Tan Tock Seng HOSPITAL
National Healthcare Group

A PUBLICATION FOR PRIMARY CARE PHYSICIANS

GPBUZZ

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Navigating care with ALLIED HEALTH

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Charting New Paths: Allied Health Partnership with GPs

As healthcare professionals, we all aspire to provide holistic and seamless care for our patients. While allied health professionals and services have grown in primary and community care settings over time, majority are still sited within hospitals. For our GPs, access to allied health services have to go through a referral to the specialist outpatient clinics where patients are then directed to the relevant allied health services. This process often results in increased wait time and unnecessary costs for the patients, especially if their conditions do not require specialist attention. Besides allied health services in hospitals, access to community allied health services is equally challenging, as the flows are not as seamless as they should ideally be.

> *"The current reality remains that the infrastructural support needs to be further developed for better care access for our patients in a highly complex healthcare landscape."*

Healthier SG offers new opportunities to design and transform our model of care, anchored on better support for GPs' expanded scope of work: to provide preventive care and early chronic disease management for enrolled residents, and to work with these care recipients to develop their individualised health plans.

Taking it Forward for a Healthier Singapore

Familiar with the team-based care in hospitals, allied health professionals will also work directly with the GPs moving forward, to deliver shared care. Instead of doing more of the same in the way care is delivered, Ang Mo Kio Specialist Centre has been set up as a **sandbox to test new care models** involving more direct working relationships with the GPs. One such example is the integrated Musculoskeletal (iMSK) service which consists of occupational therapists and physiotherapists who are specially trained and ready to work closely with our GP counterparts in managing patients with common musculoskeletal conditions without having to go the orthopaedic specialist outpatient clinics. The value to the patients is more timely access to therapy services and avoidance of unnecessary costs. These early innovations have primed us to be more ready than ever to establish strong partnerships with GPs in preventive care and chronic disease management.

Development of a key system-level enabler to support our GPs is in the form of **Community of Care** – a local network of healthcare providers, social service agencies, and national agencies coming together to co-share the care of the residents. As primary care doctors work with residents to develop their health plans, they can collaborate with partners in these local networks to ensure the health-social needs of the residents are met.

Allied health is set to play a significant role in these local networks, and residents can look forward to more holistic care through the collaboration between GPs, allied health professionals and other providers. Together, we hope to achieve the philosophy of ***place-based care, relationship-based care*** and ***integrated care*** for our residents, to create a new care framework where residents receive care services from care providers familiar to them and who will see them through their life course, in a highly coordinated and joined-up manner.

Allied health professionals are a diverse group of practitioners with specialised skill sets, and therein lies our strength. We can work with GPs to support a wide range of needs on the care continuum such as behavioural health coaching, foot and eye screening, dietary counselling, therapy for common musculoskeletal problems, and psychosocial counselling.

An exciting journey lies ahead as our allied health professionals look forward to working hand-in-hand with you, our GP partners, to build healthier and happier communities in Central Health.

Sincerely,
Doreen Yeo
Chairperson of Allied Health Services
TTSH

CHAmpioning a Healthier SG:

Building Healthier Communities with Central Zone Residents

On 12 and 13 August, the Division for Central Health (DCH) held our first series of in-person engagement sessions for residents living in Central Singapore. More than 100 participants gathered bright and early in Tan Tock Seng Hospital to share their views on Healthier SG over two days. These discussions complemented the focus group sessions with General Practitioners as the views of both groups of stakeholders will help shape the future of healthcare in Singapore.

Speaking up with enthusiasm, residents shared their aspirations and ideas on how to build better health outcomes for them, their loved ones, and the community. While expressing support for having a regular family doctor to care for them and their family, points of consideration on the "One Resident, One Family Doctor" concept were also raised through meaningful discussions. Laughter filled the room as everyone shared their health goals and challenges, and various ways to stay active and keep fit in the community, wherein peer support was highlighted as an important motivation.

The lively exchange of ideas over the two days provided the team with new and insightful perspectives, as we continue to design and improve on our care models and programmes. Amidst the buzz of Healthier SG, the core message is clear – it is a whole-of-society effort that involves everyone from the young to those full of wisdom in their years to build healthier and happier communities!

