Primary Care Digital Services (PCDS) - Change Request User Guide

https://pcds.sg

Version 1.2
29 SEP 2025

MINISTRY OF HEALTH
SINGAPORE

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# Chapter 1 - Introduction

1.1 About PCDS – Change Request

To enable Healthier SG (HSG) GP clinics to manage and view post-onboarding change requests by leveraging on existing PCDS platform and enhancing its system functionalities.

1.2 Help Section

1. To provide easy access to resources, the latest version of the PCDS Change Request User Guide can be found in the portal.

2. To access these resources, click on "PCDS Help" at the left-side menu after logging in.
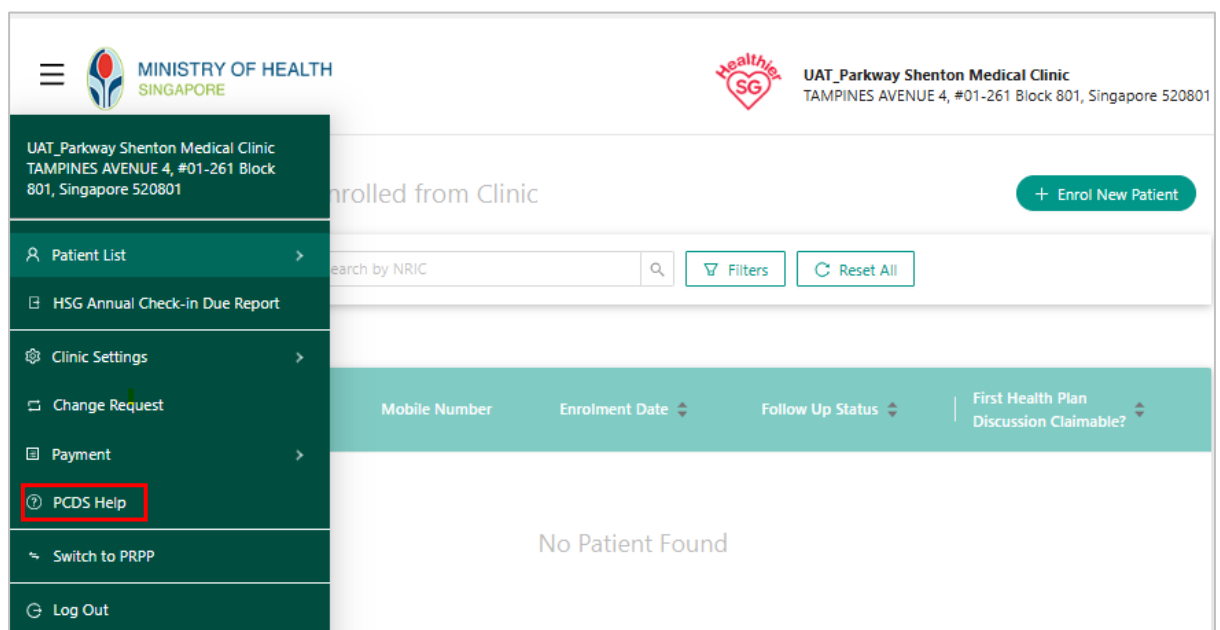
3. Getting Started page will be displayed.
   Click on the hyperlink to download the latest version of PCDS Change Request User Guide.
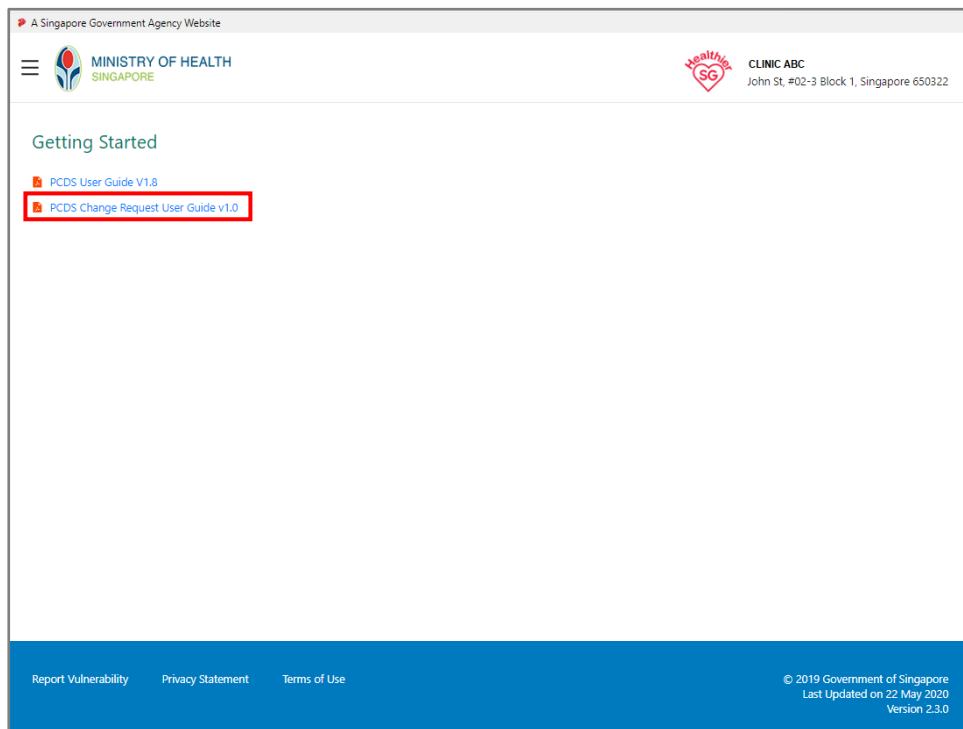
1.3 Support Contact Details

