**South Island Primary Care Network Physician Forum Summary**

**Monday June 29, 2020 | 5:30 PM-7:30 PM**

**Introduction:**

The South Island Primary Care Network (PCN) identified an opportunity to bring together a wide variety of stakeholders on Monday June 29 for a two-hour dialogue intended to better understand the relationship between the government-approved PCN plan for the area and the newly developing Quadra Urgent Primary and Care Centre (UPCC); allow an opportunity to air historical concerns related to the development of previous centres as well as its potential negative impact on how care is organized and delivered; and to set a course for a proposed approach to developing a service delivery model that meets the needs of funders and local stakeholders.

Participants attended the event including the following categories of people:

|  |  |  |
| --- | --- | --- |
| * SIDFP * Island Health * GPSC * Island Health Human Resources * Retired Family Doctor Victoria * SPH MSA | * Patient Voice * Doctors of BC (DoBC) * Ministry of Health * Family Practitioners * WUPCC * Tsartlip First Nations * Esquimalt Nation | * Shoreline/Saanich Peninsula Hospital and Healthcare Foundation * Community organization, Shared Care, Steering Committee PCN, South Island and Peninsula |

Agenda Item #2: Setting the Stage: PCN Vision/Principles; Respectful Dialogue

* Barb McClean from Family Caregivers of British Columbia and a member of the PCN Steering Committee set the stage for the event by discussing how it can be difficult to navigate different perspectives, such as healthcare from a patient perspective or from a physician perspective.

Agenda Item #3: Issues from Various Perspectives

* **Ministry of Health: Ted Patterson, Assistant Deputy Minister, Primary Care Division**
  + T. Patterson explains that UPCC’s are a ‘piece of the puzzle’ and are not intended to solve the entire problem. He recommended the community work with the PCN Division and discussed the constraints and what the end vision may be. The first ten UPCC’s created in the province were more focused on urgent care, and now they are working to incorporate more family practices. There is now a shift in policy with a larger focus on primary care. There is another shift, as UPCC’s are typically Health Authority operated, however there are now examples of Division’s providing these resources. UPCC’s are done best with partnerships, and are hopefully used to compliment and support family practices.
* **Island Health: Jamie Braman, Vice President, Communications, Planning & Partnerships for Island Health, and Brendan Irvine,** **Medical Director, Saanich Peninsula and Gulf Islands, Island Health**
  + J. Braman described his role from an organizational side, and how he hopes there can soon be a conversation about the partnership. Island Health is committed to looking at this history and putting together an idea of how to best move forwards. There is a responsibility to establish two new UPCCs. Different service models were described, such as James Bay, and Island Health is interested in hearing about alternative ideas. A working group should also be established to make these decisions with the PCN. Hopefully will able to come back on July 13th, and see how the working group moves forward.
  + B. Irvine discussed his role in the Saanich Peninsula Leadership Committee, and the surprise of the physicians at the May 21st meeting upon hearing about the North Quadra UPCC. B. Irvine discussed the frustration of the physicians as they believe that this decision was not transparent. He emphasized the change that needs to happen towards working as a unit and planning together for the future.
* **Medical Staff Association: Tommy Lorenzo, Physician and Shawna Walker, Executive Director, SPPHCS**
  + T. Lorenzo reviews the letter that was sent to Island Health reviewing the MSA’s concerns and requirements for the UPCC. He expressed concern as he has not yet heard back. He also identified concerns in how the UPCC was revealed, including learning about the unequal remuneration for those in the UPCC compared to surrounding Family Practices.
  + S. Walker reviewed the process and success of the Shoreline Care Center model, and their attachment of over 6,000 patients. She expressed her concerns of her perceived lack of action on patient attachment and more focus on urgent care.
* **South Island Division of Family Practice: Jaron Easterbrook, Physician**
  + J. Easterbrook shared information on the PCN SC’s proposed approach to engaging stakeholder in the process of developing a service model for the UPCC. The Steering Committee also represents the Division and making sure it doesn’t affect the members.
* **First Nations Communities: Heather Hastings, Tsartlip Health Manager**
  + H. Hastings shared her work in the community, and how community members are not finding current services as culturally safe as they would like them to be. Regardless if we move forward with PCN or UPCC, there needs to be additional work in anti-racism. Additionally, H. Hastings discussed the heavy involvement of NP’s in her community, and how 50% of patients who come to clinics are in need of urgent same-day care. She remarked on how little use this UPCC has to her community members, and how the planning of this UPCC needed more dialogue.
* **Family Caregiver/Patient: Barb McClean,** **Patient Partner and Layton Engwer, Patient Partner**
  + B. McClean discussed the ‘erosion of trust’, and the difficulty those from a patient/family perspective have in speaking up. She discussed how people are still very involved, however there is now a fork in the road, and cannot continue the way we are. Additionally, there needs to be more interest-based conversations rather than position-based. She shared that there needs to be a place patients can speak, not just physicians.
  + L. Engwer, patient representative discussed how this seems to be a very similar situation to that of the Westshore and wondered how we are in the same position. He says the UPCC seems to be a band aid.