Residents participating actively and casting votes on what community programmes they prefer as part of Healthier SG.

For more information on Healthier SG, visit **https://www.healthiersg.gov.sg**

Summary of Responses from Our Residents About Healthier SG

One Resident, One Family Doctor

63% visit a **REGULAR CLINIC** currently

TOP CONSIDERATIONS
when choosing a regular clinic

1. Having trust and rapport with doctor
2. Ease and convenience
3. Low out-of-pocket costs
4. Access to quality care and doctor's expertise

How can Healthier SG make seeing a regular clinic MORE ATTRACTIVE?

1. More subsidies for health screenings and vaccinations
2. Discounts on insurance premiums (e.g. MediShield Life)
3. Allowed to use more MediSave for chronic conditions and pay less cash

How can Healthier SG help our residents to ACHIEVE THEIR HEALTH GOALS?

Regular health screenings	Advice on programmes/ activities for health improvement	Regular check-ins with doctor to manage chronic conditions
2nd	1st	3rd

Community Support

7 in 10 participated in community programmes in the last 3 years

PHYSICAL EXERCISES, MENTAL WELL-BEING WORKSHOPS and HPB NATIONAL STEPS CHALLENGE were the TOP 3 community programmes that residents would like Healthier SG to include

Dialogue with GP Partners:

Forging Ahead with Stronger Primary Care

GPs engaged in synergistic breakout sessions share their perspectives on the Healthier SG journey.

In July this year, National Healthcare Group (NHG) conducted a series of Healthier SG Focus Group Discussions with over 160 General Practitioners (GPs) from the Central and North region. Organised in partnership with Ministry of Health (MOH) and Agency for Integrated Care (AIC), the insightful engagement sessions were held at Ramada Hotel, Seletar Country Club and over Zoom platform, and provided valuable feedback on how NHG and our GP colleagues could collaborate and contribute towards better population health in Singapore.

This series of engagement sessions is part of national efforts to develop MOH's proposals for key strategic initiatives of the Healthier SG Vision – "One Family Doctor" and "One Health Plan for Everyone".

Key Findings from Engagement

Most GPs are supportive of the Healthier SG (HSG) roadmap, which will benefit most residents through improved health outcomes. However, they raised some concerns over clinical care workflows, IT and technical support, and ease of navigation across the various community services and programmes. They also shared that having easier access to allied health services such as nutrition and dietetics, podiatry and physiotherapy would greatly improve the overall care management of patients.

Setting Up Key Enablers for Better Health

As a regional health manager, NHG is here to provide better support to GP partners and residents for Healthier SG through NHG Cares, a foundational piece in coordinating care and support for referrals, capability development and administrative support, by integrating all primary and community services support. Specifically, the TeleHealth and Call Centre will support GPs and residents in navigating across the health and social landscape, and address queries about enrolment and its processes so as to provide a seamless care experience.

In line with NHG's population health strategy towards MOH's HSG plans, a network of services with strategic partners and activated residents will also be organised to deliver needs-based and place-based care, as we work towards fulfilling the vision of a Community of Care in Every Neighbourhood.

The presentations by key partners wrapped up with Q&A sessions from the floor.

Join Us at Singapore Patient Conference!

2022 marks a decade of Singapore Patient Conference (SPC). This year, SPC returns with the theme "Building Healthier and Happier Communities". Catch our virtual Main Conference and Award Ceremony happening via Zoom with livestream to SPC Facebook on 16 November 2022 (Wednesday).

Tune in to the plenary presentation and experience the whole-of-society effort in weaving the fabric of healthy, happy and resilient communities. Held in conjunction with SPC, celebrate our #InvisibleHEROES in health and social care at the 8th edition of the Singapore Patient Action Awards.

Are you ready for the action? Register for SPC today: https://for.sg/spc2022-reg.

