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## NEWS RELEASE

For Immediate Release  
2020HLTH0280-001735  
Sept. 15, 2020

Ministry of Health

### **Transforming primary care in B.C.**

VANCOUVER – People in British Columbia will soon have more options to get quality team-based health care closer to home.

Approximately 660 new full-time equivalent health professionals will be part of 22 primary care networks coming soon throughout the province.

“As part of our primary care strategy, we’re putting networks of health professionals at the centre of our primary care transformation, making life better for everyone in B.C.,” said Adrian Dix, Minister of Health. “By adding 22 more primary care networks to the 17 already announced, more people will benefit from a seamless patient-centred experience that meets their unique health needs.”

Government will provide approximately \$110 million in annual funding to the primary care networks once they are fully established. The team of health-care providers will include family physicians, nurse practitioners and health-care professionals, ranging from registered nurses, traditional wellness co-ordinators and cultural safety facilitators to allied health-care professionals, social workers and clinical pharmacists.

These new networks will see community partners, local health-care providers and Indigenous partners work together to ensure patients have access to a full range of team-based primary care services, from maternity to end of life, for all of their day-to-day health-care needs. In addition, they have been designed to address primary care priorities of individual communities such as:

- providing better access to chronic disease and chronic pain management;
- improving access to mental-health and substance-use services;
- culturally safe and appropriate care for Indigenous peoples;
- helping to co-ordinate services for vulnerable people with complex health issues; and
- providing comprehensive services for people living in poverty.

For people and families, it means getting faster, better access to their primary care team or provider, including evenings and weekends, as well as being connected to appropriate services and supports in the community.

The primary care networks will be in Comox, southern Vancouver Island, Cowichan, Oceanside, White Rock/South Surrey, Chilliwack/Fraser rural, Mission, Central Okanagan, Central Interior rural, Kootenay Boundary, East Kootenay and Vancouver.

Over the next three to four years, across all networks, the team of health-care providers will see hundreds of thousands of patient visits annually.

“About 17% of people in British Columbia report not having a primary care provider. This means that these people often have to wait long hours in walk-in clinics or at their local emergency departments to get the care they need. Our primary care strategy and the networks are providing a real solution to people so they can get the care they need, closer to home,” Dix said.

Indigenous partners, including community leaders, have been involved in the development of primary care networks, from planning to governance, and advise on the implementation of primary care. Local Elders will be supported to offer traditional knowledge, cultural support, and leadership to their communities. For Indigenous peoples, this will mean more co-ordinated and culturally safe and appropriate primary care support such as traditional healers and Indigenous navigators.

Over the next years, these new networks are expected to help connect approximately 300,000 people to a local primary care team or provider, while providing team-based and culturally safe care to B.C. residents.

The primary care networks are a result of a partnership between the Ministry of Health, local health authorities, Divisions of Family Practice, municipalities and local Indigenous partners.

British Columbia has 39 primary care networks underway, including 12 in Vancouver Coastal, 14 in Fraser Health, five in Island Health, five in Interior Health and one in Northern Health, with more coming.

**Learn More:**

To learn more about the Province’s primary health-care strategy, visit:

<https://news.gov.bc.ca/releases/2018PREM0034-001010>

To learn more about the Province’s strategy to increase the number of nurse practitioners,

visit: <https://news.gov.bc.ca/releases/2018HLTH0034-000995>

To learn more about the Province’s strategy to recruit and retain more family medicine

graduates, visit: <https://news.gov.bc.ca/releases/2018HLTH0052-001043>

Two backgrounders follow.

**Contact:**

Ministry of Health

Communications

250 952-1887 (media line)

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### **Facts about primary care networks**

- About 16.9% of British Columbians report not having a primary care provider.
- Only 44% of British Columbians are able to get same-day or next-day appointments with their primary care providers
- The Ministry of Health has launched a transformational team-based primary care strategy that is intended to increase access and attachment to primary care in communities throughout the province. Team based primary care will be delivered using different models including:
  - Full-service family practices
  - Urgent and Primary care centres
  - Community health centres
  - First Nations primary care clinics
  - Nurse practitioner primary care clinics
- All of these models will be connected with their local primary care networks to coordinate and leverage existing and new providers and services to better meet the needs of local citizens.
- Primary care networks are intended to be locally planned and delivered through partnerships, including Divisions of Family Practice, health authorities, First Nations and other local community representatives.
- Primary care networks mean that patients:
  - who do not have a regular primary care provider - a family doctor or nurse practitioner - will be able to get one;
  - will have an ongoing relationship with their primary care provider, which is important for their life-long health;
  - will get access to faster, more convenient care from their doctor or nurse practitioner and the care team;
  - will be provided and connected with a range of appropriate and accessible services and supports;
  - will be informed about all aspects of their care in community; and,
  - will know where to go to get the care they need, even on evenings and weekends.

New resources being allocated include:

**(Numbers are estimates and will change as the networks grow)**

### **Kootenay Boundary Primary Care Network**

The primary care network will work to connect approximately 15,250 patients to a primary care provider over the next three years and will include (approximately).

