



General Purposes Committee

Date: Tuesday, December 2, 2014

Place: Anderson Room
Richmond City Hall

Present: Mayor Malcolm D. Brodie, Chair
Councillor Chak Au
Councillor Derek Dang
Councillor Carol Day
Councillor Ken Johnston
Councillor Alexa Loo
Councillor Bill McNulty
Councillor Linda McPhail
Councillor Harold Steves

Call to Order: The Chair called the meeting to order at 4:00 p.m.

AGENDA ADDITION

It was moved and seconded
That the Richmond Division of Family Practice – A GP for Me be added to the agenda as Item No. 4.

CARRIED

MINUTES

It was moved and seconded
That the minutes of the meeting of the General Purposes Committee held on Monday, November 17, 2014, be adopted as circulated.

CARRIED

COMMUNITY SERVICES DEPARTMENT

1. **COUNCIL POLICY HOUSEKEEPING AND POLICY UPDATES**

(File Ref. No. 01-0105-00) (REDMS No. 4314460 v. 12)

The Chair noted that a copy of Attachment 2 - Policy 9001 Demolition of City Owned Substandard Houses (attached to and forming part of these minutes as Schedule 1) was circulated on the table due to its inadvertent omission from the staff report.

It was moved and seconded

- (1) *That the Council Policies, as listed in Attachment 1 to the staff report titled "Council Policy Housekeeping and Policy Updates", dated Nov 28, 2014, 2014, from the General Manager, Community Services, be amended, including the consistent use of "within a five-house radius of the group home" throughout Policy 4001; and*
- (2) *That the Council Policies, as listed in Attachment 2 to the staff report titled "Council Policy Housekeeping", dated Nov 28, 2014, from the General Manager, Community Services, be rescinded.*

The question on the motion was not called as discussion ensued and staff was directed to amend Policy 4001 - Group Homes to reflect the consistent use of "within a five-house radius of the group home" throughout the Policy, particularly referencing the "Good Neighbour" guidelines on Page GP-49.

In response to a query from Committee, Jim Tait, Director, Human Resources, advised that Policy 6008 Employees – Recognition of Retirees and Long Service was obsolete; therefore, staff has recommended that the Policy be rescinded with the intention that an Administrative Directive be adopted in the near future.

The question on the motion was then called and it was **CARRIED**.

ENGINEERING & PUBLIC WORKS DEPARTMENT

2. **2015 PAVING PROGRAM**

(File Ref. No. 10-6000-01) (REDMS No. 4440822)

In reply to a query from Committee, Milton Chan, Manager, Engineering Design & Construction, stated that, in an effort to mitigate potential difficulties with a single contractor completing the paving program within the dates specified in the contract, it is anticipated that the contract be awarded to more than one contractor.

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It was moved and seconded

That the staff report titled 2015 Paving Program dated November 21, 2014, from the Director, Engineering, be received for information.

CARRIED

PLANNING & DEVELOPMENT DEPARTMENT

3. UPDATE ON PROVINCE OF BRITISH COLUMBIA 10-YEAR TRANSPORTATION PLAN: BC ON THE MOVE

(File Ref. No. 01-0150-20-THIG1) (REDMS No. 4447112)

In response to queries from Committee, Victor Wei, Director, Transportation, commented that he is not aware of any upcoming Elected Official Forum with TransLink with regard to the 10-Year Transportation Plan. He further commented that the Province has committed to the George Massey Tunnel Replacement Project scheduled to commence in 2017.

Discussion then ensued among Committee members and staff and the following information was noted:

- the need to identify future interchange improvements as part of the George Massey Tunnel Replacement Project;
- the inclusion of Light Rail Transit (LRT) as part of the George Massey Tunnel Replacement Project;
- the potential to retain the Tunnel for rapid transit, green/electric vehicles, or other uses, and opportunities for further public input including input from elected officials;
- extending the Canada Line to Richmond City Hall, with an additional line from City Hall to Shell Road and through the Tunnel into Delta; and
- the submission of a written request to the Province for the potential retention of the George Massey Tunnel.

It was moved and seconded

That the staff report titled Update on Province of British Columbia 10-Year Transportation Plan: BC on the Move dated November 28, 2014, from the Director, Transportation, be received for information.

CARRIED

COUNCILLOR DEREK DANG

4. **RICHMOND DIVISION OF FAMILY PRACTICE – A GP FOR ME**
(File Ref. No.)

Councillor Dang circulated a presentation (attached to and forming part of these minutes as Schedule 2) from the Richmond Division of Family Practice (RDFP) titled “Richmond A GP for Me Presentation to Community Organizations”. Councillor Dang spoke of the RDFP’s wish to establish a working relationship with the City in order to achieve its goals related to (i) cultural aspects within Richmond; (ii) access to medical care; and (iii) attracting family physicians to Richmond as approximately 25 Richmond family physicians will retire over the next five years.

Councillor Dang then proposed the possibility of establishing a task force to promote the RDFP’s goals.

Councillor McPhail spoke to the Provincial initiative and to the grant funding used by the RDFP to hold a consultation process, noting that the presentation distributed by Cllr. Dang is the result of that process. The RDFP is currently in the design stage of the initiative and further Provincial funding will be available for its implementation. The RDFP is seeking the City’s support with the initiative.