BUILDING HEALTHIER & HAPPIER COMMUNITIES

SINGAPORE PATIENT CONFERENCE 2022®

SINGAPORE PATIENT ACTION AWARDS 2022®

16 November 2022, Wednesday

● **LIVE** on SPC Facebook & Zoom

10.00am to 12.00pm | **Virtual Main Conference**

3.00pm to 5.30pm | **Award Ceremony and Recipients' Sharing**

Scan to Register

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@singaporepatientconference

Contact Us

6357 8018
(Mon to Fri: 10.00am to 4.00pm)

sgpc@ttsh.com.sg

Main Organisers:

Tan Tock Seng Hospital, National Healthcare Group

Centre for Health Activation – Building a Community of Carers

In Partnership With:

Central Health, National Healthcare Group

Institute of Mental Health, National Healthcare Group

Yishun Health, National Healthcare Group

Supported By:

The Ng Teng Fong Healthcare Innovation Programme
- Transforming workforce and care delivery, today and tomorrow

Primary care and Allied Health alliance for a healthier community

Restoring Patient Confidence through Physiotherapy

Loh Yih Lin
Senior Physiotherapist,
Department of Physiotherapy,
Tan Tock Seng Hospital

General practitioners (GPs) are usually the first physician that one would approach for their acute/chronic ailments such as common colds, low back pain, stomach ache, or sports-related injuries.

GPs play a crucial role in identifying and treating musculoskeletal (MSK) conditions early. This is also in line with the future Healthier SG strategy, where GPs will be the anchor primary care provider for Singaporeans. For patients to receive more holistic care in the community, it is important for GPs to be supported by Allied Health Professionals.

Right-siting patients to the appropriate physiotherapy service is crucial for them to receive the best care for their condition. Patients with MSK disorders (e.g. back and knee pain) can be referred to our specialist outpatient rehabilitation clinic at AMKSC under the integrated MSK (iMSK) service. Here, our physiotherapist can provide a short course of targeted rehabilitation for their MSK condition.

CASE ILLUSTRATION

Patient Mdm C was referred by her GP for physiotherapy intervention at AMKSC for her knee osteoarthritis. She initially came in with complaints of difficulty and pain on climbing stairs. The physiotherapist assessed that she had lower limb weakness that contributed to her pain and functional difficulties, and taught Mdm C strengthening exercises such as sit to stand and stair-climbing with correct techniques. With her hard work, Mdm C is currently able to climb stairs without pain and with confidence!

Interdisciplinary World of Holistic Care

At AMKSC, our iMSK service consists of a team of physiotherapists and occupational therapists who are specially trained and ready to work closely with our GP counterparts in managing the acute musculoskeletal flares of their patients, and to aid their functional rehabilitation. Providing timely updates to the GPs on the patients' progress, our therapists will also suggest for any further referrals to Day Rehabilitation Centre (DRC) or other partners.

Patients with other conditions such as seniors with frequent falls, sarcopenia, potential functional decline or those who require longer term of supervised rehabilitation may benefit more from a referral to DRC.

For GP direct referrals to Physiotherapy services at AMKSC (including private and subsidised patients under the Community Health Assistance Scheme – CHAS)

Call: **6554 6500**
Email: **AMK_Specialist_Centre@ttsh.com.sg**, address to '**iMSK@AMK**' with the **referral memo** and **CHAS referral form** (if applicable)

Scan QR code to the right for more information about AMKSC:

GPs may refer to DRCs through the Integrated Referral Management System (IRMS).
Scan QR code for more information:

FEATURE

Primary care and Allied Health alliance for a healthier community

Restoring Daily Function through Occupational Therapy

Wong Mei Xue
Senior Occupational Therapist,
Department of Occupational Therapy,
Tan Tock Seng Hospital

Have you had patients who may require therapy due to upper limb conditions or difficulties in performing day-to-day activities? These patients may benefit from Occupational Therapy!

Occupational Therapists (OT) work with individuals to optimise function and develop strategies to better manage difficulties experienced when engaging in daily activities. With a variety of OT services available and accessible within primary and community care in Central Health, suitable patients would benefit from therapy catered to their needs.

CASE ILLUSTRATION

Mdm T, a 48 year-old lady experienced severe pain and swelling of her thumb which affected her activities of daily living (ADL) in self-care and homemaking. She was in pain for about 2 weeks before she consulted a General Practitioner (GP), who then referred her to Tan Tock Seng Hospital's OT at Ang Mo Kio Specialist Centre (AMKSC) for trigger thumb.

