



General Purposes Committee

Anderson Room, City Hall
6911 No. 3 Road

Monday, December 15, 2014
4:00 p.m.

Pg. # ITEM

MINUTES

GP-4 *Motion to adopt the **minutes** of the meeting of the General Purposes Committee held on Tuesday, December 2, 2014.*



ENGINEERING & PUBLIC WORKS DEPARTMENT

- 1. **TRANS MOUNTAIN PIPELINE PROJECT NEB – UPDATE AND INTERVENOR OPPORTUNITIES**
(File Ref. No. 10-6125-30-005) (REDMS No. 4447578)

GP-39 **See Page GP-39 for full report**

Designated Speaker: Amarjeet Rattan

STAFF RECOMMENDATION

- (1) *That the staff report titled Trans Mountain Pipeline Project National Energy Board (NEB) – Update and Intervenor Opportunities, dated December 1, 2014, from the Director, Engineering and Director, Intergovernmental Relations & Protocol Unit, providing details on the Kinder Morgan-led pipeline expansion project and National Energy Board (NEB) review process, be received for information; and*

Pg. # ITEM

- (2) *That staff proceed with a submission for Information Requests to the NEB, detailed in Attachment 1 of the staff report titled Trans Mountain Pipeline Project National Energy Board (NEB) – Update and Intervenor Opportunities, dated December 1, 2014, from the Director, Engineering and Director, Intergovernmental Relations & Protocol Unit, for the January 9, 2015 NEB deadline for Intervenor’s Status.*



FINANCE & CORPORATE SERVICES DEPARTMENT

2. **2015 COUNCIL AND COMMITTEE MEETING SCHEDULE**
(File Ref. No.: 01-0105-00) (REDMS No. 4335773)

GP-46

See Page **GP-46** for full report

Designated Speaker: David Weber

STAFF RECOMMENDATION

That the 2015 Council and Committee meeting schedule, attached to the staff report dated December 2, 2014, from the Director, City Clerk’s Office, be approved, including the following revisions as part of the regular August meeting break and December holiday season:

- (1) *That the Regular Council meetings (open and closed) of August 10, August 24, and December 29, 2015 be cancelled; and*
- (2) *That the August 17, 2015 Public Hearing be re-scheduled to Tuesday, September 8, 2015 at 7:00 pm in the Council Chambers at Richmond City Hall.*



COMMUNITY SERVICES DEPARTMENT

3. **CITY SUPPORT FOR RICHMOND DIVISION OF FAMILY PRACTICE: A GP FOR ME INITIATIVE**
(File Ref. No. 07-3000-00) (REDMS No. 4452150 v.2)

GP-50

See Page **GP-50** for full report

Designated Speaker: John Foster

Pg. # ITEM

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 staff report titled City Support for Richmond Division of Family Practice: A GP for Me Initiative dated December 8, 2014, from the General Manager, Community Services.

ADJOURNMENT



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.

General Purposes Committee
Tuesday, December 2, 2014

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**.

General Purposes Committee
Tuesday, December 2, 2014

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

Page 1 of 1

Adopted by Council: Oct. 13/92

POLICY 9001

File Ref: 2045-00

DEMOLITION OF CITY OWNED SUBSTANDARD HOUSES

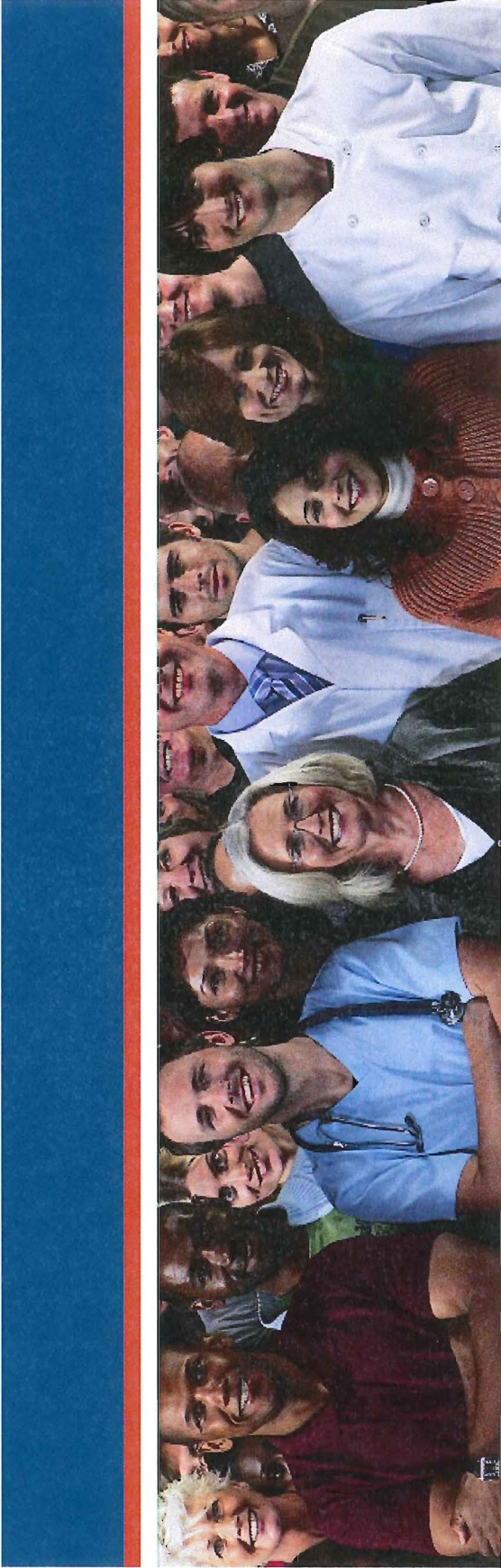
POLICY 9001:

