

Vancouver Primary Care Network Steering Committee

Note – Vancouver has 6 PCN Steering Committees aligned with the 6 CHAs in Vancouver –

CHA 1 ~ City Centre Fairview

CHA 2 ~ Centre North

CHA 3 ~ North East

CHA 4 ~ Westside

CHA 5 ~ Midtown

CHA 6 ~ South

TERMS OF REFERENCE

BACKGROUND

The Vancouver Division of Family Practice (the Division), Vancouver Coastal Health Authority, First Nations Health Authority, Doctors of BC, the Ministry of Health and the General Practice Services Committee (GPSC) recognize a shared responsibility for the health of the community. To support the Ministry's priority of implementing Primary Care Networks across the province of British Columbia, the Vancouver Collaborative Services Committee (CSC) has established the CHA specific Vancouver Primary Care Network Steering Committees (the "Steering Committee") for the purpose described in these Terms of Reference.

The Steering Committee is not a legal construct. Similar to the Collaborative Services Committee or the General Practice Services Committee, the Steering Committee has representatives from different stakeholders, including the Division and the Health Authority.

PURPOSE

The purpose of the PCN Steering Committee is to ensure that the local community has a voice in shaping primary health care in their community. The Committee is responsible for overseeing the implementation of the approved PCN Service Plan for their community.

The Committee has the following objectives:

- To strive to meet the primary health care needs of Vancouver residents in a patient centred, sustainable and timely way.
- To support primary care providers in achieving more satisfying and fulfilling professional lives.
- To steward a comprehensive and integrated system of team-based primary and community care across Vancouver through effective resource management.
- To design and maintain primary care services that meet the needs of individuals and improve population health across the City of Vancouver.

- To use data and evidence to inform planning and quality improvement activities at a professional, practice, community and system level.
- To oversee impact of enablers such as, but not limited to, Primary Care Network Allied Professionals and Urgent & Primary Care Clinics to ensure they are supporting the Networks to fulfil the above purposes.
- To utilize technological supports are employed to support effective delivery of care in the community.
- To support the mandate of the Ministry of Health as it relates to community and primary care services.

GUIDING PRINCIPLES

All of the work we undertake is based upon the following principles:

- Patients are at the centre of the healthcare system.
- Doctors are supported to provide quality patient care.
- Autonomy and self-determination of individual family doctors is respected.
- Access to opportunities is fair and equitable for all members.
- System changes are spreadable and scalable across our city.
- Physician and care team wellness and personal capacity is paramount.
- Changes are evidence based; built on previous investments and experience where appropriate; and incorporate an iterative process.
- There is a commitment to partnership and system co-design between the Division and the Health Authority.

RESPONSIBILITIES OF THE STEERING COMMITTEE

The Committee will be co-chaired by the Board Liaison (a local Family Physician where possible) and the local VCH Operational Director, supported by the PCN Manager. Where appropriate for the area, an Indigenous Representative may also co-chair.

The Committee is responsible for refining the PCN Service Plan for their area, in response to direction and guidance from the CSC, with respect to funding and other resources. The Service Plan developed by the Committee will be formally submitted to the Ministry of Health by the CSC. As with all work of the Division, the Service Plan will be designed with equity, fairness, transparency and scalability in mind.

The Committee will also be responsible for overseeing the implementation of the Service Plan and for any course corrections or adjustments required to meet the goals of the PCN. Significant adjustments will be communicated to the CSC and stakeholders as appropriate.

The Committee will ensure that periodic and quarterly reporting is provided to the Ministry and CSC in accordance with the requirements of the Ministry.

GOVERNANCE AND DECISION-MAKING

Decision making will be made by consensus. Consensus is achieved when everyone accepts and supports a decision and understands how it was reached.

Members are responsible for raising issues of concern prior to committing to final decisions.

Clear roles and responsibilities will be provided to ensure that members of the Committee act in the best interests of the patient community.