1. You may write to synapxe.pcds.support@synapxe.sg for specific technical queries.

2. For other enquiries:
   GP Helpline 66321199

Chapter 2 - Change Request

Post-onboarding change request in this context refers to submission of requests from Healthier SG (HSG) clinics to the Programme Administrator to notify on changes.

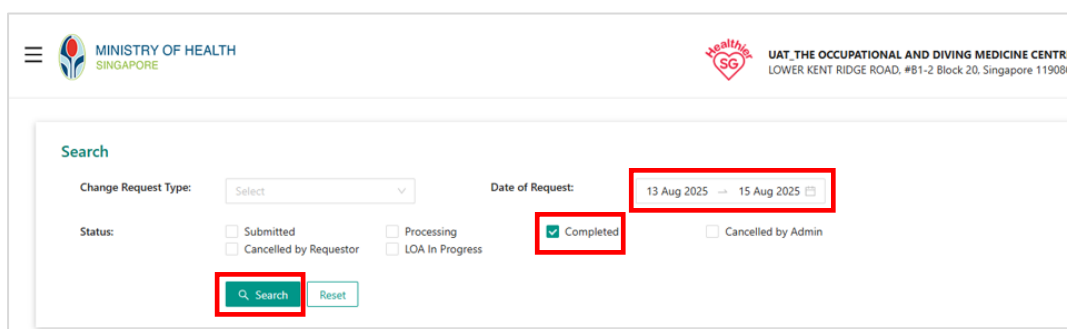## 2.1 Search Change Request

1. Clinic user can use the Search function refine the displayed list of change requests.
   To narrow down the result, clinic user may:
   - Select a change request type
   - Specify a date range for the "Date of Request"
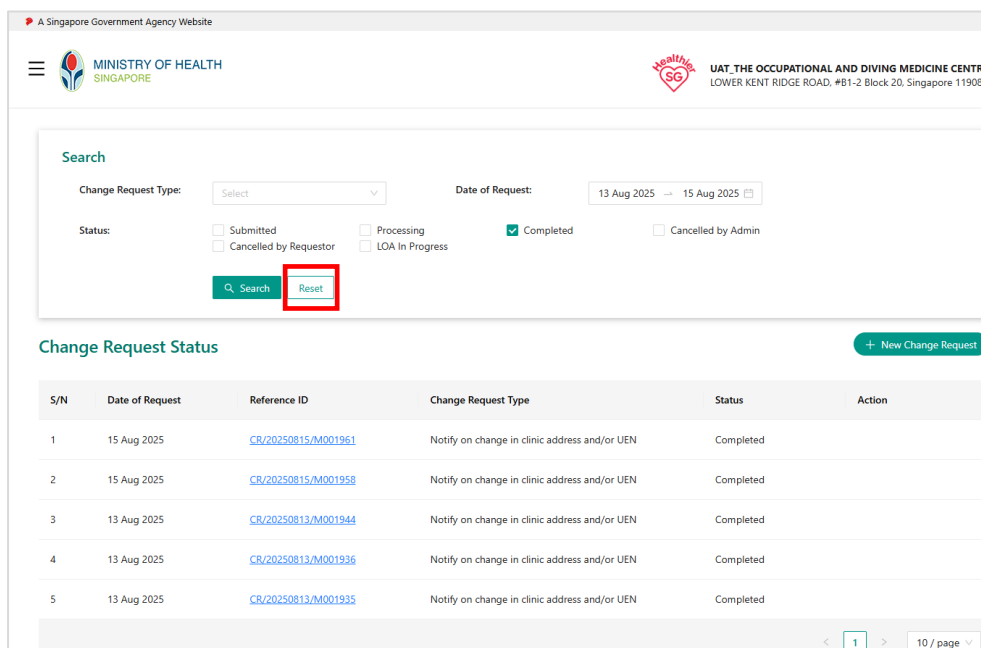   - Select one or more change request status checkboxes
   After entering your criteria, click "Search".
2. Search results will be displayed based on the search criteria entered.

3. Click "Reset" button to revert to default display the full application list.

2.2 View Change Request

1. From Change Request Status page, select the change request from the list.
   Click on the Reference ID link to display the view-only form of the submitted change request.

Note:

➢ The list is sorted by "Date of Request" column in descending order (from newest to oldest).

➢ Change requests follow the below status flow:

S/N	Status	Action	Description
1a	Submitted	Cancel	Clinic has submitted a change request recently and can still cancel the change request.

1b		-	Clinic has submitted a change request recently. Clinic can approach AIC Account Manager to cancel the application.
2	Processing	-	Change request is being processed.
3	Completed	-	Change request is completed.
4a	Cancelled by Requestor	-	Change request has been cancelled by clinic.
4b	Cancelled by Admin	-	Change request has been cancelled due to administrative reasons.

2. Upon clicking of Reference ID, corresponding view-only form of submitted change request is displayed.

Change Request Reference ID - CR/20250314/M000441

Date of Submission: 14 Mar 2025 10:41 AM

Change Request Details

What would you like to do?