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)



GP - 10

Richmond A GP for Me Presentation to Community Organizations

A GP for Me



Divisions of Family Practice
A GPSC Initiative



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

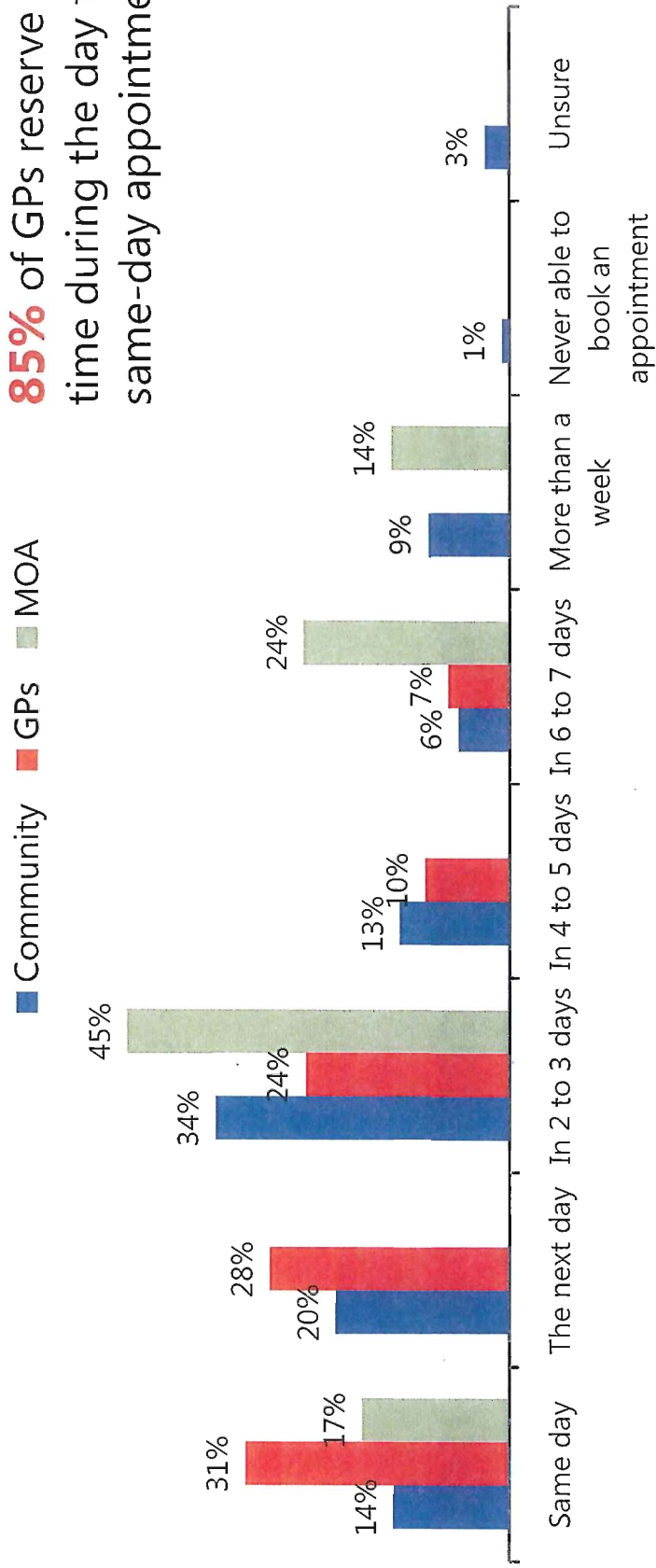
GP - 14

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

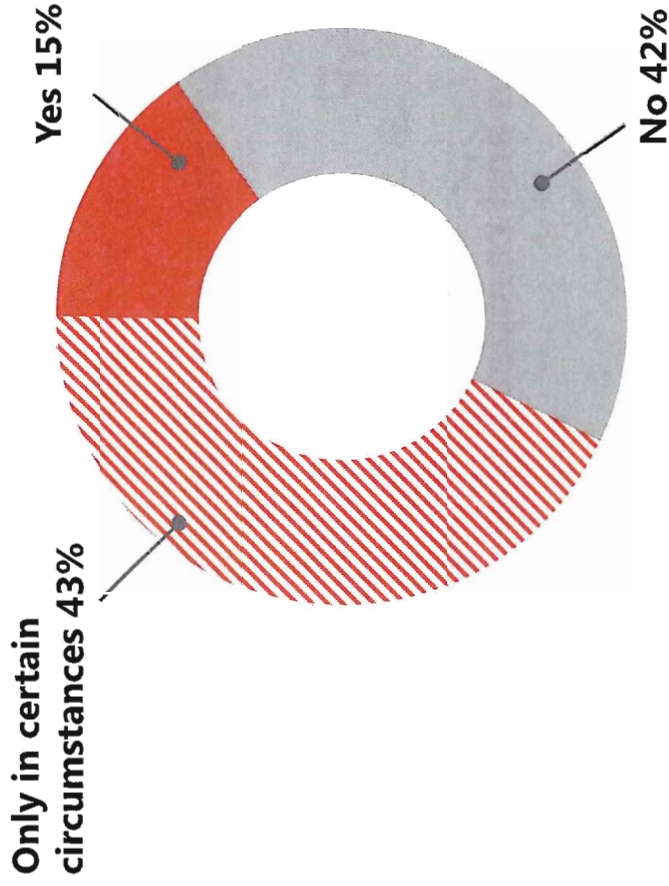


