



# City of Richmond

## Report to Committee

**To:** General Purposes Committee **Date:** December 8, 2014  
**From:** Cathryn Volkering Carlile **File:** 07-3000-00/Vol 01  
 General Manager, Community Services  
**Re:** **City Support for Richmond Division of Family Practice: A GP for Me Initiative**

### Staff Recommendation

That a letter be sent to the Richmond Division of Family Practice indicating the City's willingness to assist the Division in advancing the objectives of the "GP for Me" initiative, as described in the report, from the General Manager, Community Services, titled "City Support for Richmond Division of Family Practice: A GP for Me Initiative."

Cathryn Volkering Carlile  
 General Manager, Community Services  
 (604-276-4068)

Att. 2

REPORT CONCURRENCE		
<b>ROUTED TO:</b>	<b>CONCURRENCE</b>	<b>CONCURRENCE OF GENERAL MANAGER</b>
Intergovernmental Relations & Protocol Unit	<input checked="" type="checkbox"/>	
		<b>APPROVED BY CAO</b> 

## Staff Report

### Origin

At the December 1, 2014 General Purposes Committee, an item of new business was placed on the agenda regarding the Richmond Division of Family Practice's (RDFP) "A GP for Me" initiative. Slides from the RDFP presentation on the initiative were also circulated at the meeting. Arising from the discussion, the following referral was made:

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.*

This report addresses the referral and supports Council's Term Goal #2 Community Social Services:

*To develop and implement an updated social services strategy that clearly articulates and communicates the City's roles, priorities and limitations with respect to social services issues and needs.*

*2.1. Completion of the development and implementation of a clear City social services strategy that articulates the City's role, priorities and policies, as well as ensures these are effectively communicated to our advisory committees, community partners, and the public in order to appropriately target resources and help manage expectations.*

### Background

The Richmond Division of Family Practice was incorporated as a non-profit society in December 2010. The Division works with its 132 Richmond general practitioner (GP) members on areas of interest and value to family physicians and the community. The RDFP is committed to providing a collective and influential voice for Richmond family physicians. Its mission is to create a medical community that protects, promotes and expands the role of family physicians in caring for their patients.

In early 2014, the RDFP received project funding through the GP for Me initiative – a joint initiative of the Provincial Government and Doctors of BC with the three-fold goals of:

- enabling patients who want a family doctor to find one;
- increasing the capacity of the primary health care system; and
- confirming and strengthening the continuous doctor-patient relationship, including better support for the needs of vulnerable patients.

The funding was used for a Community Assessment, which involved:

- exploring primary care capacity in Richmond;
- pursuing data collection; and
- engaging with patients, the community and government organizations to undertake a comprehensive assessment of the current barriers to accessing primary care.

In the summer of 2014, as part of its stakeholder consultation process, RDPF held meetings with representatives of the City (two City Councillors and one staff member). In turn, the City supported the RDPF's efforts through such means as:

- providing strategic information and advice for the initiative;
- assisting the RDPF in establishing connections with relevant stakeholder groups (e.g., Richmond Intercultural Advisory Committee, Richmond Community Services Advisory Committee, Richmond Olympic Oval);
- “getting the word out” about the initiative to City staff and hosting a stakeholder survey on the City's intranet site; and
- making City venues (e.g., Minoru Place Activity Centre) available for dissemination of the stakeholder survey.

The RDPF's survey and data gathering process concluded in October 2014. In November 2014, representatives of the RDPF shared the results with a variety of stakeholder groups – including those who contributed to the initiative and other interested parties (e.g., Richmond Community Services Advisory Committee).

Additional background on the RDPF and GP for Me initiative is provided in Attachment 1. Highlights of the Community Assessment are discussed in the section below, and summarized in Attachment 2.

### Community Assessment Highlights

To gather information for its review, the RDPF consulted with a variety of stakeholders including Vancouver Coastal Health, community agencies, doctors and specialists, Richmond residents, and the City of Richmond. Key data was obtained from surveys of RDPF's membership (GPs) and the broader Richmond community. The GP survey yielded valuable information about usage patterns, challenges, and retirement plans of RDPF members.