Update clinic enrolment capacity

Current enrolment capacity
250

Current consumed capacity
1

New enrolment capacity
650

Please let us know the reason for the revision
Clinic able to manage more patients

How many doctors (GP FTE) will manage Healthier SG enrolled patients in your clinic?
1.5

What are your plans to manage the declared enrolment capacity?
Others (with textbox)

Please elaborate
clinic remarks for managing the declared enrolment capacity

Email Acknowledgement
testabc@ggmail.com

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## 2.3 Submit Change Request

1. To create a change request, open the side menu and click on "Change Request".

2. From Change Request Status page, click on "+ New Change Request".

3. New Change Request page is displayed.
   Select from the available change request types from dropdown menu.

   Note: If you are unsure which change request to submit, please refer to the description below each change request type. For further assistance, please approach your AIC account manager.

   Note: Clinics can only submit new change requests only when previous request of the same type has been completed or cancelled.

2.4 Change Request – Update clinic enrolment capacity

1. For change request "Update clinic enrolment capacity", the information required may vary based on new enrolment capacity entered.

   a. Select reason for the revision and input additional remarks, if applicable.
      Tick the checkbox for Declaration and Consent.
      Click "Submit".

b. Select reason for the revision and input additional remarks, if applicable.
Tick the checkbox for Declaration and Consent.
Input additional information as required and click "Submit".

New Change Request

What would you like to do? *

Update clinic enrolment capacity

Current enrolment capacity *

250

Current consumed capacity *

1

New enrolment capacity *
Please note that this refers to the number of new patients whom you are willing to accept for age bands 40 and above.

650

Your enrolment capacity will be increased by 400.