As a result of the discussion, the following **referral** was introduced:

It was moved and seconded

- (1) *That the Richmond Division of Family Practice’s presentation be referred to staff for comments and suggestions as to how the City can be engaged in the initiative; and*
- (2) *That staff report back to the General Purposes Committee meeting on Monday, December 15, 2014.*

The question on the referral was not called as discussion ensued regarding (i) fast tracking business licensing for health practitioners; (ii) creating a database of available office space suitable for practitioners; (iii) the possibility of staff consulting with and providing comments from Vancouver Coastal Health prior to reporting back to Committee; and (iv) the City’s role in attracting practitioners to Richmond.

The question on the referral was then called and it was **CARRIED**.

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ADJOURNMENT

It was moved and seconded

That the meeting adjourn (4:29 p.m.).

CARRIED

Certified a true and correct copy of the Minutes of the meeting of the General Purposes Committee of the Council of the City of Richmond held on Tuesday, December 2, 2014.

Mayor Malcolm D. Brodie
Chair

Heather Howey
Committee Clerk



City of Richmond

Policy Manual

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Adopted by Council: Oct. 13/92

POLICY 9001

File Ref: 2045-00

DEMOLITION OF CITY OWNED SUBSTANDARD HOUSES

POLICY 9001:

It is Council policy that:

City-owned houses may be demolished without further reference to Council upon the initiation of a request by the Land Agent or Manager of Building Services, provided that:

1. In the opinion of the Director of Civic Properties (or alternate) there are serious deficiencies based on structural, electrical and mechanical inspections, which would make the building uneconomical to repair.
2. As alternative measures, the buildings can be made available for moving, or for demolition, and the demolition materials made available for recycling or reuse, where economical to do so.

(City Administrator's Office)



Richmond A GP for Me Presentation to Community Organizations

A GP for Me



Agenda/Goals

1. Overview of the project
2. What were the results of the GP and Community survey
3. Who we spoke to
4. What did you have to say
5. What we do next



Richmond Division of Family Practice

Our Mission

A medical community that protects promotes and expands the role of family physicians in caring for their patients.

Our Vision

To provide a collective and influential voice for Richmond family physicians.



About A GP for Me

Joint initiative of the Government of British Columbia and Doctors of B.C.

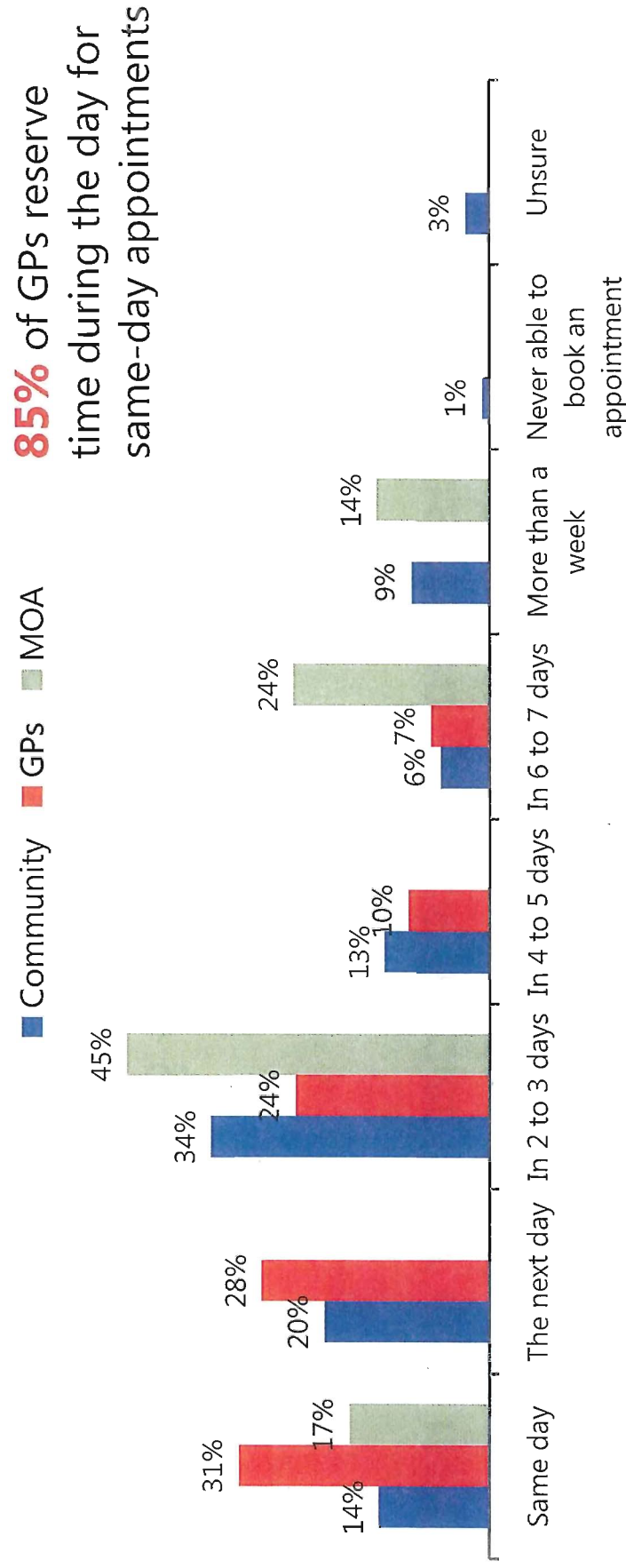
1. Attach those patients that want a GP to a GP
2. Promote or enhance longitudinal relationships
3. Increase the capacity and improve the delivery of primary care in the community

