

GP Insider

A PUBLICATION FOR PRIMARY CARE PARTNERS

MDDI (P) 054/01/2026

ISSUE #2 JUL-DEC 2026

Not Every Lump is Cancer

A Practical Guide
to Common Benign
Breast Conditions

Muscle Up

The Fight Against Sarcopenia



*Beyond the
Consultation Room*
Care in the Community

CONTENT

Insider Brief

Feature

- 4** **Beyond the Consultation Room**
Care in the Community
- 6** **Muscle Up**
The Fight Against Sarcopenia
- 8** **Not Every Lump is Cancer**
A Practical Guide to Common Benign Breast

Spotlight

- 10** **NHG Health Centre**
Care for FIT-positive and Hearing
Assessment Referrals
- 11** **NHG Health Centre for Precision
and Genomic Medicine**
Supporting GPs in Family-Based Prevention
of Familial Hypercholesterolaemia
- 12** **NHG Health Open Access**
Direct GP Referrals for Oesophago-Gastro-
Duodenoscopy (OGD) and Colonoscopy
- 13** **Expanding Access to Diabetic
Foot and Eye Screenings**
Through GP-Community Partnership

Events and Resources

Publication developed by Primary Care Office, NHG Population Health.

Insider Brief

Dear GP Partners,

Every clinic day brings its own set of challenges. Managing chronic conditions, navigating complex psychosocial needs of patients, and keeping pace with evolving clinical practice all place growing demands on primary care. Yet it is precisely in these moments that the opportunity to make a difference for care is greatest.

The GP Insider newsletter exists to support you through these moments – bringing specialist knowledge, new services, and community resources directly to you.

In this issue, Dr Andrea Tan of Hua Mei Clinic offers a compelling account of how extending care beyond the consultation room transformed outcomes for a patient facing both health and social challenges. Her story is a powerful reminder of what community-centred care can achieve. We also spotlight the MUSTER (MUscle Health for STaying activE and Robust) Clinic at Tan Tock Seng Hospital, which takes a multidisciplinary approach to sarcopenia in older patients. Rounding up our clinical feature articles is a practical guide to common benign breast lumps.

On the primary care services front, this issue covers Open Access direct referrals for endoscopic procedures, cascade screening for Familial Hypercholesterolaemia, and community screening sites which bring diabetic foot and eye care closer to your patients.

Care that reaches beyond the clinic is often what makes enduring difference.
We hope you find this issue both useful and inspiring.

Warm Regards,

Associate Professor Karen Ng

Chief, Primary Care, NHG Population Health
Chief Executive Officer and Family Physician
Senior Consultant, NHG Polyclinics



Beyond the Consultation Room

Care in the Community



When clinic schedules are packed, it can be difficult to give patients with complex needs the time and attention they require. We can achieve more for such patients when we look beyond the consultation room and tap into the network of community support around us. Mr H's case is a good example.

Meet Mr H

Mr H is in his 60s and lives alone in a rental flat. He works as a cleaner and has limited family support. He had previously been treated for psychosis and substance abuse, and he received follow-up care at a psychiatry specialist outpatient clinic (SOC).

He visited my clinic complaining of non-specific giddiness, numbness, insomnia and auditory hallucinations. These symptoms were similar to those from his past hospital admissions. He had stopped attending his follow-ups at the SOC and taking his medications, saying they made him feel dazed and affected his sleep. He had also run out of his regular medications for his chronic conditions.

Building the Circle of Care

Recognising the extent of Mr H's needs, I referred him to a nurse from NHG Health Community Health Team (CHT). She facilitated a fast-track referral



back to his psychiatry SOC where his medications were reviewed and adjusted. She then referred Mr H to a home nurse from Home Nursing Foundation (HNF) who supported his medication compliance through a pillbox system, and to a Community Case Management Service (CCMS) social worker for his social and financial needs.

When Persistence Makes the Difference

Mr H initially responded well to this support and appeared stable. However, his home nurse later reported that he was skipping medications and missing his SOC appointments. He stopped working and showed increasing self-neglect, resulting in significant weight loss. He also admitted to resuming illicit sedative use to manage his symptoms. I consulted a psychiatrist from NHG Health Aged Care Service and Community Action Team (ASCAT), who gave advice on managing Mr H from a primary care perspective.