How long does it take to get an appointment?

85% of GPs reserve time during the day for same-day appointments



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

GP - 19



Divisions of Family Practice
A GPSC Initiative

A GP for Me

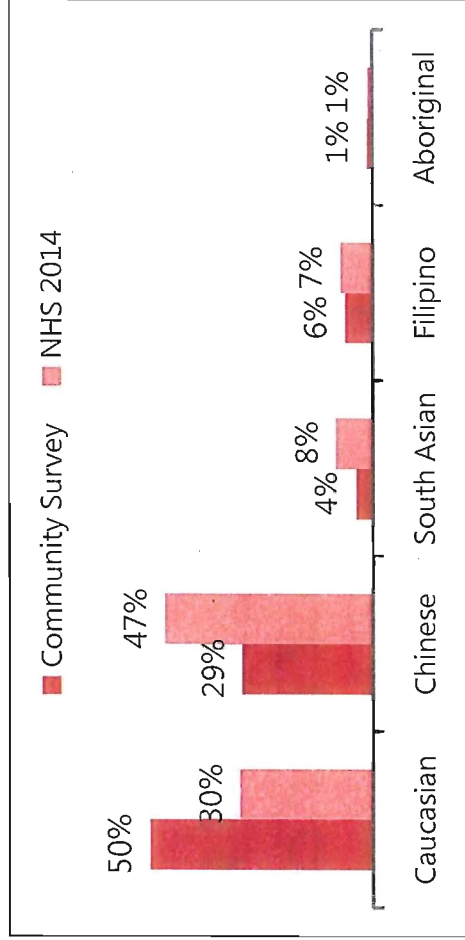
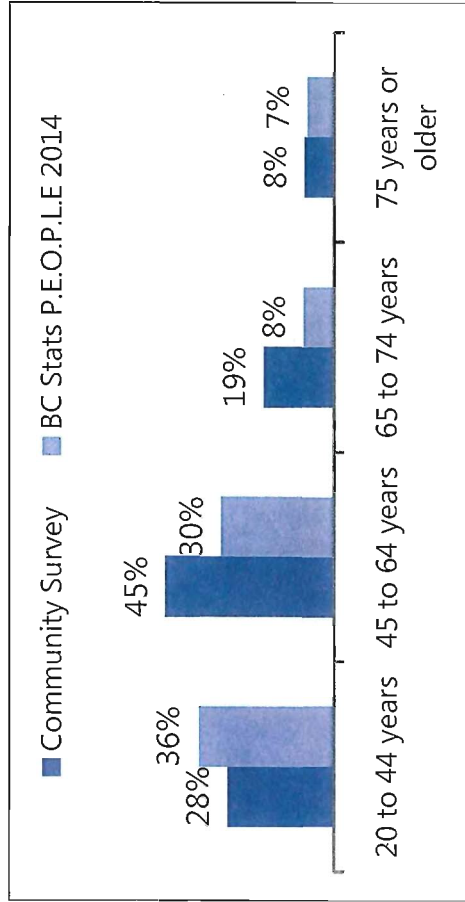
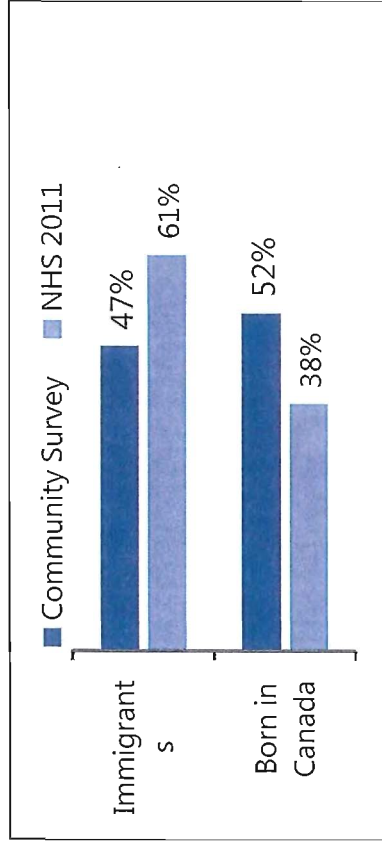
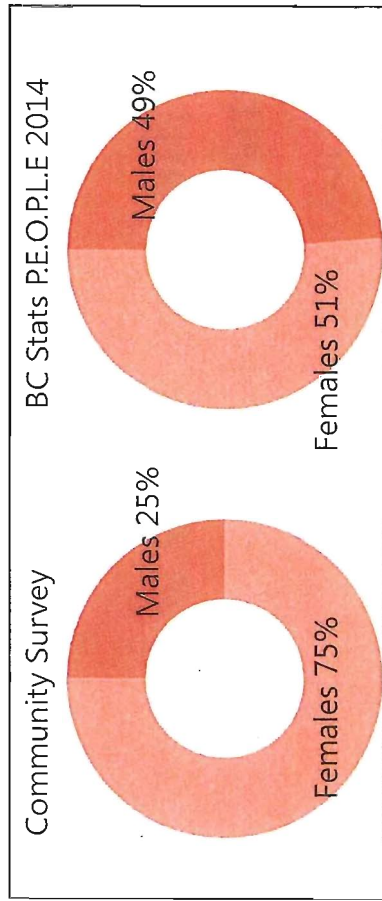
Background on community survey

