



Bringing Care Closer: Community-Based Diabetic Screening

Theme: Neighbourhoods

WHAT IS THIS INITIATIVE ABOUT?

The **Central-North Primary Care Network (CN-PCN) community-based screening initiative** adopts a team-based care approach with nurses and primary care coordinators providing holistic and coordinated care to patients. This initiative aims to **bring essential diabetic care services closer to patients with support from community partners** through a **one-stop service model** at local community touchpoints complementing with **on-site nurse counselling** and **social prescribing**, to support patients to better manage their conditions through lifestyle interventions.

One-Stop Service Model



INITIATIVE'S IMPACT

From November 2023 to April 2025, CN-PCN supported GPs in delivering **affordable, quality, and timely care to 572 patients** through **10 local community touchpoints** (7 *Community Centres*, 1 *Residents' Network*, and 2 *Active Ageing Centres*). This one-stop service model brings **essential health services directly to the community**, **improving accessibility and adherence** to recommended annual screenings.

PLANS AHEAD

CN-PCN plans to enhance and expand its community-based screening efforts to establish a regular schedule of screening sessions at more sites through **partnership with community stakeholders**. Screenings at the community nodes also allow patients to experience the lifestyle programmes by community partners, supporting them in their Healthier SG journey.



OUR OFFER

CN-PCN welcomes partners and care teams to **co-develop outreach strategies to improve patient outcomes through enhancing access to relevant services including social needs, to keep patients healthy and socially engaged in the community.**