Please let us know the reason for the revision *

Clinic able to manage more patients

How many doctors (GP FTE) will manage Healthier SG enrolled patients in your clinic? *
The Full-Time Equivalent (FTE) refers to the number of practising doctor(s) that is equivalent to your clinic's full-time employee. Up to 1 decimal point accepted (e.g. 1.5).

1.5

What are your plans to manage the declared enrolment capacity? *

Others (with textbox)

Please elaborate *
Kindly provide details such as the number of consult rooms in your clinic or manpower arrangements, etc.

clinic remarks for managing the declared enrolment capacity

Email Acknowledgement *
You will receive an email acknowledgement and reference number via your business contact information. (i.e. email address below)
To update your clinic's primary email for PCDS, go to Clinic Profile.

testabc@ggmail.com

Declaration and Consent
By submitting this form, you consent that the owner of this form may collect the information provided in the form. The information may be used and disclosed to the Ministry of Health ("MOH"), Agency for Integrated Care ("AIC"), Regional Health System ("RHS"), Primary Care Network Headquarter ("PCN HQ") and other authorised parties for the administrative, research, and analysis purposes relating to the administration of Healthier SG, including the purposes stated in this form. For more information, you may view AIC's Data Protection Policy.

You declare that you are duly authorised to submit this form on behalf of the Clinic / Company / Organisation.

The submitted information is, to the best of your knowledge and belief, true and complete.

☑ I have read and agree to the declaration and consent.

Submit   < Back

2. Upon Submit, confirmation pop-up window is displayed.
Click "Proceed" to confirm submission of change request to AIC.

Confirmation
Please ensure the details entered are all correct.

Proceed   Cancel

3. Once submitted, view-only form of the submitted request is displayed with Change Request Reference ID and date and time of submission.

4. Click "Back" button to return to the Change Request Status page where the recently submitted change request is displayed at topmost row, with Status = "Submitted" and Action = "Cancel".

5. Please allow 1 to 3 days for changes to be effected.

2.5 Change Request – Update email address to receive HSG operational alerts

1. For change request "Update email address to receive HSG operational alerts", the following form is displayed.

2. Input a new email address.
   Tick the checkbox for Declaration and Consent.
   Click "Submit".

Note: Clinic can only submit a new email address that is different from current email address. The current email address of the clinic can be found in the Clinic Profile, under the HSG Info tab.

6. Upon Submit, confirmation pop-up window is displayed.
   Click "Proceed" to confirm submission of change request to AIC.

7. Once submitted, view-only form of the submitted request is displayed with Change Request Reference ID and date and time of submission.

8. Click "Back" button to return to the Change Request Status page where the recently submitted change request is displayed at topmost row, with Status = "Submitted" and Action = "Cancel".

9. Please allow 1 to 3 days for changes to be effected.

2.6 Change Request – Notify on change in clinic address and/or UEN

This change request involves the acceptance of a re-issued HSG Enrolment Programme Agreement (EPA).

1. For change request "Notify on change in clinic address and/or UEN", the following form is displayed.

2. User may choose to submit request for either "Clinic address" or "Clinic UEN" only, or both.
   For change in <u>clinic address</u>, refer to step 3.
   For change in <u>clinic UEN</u>, refer to step 4.
   For both types of changes, refer to both steps 3 and 4.

3. To submit request for change in <u>clinic address</u>, tick on "Clinic address" checkbox
   a. Input the postal of new clinic address.
   b. Click "Get Address".
   c. If the new clinic address leads to a change in RHS and/or change in PCN, additional remarks are displayed in blue box.
   d. Tick the checkbox for Declaration and Consent.
   e. Click "Submit".

Note: Get Address button will be disabled when the newly entered postal code is in the same RHS region as the clinic's current postal code and the liner message will be displayed. No further action is needed from the clinic.

f.   Upon Submit, confirmation pop-up window is displayed.
g.   Click "Proceed" to confirm submission of change request to AIC.

Once submitted, view-only form of the submitted request is displayed with Change Request Reference ID and date and time of submission.