After several home visits to rebuild trust and rapport, his social worker was able to accompany him to an emergency department. After organic causes of delirium were excluded, he was transferred to the Institute of Mental Health (IMH) for inpatient psychiatric care.

Lessons from the Consultation Room

GPs are not alone; there are many extenders and helping hands in the community. Mr H's case is a reminder of this.

Without his home nurse's vigilance in flagging early signs of Mr H's deterioration, and his social worker's persistence, he would likely have become another 'no-show', quietly unravelling until he resurfaced in acute crisis. The CHT nurse also played a key role by bringing everyone together, and ensuring the handover among carers went smoothly before stepping back. This kind of teamwork often goes unrecorded, but it can make a real difference.

For patients with complex psychosocial needs, shared care is not an option but the basis for safe and lasting care in the community.



Dr Andrea Tan is a Family Physician at Hua Mei Clinic, Community for Successful Ageing (ComSA), Whampoa Centre, under the Tsao Foundation. As an active GP Partner, she participates in and contributes to various population health programmes.



Scan here to access useful community contacts and resources via the GP Resource Library
GP Resource Library | FormSG

Muscle Up

The Fight Against Sarcopenia



Up to 32% of community-dwelling older adults have a significant risk of falls, fractures and disability due to sarcopenia. Yet, this age-related progressive loss of muscle mass and strength often goes undiagnosed until complications arise. To address this critical gap, Tan Tock Seng Hospital (TTSH) launched the **MUSTER (MUscle Health for STaying activeE and Robust)** Clinic in July 2025 – a pioneering initiative to detect and treat sarcopenia early.

A Comprehensive Approach to Muscle Health

Led by four geriatricians, the MUSTER Clinic represents a paradigm shift from reactive to proactive care. Clinical lead Dr Daphne Yang explains: “Sarcopenia is mostly diagnosed in research settings where specialised equipment is available. We have bridged this gap by bringing comprehensive screening and treatment to our clinical practice.”

The clinic employs body composition scans and hand grip strength measurements to diagnose sarcopenia, but its approach extends far beyond that. Patients undergo holistic evaluation for common concurrent conditions such as osteoporosis, oral frailty, and nutritional deficiencies.

Real Impact on Patients’ Lives

The clinic’s comprehensive approach has helped people like 82-year-old Madam Tan Ah Sang, who presented with multiple health conditions, including Parkinson’s disease and diabetes. Beyond confirming her sarcopenia diagnosis, the team identified osteoporosis, balance issues and oral frailty, the latter being an early predictor of malnutrition and physical frailty.

Madam Tan’s treatment plan included oral exercises with a speech therapist, nutritional counselling with a dietitian, individualised physiotherapy and osteoporosis medications.



■ Madam Tan Ah Sang at MUSTER Clinic.

At her three-month review, her muscle mass and strength had notably improved.

Similarly, 82-year-old Mr Robin Ng, who had fallen four times between 2024 and 2025, benefitted from the clinic’s multidisciplinary approach. Following his sarcopenia diagnosis, he received geriatric physiotherapy focusing on resistance exercises and balance training, alongside dietary guidance to optimise his protein intake.

Evidence-Based Treatment Strategies

The clinic’s treatment protocols centre on two pillars: progressive strength training and adequate protein nutrition.

Rather than recommending large protein portions at single meals, patients learn to incorporate protein sources throughout the day, maximising muscle protein synthesis while avoiding excess calories.

Physiotherapy sessions focus on resistance exercises specifically designed to combat sarcopenia, with therapists providing practical guidance on mobility and fall prevention techniques. This individualised approach ensures treatment plans accommodate each patient’s medical conditions and functional limitations.

Filling a Critical Healthcare Gap

The MUSTER Clinic builds upon the existing Falls & Balance Clinic assessment by incorporating structured evaluation of muscle mass and strength as an integral component of sarcopenia evaluation. It also provides nutritional, oral health and behaviour change intervention. Good oral health and nutrition impact muscle health, and behaviour change is necessary for sustained lifestyle changes in older adults with sarcopenia and frailty. The new service enables earlier intervention when treatment is most effective – potentially reversing sarcopenia and frailty at an early stage. This can significantly reduce fall risk and improve physical function and quality of life. To date, the clinic has screened and diagnosed 96 seniors aged 65 and above with sarcopenia, with many presenting concurrent conditions which require modified treatment approaches. This patient volume demonstrates a substantial unmet need for specialised sarcopenia care in our ageing population.

