# Stakeholder engagement at the North Quadra UPCC

# Purpose

- 1. Build trust and relationships with stakeholders around the North Quadra UPCC.
- 2. Develop a Service Delivery model for the North Quadra UPCC.
- 3. Ensure the Service Delivery model addresses Ministry requirements (e.g. expectations), Island Health requirements (e.g. launch date, hiring process time requirements), while reflecting the concerns and needs of stakeholders.
- 4. Submit to the Ministry a Service Plan for the UPCC that includes the Service Delivery model developed collaboratively through this engagement.

# Requirements

This engagement process will be subject to three primary requirements:

- 1. the expectations outlined in the Ministry of Health's October, 2019 UPCC Policy document<sup>1</sup> and any further requirements as outlined by the Ministry of Health,
- 2. the "doors open" goal of October 13, 2020, and
- 3. based on previous experience, Island Health requires two months to run their hiring process (from advertising to selection and training), this means the UPCC Service Plan (including the Service Delivery model) needs to be complete in early August for approval from the Ministry.

To be effective, the engagement process must involve all stakeholders, and the Service Delivery model that is implemented ideally reflect the results of this engagement process.

# Identification of stakeholders

For the purpose of this engagement process, the participation of local stakeholders will be sought (to be clear, this includes those in nearby geographic areas):

- Patient and Caregiver representatives\*
- First Nations\*
- Community Physicians\*
- Hospital Medical Staff Associations
- Island Health\*
- Ministry of Health
- South Island Division of Family Practice\*
- Victoria Division of Family Practice

<sup>&</sup>lt;sup>1</sup> https://www.pcnbc.ca/media/pcn/PCN\_UPCC\_Revised\_Policy\_October2019\_V5.pdf

Executive Sponsor for this engagement: South Island PCNs Steering Committee

\* NOTE: As members of the Peninsula PCN Leadership Committee (which comprises marked stakeholders above) are acting as stakeholders in this engagement, that group is not listed separately.

# Previous engagement activities

The North Quadra UPCC resulted from an RFP issued by Island Health. Two sites were selected from the RFP—the Wade Building and the Chatterton Way location. As Chatterton Way resides just over the border into SI Division area, Island Health hosted a call on May 21 with both divisions to inform them of the results. It was communicated that the targeted opening was in the fall and that the newly opened James Bay UPCC model could be used as a potential service model.

Once Island Health learned of the numerous concerns relative to lack of engagement with SI Division stakeholders, they attended meetings to discuss the issues and are openly participating in an engagement process.

# Timeline

Three sessions are envisioned, over a 6-week period, from June 29<sup>th</sup> to the beginning of August.

- 1. June 29: Background, context and initial discussion [2 hours].
- 2. July 13: Mid-point report-back and further discussion [2 hours].
- 3. July 27: Final report-back [1 hour].

These sessions will all be conducted via video conference.

### 1. Background, context and initial discussion [2 hours]

A Physician Forum had already been scheduled by the South Island PCN Steering Committee for June 29th (5:30-7:30 pm), to address the concerns around the Chatterton UPCC. As this had already included stakeholders (including Community and First Nations) from within the South Island Peninsula PCN, there was an opportunity to leverage this event, opened up more broadly, as the initial engagement session. Doing so allowed this process to move forward quickly (Brian Evoy is already scheduled to facilitate it).

Prior to this session, background information will be distributed to participants:

- UPCC Policy document
- This proposal

The purpose of this session will be to review the high-level context and constraints, and identify the big bucket issues as far as service delivery. Participants may be split into groups to foster initial development of solutions.

## 2. Mid-point report-back [2 hours]

The second session will present back the solutions generated from the first meeting and flushed out by the Working Group, and allow for further feedback and discussion before a final model is identified.

### 3. Final report-back [1 hour]

The last session will be to present back to stakeholders what will be ultimately implemented for the Service Model, and the final timeline to implementation.

The end result will be a Service Plan for the NQUPCC for joint submission to the Ministry.

# Roles and responsibilities

Of key importance, there needs to be agreement on who is leading this engagement. The UPCC is physically located within the South Island Division of Family Practice geography (Royal Oak/Cordova Bay/Prospect CHSA). The focus of the engagement is service delivery.

This process will be led by the South Island Division of Family Practice and Island Health through the South Island PCN Steering Committee, a collaborative partnership between the South Island Division, Island Health, indigenous partners and patient and caregiver representatives.

### Working group

In order to shepherd this process along there will need to be a small Working Group co-chaired by the South Island Division and Island Health that develops the pre-read materials, communications to stakeholders, and takes the discussion elements and turns them into a Service Delivery model. The following representatives are recommended:

- Peninsula PCN Leadership Committee (4)
  - Patients and Caregivers (1)
  - o First Nations (1)
  - Community Physicians (1)
  - o Island Health (1)
- Victoria Division of Family Practice (1)
- South Island Division of Family Practice (1)
- PCN Steering Committee (2)
  - o Island Health (1)
  - o Community Physicians (1)
- Ministry of Health (1)

# Monitoring and reporting

The third session will be a "what we heard" session, to review the input provided by stakeholders and how that was used, subject to the constraints, to develop the final Service Delivery model.