**Agenda Item #4: Open Forum**

The following are themed highlights, concerns and questions that were raised as part of the open forum and made via the chat box in Zoom.

**Transparency**:

* As with the WUPCC, physicians perceive a continued lack of transparency on the part of Island Health and the Ministry of Health.
* Island Health was invited to share their strategic plan with the Saanich Peninsula MSA. There was no mention of the proposed UPCC, but physicians understand this planning has been in the works for a year.
* To mitigate further transparency issues at the NQUPCC, it was suggested that a community-elected body, which is privy to Ministry of Health and Island Health plans, be formed to oversee the attachment portion of the NQUPCC.
* Further, if the NQUPCC is to be run by a board, it should be publicly elected, not one that is comprised only of Ministry and Island Health staff.

**Remuneration/Recruitment:**

* There continues to be a remuneration discrepancy between UPCC and FFS physicians, which may lead to the migration of community physicians away from their practices to UPCC jobs, with resulting patient unattachment.
* There is waning enthusiasm of new grad physicians to join local community practices.
* There has been further delay in negotiating the physician contract.
* Due to the closing of the Care Point Medical Clinic, there is now an increased number of unattached patients in Chatterton neighbourhood.
* The Saanich Peninsula PCN has 4 FP contracts. Could this be increased to support urgent care needs?

**North Quadra UPCC Service Model Development:**

* There is a concern about the understanding of primary care by the Ministry of Health and Island Health.
* Physicians have requested the Ministry define the difference between primary and urgent care.
* There is a concern that the NQUPCC will negatively impact community family practices, and will protract the ongoing physician shortage issue.
* It is felt that urgent access would better be supported by increasing the number of longitudinal care community FPs and have patients access urgent care through their Primary Care Physicians, rather have a separate, dedicated Urgent Care service.
* There is an opportunity to create an Urgent Care model that will attract contracted physicians to include longitudinal care as part of their work.
* It was felt that a local physician should run the NQUPCC, to ensure it is someone who understands the effects of what will happen on the Peninsula.
* North Quadra UPCC has different design than WPCC. What will attachment look like, and how many patients are expected to be attached?
* Several concerns were brought forward regarding service provision at other Urgent Primary Care Centres. Physicians would like to know how these concerns will be approached and executed differently at the NQUPPC.
* Service delivery at the NQUPCC needs to have significant input from community physicians. Ideas include:
  + Physicians who work at NQUPCC are also required to work in community
  + Urgent care shifts be made available to any physician providing longitudinal care. This would minimize walk-ins, create rapid access spots for attached patients, increase attachment for community clinics, and lead the development of service delivery using multidisciplinary teams.
  + Creating a space/resources for all community physicians: Procedural space that can be used by community physicians for procedures, IUD insertions, excisions; Mental Health, addictions, and social work space and resources for access by the patients of community physicians.

**Engagement:**

* An opportunity has been created over the next few weeks to continue this discussion.
* Physicians are concerned that their knowledge and resources may not lead to suitable delivery model.
* Accessibility is an issue for First Nations community members on the Peninsula. Why were First Nations not consulted, especially with respect to location?
* A Core Working group was suggested:
  + The members of this working group need to be named so community physicians can reach out with their thoughts
  + Physicians on this committee should be elected, not appointed.
  + The Medical Staff Association (MSA) should be represented in the working group, as should the Medical Directors of Shoreline.

**Ministry of Health Responses:**

* The Ministry has a willingness to learn from community physicians about what resources are needed in primary care.
* Collaborative work going forward will be essential.
* The Ministry has no desire for community practices to lose new physicians.

**Agenda Item #5: Next Steps & Close**

* The event proceedings will be brought to the PCN Steering Committee as the next steps for the Engagement process is made. It is proposed to work with a Core Working Group, and in two weeks there will be an initial presentation, and another presentation on July 27th.
* The UPCC is not directly embedded within the PCN Steering Committee, however they do align and need to work together.

**The Meeting is called to a close at 7:30pm.**