- 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

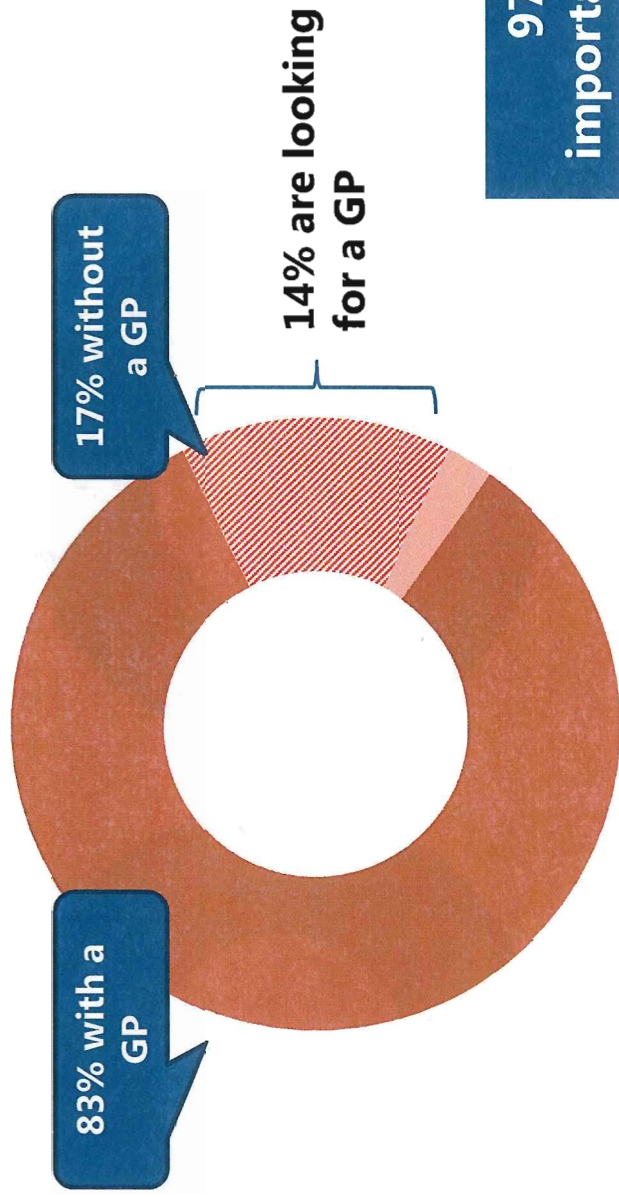
The data presented in this slideshow is not a snapshot of our community, but rather abbreviated information provided by our community



Who responded to our survey? (n=1511)



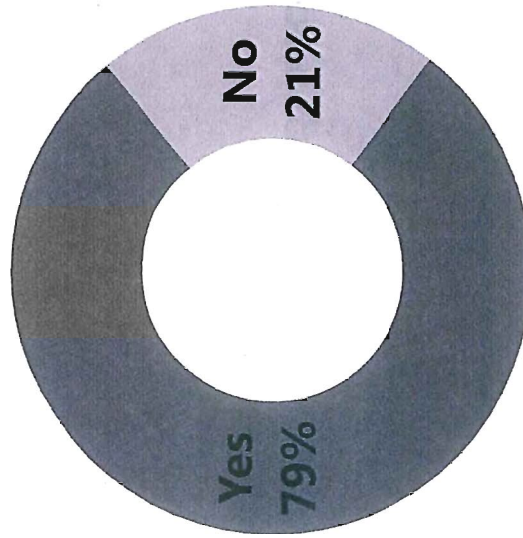
Do you have a regular family doctor?