MEMBERSHIP

COMPOSITION

The Committee will be comprised of the following individuals who live or work in the specific CHA in Vancouver:

- Family Practice – Board Liaison
- Family Practice Champion 1
- Family Practice Champion 2
- Family Practice Champion 3
- Family Practice Champion 4 (for CHA 1 only)
- VCH Operations Director
- Nurse Practitioner or Registered Nurse Representative
- Allied Health Team Representative
- Patient Representative
- Indigenous Representative

CHANGE IN REPRESENTATIVES

Individual representatives from the Health Authority, the Division and Indigenous representatives will be designated as members by their organization and may be replaced from time to time at the organization's discretion. Changes in these individual members may be considered and approved by the Steering Committee.

TERMS

Members will serve staggered two-year terms, with a maximum of three consecutive terms.

TERMINATION OF MEMBERS:

Members may be removed from the Committee with a 2/3 majority confidential vote of the Steering Committee members in the following circumstances –

- where the member fails to uphold the principles and objectives of the Committee
- where the member fails to participate in a meaningful way (attendance)
- where the member fails to uphold the confidentiality of the Committee.

OPERATIONAL SUPPORT

The Committee will be supported by the following operational staff:

- PCN Manager
- PCN Program Coordinator (Admin)
- PCN Director
- Physician Lead

MEETINGS

FREQUENCY

Meetings will be scheduled such that the majority of members can participate (i.e. likely outside of regular business/clinic hours) and a schedule will be set by the PCN Manager/VCH Operations Director such that the responsibilities of the Committee can be accomplished.

Ideally, the Steering Committee will meet in February and October (2.5-hour meetings). A 4-hour Summit of all six Steering Committees will be held in May.

The Division Board representative, Family Practice Champions, VCH Operations Director and Division Operational Support team will attend the first meeting. The Nurse Practitioner/Registered Nurse, Allied Health, Patient and Indigenous representatives will join for subsequent meetings.

The Service Plan must be prepared on a timeline consistent with the government funding year which is April to March.

AGENDA, MINUTES AND MATERIALS

An agenda, minutes of the previous meeting and any other materials required for information to be considered at the meeting will be sent to the Steering Committee members in advance of the meeting.

QUORUM

More than half of the Steering Committee members are required to be present at a meeting to make a decision or implement a course of action. At a minimum, representatives from each of the Division and Health Authority must be present.

DISPUTE RESOLUTION

Disputes within the PCN Steering Committee will be resolved by involvement of an outside facilitator as agreed to by the Steering Committee Members. Failure to resolve an issue will result in involvement of an arbitrator as agreed by the Members.

Disputes within PCN Patient Medical Homes will be resolved as follows:

1. Problem solving among the service providers in a clinic, supported by PCN change management staff and health authority PCN managers.
2. If the dispute remains unresolved within the clinic, despite efforts towards resolution, the issue will be considered by the PCN Steering Committee and a plan of action recommended.
3. If the PCN Steering Committee cannot resolve the issue, a remedy will be recommended to the clinic providers and the contract holder.

REPORTING

The PCN Steering Committee will provide the following reports:

- Regular high-level reporting and PCN oversight progress updates to CSC for each CSC meeting.

- Reports to the CSC on recommendations and decisions made by the PCN Steering Committee.
- Period reporting, quarterly reporting, and annual reporting provided to the Ministry and CSC as required by funding agreements.

ACCOUNTABILITY

The PCN Steering Committee is accountable to and reports to the CSC.

The CSC will provide guidance and funding parameters to the local PCN Steering Committee.

The CSC will provide leadership from a Governance perspective, the Division will provide operational leadership through the PCN Director and PCN Manager.

Committee members will communicate matters of importance between their own organizations and the Committee.

RESOURCES AND BUDGET

The budget will be provided to the local PCN by the CSC.

The local PCN Steering Committee has an operational budget of \$40,000 per year.

CONFIDENTIALITY

Members will be expected to comply with Confidentiality and Conflict of Interest policies.

All materials produced and presented to the Steering Committee are the property of the Primary Care Network and confidential to this committee within their stated purpose. All members of the Steering Committee are required to maintain the confidentiality of all materials, documents and discussions.

Any communications that are of a public nature will be clearly identified as such and must be approved by the B.C. Ministry of Health in accordance with stated communications policies.

AMENDMENTS

These Terms of Reference will be reviewed on an annual basis and/or at the discretion of the Steering Committee. Any proposed revisions will require approval of the Steering Committee.