Background on the GP survey

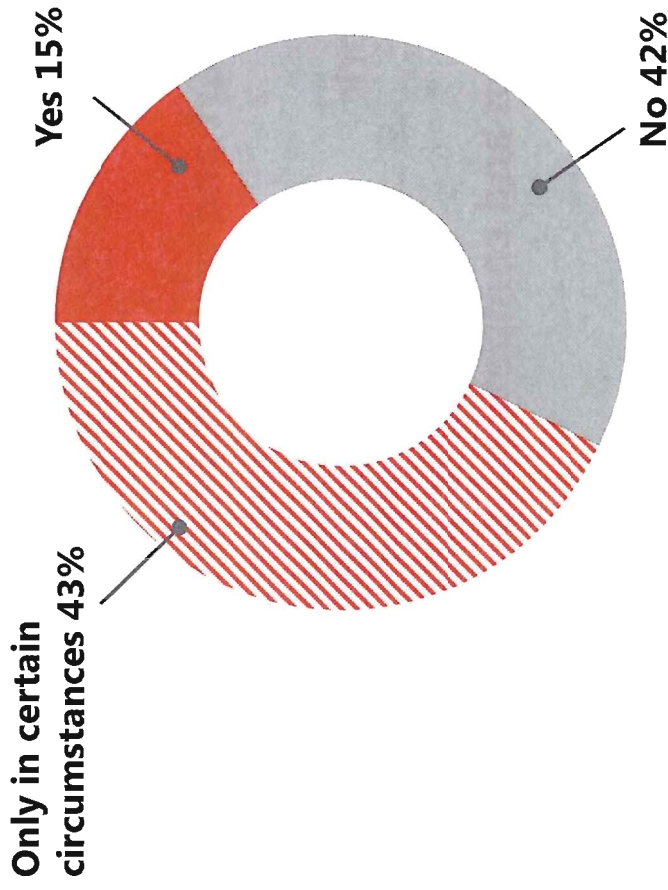
- Disseminated to all Richmond Division of Family Practice member GPs
- Available from August 18 to October 9
- Available online and in paper format

Results presented in this slideshow are not snapshots of the GP community in Richmond, but rather information provided by our members.

How long does it take to get an appointment?



Are Richmond GPs accepting new patients?



In the past 12 months, accepted:

- An average of **87** patients
- A total of **3,576** patients

How much time do Richmond GPs spend on administrative, non-clinical activities?

Richmond GPs spend an average of:

- 7** hrs/week on **Review of patient chart and testing/consultation results**
- 8** hrs/week on **Forms and paperwork**
- 9** hrs/month on **Maintaining education and competencies**
- 13** hrs/month on **Other**



Richmond GPs interested in increased access to allied health professional support for:

Counselling – psychological **80%**

Geriatric community services coordination (e.g. access for your patients to someone who knows all the public, private and volunteer services & activities) **73%**

Chronic pain management **69%**

Social services coordination **55%**

Lifestyle coaching (e.g. diet, exercise, smoking cessation) **54%**

Condition-specific teaching and/or follow-up **49%**



Richmond GPs plan for retirement

- **5** GPs plan to retire in 1 to 2 years
- **19** GPs plan to retire in 3 to 4 years
- **9** GPs plan to retire in 5 to 9 years
- **16** GPs plan to retire in 10+ years
- **24** GPs have no plans to retire