Change Request Reference ID - CR/20250722/M001412

Date of Submission: 22 Jul 2025 07:51 PM

Change Request Details

What would you like to do?
Notify on change in clinic address and/or UEN

Which of the following information has changed?
Clinic address

New Address
111 WOODLANDS STREET 13 #01-01 SINGAPORE 730111

Email Acknowledgement
testabc@ggmail.com

< Back

h. Click "Back" button to return to the Change Request Status page where the recently submitted change request is displayed at topmost row, with Status = "Submitted" and Action = "Cancel".

i. Please continue to step 5.

4. To submit request for change in <u>Clinic UEN</u>, tick on "Clinic UEN" checkbox
   a. Input new clinic UEN.
   b. Tick the checkbox for Declaration and Consent.
   c. Click "Submit".

New Change Request

What would you like to do? *

Notify on change in clinic address and/or UEN

Please note that your clinic must submit a request via Healthcare Application and Licensing Portal (HALP) to change the clinic address and/or UEN of your clinic licence.

This form is used to notify your Healthier SG Regional Health System (RHS) Partner and Administrator only. Clinic should submit this notification at least 30 days in advance, of the details of any change in the clinic's address and/or UEN.

Which of the following information has changed?

☐ Clinic address

☑ Clinic UEN

Note: The clinic owner may have to enter into a new Healthier SG Enrolment Programme Agreement (EPA) with new clinic UEN.

Current Clinic UEN

UEN

200707928C

New Clinic UEN

UEN *

222999900Z

Email Acknowledgement *
You will receive an email acknowledgement and reference number via your business contact information. (i.e. email address below)
To update your clinic's primary email for PCDS, go to Clinic Profile.

testabc@ggmail.com

Declaration and Consent
By submitting this form, you consent that the owner of this form may collect the information provided in the form. The information may be used and disclosed to the Ministry of Health ("MOH"), Agency for Integrated Care ("AIC"), Regional Health System ("RHS"), Primary Care Network Headquarter ("PCN HQ") and other authorised parties for the administrative, research, and analysis purposes relating to the administration of Healthier SG, including the purposes stated in this form. For more information, you may view AIC's Data Protection Policy.

You declare that you are duly authorised to submit this form on behalf of the Clinic / Company / Organisation.

The submitted information is, to the best of your knowledge and belief, true and complete.

☑ I have read and agree to the declaration and consent.

Submit   < Back

d.   Upon Submit, confirmation pop-up window is displayed.
e.   Click "Proceed" to confirm submission of change request to AIC.

Confirmation
Please ensure the details entered are all correct.

Proceed   Cancel

f.   Once submitted, view-only form of the submitted request is displayed with Change Request Reference ID and Date and time of submission.

Change Request Reference ID - CR/20250722/M001413

Date of Submission: 22 Jul 2025 07:58 PM

Change Request Details

What would you like to do?
Notify on change in clinic address and/or UEN

Which of the following information has changed?
Clinic UEN

Current Clinic UEN
UEN
3334

New Clinic UEN
UEN
222999900Z

Email Acknowledgement
testabc@ggmail.com

< Back

g. Click "Back" button to return to the Change Request Status page where the recently submitted change request is displayed at topmost row, with Status = "Submitted" and Action = "Cancel".

h. Please continue to step 5.

Note: For change in clinic address and clinic UEN, follow steps 3 and 4 above to provide details in one form.

5. Once the EPA is issued and ready for acceptance, the Status will be updated to "LOA In Progress".
6. Click on "Accept" under the Action column.

7. HSG Agreement page is displayed.
   Clinic user to review all the fields in this page.
   Clinic user to download and read the appended Agreement files.

Note: If the clinic owner (based on data from HALP) is an individual, a confirmation message would show up if the currently logged-in clinic user is not the said individual.
For example, if the clinic owner in HALP is Steven Holmes, and the clinic user logged in is Lisa Charles, the confirmation message below will appear.
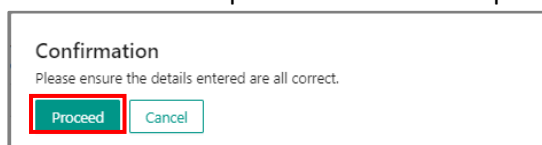
Confirmation

This Agreement can only be accepted by the Licensee/Addressee. Are you sure you are logged in as the Licensee/Addressee?

