

Community Leaders Dialogue

November 28, 2018, 5:30 – 7:30 Gibsons Public Market

In Attendance:

Bill Beamish – Mayor Gibson
Darnelda Siegers – Mayor Sechelt
Lori Pratt – SCRD Area B Rep
Donna McMahon – SCRD Area E Rep
Leonard Lee – SCRD Area A Rep
Mark Hiltz – SCRD Area F Rep
Dave Hawkins – Hospital Foundation Chair
Bob Gray – Hospital Foundation Vice-Chair
Jane Macdonald – Hospital Foundation ED
Vicki Dobbyn – Sunshine Coast Community Foundations Chair
Michelle Morton – NDP Constituency Assistant
Sue Anne Linde – Sunshine Coast Community Services Chair
Catherine Leach – Sunshine Coast Community Services
Alan Skelley – Pender Harbour Health Center – President
Rosemary Bonderud – Pender Harbour Health Center
Rick MacDonald – Pender Harbour Health Center, Administrator
Ted McNicol – Gibsons Chambers of Commerce – President
Councillor Corey August – Sechelt Nation
Crystal Cox, Health Programs Manager – Sechelt Nation
Celia Robben – SC Regional Economic Development
Dr. Suzanne Walters – GP, Board Engagement Lead
Dr. Carla Paetkau – GP, Board Chair
Dr. Doris Fogarty – GP, Board External Relations Lead
Susan Papadionissou – Division Executive Director
Sonja Sorensen – Division Administrative Assistant

Objectives for this evening:

- To engage with our community leaders in a dialogue about primary health care on the SC
- To hear your perspectives on what you appreciate about pc on the SC and what could be improved
- To share some of our Division initiatives with you
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Context: This is a time of significant change in health care:

- Community needs and demographics are changing
- Physician practices are changing
- Profile of GP's is changing
- Ministry of Health policy direction is driving changes to more team-based care and improving attachment

Participants were asked for feedback in response Three questions:

1. What are the priority primary health care issues that will affect us in the next year?

Table 1

Helping patients navigate the system

- Seniors
- Address barriers that affect a seamless medical delivery (discharges from hospital to home)

Pender Harbour

- Lack of public transportation on the coast for patient that live in more remote areas

Mental Health

- Gaps – need more services

Table 2

Access to Health Care – more walk-in clinics, more hours, access to GP on Sechelt Nation

Increase access to other forms of care I.e. Pender Harbour

→Recruitment – NP being able to off load some of the work of the physicians

→Increase home care nursing

Table 3

- Social determinants – vulnerable patients – affordability for medication
- Special Authority – pharma Care (First Nations) so no coast to patient
- Increasing weekend access to clinics and walk in clinics
- Seniors care and Hospice
- Access List of who is taking patients
- Social Worker Gap
- Mental Health Care – addiction issues (opioid)

2. What do you appreciate about primary care on the Sunshine Coast?

Table 3

- Gibsons walk in clinic which has residents – appointment easy
- Cross coverage within the clinics
- GP for Me program well received
- Collaborative of doctors working on the coast
- Go to a GP here you are getting great health care

Table 2

- Quality of personal care and specialist care
- Incoming doctors very well trained
- a small group of GP's communicating well with each other

Table 1

- Walk in clinic in Gibsons
- Appreciate the doc in school and the LAT (local action team) (youth mental health)
- Nurse practitioner opportunity

3. How could primary care on the Sunshine Coast be improved?

- More Hospice beds
- Seniors extended care - residential care
- Collectively work with other Boards/ organisations for Housing
- Access for GP's to get to the other care providers/services – social worker/patient navigator/
- Aboriginal patient navigator with cultural sensitivity
- Cross ministerial working together – preventive care, team approach, MCFD, rather than be reactive, School District, not working in silos, role of physician for integration
- recruitment / retention – restructure of GP position, doctor and specialist
- High population of commuters – access to medical in the off hours.