Looking Forward

The MUSTER Clinic’s launch aligns with Singapore’s broader commitment to sarcopenia research and management, including the establishment of the Magnet consortium in August 2025 – one of the world’s first national sarcopenia research initiatives. For primary care physicians, the clinic represents an important referral

resource for older patients presenting with unexplained weakness, recurrent falls, or functional decline. Early referral can help identify sarcopenia before complications develop, potentially preserving independence and quality of life for our ageing patients.

As Singapore’s population continues to age, initiatives like the MUSTER Clinic demonstrate how specialised, multidisciplinary care can effectively address complex geriatric conditions. By focusing on muscle health as a cornerstone of healthy ageing, we can help our older adults maintain strength, independence and dignity throughout their later years.

To refer patients, GPs may direct them to TTSH Geriatric Medicine under “Falls & Balance” via the PEARL Liaison Centre (PLC), noting any sarcopenia concerns in the referral comments. The team will triage and direct patients to the appropriate service, including the MUSTER Clinic where clinically appropriate. For further enquiries, please contact TTSH GP direct referrals hotline or email.

Dr Yang Zihui Daphne is a Consultant Geriatrician with special interests in falls and balance, sarcopenia and oral frailty. She serves as the clinical lead of the Muscle Health for Staying Active and Robust (MUSTER) clinic in Tan Tock Seng Hospital (TTSH) and is actively involved in medical education as the Programme Director of the National Post-Graduate Year I (PGYI) programme in TTSH.

Scan for Doctor’s Profile

Beyond Tertiary Care



Apart from tertiary care, NHG Health partners with community organisations and runs various community initiatives to prevent, delay, reverse, and manage frailty among residents in central and north Singapore. One such programme is Be Fit, Not Frail! (BFF), a community frailty intervention where residents aged 60 and above are screened to identify losses in intrinsic capacity (i.e. mobility, cognition, mood, nutrition, and falls), in addition to functional screening (i.e. hearing, vision, and oral health).

Should further assessment and escalation be required, residents may be referred for frailty interventions at our Community Health Posts in community sites, as well as other services such as Day Rehabilitation or Community Audiology for the management of their conditions, and active ageing programmes for frailty prevention.



Scan for nearest
Community
Health Post



Scan for referral

Not Every Lump is Cancer:

A Practical Guide to Common Benign Breast Conditions

Author:
Dr Chuang Xue En
Associate Consultant, General Surgery, Khoo Teck Puat Hospital



Breast lumps are a common presentation in clinical practice. While all breast lumps warrant further evaluation, the majority, fortunately, are benign. The likelihood of malignancy increases with age, although breast cancer can still occur in younger patients and should not be overlooked. A systematic approach, i.e. the triple assessment, is essential to ensure timely diagnosis while avoiding unnecessary anxiety.

Common Causes of Breast Lumps

Different breast conditions tend to present in different age groups. For example, fibroadenomas are more common in younger women, whereas the risk of malignancy increases with age.

Benign

- Breast cysts
- Fibroadenoma
- Fat necrosis
- Benign and borderline phyllodes
- Breast abscesses
- Skin-based lesions over breast, e.g. lipoma, epidermal cyst, etc.

Malignant

- Invasive cancer
- Malignant phyllodes

Clinical Evaluation and Imaging

After a thorough clinical history and examination, imaging is the next step in evaluation.

- Ultrasound is recommended for all palpable breast masses.
- Mammogram is performed in patients aged 40 years and above, often in conjunction with the ultrasound.