Yes   No

   i.   Select the "Accept" radio button after reviewing the Agreement page and files. **Note**: If there are any discrepancies in the information, clinic can reject the EPA (refer to the Box 1 below).
   ii. In the Clinic Acceptance section, 'Name' is auto-populated based on the name of the user who is logged into Corppass and accepting the EPA.
   iii. Enter "Designation" of the acceptor for the clinic.
   iv. Tick the checkbox for Declaration and Consent.
   v.   Click "Submit".

8. A confirmation pop-up message will be displayed.
9. Click "Proceed" to proceed with the acceptance.

Confirmation
Please ensure the details entered are all correct.
Proceed   Cancel

10. Once submitted, a successful message prompt and view-only form of the submitted acceptance is displayed.

✅ Your acceptance has been submitted successfully.   ✕

Agreement

Before proceeding further, please ensure you are duly authorised to accept the Agreement for this clinic.

Attention: Head of Organisation / Clinic Owner

Remarks: LOA Remarks for Clinic

HEALTHIER SG ENROLMENT PROGRAMME AGREEMENT FOR GP CLINIC

Thank you for applying to Healthier SG. Enclosed is the Healthier SG Enrolment Programme Agreement (the "Agreement") for your clinic to onboard Healthier SG.

The Agreement shall be a binding contract between the Clinic Owner and the Partner (as defined below) upon acceptance by both Parties.

The "Clinic Owner"
Name of Licensee/Addressee: CENTRAL MEDICAL GROUP PTE. LTD.
Licensee UEN: 201325909C
Licensee UEN Address*: UEN Address: BLK 11, JALAN BUKIT MERAH

The "Partner"
RHS UEN Name: SINGAPORE HEALTH SERVICES PTE LTD
RHS UEN: 200002698Z
RHS UEN Address*: 10 Hospital Boulevard, #19-01, Outram Community Hospital, Singapore 168582

UEN address is based on available data from ACRA or UEN portal

The terms and conditions set out in the Agreement shall apply to the following clinic, which shall be referred to as Schedule 1 of the Agreement

Clinic Details
Clinic HCI Code: 97M0311
Clinic Name: UAT_CENTRAL MEDICAL GROUP PTE LTD
Clinic Address*: BLK 11, JALAN BUKIT MERAH, #01-4442, SINGAPORE 150011

Key Appointment Holder(s): Refer to Clinic's Key Appointment Holders registered in MOH Healthcare Application and Licensing Portal (HALP).

Terms of agreement
Please download and read the following:

File Name
📄 GPITP LOA 20241108_GenericTnC_v0.1.pdf
📄 SHS-QA-Sample-PDF.pdf
📄 SHS.Sample.PDFFile.pdf

Verify clinic details
Please ensure that the clinic details entering into this Agreement are accurate.

Clinic details are extracted from MOH Healthcare Application and Licensing Portal (HALP). If you would like to make changes to your licensing details, please reject this Agreement and log in to MOH Healthcare Application and Licensing Portal (HALP) to submit the changes. You will be notified when the new agreement is ready.

Please select 'Accept' and proceed with the submission to indicate your acceptance of the Agreement by **28 July 2025**, falling which your Healthier SG application shall lapse unless an extension of time is given by AIC.
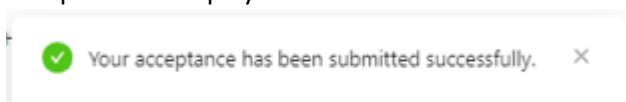
Status: Accepted

Clinic Acceptance
On behalf of the Clinic Owner, I agree to accept the Healthier SG Enrolment Programme Agreement (the "Agreement").

Accepted by/ for and on behalf of CENTRAL MEDICAL GROUP PTE. LTD.

Name: CENTRAL CA
Designation*: Medical Director
No signature is required for digital acceptance

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11. Click "Back" to return to the Change Request Status page where the recently submitted change request is displayed at topmost row, with Status = "LOA In Progress" and Action = "View Details".

12. Clinic can click "View Details".
13. View only form is displayed.
    Note: The file names in the view-only form are text only and not clickable.

