#### IMPROVEMENT GUIDE FOR PRIMARY CARE NETWORKS



# Scaling Diabetic Foot and Eye Screening (DFS/DRP) in Primary Care

## About this guide:

This guide offers a simple, tested process that clinics can adapt to improve uptake regardless of whether the model is Clinic-led, HQ-led<sup>2</sup> or Hybrid<sup>3</sup>. A structured, team-based workflow to ensure timely Diabetic Foot Screening (DFS) and Diabetic Retinopathy Screening (DRP) for HSG<sup>4</sup>-enrolled patients.

# What is the DFS/DRP Workflow? Key Components:

- Identifying eligible patients
- Proactive engagement of eligible patients with standardized patient education
- Appointment booking
- 2nd reminder before appointment date

#### Adaptable DFS/DRP Workflow 1. Sucessfully tested scalable process for DFS/DRP Critical components PCN HQ-led<sup>2</sup> (Scoped for PCN HQ with CMS access) necessary for the workflow Send out whatsapp DFS/DRP PCN HQ gives PCN HO completed message using 2nd generates pt list reminder calls PCN HQ reminder script, with patient (eligible for DFS/DRP to patients Pt agrees? schedules education material before appt due for appt 1-day before date DFS/DRP via CMS<sup>5</sup>) reminder call No PCN HQ No updates CMS<sup>5</sup> and flags for PCN HQ tags patient and follow-up with Pt actualises? next annual patient monthly screen 2. Adapted and agreed scalable process for DFS/DRP Hybrid-led<sup>3</sup> (GP identifies patients and HQ supports engagement) Pt actualises? PCN HQ preps Use a standardized Patient template with visits GF whatsapp message using patient's PCN HO 2nd reminder PCN HO schedules schedules information to before appt script, with next annual handover to PCN date Pt eligible? appt appointment patient HQ for appt education booking CAs assist with No material No-shows preconsult PCN HQ 1-day before screening to reminder call reschedules check if patient GP updates the DFS/DRP Patient proceeds eligibe CMS<sup>5</sup> for care report for consult completed submission **Outcomes from Initial Testing Monitor & Sustain** Baseline New Median **HSG Indicator Improvement Adoption Measure** Number of clinics that have adopted the scalable DFS Uptake 90 +50% DFS/DRP process DRP Uptake 47 81 +72% **Outcome Measure** Uptake rate of DFS & DRP in adopting clinics \* Results from 25 clinics within one PCN over 12 months

Scaling and spreading the DFS and DRP workflows means ensuring that every clinic adopts the same simple, proven process so that all patients with diabetes receive annual foot and eye checks. By standardising reminders, booking, and Clinic Management System (CMS) updates, GPs help reduce preventable complications, cut down unnecessary hospital referrals, and build a sustainable system of care across the Primary Care Networks.

### Footnote:

- <sup>1</sup> Clinic-led: Refers to initiatives, programs, or operations that are primarily driven by individual clinics.
- $^2$  HQ-led: Refers to initiatives or strategies that are driven by headquarters (HQ) the central, organizational, or corporate office.
- $^{3}$  Hybrid: Refers to initiatives or operations that are jointly driven by clinics and headquarters.
- <sup>4</sup> HSG: Healthier Singapore
- <sup>5</sup> CMS: Clinic Management System