Often, the imaging reports are accompanied by a Breast Imaging Reporting and Data System (BI-RADS) score at the end of the report. BI-RADS is a standardised system for reporting breast ultrasound, mammogram and MRIs to communicate findings and assess cancer risk. Akin to Thyroid Imaging Reporting and Data System (TI-RADS) and Liver Imaging Reporting and Data System (LI-RADS), for thyroid

Final Assessment Categories

	Category	Management	Likelihood of cancer
0	Patients who require additional imaging or have prior examinations to be reviewed	Recall for additional imaging	N/A
1	Negative	Routine screening	Essentially 0%
2	Benign	Routine screening	Essentially 0%
3	Probably benign	Short interval follow-up (6 month) or continued	>0% but ≤ 2%
4	Suspicious	Tissue diagnosis	4a. Low suspicion (>2% to ≤10%) 4b. Moderate suspicion (>10% to ≤50%) 4c. High suspicion (>50% to <95%)
5	Highly suggestive of malignancy	Tissue diagnosis	≥95%
6	Known biopsy-proven	Surgical excision when clinically appropriate	N/A

and liver scans respectively, BI-RADS is a 0-6 scoring system which defines the probability of malignancy to guide follow-up actions.

Understanding BI-RADS

Breast imaging reports are standardised using the BI-RADS, which help communicate the level of suspicion for malignancy and guide next steps.

- **BI-RADS 2**
Benign: No further imaging required.
- **BI-RADS 3**
Probably benign: Follow-up imaging in 6-12 months to assess stability.
- **BI-RADS 4-5**
Suspicious or highly suggestive of malignancy: Biopsy required.

Note that a BI-RADS 0 finding indicates that further imaging is required and the reported study is inconclusive.

Biopsies may be performed either by surgeons or radiologists, depending on the nature and location of the lesion.

Following biopsy, findings are reviewed alongside clinical and radiological features, often in a multidisciplinary setting such as a Breast Tumour Board, to ensure clinical-radiological-histological concordance. This step is critical in minimising diagnostic errors:

- Concordant findings support appropriate management decisions.
- Discordant findings may require further tissue sampling or surgical excision.

For clinicians in primary care, it is important to maintain a high index of suspicion. A rapidly growing mass or one with concerning clinical features

should prompt further evaluation, even if initial imaging or biopsy suggests a benign diagnosis.

Follow-Up and Screening

Patients with lesions confirmed to be benign are typically discharged back to routine breast screening.

- Regular screening and mammograms should continue at recommended intervals.
- Previous imaging is compared with current studies to detect interval changes.
- Any new or suspicious findings will prompt referral to a breast assessment centre.

Key Takeaways

- Not all breast lumps are malignant, but all lumps require proper evaluation
- Use a structured approach: clinical assessment - imaging - biopsy if indicated
- BI-RADS scoring helps guide management decisions
- Always ensure clinical-radiological concordance
- Refer early if there are red flags or diagnostic uncertainty

Clinician Spotlight



Dr Marc Ong is a Senior Consultant in the Breast and Hernia Services at Khoo Teck Puat Hospital, where he also serves as Head of Department for General Surgery. He holds academic appointments as a Senior Clinical Lecturer at both the Yong Loo Lin School of Medicine and the Lee Kong Chian School of Medicine and was previously the Associate Programme Director for the National Healthcare Group General Surgery Residency Programme. His clinical interests focus on oncoplastic and minimally invasive breast surgery techniques.

Scan for Doctor's Profile





Dr Clement Chia is a Senior Consultant Breast and Endocrine Surgeon and Head of Breast Surgery Service at Khoo Teck Puat Hospital. He specialises in the management of breast cancer and benign breast conditions, with expertise in breast-conserving surgery, oncoplastic surgery and minimally invasive breast surgery. His clinical work focuses on improving breast conservation, reconstruction uptake and quality of life for breast cancer patients. He is also a clinician innovator and founder of REBORN, a digital innovation platform that supports patient education and decision-making in breast reconstruction.

Scan for Doctor's Profile





Dr Chuang Xue En is an Associate Consultant in the Breast Surgery Services at Khoo Teck Puat Hospital. She graduated from the University of Cambridge and is a Fellow of the Royal College of Surgeons of Edinburgh. Specialising in the management of both benign and malignant breast conditions, she provides comprehensive, patient-centred care for a wide range of breast diseases, from common presentations such as breast lumps and pain, to the diagnosis and treatment of breast cancer.