Box 1

---

1. Select the "Reject" radio button
2. Select reason for rejection from the dropdown and input remarks as required
3. Tick the checkbox for Declaration and Consent
4. Click "Submit"

5. A confirmation pop-up message will be displayed.
6. Click "Proceed" to proceed with the rejection.

7. Once submitted, a successful message prompt and view-only form of the submitted acceptance is displayed.

2.7 Change Request – Notify on clinic's permanent closure

1. For change request "Notify on clinic's permanent closure", the following form is displayed.
2. Input clinic's last date of operations.
   Tick the checkbox for Declaration and Consent.
   Click "Submit".

New Change Request

What would you like to do? *

Notify on clinic's permanent closure ▽

Please note that this form is to be used if your clinic (9403667) 326 AVENUE 3 CLINIC will be ceasing or has ceased operations at the clinic address BLK 326, SERANGOON AVE 3, #01-382, SINGAPORE 550326 and will not be operating anywhere else in Singapore under the same HCI code.

This notification should be submitted at least 2 months before your clinic's closure.

You may contact your AIC Account Manager if you require any further assistance.

When is/was the clinic's last day of operations? *

01 Jul 2025

Email Acknowledgement *
You will receive an email acknowledgement and reference number via your business contact information. (i.e. email address below)
To update your clinic's primary email for PCDS, go to Clinic Profile.

testabc@ggmail.com

Declaration and Consent
By submitting this form, you consent that the owner of this form may collect the information provided in the form. The information may be used and disclosed to the Ministry of Health ("MOH"), Agency for Integrated Care ("AIC"), Regional Health System ("RHS"), Primary Care Network Headquarter ("PCN HQ") and other authorised parties for the administrative, research, and analysis purposes relating to the administration of Healthier SG, including the purposes stated in this form. For more information, you may view AIC's Data Protection Policy.

You declare that you are duly authorised to submit this form on behalf of the Clinic / Company / Organisation.

The submitted information is, to the best of your knowledge and belief, true and complete.

☑ I have read and agree to the declaration and consent.

Submit   < Back

Note: If the entered date is before clinic's HSG Start Date, an error message is displayed:

When is/was the clinic's last day of operations? *

01 Jul 2020

Your clinic's last day of operations should not be before your clinic's HSG start date.

3. Upon Submit, confirmation pop-up window is displayed.
   Click "Proceed" to confirm submission of change request to AIC.

Confirmation
Please ensure the details entered are all correct.
Proceed   Cancel

4. Once submitted, view-only form of the submitted request is displayed with Change Request Reference ID and date and time of submission.

5. Click "Back" button to return to the Change Request Status page where the recently submitted change request is displayed at topmost row, with Status = "Submitted" and Action = "Cancel".

2.8 Change Request – Notify on change in clinic's ownership

1. For change request "Notify on change in clinic's ownership", the following form is displayed.

   If the new HCI will not be applying to onboard Healthier SG, submission of this form is not allowed. An instruction text is displayed to inform clinic to submit "Notice on clinic's permanent closure" instead.

New Change Request

What would you like to do? *

Notify on change in clinic's ownership

Please note that this form is to be used if your clinic (9404456) BEDOK CENTRAL CLINIC is changing HCI code due to a change in clinic ownership and the clinic with the new HCI code is intending to onboard HSG.

For change in UEN, please submit a "Notify change in clinic address and/or UEN" instead."

Will the clinic with the new HCI code be applying to onboard Healthier SG? *

◯ Yes.

🔘 No.

Please submit a "Notice on Clinic's Permanent Closure" change request instead.
Thank you.

[Submit]   [< Back]

2. If the new HCI will be applying to onboard Healthier SG:
    i. Input the new HCI Code and new Clinic Name.
    ii. Tick the checkbox for Declaration and Consent.
    iii. Click "Submit".

New Change Request

What would you like to do? *

Notify on change in clinic's ownership

Please note that this form is to be used if your clinic (9404456) BEDOK CENTRAL CLINIC is changing HCI code due to a change in clinic ownership and the clinic with the new HCI code is intending to onboard HSG.

For change in UEN, please submit a "Notify change in clinic address and/or UEN" instead.

Will the clinic with the new HCI code be applying to onboard Healthier SG? *

🔘 Yes.

