

CLINIC SIGN-UP FORM:

A GP AND CGH-A&E COLLABORATIVE SCHEME FOR THE EASTERN COMMUNITY

Version: 13032020

SCHEME DETAILS

OBJECTIVE:

To partner GPs in the private sector in providing right-siting of care for mild and moderate conditions within the eastern region of Singapore

SCHEME BENEFITS:

A patient who visits a Participating Clinic of **GPFIRST** for a condition(s) that may require a referral to Changi General Hospital A&E Department ("CGH A&E"), will be given priority when referred through this Scheme and pays an amount lesser than the prevailing CGH A&E attendance fee.

PERSONAL & PROFESSIONAL PARTICULARS

Name of GP: Dr _____ Mobile No: _____

Email Address: _____ MCR No: _____

Year of Registration: _____ Qualifications: MBBS GDFM Others: _____

CLINIC'S DETAILS:

Clinic Name: _____

Clinic Add: _____

Clinic Tel: _____ Clinic Fax: _____

Name of Clinic Assistant: _____

Preferred Mode of Contact: Mobile SMS Clinic Tel
 Email Fax

Operating Hours:

(Weekdays) _____

(Weekends) _____ (Public Holidays): _____

Attach Clinic / Doctor's Name Card

Please fill in the respective details required if they are not reflected in this card. Thank you!

Please tick accordingly if your clinic participates in the initiatives/programmes below:

CGH A&E "Clinics Nearby" Medisave Enabled Clinic CDMP Registered Clinic
 CHAS Registered Clinic Pandemic Preparedness Clinic GP Chronic Care Programme

Patient Profile: (1) Private _____% Corporate _____% (2) Elderly _____% Adult _____% Children _____%

Type of Conditions: Chronic _____% Acute _____% **Average Consultation Fee:** \$ _____

Other Information (other support services available in the clinic i.e. lab/diagnostic) : _____

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TERMS & CONDITIONS

1. The **GPFIRST** Scheme is applicable only to CGH A&E.
2. Clinic participation in this Scheme **GPFIRST** is by invitation only and includes clinics within the eastern region of Singapore.
3. All referrals of patients through this scheme ("Patients") must be made via the original and serialized **GPFIRST** Referral Form ("Original Referral Form") provided by CGH.
4. Only Original Referral Forms issued by CGH are valid. Participating clinic shall inform Patient of the terms and conditions of referral and treatment at CGH A&E, in particular items 5-9 and 12 below before the referral is made.
5. The Original Referral Form must be duly completed with participating clinic stamp, date and time clearly indicated and Patient must produce this at CGH A&E together with his/her NRIC / Passport / Work Passes / Permits for verification.
6. The original referral form is only valid on the day of issue, and up to 0200hrs of the following day if the referral form is issued close to midnight.
7. Patient will pay the prevailing CGH A&E Fee less \$50 if the Patient is referred through this Scheme.
8. Specialized investigations required at CGH A&E will be separately charged.
9. CGH A&E supports Participating clinics with aids/guides which includes CGH A&E 24/7 Consultant Hotline as shown in Annex A.
10. Participating Clinics shall ensure they keep themselves updated on continuing medical education (CME) including in relation to how to make appropriate referrals to A&E.
11. CGH will monitor participating clinics on the types of referral sent through **GPFIRST** Scheme. CGH reserves the right in its sole discretion to exclude participating clinics from this Scheme if CGH is of the view that the participating clinic persistently refers inappropriate cases despite CGH feedback, or breach the terms and conditions of this Scheme. In such event, if requested by CGH, participating clinic shall return to CGH any un-utilized referral forms and scheme materials.
12. CGH reserves the right to change the terms and conditions of this Scheme, or terminate/withdraw this Scheme without prior notice, which shall be deemed effective immediately upon such change or withdrawal and without liability towards participating clinics and the Patients.

DECLARATION AND ACCEPTANCE OF TERMS

We declare that the information provided on this form is true and correct. I understand that any inaccurate or false information will render this application invalid and if admitted to this Scheme on the basis of such information, participating clinic can be withdrawn from this Scheme with immediate effect.

As a **GPFIRST** participating clinic, we will abide by the terms and conditions, guidelines, and procedures applicable to this Scheme. CGH reserves the right at all times in its sole discretion to withdraw any doctor and/or participating clinics from this Scheme if there is violation(s) of the terms and conditions of this Scheme or non-compliance with CGH instructions.

We hereby authorize CGH to disclose any information pertaining to our participation in **GPFIRST** Scheme to satisfy any law, regulation, legal process or government requirement/request where government request shall include those coming from Ministry of Health and/or governmental agencies. We also authorize CGH to share such information as it deems necessary with its affiliated companies, and to use such information for scheme/programme analysis which can be for monitoring, tracking, improvement and evaluation purposes, internal and external communications and any other reasonable uses CGH in its sole discretion deems fit.

Name of authorized signatory:

For and on behalf of:

Signature of GP

Affix Clinic Stamp

Date

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ANNEX A

CGH A&E HOTLINES & SUPPORT - FOR GPS/CLINICS ONLY

- **ED Consultant Hotline: Tel: 68501551 / 68501552**
Operates 24/7 – for the management of acute cases

- **A&E Coordinator Hotline: Tel: 81211069**
Operates Mon-Fri Office Hours - for queries from GPs

- **Mobile Application:**
 - Provides clinical decision rules / calculators
 - Allows GP to provide feedback on use of mobile app

SAMPLE CGH A&E EXCLUSION CRITERIA

1. Orthopaedic / Musculoskeletal Conditions:
 - Simple Lacerations <5cm for T&S
 - Simple Bruising / Abrasions
 - Closed Fractures of Distal Phalanx of Lower Limbs
2. Uncomplicated Hypertension.
3. Uncomplicated Chikungunya Fever/Serology for Chikungunya Fever
4. Back Pain with NO Red Flags
5. Headache with NO Red Flags
6. Dizziness with NO Red Flags
7. Dengue with NO indication for admission.
8. Adults & Pediatric Head Injury with NO indication for CT Head.
9. Cervical Spine Injury with NO indication for Radiography (i.e. NEGATIVE to BOTH NEXUS AND CCR)
10. Ankle/Knee Injuries with Negative Ottawa Rules = No Fracture
11. Uncomplicated Poorly Controlled DM (RBS < 20mmol/L)
12. Pulmonary Embolism with negative Well's AND PERC Scores
13. For Fast Tracking Referrals
14. For Specialised Radiology Investigations (e.g. MRI)
15. For Specialised Laboratory Investigations (other than FBC, UE, LFT, Dengue)

Please note that the above “sample CGH A&E Exclusion Criteria” is not the exhaustive.