The community survey, while not scientific (i.e., it did not involve random sampling), had a respectable response rate (N = 1,511), and opportunities to participate were widely promoted in the local English, Chinese, Filipino, and Punjabi media. The community survey yielded valuable information about the use of and barriers to accessing a family doctor in Richmond.

Selected survey highlights are as follows:

- Richmond has fewer GPs per capita than neighbouring municipalities (1 for every 1,257 residents, compared with 1 per 949 residents in Vancouver and 1 per 1,044 residents in Delta)
- Of the local population responding, 83% had a GP, 17% did not, and 14% were looking for one
- Immigrants are less likely to have a GP than those born in Canada (i.e., 65% of Richmond's immigrant community who had resided in Canada for less than 10 years had a GP compared to 87% for Richmond's Canadian born residents)
- Five of Richmond's 132 GPs plan to retire in 1 – 2 years, and a further 19 plan to retire in 3 – 4 years

Based on current service patterns and projected population growth and physician retirements, the RDFP conservatively estimates that 50,000 Richmond residents could be without a general practitioner in 2019.

### Discussion

Through its Community Assessment, the RDFP has gathered valuable information regarding Richmond residents' use of and access to general practitioners. The RDFP has also obtained important information for future planning – identifying key issues to be faced unless concerted efforts are made to attract GPs to the city, improve access to services, and increase health literacy amongst the local population.

Addressing the health care needs of Richmond residents is not a direct City responsibility. That said, the City has a strong interest in working with other partners to ensure an appropriate range of health services are available in our community. Further, the City has a strong concern for quality of life and the social well being of Richmond residents. This concern is articulated in the City's Vision, and reflected in numerous City programs, plans and strategies (e.g., Official Community Plan, Social Development Strategy, Community Wellness Strategy).

Given the foregoing, it is considered appropriate for the City to continue its support for the RDFP on the "GP for Me" initiative.

### Next Steps and Proposed City Role

The RDFP will be submitting another proposal to the "GP for Me" funders in early January 2015. The proposal will outline a plan of action for the next fourteen months geared to implementing solutions to issues identified through the Community Assessment phase. To support the proposal, the RDFP is requesting a letter from the City which indicates the City's willingness to partner with and support the RDFP in pursuing its Phase 2 activities.

It is premature to determine the full range of support that the City may wish to offer – and such determination is not required for the RDFP's submission for Phase 2 funding.

Potential options could include:

- sharing data and research
- providing access to the City's communication channels for key initiatives
- offering advice and suggestions as the Phase 2 work proceeds
- examining potential City barriers to the recruitment of GPs (e.g., business licensing, zoning)
- sharing information on the RFDP's space needs with the development community
- connecting the RFDP with appropriate partners and supporters (e.g., City Advisory Committees, non-profit agencies, the business community)

### **Financial Impact**

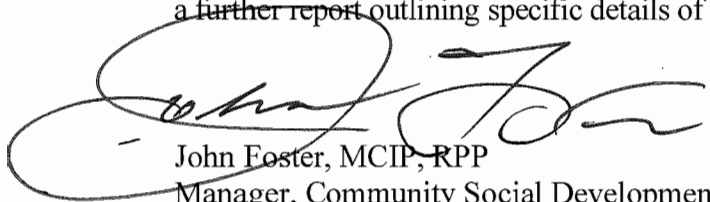
None

### **Conclusion**

The RFDP's Phase 1 (Community Consultation) efforts on the GP for Me initiative have yielded important information on the availability and utilization of general practitioner services for Richmond residents.

To support the Phase 2 efforts, it is recommended that a letter be sent to the RFDP indicating the City's willingness to assist the Division in further advancing the objectives of the GP for Me initiative, as described in this report.

When a decision on the funding for the Phase 2 work is announced, staff will provide Council with a further report outlining specific details of the proposed City support to be provided.



John Foster, MCIP, RPP  
Manager, Community Social Development  
(604-247-4941)

JF:jf

- Att. 1: Richmond Division of Family Practice Overview  
2: Richmond a GP for Me Community and GP Survey Highlights



Unit 225-230-8191 Westminster Hwy  
 Richmond, BC V6X 2A7  
 Phone: 604-728-7987

### *Background*

The Richmond Division of Family Practice (RDFP), incorporated as a non-profit society in December 2010, works together with its 132 Richmond GP members on areas of interest and of value to our members and community. The RDFP and its members are committed to a **vision** of providing a collective and influential voice for Richmond family physicians. Our **mission** is to create a medical community that protects, promotes and expands the role of family physicians in caring for their patients.