◯ No.

Please provide the details of the clinic with the new HCI code, if available.
New HCI Code

9912345

New Clinic Name *

NEW CLINIC

If the above details are currently unavailable, you may submit this form first and contact your AIC Account Manager to provide the details when the details are available.

Email Acknowledgement *
You will receive an email acknowledgement and reference number via your business contact information. (i.e. email address below)
To update your clinic's primary email for PCDS, go to Clinic Profile.

testabc@ggmail.com

Declaration and Consent
By submitting this form, you consent that the owner of this form may collect the information provided in the form. The information may be used and disclosed to the Ministry of Health ("MOH"), Agency for Integrated Care ("AIC"), Regional Health System ("RHS"), Primary Care Network Headquarter ("PCN HQ") and other authorised parties for the administrative, research, and analysis purposes relating to the administration of Healthier SG, including the purposes stated in this form. For more information, you may view AIC's Data Protection Policy.

You declare that you are duly authorised to submit this form on behalf of the Clinic / Company / Organisation.

The submitted information is, to the best of your knowledge and belief, true and complete.

☑ I have read and agree to the declaration and consent.

[Submit]   [< Back]

3. If details are not entered, a message prompt is displayed upon clicking "Submit"

Confirmation
You have not entered New HCI Code and New Clinic Name details.
Click Proceed to confirm your submission.

[Proceed]   [Cancel]

4. Upon Submit, confirmation pop-up window is displayed.
Click "Proceed" to confirm submission of change request to AIC.

5. Once submitted, view-only form of the submitted request is displayed with Change Request Reference ID and date and time of submission.

6. Click "Back" button to return to the Change Request Status page where the recently submitted change request is displayed at topmost row, with Status = "Submitted" and Action = "Cancel".

2.9 Change Request – Notify on clinic's voluntary withdrawal from HSG

1. For change request "Notify on clinic's voluntary withdrawal from HSG", the following form is displayed.

    i. Select the reason why clinic is withdrawing from HSG and elaborate if necessary.
    ii. Tick Declaration and Consent.
    iii. Click "Submit".

2. Upon Submit, confirmation pop-up window is displayed.
   Click "Proceed" to confirm submission of change request to AIC.

3. Once submitted, view-only form of the submitted request is displayed with Change Request Reference ID and date and time of submission.

Change Request Reference ID - CR/20250722/M001415

Date of Submission: 22 Jul 2025 08:12 PM

Change Request Details

What would you like to do?

Notify on clinic's voluntary withdrawal from HSG

Why is the clinic withdrawing from HSG?

Others

Please elaborate

input additional information

Email Acknowledgement

testabc@ggmail.com

< Back

4. Click "Back" button to return to the Change Request Status page where the recently submitted change request is displayed at topmost row, with Status = "Submitted" and Action = "Cancel".

MINISTRY OF HEALTH
SINGAPORE

BEDOK CENTRAL CLINIC
BEDOK NORTH STREET 1, #1-161 Block 214, Singapore 460214

Search

| Change Request Type: | Select | Request date: | Start date → End date |

| Change Request Status: | ☐ Submitted | ☐ Processing | ☐ Completed | ☐ Cancelled by Admin |
| | ☐ Cancelled by Requestor | ☐ LOA In Progress | | |

🔍 Search   Reset

Change Request Status   + New Change Request

S/N	Date of Request	Reference ID	Change Request Type	Status	Action
1	22 Jul 2025	CR/20250722/M001415	Notify on clinic's voluntary withdrawal from HSG	Submitted	Cancel

2.10   Cancel Change Request

After submitting a change request, clinics may cancel their change request via PCDS should the "Cancel" action be available. If a clinic wishes to cancel a change request but the "Cancel" action is unavailable, please approach your AIC Account Manager.

1.   To cancel change request, go to Change Request Status page.
2.   Click on "Cancel" action respective to the change request record that you wish to cancel.

3.   Select cancellation reason and click "Submit"

4.   A confirmation pop-up message will be displayed.
     Click "Yes" to proceed with the cancellation.

5.   Upon successful cancellation, status will be updated to "Cancelled by Requestor"