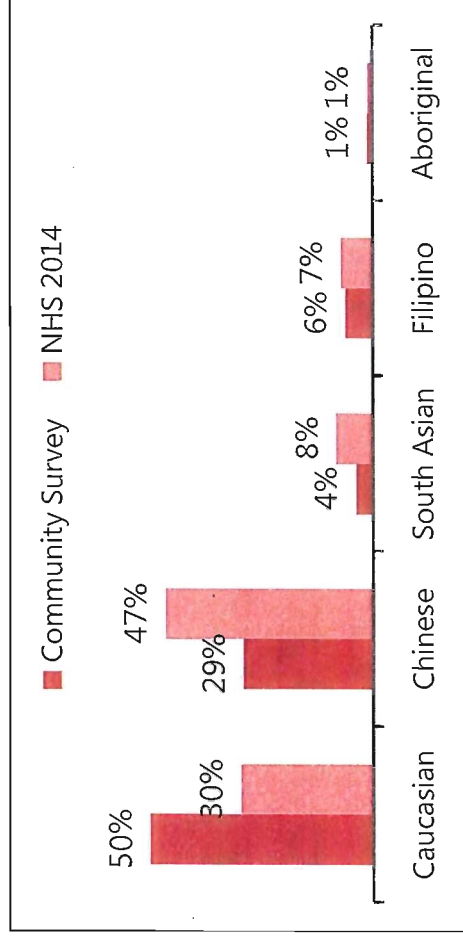
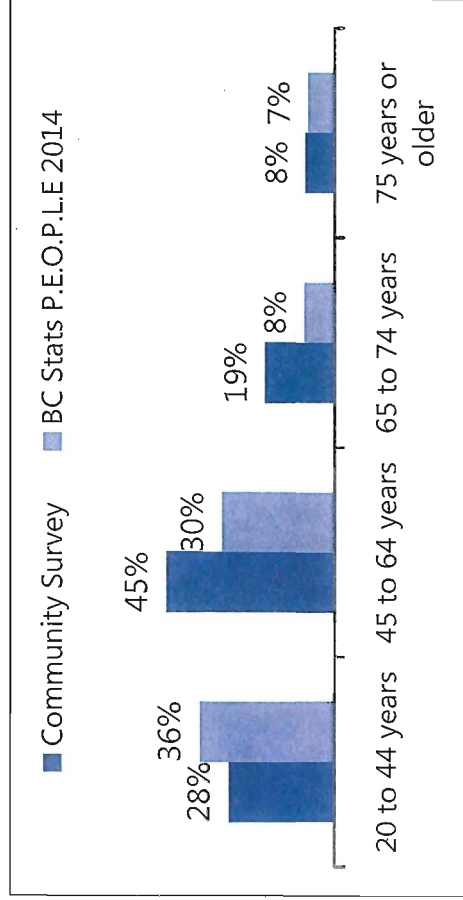
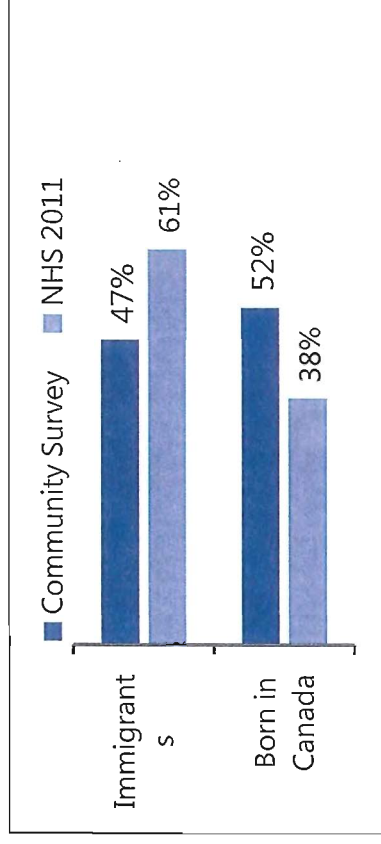
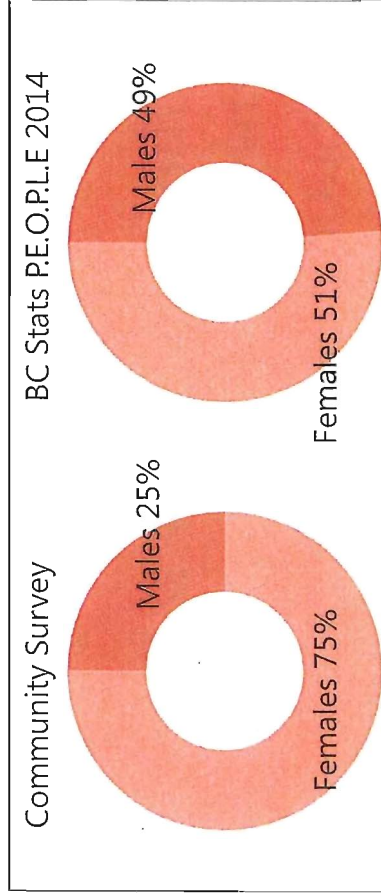
Background on community survey

- Advertised information about the survey in local English, Chinese, Filipino and Punjabi media
- Richmond City Hall, VCH, community centres and community organizations advertised and encouraged participation