- Three full-time equivalent (FTE) family physicians

- Five FTE nurse practitioners
- Five FTE registered nurses
- Eight FTE social workers
- Seven FTE allied health professionals
- One FTE clinical pharmacist
- One FTE Indigenous health co-ordinator

### **East Kootenay Primary Care Network**

The primary care network will work to connect approximately 18,220 patients to a primary care provider over the next four years and will include (approximately):

- 10 FTE family physicians
- Two FTE nurse practitioners, including one FTE to provide Aboriginal health care
- 15 FTE registered nurses, including two FTE to support extended hours in Cranbrook and Kimberley and one FTE to provide Aboriginal health care
- Eight FTE social workers
- 14 FTE allied health professionals
- One FTE clinical pharmacist
- One FTE medical imaging
- One FTE lab assistant
- Three FTE Aboriginal health co-ordinators
- Elders and community champions

### **Mission Primary Care Network**

The primary care network will work to connect approximately 10,080 patients to a primary care provider over the next four years.

Approximately:

- Six FTE family physicians
- One FTE nurse practitioners
- One FTE family physician group contract
- Nine FTE allied health professionals:
  - One FTE social worker
  - One FTE dietitian
  - One FTE physiotherapist
  - Four FTE mental health counsellors
  - One FTE traditional healer
  - One FTE clinical pharmacist

### **Comox Valley Primary Care Network**

- Comox Valley central interprofessional health team
  - Approximately one FTE registered nurse, eight FTE allied health professionals and one FTE clinical pharmacist
- Comox Valley Health Connections Clinic
  - Approximately one FTE nurse practitioner and 1.6 FTE registered nurses
- Indigenous supports

- Approximately one FTE Indigenous wellness liaison and one FTE Indigenous wellness advocate

### **Chilliwack North and South Primary Care Networks**

The primary care networks will work to connect approximately 24,200 patients to a primary care provider over the next four years.

Approximately:

- Five FTE general practitioners
- Two FTE general practitioners group contracts
- 11 FTE nurse practitioners
- 12 FTE registered nurses
- 16 FTE allied health professionals
- One FTE spiritual wellness co-ordinator
- Two clinical pharmacists

### **Fraser Health Rural Primary Care Network**

The primary care network will work to connect approximately 4,050 patients to a primary care provider over the next four years.

Approximately:

- 0.5 FTE general practitioner
- One FTE general practitioners group contracts
- Three FTE nurse practitioners
- 2.3 FTE registered nurses
- Seven FTE allied health professionals
- Two FTE traditional wellness mentor
- One clinical pharmacist

### **White Rock-South Surrey Primary Care Network**

The primary care network will work to connect approximately 8,900 patients to a primary care provider over the next four years.

Approximately:

- 17 FTE registered nurses
- Seven FTE allied health professionals
- Two FTE mental health clinicians
- One FTE primary care access clinic general practitioners (0.5 FTE each)
- One FTE pharmacist

### **Cowichan Valley Primary Care Network**

The primary care network will work to connect approximately 16,750 patients to a primary care provider over the next four years.

Approximately:

- Eight FTE family physicians
- Five FTE nurse practitioners
- Eight FTE registered nurses
- 15 FTE allied health professionals

### **Vancouver City Centre Primary Care Network**

The primary care network will work to connect approximately 25,250 patients to a primary care provider over the next four years.

Approximately:

- 10 FTE family physicians
- Nine FTE nurse practitioners
- 7.5 FTE registered nurses

### **Vancouver Centre North Primary Care Network**

The primary care network will work to connect approximately 11,000 patients to a primary care provider over the next four years. Approximately:

- Five FTE family physicians
- Four FTE nurse practitioners
- One FTE registered nurse
- Seven FTE allied health professionals
- One FTE clinical pharmacist

### **Vancouver Northeast Primary Care Network**

The primary care network will work to connect approximately 13,500 patients to a primary care provider over the next four years. Approximately:

- Six FTE family physicians
- Four FTE nurse practitioners
- Four FTE registered nurses
- Seven FTE allied health professionals
- One FTE clinical pharmacist

### **Vancouver Westside Primary Care Network**

The primary care network will work to connect approximately 24,500 patients to a primary care provider over the next four years. Approximately:

- 12 FTE family physicians
- Seven FTE nurse practitioners
- Four FTE registered nurses
- Seven FTE allied health professionals
- One FTE clinical pharmacist

### **Vancouver Midtown Primary Care Network**

The primary care network will work to connect approximately 16,250 patients to a primary care

provider over the next four years. Approximately:

- Eight FTE family physicians
- Five FTE nurse practitioners
- Four FTE registered nurses
- Seven FTE allied health professionals
- One FTE clinical pharmacist.