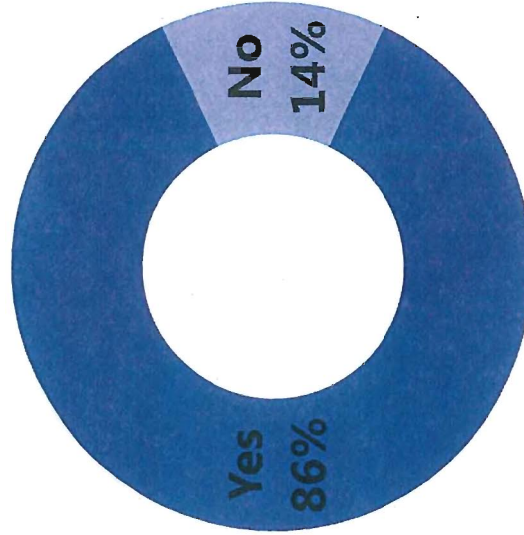
97.8% believe it is important to have a GP

Attachment - age

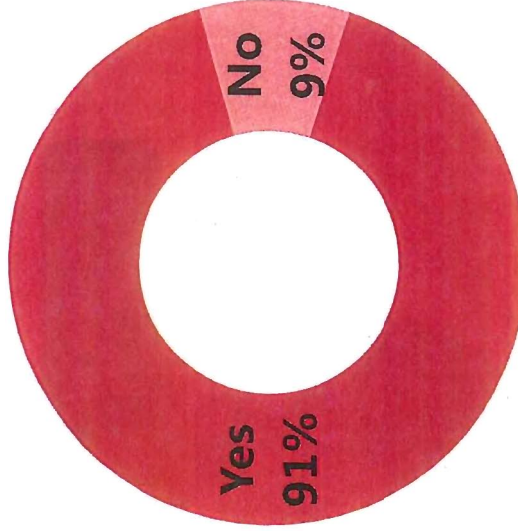
18-44 years



45-64 years

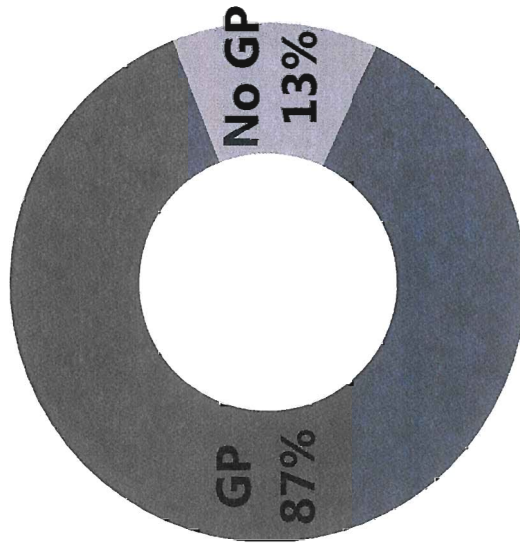


65+ years

