

Victoria Primary Care Network

Steering Committee Terms of Reference *(approved May 27, 2021)*

Background

To support the partners' provincial efforts to implement Primary Care Networks (PCNs) across British Columbia to enhance attachment, capacity and patient access through team-based primary care services, the Victoria Collaborative Services Committee has established this local primary care network steering committee.

Purpose

The Victoria PCN Steering Committee, in consultation with local PCN members, will oversee the establishment and ongoing operation of the four Victoria PCNs in accordance with the approved PCN service plan and will collaborate with the Victoria Collaborative Services Committees (CSCs) to ensure ongoing health system coordination.

Guiding Principles

- We learn from other cultures and worldviews and embrace a perspective of oneness.
- We communicate by listening to and encouraging all voices. We ask questions when something is said that we don't understand.
- We believe that each of us is coming from a place of good intent, even when our words or actions may be off.
- We embrace difficult tasks and conversations rather than avoid them.
- We choose to do what is right over what is fast, easy or comfortable.
- We understand that this work is an iterative process that will require us to be flexible.
- We seek evidence-based solutions and recognize the need for innovation.
- We value a safe working environment, encompassing mutual respect and collaboration amongst all members
- We recognize 2021 as a historic time of change in our relationships in health care, especially with Indigenous Peoples, and commit ourselves to striving to remove systemic inequities

Scope

1. Strategic oversight of all PCN primary care deliverables¹ insofar as ensuring the collective adherence to the funding agreement; and
2. Guidance regarding alignment and integration of all primary care services supporting the four Primary Care Networks in Victoria across the following CHSAs:
 - Downtown/VicWest (4111)
 - James Bay / Fairfield / Oaklands/Fernwood (4112 & 4113)
 - Oak Bay / Gordon Health / Shelbourne (4114 & 4115)
 - Interurban / Tillicum / Quadra / Swan Lake (4116 & 4117)

¹ For the purposes of this document, oversight refers to ensuring the delivery of PCN services and supports according to the funding agreement. The Steering Committee does not have the authority for operational oversight of individual PCN services / member organizations

Responsibilities

Responsibilities of the PCN Steering Committee include:

- Ensuring that the PCN adheres to the principles for Primary Care Networks set out by the Ministry and GPSC.
- Overseeing the strategy, implementation and operations of the PCN in accordance with the Service Plan.
- The allocation of funds and other resources for the PCN through the Partners acting as PCN fund administrators in accordance with the Service Plan.
- Ensuring that the financial and other reporting relating to the PCN and required by the Ministry is prepared, approved and submitted.
- Providing oversight and direction to the PCN Manager and the PCN Administrator, or such other management and administrative staff that are retained to support the PCN from time to time.
- Communicating and engaging with PCN members and partner organizations, including outreach to non-PCN members, with the intent to improve service integration and alignment over time.

Functions

Makes final decisions on / approves:

- Operational strategy within approved service plan, including:
 - Change Management Strategy
 - Human Resources Strategy
 - IMIT Strategy
 - Engagement & Communications plan
 - Attachment protocol
- Hiring & performance assessments of the PCN Director / Administrative team
- Other TBC

Advances:

- Decisions from the Indigenous Advisory Group regarding cultural safety and the planning & delivery of PCN services specifically focused on First Nations, Métis and urban Indigenous peoples

Makes recommendations to CSC on:

- Changes to strategy or services beyond what is outlined in approved service plan
- Other TBC

Communication & Reporting Relationships

The PCN Steering Committee is accountable to and reports to the CSC including:

- Reports to the CSC members on decisions made by the PCN Steering Committee.
- Regular high-level PCN reporting and progress updates to CSC for each CSC meeting.
- Period reporting, quarterly reporting, and annual reporting provided to the Ministry and CSC as required by the funding agreements.

The PCN Steering Committee will receive reports from and have the opportunity to give input to the PCN Indigenous Collaborative regarding decisions within that group's purview concerning cultural safety and the planning and delivery of PCN services specifically focused on First Nations, Métis and urban Indigenous peoples. The PCN Steering Committee will receive reports from the Operations Leadership table and any

other Working Groups (tbc). Updates from the PCN Steering Committee regarding recent decisions & direction will also be provided to these committees.

The PCN Steering Committee will provide updates and regular communication to PCN members and partner organizations, details tbd (e.g., mechanisms, format, frequency, etc.)

Decision-Making Model

The PCN Steering Committee shall aim to operate by consensus. Consensus is achieved when everyone accepts and supports a decision and understands how it was reached. In meetings where significant decisions are to be made, all partners will be notified and encouraged to attend. Members are responsible for raising issues of concern prior to committing final decisions.