### **Vancouver South Primary Care Network**

The primary care network will work to connect approximately 19,750 patients to a primary care provider over the next four years. Approximately:

- Seven FTE family physicians
- Seven FTE nurse practitioners
- Eight FTE registered nurses

### **Saanich Peninsula Primary Care Network**

The primary care network will work to connect patients to a primary care provider, when appropriate. Approximately:

- Four FTE family physicians
- One FTE family physician group contract
- Three FTE nurse practitioners
- 13 FTE registered nurses
- Six FTE allied health professionals
- One FTE clinical pharmacist
- 0.5 FTE cultural safety facilitator
- One FTE Indigenous wellness support coach

### **Western Communities Primary Care Network**

The primary care network will work to connect approximately 36,475 patients to a primary care provider over the next four years. Approximately:

- 20 FTE family physicians
- Seven FTE nurse practitioners
- 13 FTE registered nurses
- Seven FTE allied health providers
- One FTE clinical pharmacist
- One FTE Indigenous wellness support coach
- 0.5 FTE cultural safety facilitator

### **Oceanside Primary Care Network**

The primary care network will work to connect approximately 11,950 patients to a primary care provider over the next four years. Approximately:

- Three FTE family physicians
- Seven FTE nurse practitioners

- Six FTE registered nurses
- Nine FTE allied health professionals, including one FTE traditional knowledge keeper and one FTE mental health and substance use social worker in support of Indigenous health

### **Central Interior Rural Primary Care Network**

The primary care network will work to connect approximately 6,900 patients to a primary care provider over the next four years. Approximately:

- One FTE general practitioner physician
- Three FTE nurse practitioners
- Six FTE registered nurses
- 19 FTE allied health professionals:
  - Three FTE social workers
  - Three dietitians, including one FTE at Secwepemc
  - Two FTE physiotherapists
  - Two FTE mental health clinicians
  - One FTE traditional wellness co-ordinator
  - One FTE clinical pharmacist
  - One FTE respiratory therapist
  - One FTE occupational therapist
  - One FTE allied health professional at Ulkatcho
  - Two FTE Aboriginal patient navigators
  - Two FTE primary care mental health counsellors

### **Central Okanagan Kelowna Primary Care Networks:**

The primary care network will work to connect approximately 28,580 patients to a primary care provider over the next four years. Approximately:

#### **Central Kelowna PCN**

- One FTE family physician
- 0.5 FTE nurse practitioner
- 32 FTE registered nurses
- Eight FTE allied health professionals
- One FTE pharmacist
- 0.5 FTE Indigenous health nurse practitioner
- One FTE Indigenous health co-ordinator

#### **Rutland/Lake Country PCN**

- One FTE family physician
- One FTE nurse practitioner
- Four FTE registered nurses
- Six FTE allied health professionals
- One FTE pharmacist
- 0.5 FTE Indigenous health nurse practitioner
- One FTE Indigenous health co-ordinator



## **West Kelowna/Peachland PCN**

- Two FTE family physicians
- Two FTE nurse practitioners
- Five FTE registered nurses
- Five FTE allied health professionals
- 0.8 FTE Indigenous health nurse practitioner
- One FTE Indigenous health co-ordinator
- One FTE pharmacist

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### **What people are saying about primary care networks**

#### **Vivian Eliopoulos, interim president and CEO, Vancouver Coastal Health –**

“By working with our partners in Vancouver, we are better able to co-ordinate health services to support people in our community to manage existing health conditions, avoid unnecessary hospital visits and remain healthy and independent for as long as possible. Having these primary care networks in Vancouver will provide patients with more care options and help attach them to ongoing and consistent primary care services.”

#### **Dr. Victoria Lee, president and CEO, Fraser Health –**

“Our new primary care networks will provide care that is streamlined, co-ordinated and, above all, patient centred. We will be better able to support people to remain healthy, manage existing health conditions, avoid unnecessary hospital visits and remain independent in the community. I am grateful to our partners and our teams for working together to help attach people to ongoing and consistent primary care services to address their health-care needs now and in the future.”

#### **Dr. Doug Cochrane, board chair, Interior Health –**

“Partnerships with Aboriginal communities and the division of family practice are foundational to building and sustaining a system of strong, culturally safe health services in the Central Interior Rural region and across Interior Health. By working together with our partner Nations, the Dene, Secwepemic, Tsilhqot'in and Métis communities, we know these primary care networks will reflect the unique cultural and health-care needs of the communities they serve.”

#### **Leah Hollins, board chair, Island Health –**

“Primary care networks bring together health-care professionals, local First Nations and patient partners to support better health and wellness journeys for people, families and communities. By working in partnership, we are discovering how to provide team-based care to meet the health and care needs of people where they live.”

#### **Dr. Kathleen Ross, president, Doctors of BC –**

“The best health-care systems in the world have strong primary care, and we hope that the primary care network initiative provides additional needed resources to doctors serving their community. A primary care network will collectively increase a community’s capacity to provide greater access to primary care for those who need it, especially for vulnerable patients and those with complex health conditions.”

**Michael Sandler, executive director, Nurses and Nurse Practitioners of BC –**

“The Association of the Nurses and Nurse Practitioners of BC is pleased that the knowledge, skills and expertise of the entire health-care team will improve access to health care for British Columbians through the new primary care networks. We believe that this approach will be pivotal in ensuring B.C. families feel connected to their health-care team and we are excited to see the launch of primary care networks in B.C.”

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