Scan for Doctor's Profile



NHG Health Centre

Care for FIT-positive and Hearing Assessment Referrals

Since September 2025, NHG Health Centre at Ang Mo Kio Specialist Centre (AMKSC) has provided follow-up care for patients with abnormal screening results picked up through programmes such as Healthier SG (Screen for Life). Centralising these follow-up services streamlines the screening process and improves accessibility for the community.



FIT Positive Referrals

A positive Faecal Immunochemical Test (FIT) result requires prompt follow-up. Patients are contacted by a coordinator based on their primary care clinic's location and guided through arrangements for review, consultation and colonoscopy. NHG Health Centre collaborates with Ang Mo Kio Specialist Centre to provide coordinated care. Lower-risk patients may proceed directly to colonoscopy at NHG Health Centre, offering faster access in the community. Patients needing further assessment are referred to a hospital Gastroenterology or Surgical Specialist Outpatient Clinic (SOC) for pre-scope consultation and care planning. This approach ensures each patient receives appropriate care in a timely and convenient manner.



Hearing Referrals

NHG Health Centre offers timely hearing assessments for patients identified with hearing concerns through community screening programmes. Patients may be referred for a comprehensive evaluation, including a hearing aid prescription when appropriate.



Breast Services

Breast services at NHG Health Centre are provided through a shared-care model with hospital breast specialist outpatient clinics (SOCs). Stable patients referred by hospital teams are managed at the centre, allowing SOCs to prioritise patients with abnormal findings from primary care. This ensures care is timely, coordinated, and accessible within the community.

NHG Health Centre for Precision and Genomic Medicine

Supporting GPs in Family-Based Prevention of Familial Hypercholesterolaemia



What is it

Under NHG Health Centre for Precision and Genomic Medicine (CPGM), NHG Health Genomic Assessment Centre (GAC) is a specialised service that supports GPs with genetic counselling, testing, diagnosis confirmation, and family cascade screening for conditions such as Familial Hypercholesterolaemia (FH). You remain the primary physician, with the GAC at Tan Tock Seng Hospital (TTSH) supporting the specialised aspects.

GAC is the clinical arm of CPGM, and supports precision medicine in Singapore by offering genetic assessment, counselling, and genomic testing services. It helps identify inherited health risks early, enabling patients and clinicians to make informed decisions on prevention, diagnosis and ongoing care.

As part of its services, GAC also leads and coordinates screening under the National Familial Hypercholesterolaemia Genetic Testing Programme by Ministry of Health (MOH). This drives early detection of individuals with inherited high cholesterol and facilitates timely intervention to reduce the risk of premature cardiovascular disease.

Quick GP Guide – When to refer

Referral criteria:

- 18 years old and above, Singapore Citizen or PR
- History of LDL-C $\geq$ 5.5 mmol/L ($\geq$ 212mg/dL)

Who is it for

- 18 years old and above, Singapore Citizen or PR
- History of LDL-C $\geq$ 5.5 mmol/L ($\geq$ 212mg/dL)

When should GPs refer

- LDL-C $\geq$ 5.5 mmol/L
- Persistent/severe hyperlipidaemia
- Suggestive family history

Where is it done

TTSH Clinic 4B

What to expect at GAC session

- Pre-test counselling
- Genetic testing (blood test)
- Post-test counselling and results explanation
- Report returned to GP via NEHR
- Cascade (family) pathway initiated

How much is it

Genetic counselling ~\$94

FH testing (proband) ~\$536

Cascade testing ~\$106

Subsidies available for eligible patients

For more details on the pricing, refer to the information from MOH Circular below:

GAC Visit	Pre-subsidy	After subsidies	After subsidies & MSBV500
Proband	\$764	\$117 - \$575	\$18 - \$87
Cascade	\$334	\$53 - \$575	\$8 - \$38

Value to GPs and Patients

- Identify FH early from patients you are already seeing
- Extend care to family members through cascade screening
- Enable preventive care before cardiovascular events occur
- No added burden as GAC manages counselling and coordination
- High patient acceptance of testing

How to refer patients



Healthier SG GPs (HSG)

Refer via your clinic's **Healthier SG Compliant Clinic Management System (CMS)**. Look for NHG Health GAC @ TTSH or @AdMC (Genetics)