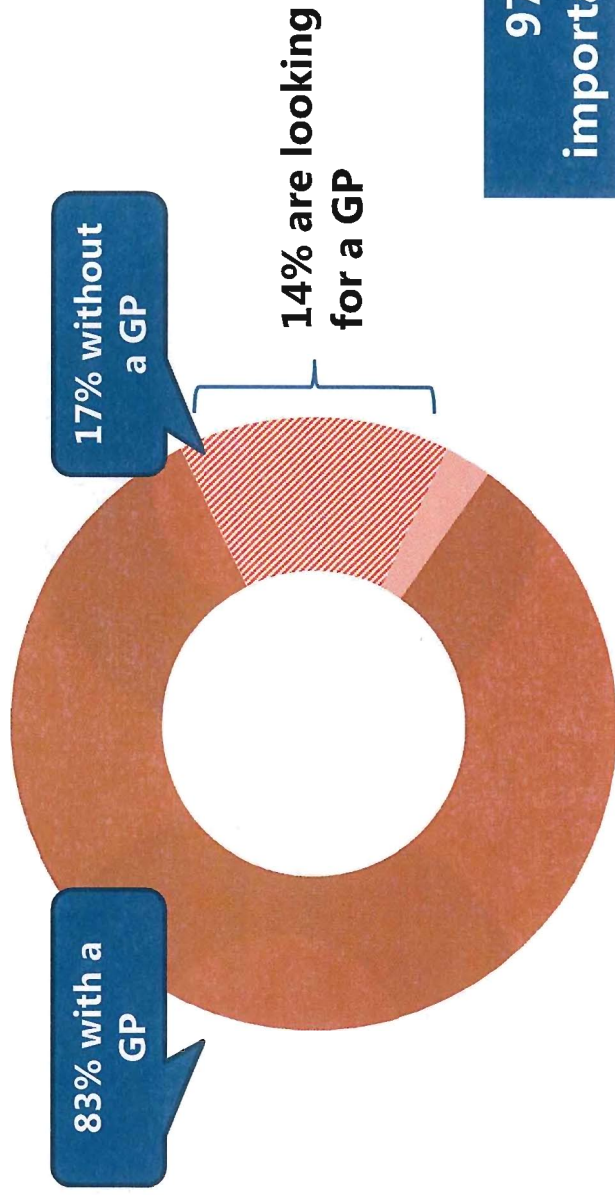
The data presented in this slideshow is not a snapshot of our community, but rather abbreviated information provided by our community



Who responded to our survey? (n=1511)



Do you have a regular family doctor?