She was attended by the Hand Occupational Therapist within a week of referral. During therapy, Mdm T was given a splint to rest the affected digit, taught pain control measures and ADL modification techniques to prevent aggravation and future exacerbation. She experienced significant improvement in pain and function, and was given an open date after two therapy sessions. Nipping pain in the bud with prompt intervention prevents such conditions from becoming chronic to help these individuals maintain their productivity levels and quality of life.

Patients like Mdm T, who had their symptoms resolved, may opt to be discharged without seeing a specialist. This allows patients with more complex symptoms to be flagged out promptly and escalated to a specialist via a fast-track route.

Occupational Therapist providing hand therapy for a patient at AMKSC.

Recovery through Intervention in the Community

Patients diagnosed with repetitive strain injuries of the hand, wrist or elbow (such as Carpal Tunnel Syndrome, De Quervain's Tendovaginitis and Trigger Digit) can be directly referred to AMKSC under our Integrated Musculoskeletal Care (iMSK) programme. Our OTs, equipped with advanced practice skills through training with hand specialists, will provide therapy for patients to better manage their conditions at an early stage. Interventions include splinting, therapeutic modalities, exercises as well as activity modifications and other recommendations to maximise function.

CHT Occupational Therapist reviewing a patient's upper limbs as part of the OT assessment.

For those who may have difficulties performing daily activities in their communities, they can be referred to TTSH's Community Health Team (CHT). Our OTs will review them in their home environments. Interventions may include assessments to enhance the safety and ease of performing daily activities at home, falls assessments to minimise the risk of falls, and caregiver training to support carers in providing care for their loved ones.

Patients who would benefit from a period of rehabilitation after experiencing decline in physical or cognitive abilities can be referred to day rehabilitation centres (DRCs), where OTs will work with them to maximise and maintain functional independence, and address any of their daily living concerns. Working closely within a multidisciplinary team to provide holistic care ensures that clients remain well and safe in the community, and are supported by their families and carers where appropriate.

For direct referrals to Occupational Therapy services at AMKSC (including private and subsidised patients under Community Health Assistance Scheme – CHAS)

Call: **6554 6500**
Email: **AMK_Specialist_Centre@ttsh.com.sg**, address to '**iMSK@AMK**' with the **referral memo** and **CHAS referral form** (if applicable)

Scan QR code to the right for more information about AMKSC:

For GP direct referrals for CHT services (patients staying in Central Region)

Scan QR code for referral form:

FEATURE

Primary care and Allied Health alliance for a healthier community

Bridging Doctors & Patients with Pharmacist Support

Shaun Eric Lopez
Senior Pharmacist (Clinical),
Department of Pharmacy,
Tan Tock Seng Hospital

Rachel Lim Xue Ting
Senior Pharmacist,
Department of Pharmacy,
Tan Tock Seng Hospital

Pharmacists have been known to provide essential support to GPs in other countries by improving access to healthcare and addressing barriers to medication adherence[1-3].

Locally, a team of pharmacists in TTSH's Ang Mo Kio Specialist Centre (AMKSC) has established ancillary services to support GPs, such as the Smoking Cessation Clinic (SCC) and Medication Review Service. Both pharmacist-run services have started their operations since May 2021, enabling direct GP referrals.

Making a Difference in the Lives of Smokers

Pharmacist conducting the breath carbon monoxide (CO) test.

Run by pharmacists specially trained in motivational interviewing and intensive counselling, the Smoking Cessation Clinic (SCC) guides clients through the process of quitting. During the first consult, the pharmacist finds out more about the patient's smoking history, conducts the Horn's test to classify his/her smoking profile, assesses Nicotine dependence via the Fagerström Test and carries out the breath carbon monoxide (CO) test. Coping strategies will be discussed and a quit plan will be formulated with the patient, with implementations of suitable measures such Nicotine Replacement Therapies and prescriptions of Bupropion SR or Varenicline. Along with monthly follow-ups where the patient's progress is reviewed, clinical memo updates are simultaneously made to keep the GP in the loop.

Smoking Cessation by the Numbers

Helping Our Patients Get their Medications Right

Polypharmacy can be problematic when patients become confused with their medications and administrations (e.g. insulin or inhalers) or self-monitoring of therapy (e.g. home BP measurements), especially those who receive medications from multiple disciplines, and negatively impact the stabilisation of their chronic conditions.