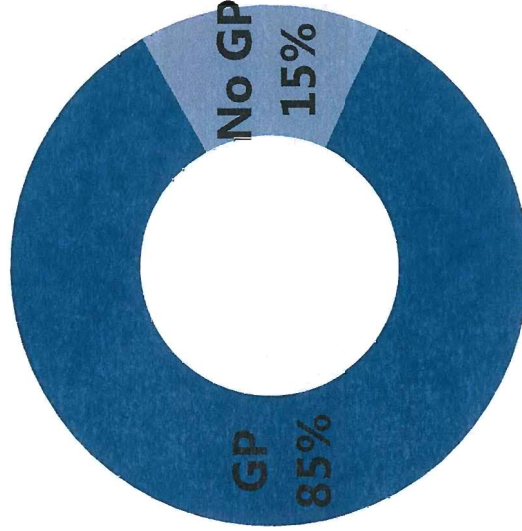


Attachment - immigration status

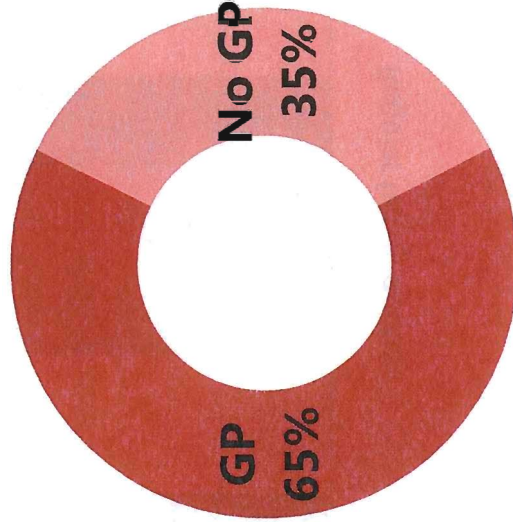
Born in Canada



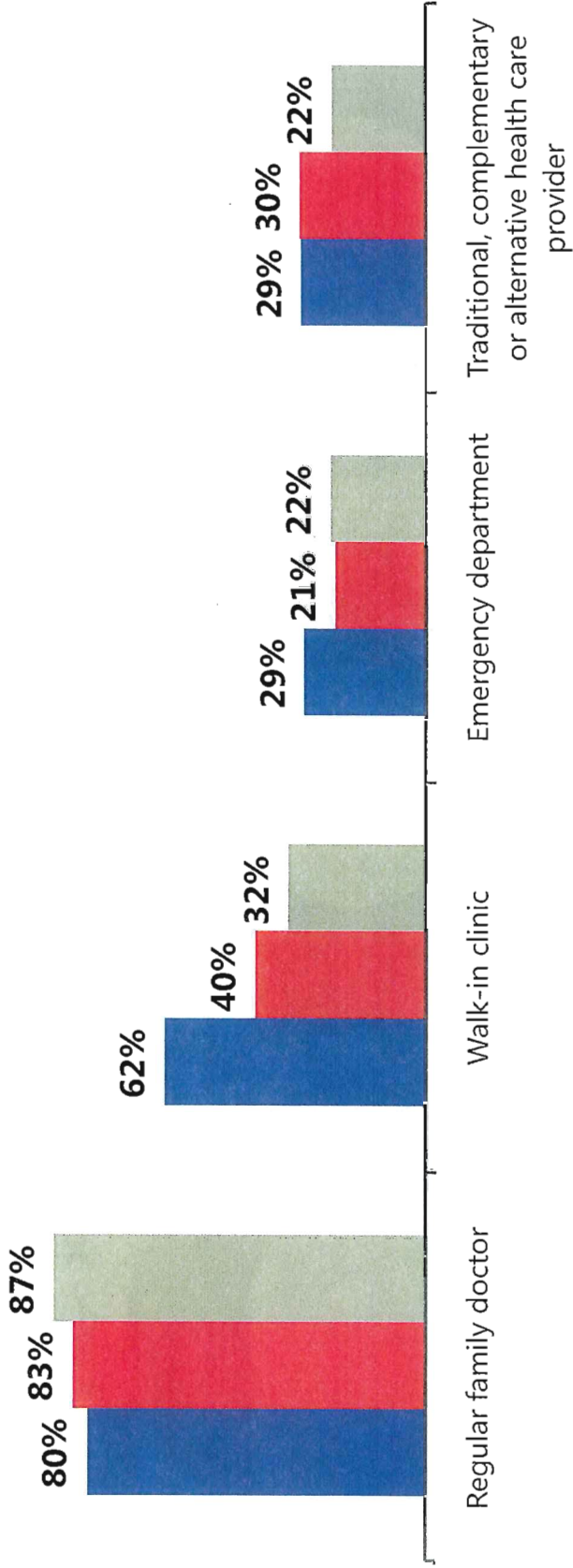
Immigrants in Canada for >10 years



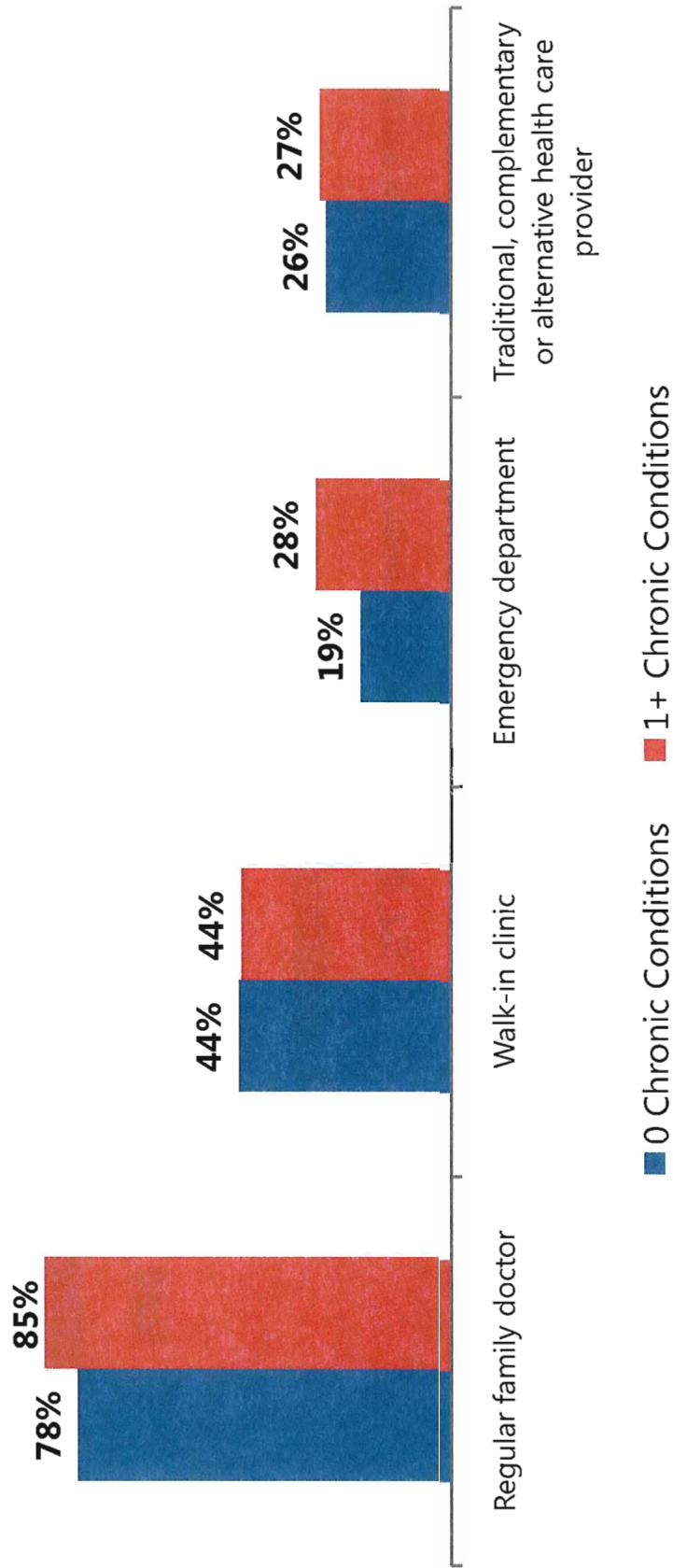