Non-HSG / CHAS GPs

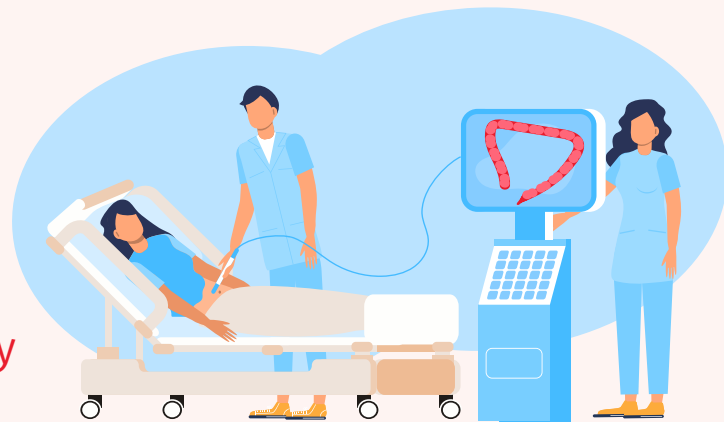
Email ttsh.gp@nhghealth.com.sg to provide LDL levels and relevant history

Scan to find out more on Genomic Assessment Centres (GAC)



NHG Health Open Access

Direct GP Referrals for Oesophago-Gastro-Duodenscopy (OGD) and Colonoscopy



Eligible patients can enjoy faster, seamless access to procedures and investigations at NHG Health hospitals and centres, bypassing specialist consultation through the Open Access (OA) initiative.

With one referral criteria approach and a streamlined workflow, we offer end-to-end support to make it easy for you and your patients across all NHG Health hospitals. GPs can now refer patients directly for Open Access (OA) OGD and Colonoscopy services across Tan Tock Seng Hospital, Khoo Teck Puat Hospital, and Woodlands Hospital, for both subsidised and private patients.

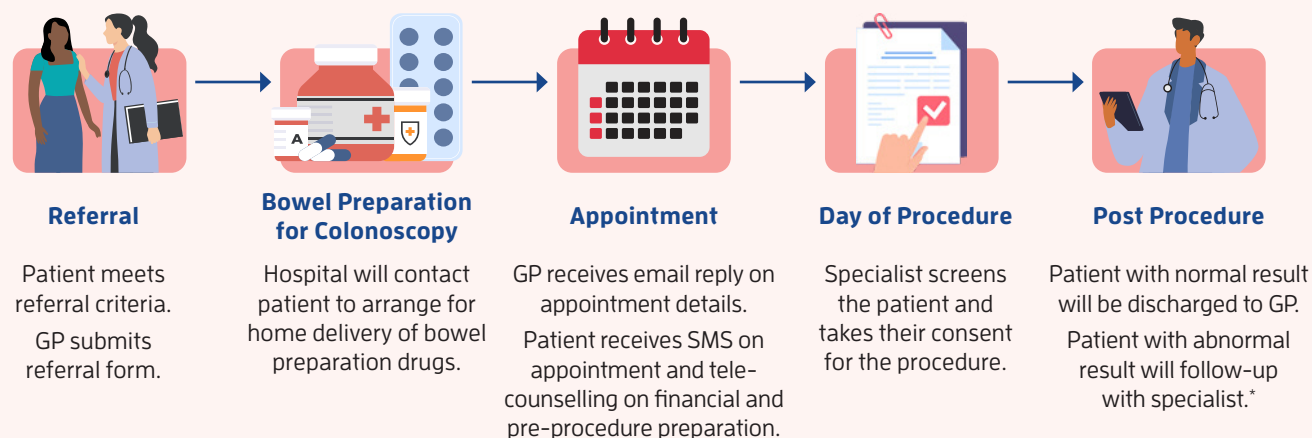


Benefits to Patients

“The Open Access Colonoscopy pathway helps patients get to the right test much faster, especially those who are FIT-positive or due for surveillance, where early detection really matters. The clear referral criteria gives me confidence that patients coming through are clinically appropriate, so we can proceed efficiently without compromising care. Most importantly, patients experience a smoother journey and access the care they need more quickly.”