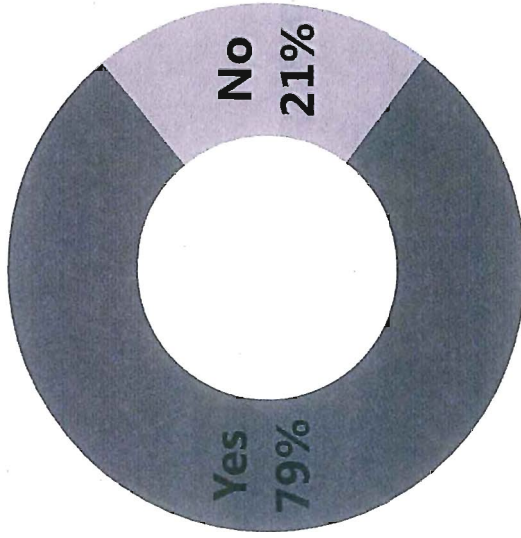


97.8% believe it is important to have a GP

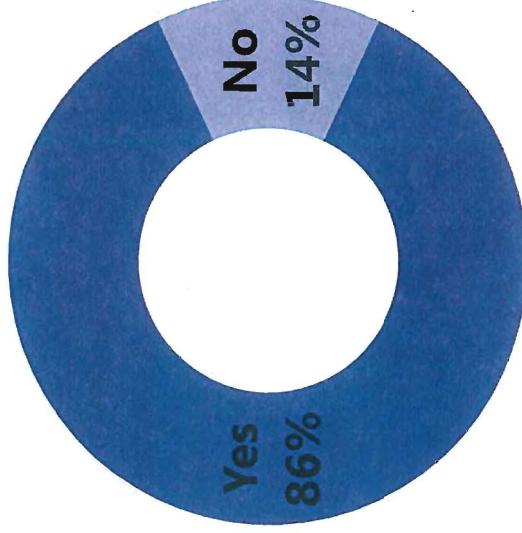


Attachment - age

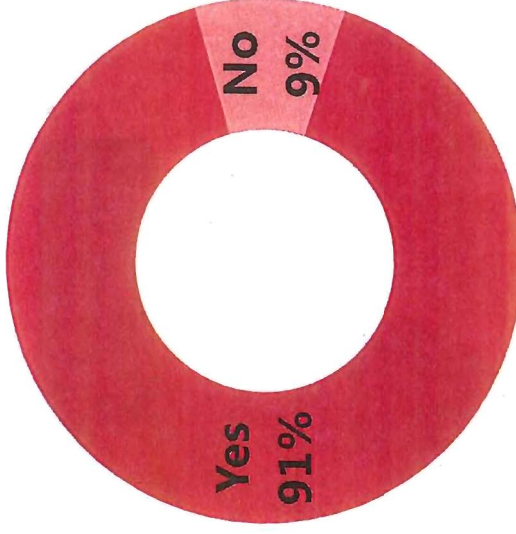
18-44 years



45-64 years

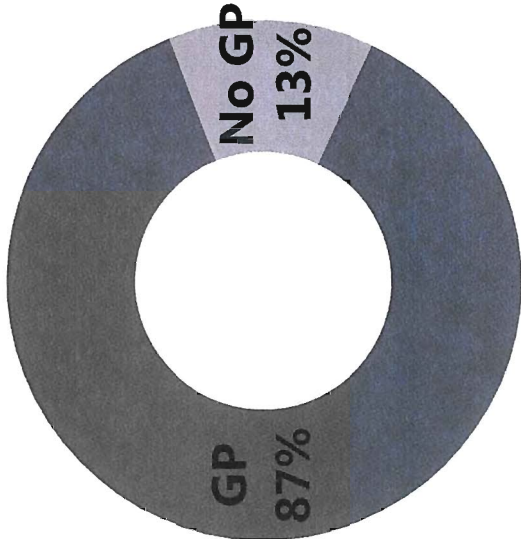


65+ years

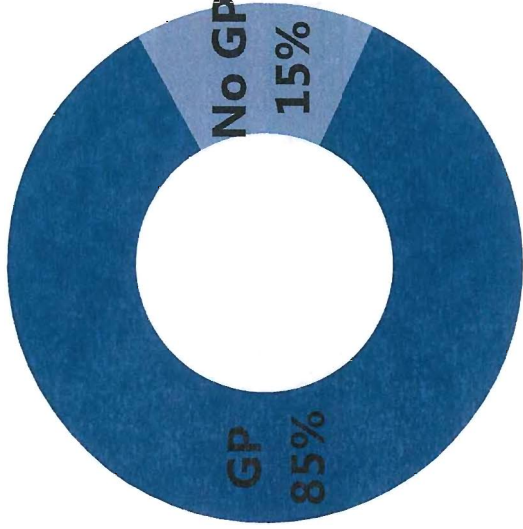


Attachment - immigration status

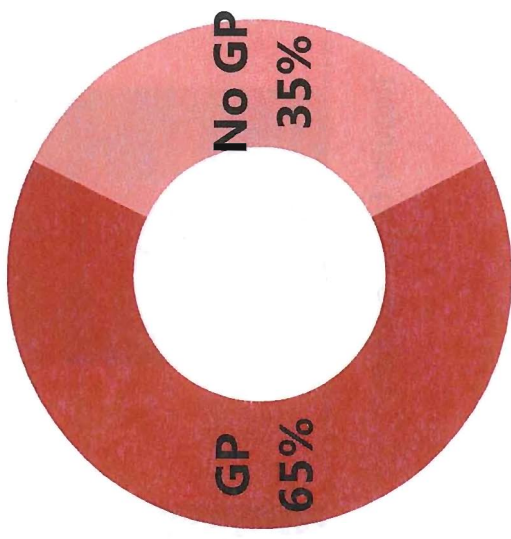
Born in Canada



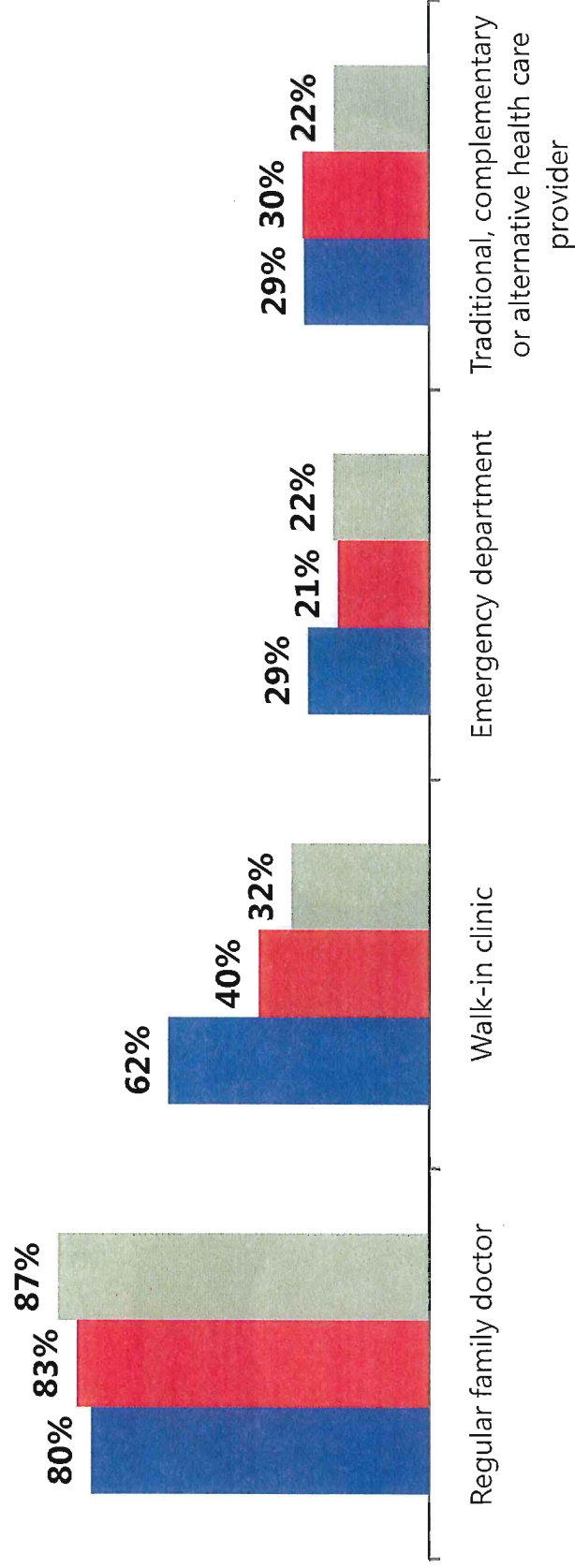
Immigrants in Canada for >10 years



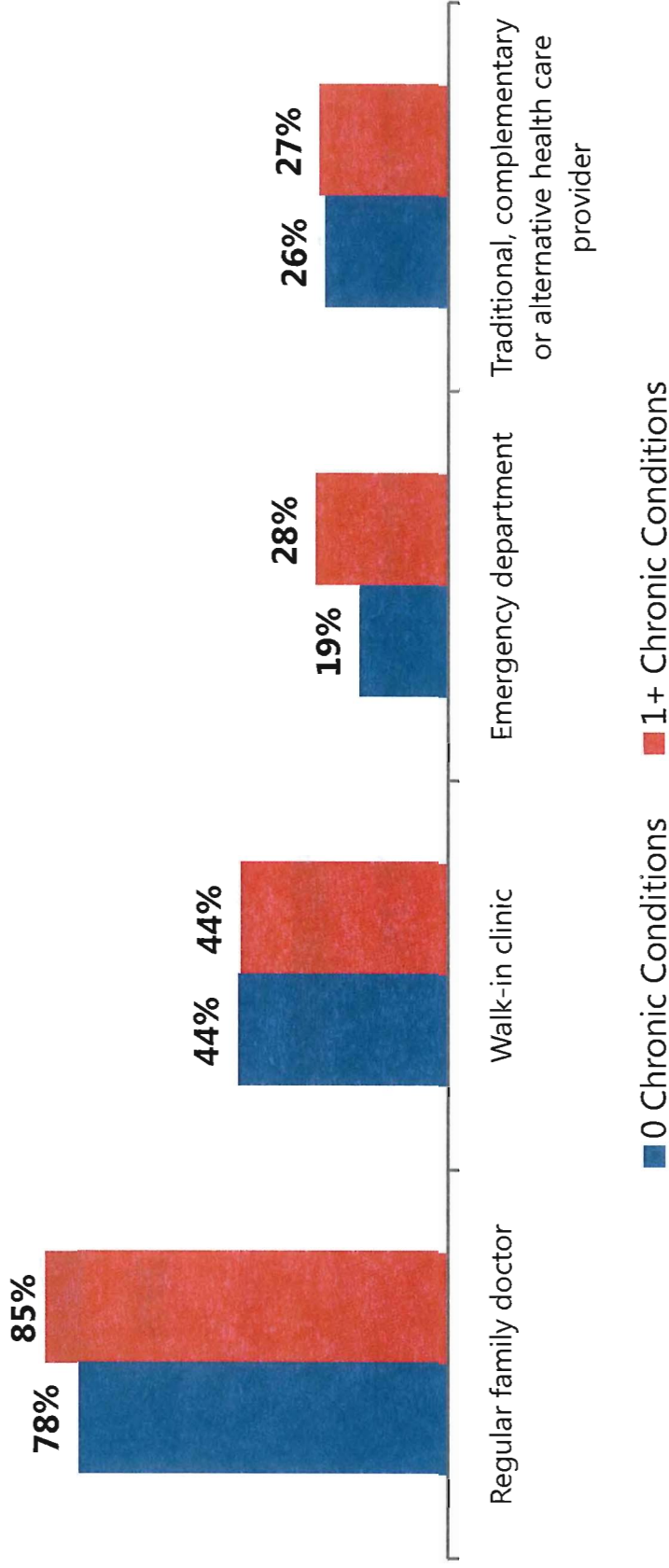
Immigrants in Canada for <10 years



Medical services used in the past year - age

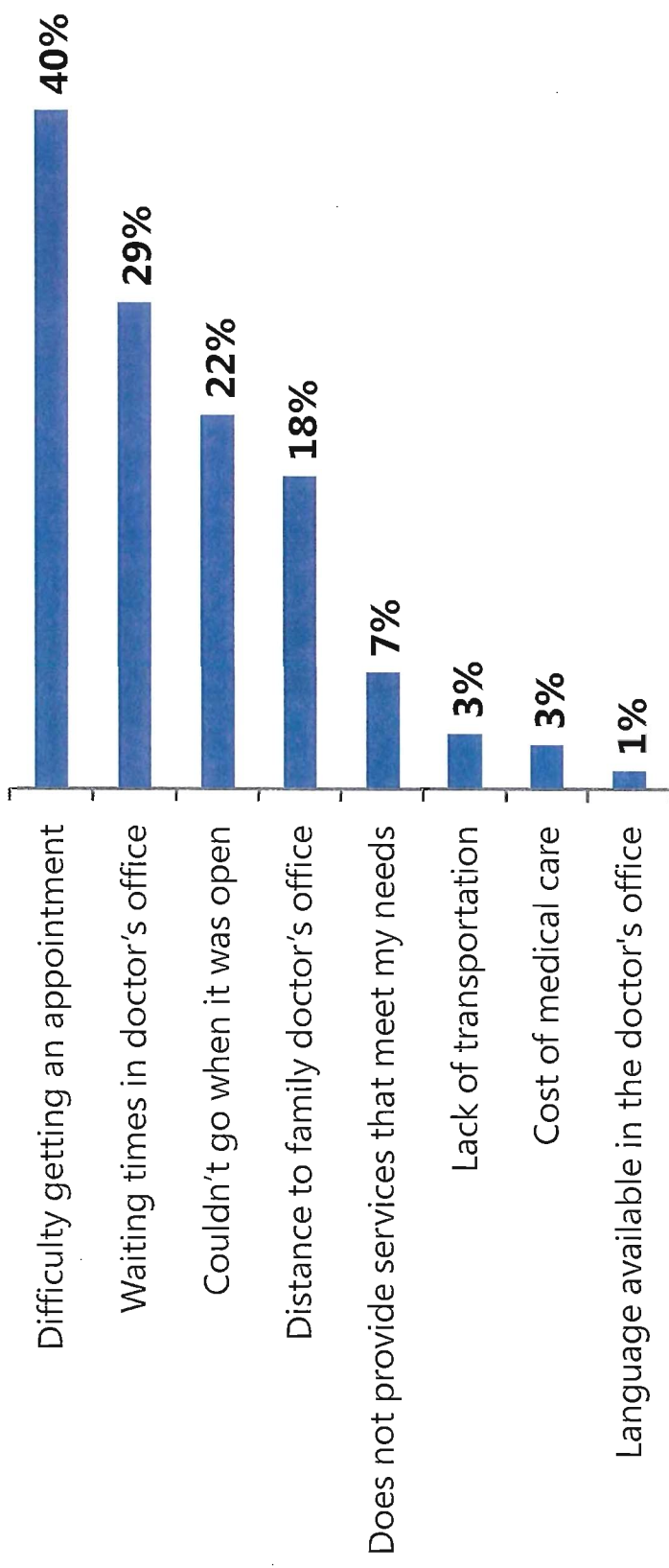


Medical services used in the past year – chronic condition



Why did attached patients use a walk-in clinic in the past year? (n=465)

Factors preventing access to a family doctor:



What would make it easier to find or keep a family doctor? (n=1000)

1. Up-to-date list of GPs accepting new patients (24.5%)
2. GP recruitment (22.9%):
3. Improved access (21.6%)
4. Desired GP characteristics (7.2%)
5. GPs accepting new patients (6.9%)



What would make your current relationship with your family doctor even better?

1. More time spent with patient, ability to address more than one issue per visit (18.3%)
2. Improved access (16.4%)
3. GP-patient relationship improvements (15.9%)
4. GP initiated preventative care (4%)
5. Use of technology for improved access (3.2%)