At AMKSC, pharmacists offer Medication Reconciliation Service (MRS) to provide a smoother transition of care between the hospital and GP. The pharmacist will conduct a review with individual patients and provide a consolidated medication list, educate patients on the ins and outs of their medications to help them avoid errors, and highlight any drug-related problems to their GPs. This may be conducted prior to patient's GP visit after their discharge from the hospital, or in between GP visits, for patients who require optimisation of their medication regime.

Engage Pharmacists over Teleconsultation

For patients who prefer remote consultations, our pharmacist-run services also offer telehealth modalities via the secured Zoom platform, which may be Medisave-claimable and CHAS-subsidised (both subject to eligibility).

Keen to refer your patient to the Smoking Cessation Clinic (SCC) or Medication Reconciliation Service (MRS) at Ang Mo Kio Specialist Centre (AMKSC)?

Email to **AMK_Specialist_Centre@ttsh.com.sg**, indicating referral to the intended service and the patient's medical condition(s) managed by the GP.

References:

1. Cardwell, K., et al. (2020), Evaluation of the General Practice Pharmacist (GPP) intervention to optimise prescribing in Irish primary care: a non-randomised pilot study. BMJ Open, 2020. 10(6): p. e035087.
2. Waszyk-Nowaczyk, M., et al. (2021), Cooperation Between Pharmacists and Physicians - Whether It Was Before and is It Still Ongoing During the Pandemic? J Multidiscip Healthc, 2021. 14: p. 2101-2110.
3. British Medical Association (2021), Employing Clinical Pharmacists in GP Practices. Available from: https://www.bma.org.uk/advice-and-support/gp-practices/employment-advice/employing-clinical-pharmacists-in-gp-practices (Accessed on 7 September 2022)

Primary Care & Community Care Navigation for Healthier Communities

With an ageing population, it has become paramount to adopt a life-course approach that focuses on preventive care, promotes healthier living, integrates health and social care, and supports ageing in the community.

Delivering a New Care Framework

The specialised role of a Community Care Integrator (C2i) was hence established within the TTSH Community Health Teams (CHT) framework since May 2022 to complement the clinical expertise of GPs, and to connect patients to community resources that support lifestyle goals and social care needs.

A day in the life of a C2i includes engaging patients referred by GPs for case sensing, recommending and coordinating available resources based on their goals and needs, and carrying out case discussions as part of holistic care planning.

To further illustrate the collaborations between a GP and C2i:

Dr Xu, a GP practising in Kallang, had been regularly reviewing Mdm Loo and identified memory decline and isolation risk as potential care issues. As such, he engaged the help of C2i, Mr Huang to understand her social set-up and coping abilities. These included engaging Mdm Loo's daughter to find out more about potential caregiving challenges, and performing a home visit to build rapport with Mdm Loo and understand what she values.

Such engagements not only allow for care gaps to be identified, but empower and involve patients and caregivers in working out sustainable action plans. In the case of Mdm Loo, Dr Xu and Mr Huang agreed that she would benefit from participating in activities at a Day Care Centre (DCC), and a comprehensive geriatric assessment.

Unlocking Holistic Wellness for Place-based Care

Stepping up care for the patient, Mr Huang also put up a referral to the nearest DCC and contact the centre manager to provide a brief summary of Mdm Loo's conditions and potential flags for better continuity of care. He surveyed available active ageing programmes based on Mdm Loo's interests so that she can remain socially engaged while pending the referral to be processed.

Concurrently, Mr Huang discussed Mdm Loo's conditions with a CHT nurse. An appointment was made for her to undergo a baseline assessment at the nearest TTSH Community Health Post, and to evaluate the need for follow-up with a geriatric specialist.

Through the collaborative efforts of Mr Huang and Dr Xu, Mdm Loo is managing well and remains happily engaged and socially active. Her story illustrates potential positive outcomes for our residents through coordinated care and alliancing between primary care providers and TTSH CHT.