Dr Brandon Nah Chung Yau,
Consultant, Gastroenterology & Hepatology, Woodlands Hospital

How does Open Access work?



*Report and result (where applicable) will be sent to GPs via email

Feedback from GP

“Open Access has made direct colonoscopy referrals more accessible. Previously, all patients had to go through a SOC review first. Now I can refer patients due for surveillance scope and FIT-positive patients directly, simply by following the criteria. It's been smooth so far, and I'd encourage fellow GPs to give it a try.”

Dr Liao Kah Han,
Family Doctor, Healthwerkz Medical Centre



For more information:



Scan for patient journey for OA Colonoscopy

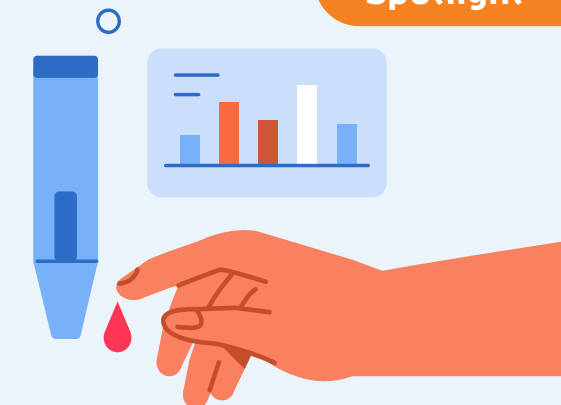


Scan for OA Information Kit

Alternatively, approach your Relationship Manager or email pophealth.pco@nhghealth.com.sg

Expanding Access to Diabetic Foot and Eye Screenings

Through GP-Community Partnership



Diabetes remains one of Singapore's most pressing chronic health challenges

Despite the well-established clinical importance of Diabetic Retinal Photography (DRP) and Diabetic Foot Screening (DFS), the uptake of these essential screening services remains suboptimal due to barriers such as inconvenience, accessibility and competing priorities.



33.9%
1,500

of patients with diabetes in Singapore are affected by diabetic retinopathy ¹

diabetes-related lower extremity amputations occur annually ²

NHG Health Central-North Primary Care Network (CN-PCN) is proactively transforming diabetes care. Since November 2023, it has extended Diabetic Retinal Photography (DRP) and Diabetic Foot Screening (DFS) services beyond traditional healthcare settings into neighbourhoods.

Through CalSG, GPs can now refer their patients to conveniently located screening sites in the community. It is a real-time appointment booking platform developed by Open Government Products (OGP) for Singapore's public service.

CN-PCN's efforts extend beyond screenings. PCN nurses connect patients to Community Health Posts (CHPs) located in Active Ageing Centres (AACs), where they receive personalised support to achieve sustained diabetes control. In addition, CN-PCN Primary Care Coordinators (PCCs) link patients to programmes in the community aligned with Healthier SG. As of May 2026, this one-stop model has benefitted over 2,000 patients across 142 CN-PCN GP clinics at 16 community screening locations.

This approach demonstrates CN-PCN's commitment to delivering person-centred, community-based care. By bringing together GPs, community partners, nurses and link workers, CN-PCN not only improves access to screenings, but also supports patients from prevention and early detection to self-management and healthy ageing.

Screening, assessing, and counselling – supporting the patient care journey



Scan for patient journey for DRP and DFS



“Through partnership with NHG Health, GPs are able to tap on PCN resources to bring essential services to our patients' doorsteps at subsidised rates. This enhances our doctor-patient relationship and allows timely intervention and referral, if required.”

Dr Seow En Hao,
Medical Director, EH Medical, a CN-PCN GP Partner

¹ Wong TY, Sabanayagam C. The war on diabetic retinopathy: where are we now? Asia-Pacific J Ophthalmol. 2019;8(6):448–456. doi:10.1097/APO.0000000000000267

² Ang Y, Yap CW, Saxena N, et al. Diabetes-related lower extremity amputations in Singapore. Proceedings of Singapore Healthcare. 2017;26(2):76–80

Events and Resources

GP Programmes and Services



GPFirst

Encourages patients with mild to moderate medical conditions to visit their GPs first, rather than going directly to the ED.



NHG Health BRIDGE

Receive patients right-sited from NHG Health Institutions for follow-up at your clinic.