Assessment and Planning Activities- Phase 1

Information Gathering



Surveys

- Richmond residents
- GPs
- MOAs
- Richmond School Counsellors
- Clients at Homeless Connect Event
- Mental Health clinicians



Community

- Alzheimer Association
- Bounce Back
- City of Richmond
- CHIMO
- Richmond Food Bank
- Richmond School District
- RCMP
- RYSA
- SUCCESS
- Touchstone
- Turning Point
- Volunteer Richmond



Doctors/Specialists

- Cardiology
- Emergency room doctors
- Endocrinology
- Hospitalists
- Internal Medicine
- Maternity care providers
- Pediatrics
- Neurology
- Orthopaedics



VCH/PHSA

- Ambulatory care
- BC Children's Youth Transitions Project
- Home care
- Mental health
- Public health
- Speech therapists
- Social workers
- Management



We asked...

1. How big of an issue is unattachment in Richmond and what causes it?
2. What are the consequences when a client does not have a GP?
3. Do you have ideas about how to improve access to GPs?



Causes, Consequences and Solutions: What we heard from you

Causes of unattachment or lack of attachment

- Lack of patient education
- Lack of GPs taking on patients in Richmond
- Barriers to access
- Lack of full service GPs providing longitudinal and/or complex care especially for mental health and addictions clients
- Perceived lack of incentive for GPs to take on complex patients
- Aging physician population
- Prevalence and use of Walk In Clinics for non episodic care
- Cultural beliefs/norms



Consequences of unattachment/poor attachment

- High utilization of WICs
- Inappropriate use of Emergency Rooms
- Specialists and AHP working out of scope, beyond their mandate
- Time lags, problems worsen therefore later assessment and diagnosis
- Issues discharging patients from hospital/care and where to send relevant patient information
- Patients unable to access services and benefits due lack of GP time to complete paperwork (“GP as gatekeeper”)
- Lack of a complete, centralised medical record due to lack of continuity which can result in polypharmacy, inaccurate diagnoses and treatment



Solutions suggested by you

- Up-to-date, central list of GPs accepting new patients and have specific interests and/or training in certain areas i.e. young families, mental health and addictions
- Patient education
- GP recruitment, particularly of those GP's who are able to communicate in languages other than English
- Knowledge exchange and relationship building between GPs and HCPs and community organizations
- More education for GPs around certain topics and patient populations





Questions

1. Did anything surprise you?
2. Did we get it right?



Next Steps

- Create solutions and develop plan to submit to stakeholders
- If successful, will attain funding. Funders will have 2 main criteria before allocating funding:
 1. Can we achieve our goals
 2. Can we sustain it?
- In order to get the funding, we need your support