PARTNER CHT FOR YOUR RESIDENTS' HEALTH TODAY

Scan QR code for referral form:

Stepping Up Care for the Diabetic Foot: A Visual Guide

Ong Yifen
Podiatrist,
Foot Care and Limb Design Centre,
Tan Tock Seng Hospital

Tiffany Chew
Principal Podiatrist,
Foot Care and Limb Design Centre,
Tan Tock Seng Hospital

"The incidence of developing a diabetic foot ulcer (DFU) is as high as 34%[1]."

Patients with diabetes are at risk of developing foot complications such as neuropathy, vasculopathy and changes in foot structure. If not managed in a timely manner, it could easily lead to lower limb amputations. The key to avoid amputation is therefore **prevention, early detection and escalation**.

PREVENTION AND EARLY DETECTION

The Ministry of Health's Appropriate Care Guide on "Foot assessment in people with diabetes"[2] recommends that all patients with diabetes should undergo regular Diabetic Foot Screening (DFS) to establish their foot risk status.

Frequency of this screening will then be based on their Risk Stratification below:

Risk Stratification		
LOW RISK	**MODERATE RISK**	**HIGH RISK**
None **OR** simple callus	Thick callus requiring treatment **OR** Deformity with simple callus or thick callus requiring treatment **OR** One of the following: • Deformity • PAD • Neuropathy	Previous foot ulcer or amputation **OR** Chronic Kidney Disease (CKD) stage 5 (eGFR < 15ml/min/1.73m^2) **OR** Callus with intradermal bleeding **OR** Two or more of the following • Deformity • PAD • Neuropathy
	Refer to specialist or podiatrist as needed	
Assess at least once a year	Assess at least once every 6 months	Assess at least every 3-4 months

DFS, which consists of vascular, neurological and dermatological assessments, aims to detect foot conditions that predispose a DFU. In addition, tailored foot care advice and footwear education should be provided at each session.

"A local study[3] has found that patients without DFS were 6 times more likely to get an amputation than those who did."

Diabetic Foot Screening: A specialist carrying out a neurovascular foot assessment

How do we care for the feet in Diabetes?

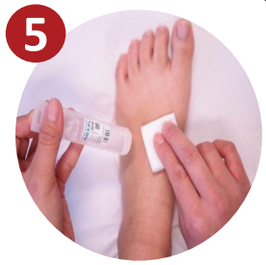
Here are 8 simple steps that we can take to protect our feet.

Wash your feet daily with soap and water

Dry your feet thoroughly including in between your toes

Apply moisturiser daily but do not apply between your toes

Check your feet for any wounds or cuts



Put a simple dressing if you have any wound

Trim and file your toenails regularly

File your calluses regularly

Wear footwear with good support

Scan to access videos on how to take care of the feet in diabetes:

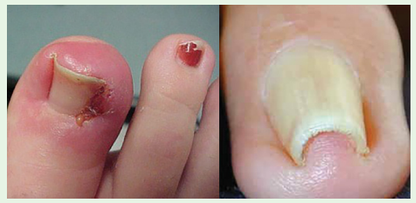
Caring for the feet in Diabetes

Callus Filing

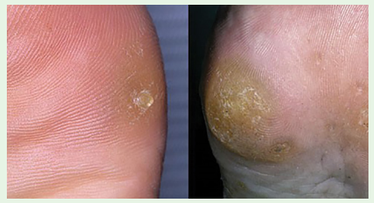
Toenail Filing

Focus On the Foot: Common foot conditions

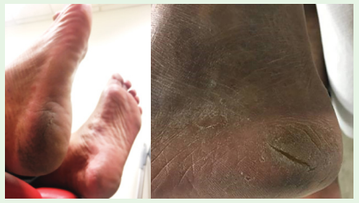
Below are some common foot conditions that predispose a patient to DFU, and patients with these conditions should be referred to a Podiatrist for further management. As qualified healthcare professionals, podiatrists are able to remove calluses and corns, trim pathological nails, debride wounds and provide expert advice on preventive care:



1. Ingrown toenails



2. Callus/Corn



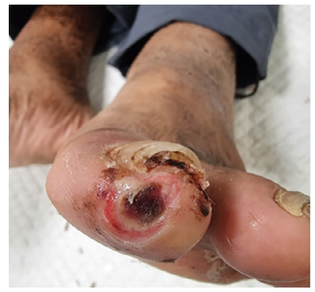
3. Dry/Fissuring Skin

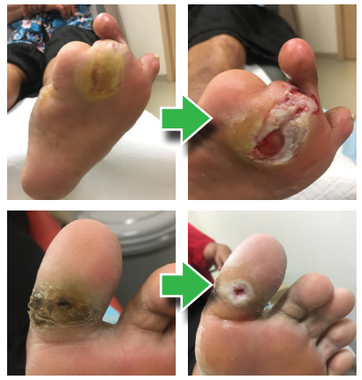
ESCALATION

Here's a simple list to help identify a "Diabetic Foot Attack" for urgent escalation:

1. A new foot ulcer
2. A red, hot, swollen foot
3. A new foot infection
4. A colour change of the foot or toes (pale, purple, or black)

Example of foot ulcers:





"In diabetes, "time is tissue". Time to first expert assessment of 14+ days for a patient with DFU is known to result in worst outcomes at 12 weeks (being alive and ulcer-free)[4]."

Within NHG, the Lower Extremity Amputation Prevention Programme (LEAPP) aims to provide rapid multidisciplinary access for patients with DFU to ensure the best outcomes in limb preservation. The team consists of an Endocrinologist, Orthopaedic Surgeon, Vascular Surgeon and Podiatrist. If your patient develops a DFU, he/she may be fast-tracked for multi-disciplinary team assessment.

For referral and enquiries:

Tan Tock Seng Hospital, email to **referrals@ttsh.com.sg** or call **6357 7000** / **6555 8828** (Khoo Teck Puat Hospital)

GPs can refer to Agency for Integrated Care's (AIC) Community Health Centre (CHC) for DFS services.

Scan the following QR code for more information:

References:

1. Armstrong DG, Boulton AJM, Bus SA. Diabetic foot ulcers and their recurrence. New Engl J Med 2017;376(24):2367–75. doi: 10.1056/NEJMra1615439
2. Ministry of Health (MOH), Singapore. Foot assessment in people with diabetes mellitus. https://www.ace-hta.gov.sg/guidances/details/foot-assessment-in-people-with-diabetes-mellitus
3. Ang. G.Y., Yap. C.W., Saxena. N., (2017) Effectiveness of Diabetes Foot Screening in Primary Care in Preventing Lower Extremity Amputations. Annals Academy of Medicine Singapore. Vol. 46 No.11.
4. National Diabetic Foot Audit 2014-2018 (2019) Health Service Care Information Centre. Available at: http://digital.nhs.uk/pubs/ndfa1418

3 Steps for referring patients to Ang Mo Kio Specialist Clinic

Here's a comprehensive chart listing the steps to refer **non-subsidised patients and patients under the Community Health Assist Scheme (CHAS)** to Ang Mo Kio Specialist Centre (AMKSC).

Step 1 PREPARE

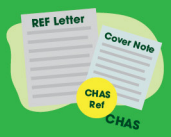
Before You Contact AMKSC

1. Get patient's full name, NRIC, date of birth and contact number.

2. Check if patient has CHAS/MG/PG card.

3. Prepare documents:

For CHAS referral:
(i) CHAS Cover Note and
(ii) Referral Letter



For non-subsidised referral:
(i) Referral Letter only

Step 2 CONTACT

Appointment Hotline AMKSC: 6554 6500

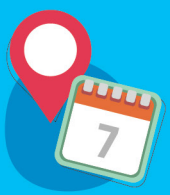
1. Advise which clinic you are referring your patient to

2. **For CHAS/ non-subsidised referrals**
Email referral documents to AMK_Specialist_Centre@ttsh.com.sg**

Step 3 INFORM

Inform patient after confirming appointment details*

1. Inform patient of AMKSC's address (723 Ang Mo Kio Ave 8 Singapore 560723), date and time of appointment.



2. Remind patient to bring all necessary documents for their appointment.

*To ensure that your patients are seen promptly at AMKSC, triaging may be conducted by our staff. Our staff will get back to you with an appointment date within 3 to 5 working days.

**Please retain a copy of the documents for reference purpose. We thank you for your kind understanding.