conditions for earlier intervention by your PCN GP. You will also have access to nurse counsellors for individualised advice to manage your chronic condition(s), including lifestyle and dietary modifications.

4. What are the ancillary services provided by the PCN GPs?

Ancillary care services refer to the wide range of healthcare services provided to support the work of a primary physician. The PCN typically provides the following ancillary services for their chronic patients through partnership with the community partners:

- **Diabetic Foot Screening (DFS)**

As part of the holistic chronic disease management, diabetic patients will be scheduled for periodic foot screening to identify any diabetic-related foot issues that can lead to amputations if not well taken care of. Advice on proper foot care and footwear will also be provided.

- **Diabetic Retinal Photography (DRP)**

The PCN coordinator will also help to coordinate periodic DRP screening for diabetic patients through service providers such as Community Health Centres (CHCs) to enable early detection of any diabetic-related eye conditions. This will ensure early intervention which will reduce the risk of complications that can lead to blindness.

- **Nurse Counselling & Education (NC)**

You can learn more about your chronic condition(s) from the nurse counsellors. They will provide you with personalised advice on positive lifestyle changes and empower you to self-manage your condition(s).

5. Are these ancillary services chargeable? If so, how much?

Yes, the ancillary services are chargeable. You may contact the respective PCN GP clinics to check on the ancillary services rates and packages for the above services.

For the list of PCN GP clinics, please refer to the PCN GP clinics listing found on www.aic.sg/PCN.

6. Can I use my CHAS, Merdeka Generation or Pioneer Generation Card at the PCN GP clinic?

Yes. You may use your CHAS (Blue/Orange/Green), Merdeka Generation or Pioneer Generation Card when visiting a PCN GP to enjoy subsidised consultation fees and ancillary services as all PCN GP clinics are CHAS accredited.

7. Can I use my CHAS subsidies for treatment of my chronic condition at the PCN GP clinic?

Yes. You may use your CHAS (Blue/Orange/Green), Merdeka Generation or Pioneer Generation Card when visiting a PCN GP clinic for the treatment of your chronic condition(s) as long as the condition is one of the 20 conditions listed in the Chronic Disease Management Programme (CDMP) below:

	Chronic Conditions		Chronic Conditions
1	Diabetes Mellitus/ Pre-Diabetes	11	Stroke
2	Hypertension	12	Dementia [+]
3	Lipid Disorders	13	Osteoarthritis
4	Asthma	14	Parkinson's Disease
5	Chronic Obstructive Pulmonary Disease (COPD)	15	Benign Prostatic Hyperplasia (BPH)
6	Nephritis / Nephrosis	16	Epilepsy
7	Schizophrenia [+]	17	Osteoporosis
8	Major Depression [+]	18	Psoriasis
9	Bipolar Disorder [+]	19	Rheumatoid Arthritis (RA)
10	Anxiety [+]	20	Ischaemic Heart Disease (IHD)

[+]Only claimable at selected clinics

8. How do I know whether my regular GP is under a PCN?

You may ask your GP about it or you may refer to the PCN GP Listing found on www.aic.sg/PCN.

9. Do I need to be enrolled with a PCN GP to access the respective ancillary services for my chronic condition(s)?

You may wish to speak with your PCN GP for more information pertaining to your chronic condition and access to the ancillary services.

10. Can I just walk in to a PCN GP clinic to request for a particular ancillary service?

The GP would have to assess if your chronic condition(s) needs a particular ancillary service before the care coordinator schedules you for one. To better serve all the patients, all the ancillary services are by appointment only.

11. What should I bring when visiting the PCN GP clinic?

You would need to bring the following during your visit:

a. NRIC
b. The following cards (if applicable):
    i. CHAS Card under Community Health Assist Scheme (CHAS);
    ii. Merdeka Generation (MG) Card or
    iii. Pioneer Generation (PG) Card
c. Referral form from SOC/Polyclinic (if any)

12. Where can I get more information on PCN?

For more information on PCN, please visit www.aic.sg/PCN, email us at enquiries@aic.sg or call the Singapore Silver Line at 1800-650-6060.