In the event of disagreement or divergence of views, members will at all times make best efforts to conduct themselves in a respectful manner. If the voting members fail to reach consensus, then the decision will be referred to the CSC for resolution. A decision by the CSC is binding on the PCN Steering Committee and its members.

Membership

	Role / title	2021/22 members
Patient Partners (3 members)	General patient representatives (2) and Indigenous patient representative (1), ideally from different PCN neighbourhoods	L Storie R Harvey Indigenous rep - vacant
First Nations, Metis, Inuit and urban Indigenous partners (3 members)	As nominated by IAG, but ideally includes: Health Director (1), primary care clinician (1), and Metis representative (1)	J Hunt* Dr. F Nezil D Barrow
Victoria Division of Family Practice (3 members)	Board member (1), Executive Director (1) and community physician (1)	Dr. K McKeene* C Park Dr. A Childs
Island Health (3 members)	Primary Care Operations Director (1), Medical Director (1), and other as relevant to PCN needs	P Lawrence* Dr. W Cunningham K Reid
Non-voting members	PCN Director, IH/VDFP Project Managers, Admin support, ad-hoc guests, etc.	A Hay (Island Health) H Cochrane (VDFP) H Welch (VDFP) A Beurling (VDFP) S Gustin (external)

* denotes current co-chair.

Individual representatives from the Health Authority, the Division and Indigenous Advisory Group 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 shall be considered and approved by the Steering Committee.

Three co-chairs are to be nominated and approved by the Steering Committee, consisting of 1 member representing the Indigenous Advisory Group, 1 practicing VDFP physician, and 1 Island Health member.

The orientation of new members is the responsibility of the organization that they represent and the PCN Manager. Members will be responsible for endeavouring to attend all meetings of the Steering Committee and contributing to discussions in a collaborative and effective manner; and Members who will be presenting information at a meeting will ensure that any resources and materials are prepared and available at the time of the meeting. If detailed information will be presented at the meeting, those materials should be provided to the chair of the meeting to ensure it is distributed in advance.

Meeting Arrangements

The Committee will meet at least monthly, or as determined by the Committee. Meetings will continue remotely until such time as pandemic restrictions are lifted.

For any agenda items that require decision, a briefing note or other materials to support decision-making will be provided in advance of the meeting. If a Committee member cannot attend an upcoming meeting where a decision is expected to be made, the member can communicate their preferred option to one or more of the Steering Committee co-chairs in advance.

In order to make a Committee decision, a minimum of one representative from each partner group must be present for the discussion (patients, Indigenous community, Island Health, and Division of Family Practice). If a Committee member could not be present for a meeting and they have major objections or concerns as a result of a decision, that member can request the Committee revisit / discuss the prior decision at the next meeting.

Other specific protocols / procedures regarding the working of the committee will be established over time upon input and direction from Committee members and co-chairs.

Confidentiality

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 in accordance with communications policies (yet to be developed for PCN, to align with each partners' respective policies).

Evaluation of Committee

Expected outcomes of Committee:²

- Common agenda - *All participants share a vision for change that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions*
- Backbone support - *An independent, funded staff dedicated to the initiative provides ongoing support by guiding the initiative's vision and strategy, supporting aligned activities, establishing shared measurement practices, building public will, advancing policy, and mobilizing resources.*

² Evaluation of the Committee to be based on the Collective Impact framework, using tailored versions of those tools & indicators.

- Mutually reinforcing activities - *A diverse set of stakeholders, typically across sectors, coordinate a set of differentiated activities through a mutually reinforcing plan*
- Continuous communication - *All players engage in frequent and structured open communication to build trust, assure mutual objectives, and create common messaging*
- Shared measurement - *All participating organizations agree on the ways success will be measured and reported, with a short list of common indicators identified and used for learning and improvement.*

The Committee will complete individual interviews to set a baseline in June/July 2021, and confirm intended evaluation plans in future iterations of the Terms of Reference.

Expected outcomes of PCN:

- For all residents of Victoria, Oak Bay and South Saanich and all First Nations, Metis, Inuit or urban Indigenous peoples south of the Malahat to achieve:
 - Secure attachment to a Primary Care provider
 - Improved access to team-based primary care
 - Improved population health
 - Improved patient and provider satisfaction with primary care

Review date

These Terms of Reference will be reviewed after the first 6 months of PCN implementation (~September 2021) and then on an annual basis thereafter and/or at the discretion of the Steering Committee. Any proposed revisions will require approval of the Steering Committee.

Approval date – May 27, 2021

Appendix – Conflict of Interest Policy