In 2013, the Government of British Columbia announced the launch of the A GP for Me initiative. The initiative was formed to ensure that every British Columbian who wants a family physician is able to access one. The goals of the initiative are three-fold:

- Enable patients who want a family doctor to find one
- Increase the capacity of the primary health care system
- Confirm and strengthen the continuous doctor-patient relationship, including better support for the needs of vulnerable patients

With approval from the board and membership, the RDFP submitted a proposal for A GP for Me funding in early 2014. This Phase 1 funding has been used for assessment and planning activities which has allowed the Division to:

- explore primary care capacity in Richmond,
- fund data collection and,
- engage with patients, the community and government organizations to undertake a comprehensive assessment of the current barriers to accessing primary care.

### *Assessment Activities*

RDFP started by conducting a community-level assessment to better understand the barriers Richmond residents face when trying to access primary care. As part of this assessment, we launched surveys with a range of Richmond health care professionals and undertook an extensive consultation process. The results of this assessment yielded some stark realities.

Richmond starts from the challenging position of having less GP resources than surrounding communities. In comparing Richmond to our neighboring communities, Vancouver has 1 GP per 949 residents; Delta has 1 GP per 1044 residents whereas Richmond has 1 GP to 1257 residents. We anticipate that this situation will only worsen over the next five years as 25 RDFP member GPs report that they intend to retire within this time frame. Conservative estimates of the current level of "unattached" residents, coupled with projected population growth and physician retirement, lead to potentially **50,000 Richmond residents without a GP by 2019**. For the younger GPs who will continue to work in Richmond, this will only compound their existing workload.

It should be noted that we have not included the impact of retiring Vancouver and Delta physicians on our projections, though we understand that many Richmond residents currently have GPs in neighbouring communities, many of whom are also planning to retire.

Richmond Division of Family Practice  
 An initiative of the General Practice Services Committee  
[www.divisionsbc.ca/Richmond](http://www.divisionsbc.ca/Richmond)

An additional finding we learned of is that Richmond's aging population is requiring more substantive care. If a resident wishes to stay in their home as they age and become less mobile, adequate physician manpower is required to support them, which is lacking in Richmond. For those residents who choose to access care in residential care facilities, the number of physicians who provide care in these facilities is decreasing as well. Care facility and Richmond Hospital discharge staff report significant challenges in finding GPs able to take on people being transferred from community and hospital to residential care. It is also of note that three of the five doctors with the majority of residential care patients in Richmond facilities (65% of all patients) plan to retire in the next three years with little, if any, prospective physician replacements on the horizon.

### *Implications on the Community*

As a result of our family physicians working above capacity, many residents are forced to access inadequate or inappropriate health services to get the care they need. We are seeing an increase in the number of residents using walk-in clinics to access primary care services for their complex or chronic conditions, a suboptimal setting for these types of health care needs. The consequence is disjointed patient flow to/from the hospital and to/from the community as there is a lack of follow up care and ongoing monitoring, which are often critical pieces of a patient's discharge plan. We are noticing more residents using the emergency room for issues that could be managed by a primary care physician or public health providers. There will be increasing demands on Vancouver Coastal Health resources due to declining numbers of community-based GPs and their reduced capacity to take on high-needs and/or complex patients. In the absence of a local physician, Richmond residents are forced to seek care and travel to other communities. A common theme that arose in surveying community members was the distance they travel to see a family physician, despite their efforts to find a GP in Richmond. This is especially true for new immigrants, young families, youth and newcomers to Richmond who are often forced to seek care elsewhere.

### *Looking Ahead*

However dire our analysis suggests, we are in the fortunate position of being able to access funds to develop strategies that aim to mitigate the impending disaster for Richmond residents, the community and our physician members. We recognize that partnerships and collaborations are critical factors in accomplishing our goals and we would welcome an opportunity to work closely with the City of Richmond. We have reviewed in detail the Social Development Strategy Framework and believe that our project aligns closely with several key features of the framework, namely Directions #3, 4 and 5 (Needs of an Aging Population, Helping Children, Youth and Families to Thrive and Building on Richmond's Cultural Diversity).