Virtual Professional Consultation

Consult hospital specialists for general clinical queries as well as to receive announcements and updates from NHG Health.



Scan the QR code to find out more about new and current GP initiatives!



Refer with ease - BMD services with NHG Diagnostics

Our Bone Mineral Densitometry (BMD) services are available at the service locations listed below. In addition, we provide mobile options for community and corporate events.



Service locations

- Ang Mo Kio Polyclinic
- Geylang Polyclinic
- Kallang Polyclinic
- Serangoon Polyclinic
- Woodlands Polyclinic
- Yishun Polyclinic

For more information

8893 6345 (WhatsApp Only)

nhgd.ask@nhghealth.com.sg

Scan to book an appointment



POP Collect GP Workshop 2026: Frailty in Focus

On 30 May 2026, the **POP Collect GP Workshop** brought together primary care, community care, and social care partners to learn and exchange ideas on frailty management.

Participants were treated to Primary Care Adventures: Frailty Management Edition, an engaging role-play about a senior's care journey. It was developed in partnership with Dr Andrea Tan, Family Physician at Hua Mei Clinic and NTUC Health. Assistant Professor Joyce Yap, Senior Consultant Geriatrician from Tan Tock Seng Hospital, later emphasised that frailty can be prevented and reversed through nutrition, exercise, and proactive health maintenance.

The highlight of the afternoon was 15M Hungry Games: Nutrition for Frailty, a 15-minute cook-off where participants put nutritional principles into practice, guided by Senior Dietitians Liow Hui Shi and Chng Pey Ling from NHG Health.

After the workshop, over 80% of attendees reported feeling more confident and prepared to manage frailty in their practice. Primary care partners were reminded that many helping hands support the health of community-dwelling seniors and residents. We look forward to building a more integrated health and social partnership to improve care outcomes.



Upcoming GP Engagement Events



The Heart Matters



To be held at Novotel Singapore on Stevens, The Heart Matters features the inaugural symposium where NHG Heart Institute's cardiologists share practical insights on cardiometabolic management. The programme includes updates on the latest hypertension guidelines, case presentations, and panel discussions on lipidology, and statin use for primary and secondary prevention, applicable to primary care practice.



Scan the QR code to learn more



Get ready for NSC Update 2026 —your gateway to the latest breakthroughs in dermatology!



The programme spans a wide spectrum of dermatological practice, covering inpatient medical dermatology, allergy testing and immunodermatology, surgical and aesthetic procedures and skin cancer management. Participants can look forward to pre-conference workshops and hands-on sessions focused on the latest developments in hair disorder management and procedural dermatology. **Scan the QR code to learn more, or visit <https://nsc-update.nhghealth.com.sg/> to register now.**



Scan the QR code to learn more

Contact your **NHG Health Relationship Manager** for enquiries.

9727 1081

pophealth.pco@nhghealth.com.sg



Dedicated GP Referral Channels



Healthier SG Compliant Clinic Management System (CMS)

only for Healthier SG GPs

or



Health Appointment System (HAS)

or our hospital's dedicated GP referral channels



Tan Tock Seng Hospital
NHG Health



6357 1595



ttsh.gp@nhghealth.com.sg



Khoo Teck Puat Hospital
NHG Health



6602 1668



ktp.h.gp@nhghealth.com.sg



6602 1669 [Fax]



Woodlands Hospital
NHG Health



6363 3131



wh.gp@nhghealth.com.sg



6361 1980 [Fax]



Scan the QR code to access the full directory of NHG Health Institution contact and appointment lines.



Disclaimer

Comments and opinions made by individuals and parties who have contributed to or been interviewed by the GP Insider Newsletter are solely those of the authors and contributors and do not necessarily reflect the views or policies of the NHG Health. While every effort is made to ensure accuracy, NHG Health bears no responsibility or liability in any way for the content, information, photographs, illustrations and other material in this publication. No part of this publication may be reproduced without prior written permission of NHG Health. All facts are correct at the time of publication. Designed by Oxygen Studio Designs Pte Ltd.

For any enquiries, you may contact Primary Care Office, NHG Population Health at pophealth.pco@nhghealth.com.sg