**Terms of Reference**

**Powell River Primary Care Network Steering Committee**

**(Service Planning)**

**Primary Care Network Definition:**

A Primary Care Network (PCN) is a clinical network of local primary care service providers located in a geographical area, with patient medical homes (PMHs) as the foundation, with formal links to specialized services and specialists. A PCN is enabled by a partnership between divisions of family practice and health authorities (HAs). (GPSC definition).

1. **Committee Purpose:** Provide a collaborative forum for the Powell River Division of Family Practice, Vancouver Coastal Health and Tla’amin Health to engage in coordinated planning and support for the development of a service plan for the Powell River PCN.
2. **Objective:**
   1. Development of a service plan for the Primary Care Network
3. **Responsibility of the Steering Committee:** 
   1. Share reciprocal accountability for the development of the service plan;
   2. Be accountable for expenditures of PCN funds;
   3. Share information with the PRDFP Board, VCH Local and Regional leadership and the Primary Care Community on the development of the PCN’s service plan;
   4. Establish a process for the hiring and oversight of all PCN contracted General Practitioners (GPs) and Nurse Practitioners (NPs) that involves all partners in the decision-making, including representatives from the participating Patient Medical Home.
   5. Establish a process for the hiring and oversight of all PCN Allied Health and Nursing positions that involves all partners in the decision-making, within the expectations of the respective collective agreements.
   6. Provide oversight, direction and support to the PCN Project managers;
   7. Address project barriers and challenges through collaborative problem-solving; identify issues that need to be brought forward to other forums (e.g. PRDFP Board);
   8. Liaise with other Division’s/HA’s and Ministry of Health (MoH) to mutually share project learnings and successes;
   9. Establish and provide oversight to working groups and advisory committees as needed;
   10. Escalate to other bodies for advice and support.
4. **Decision Making and Dispute Resolution:**
   1. Decisions will be made by the PCN Steering Committee, which includes key members of the Collaborative Services Committee (CSC).
   2. Decisions will be made by consensus, guided by evidence-informed practices whenever possible. The following five point consensus method will be used:

5 – I strongly support this decision

4 – I support this decision

3 – This decision is OK with me

2 – I dislike this decision but will defer to the wisdom of the group

1 – I do not support this decision and we need to discuss more.

* 1. Decisions can be made when a quorum is present and the voice of each partner is considered. A quorum is reached when 60% (4 out of 6) of the voting members are present.
  2. In dispute resolution, a mediator will be appointed by the members.

1. **Membership:**
   1. PRDFP Board Chair (co-chair)
   2. Vancouver Coastal Health Director Coastal Community of Care - Powell River (co-chair)
   3. Director Tla’amin Health
   4. Physician Lead
   5. Patient Advocate –a member of the PCN Patient Advisory Committee
   6. Support (non-voting members):
      1. PRDFP Executive Director
      2. Primary Care Transformation Partner, Vancouver Coastal Region, Doctors of BC
      3. Primary Care Transformation Partner – Doctors of BC
      4. Project Managers – DoFP and VCH
2. **Meetings**
   1. Meetings will be held bi-monthly or more frequently as required.
   2. Agenda, minutes and materials will be sent to the members in advance of the meeting
   3. Guests can be invited when needed after approval by the co-chair(s)
3. **Reporting**
   1. The Steering Committee will follow MoH reporting requirements
4. **Confidentiality**
   1. All materials produced and presented to the Steering Committee are the property of the Primary Care Network and cannot be shared when it is indicated that they are confidential.
   2. All members of the Steering Committee are required to maintain the confidentiality of all materials, documents and discussions.
   3. 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.
5. **Amendments**
   1. These Terms of Reference will be reviewed on an annual basis and/or at the discretion of the Steering Committee.
   2. Any proposed revisions will require approval of the Steering Committee.
6. **Approval Date:**