We wish to express our gratitude for the insight and support we have received thus far from Councillors Linda McPhail and Derek Dang as well as John Foster, Manager, Community Social Development. We recognize that healthy people make healthy communities and we look forward to working with the City of Richmond to address issues in primary care and develop strategies and solutions that meet our community's needs. We believe that our project can enrich our community and that the A GP for Me project will contribute to the city's overall goal of being the most appealing, livable and well-managed community in Canada.

**Richmond A GP for Me Community and GP Survey Highlights**

**A GP for Me** Announced In February 2013, A GP for Me is a Joint Initiative of the Government of British Columbia and Doctors of BC to build capacity in the primary care system so that British Columbians who want a family doctor can find one. A strong primary care system—centered on continuous doctor patient relationships—results in healthier patients – with fewer tests, emergency room visits and hospital stays.

**Timeline of Activities**

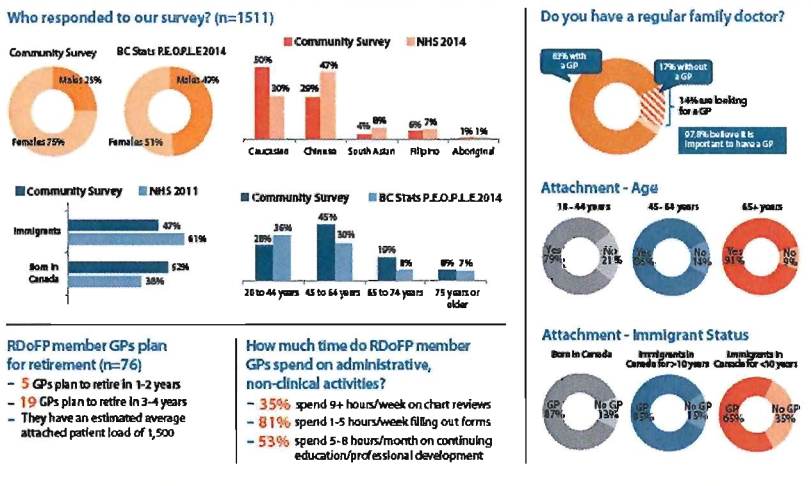
<p><b>JANUARY 2013</b>                  The Government of BC and Doctors of BC launch the A GP for Me project.</p>	<p><b>APRIL 2013</b>                  The project is presented to the RDoFP Board.</p>	<p><b>JANUARY 2014</b>                  After consultation with members, the RDoFP submits a Letter of Intent for the project's Assessment Phase.</p>	<p><b>SUMMER 2014</b>                  Advisory Committee created. Community, GP and MOA surveys created and launched.</p>	<p><b>SEPT-NOV 2014</b>                  Consultations with stakeholders take place in the community.</p>	<p><b>NOVEMBER 2014</b>                  The RDoFP will develop a draft proposal to obtain funding to work on issues identified in the Assessment Phase.</p>	<p><b>FEBRUARY 2015</b>                  Once funding has been received, the RDoFP will launch an Intense 14 month process to implement solutions.</p>	<p><b>APRIL 2016</b>                  Implementation Phase ends and evaluation and sustainability plans begin.</p>
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**Next Steps**

**Why A GP for Me in Richmond?**

- Established in 2010, the Richmond Division of Family Practice is one of 34 Divisions across the province that is funded jointly by the Ministry of Health and Doctors of BC.
- In 2013, the RDoFP held consultations with members to discuss attachment issues. Issues that were raised included:
  - Changing community demographics
  - Impacts of immigration
  - Use of walk-in clinics
  - Number of current GPs planning to retire within the next five years
- For every 100,000 residents Richmond has 80 GPs. Burnaby has 85 and North Vancouver has 114. Both have a similar population size to Richmond.
- A GP for Me is important to the RDoFP because it is a unique opportunity to work on solutions that will improve capacity in the primary care system and help Richmond residents find a family physician.

**KEY SURVEY FINDINGS**



**Richmond A GP for Me Initiative**

We recognize that partnerships with Richmond organizations who share our goal of improving community health will be a critical factor in our ability to achieve our implementation phase goals.

**We need your support.**