Immigrants in Canada for <10 years



Medical services used in the past year - age

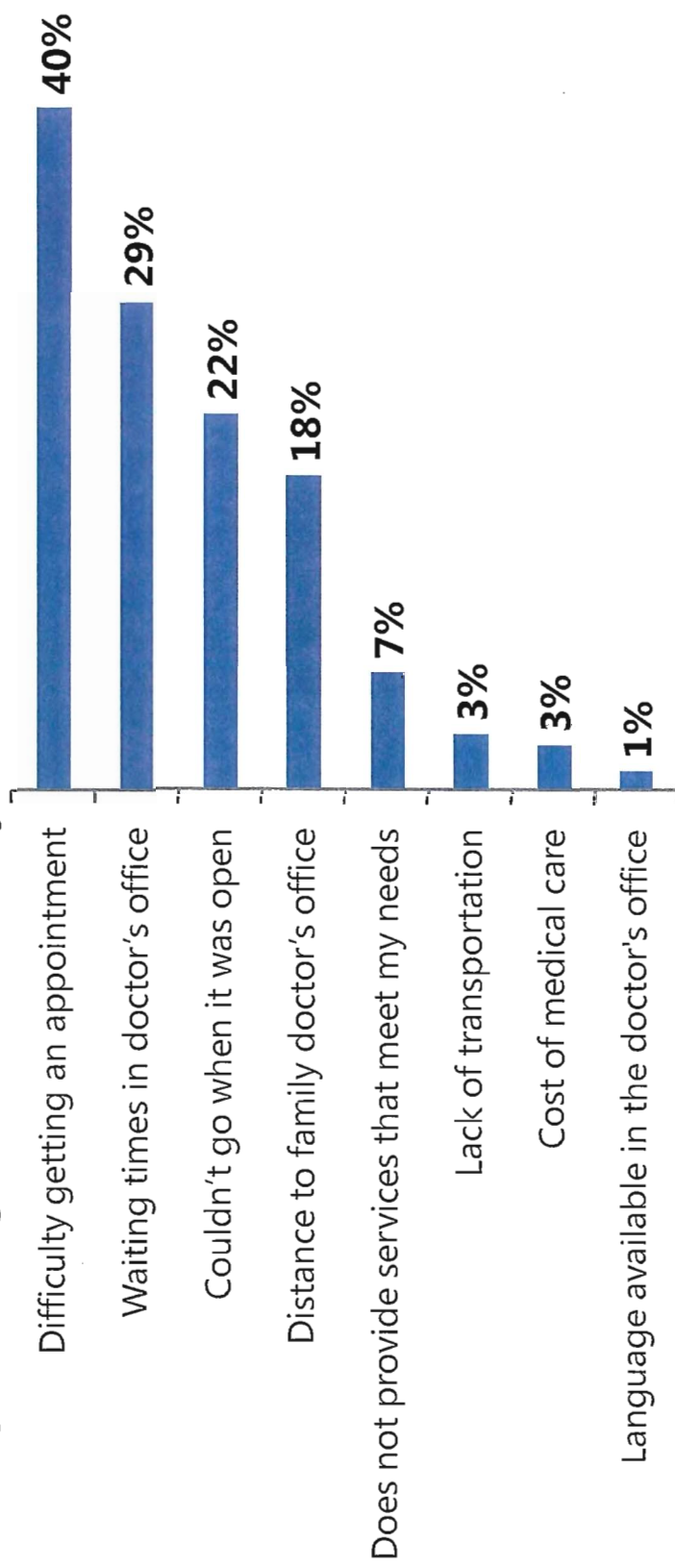


Medical services used in the past year – chronic condition



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

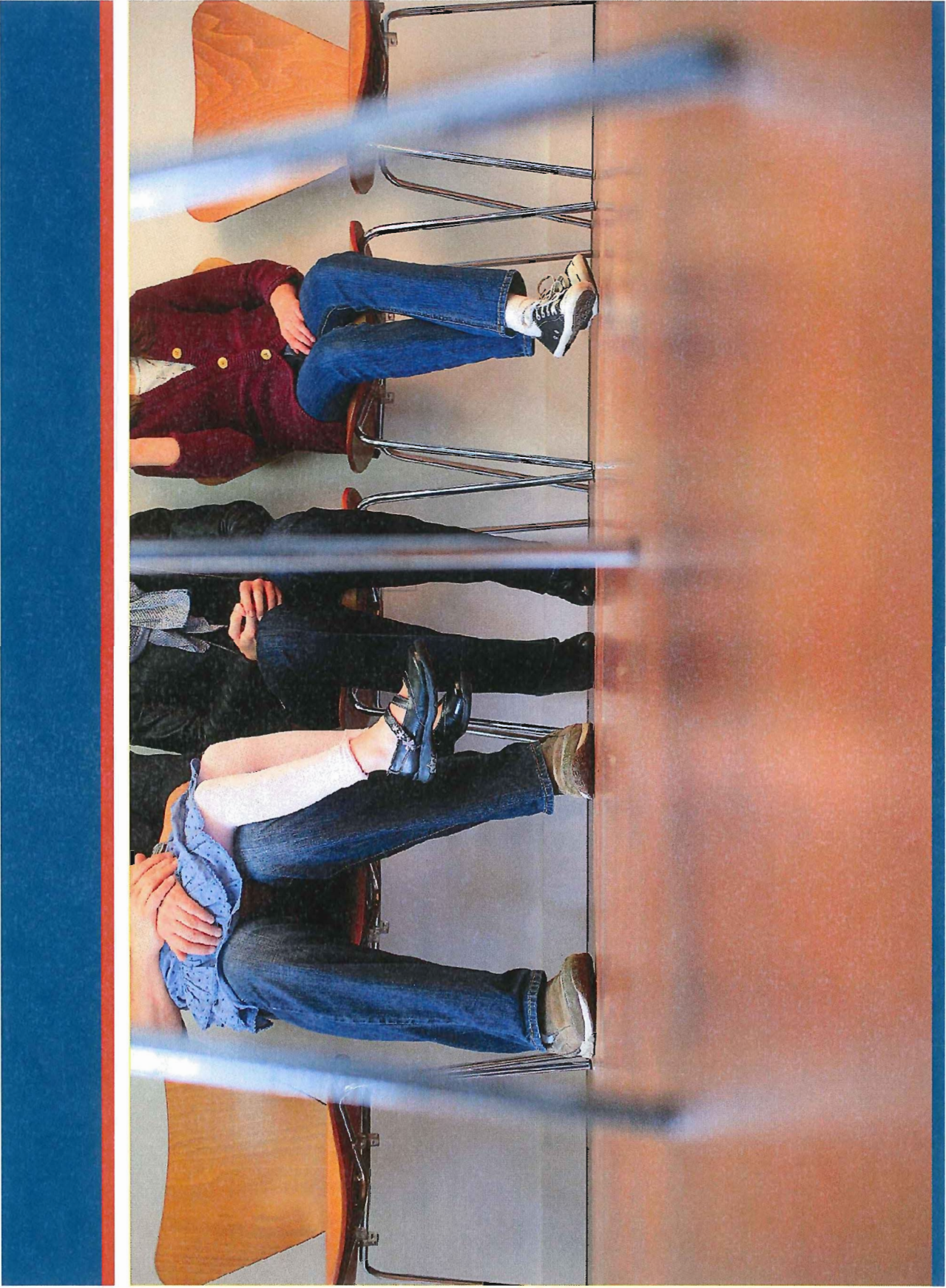


Questions

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





To: General Purposes Committee

Date: December 1, 2014

From: John Irving, P.Eng. MPA
Director, Engineering

File: 10-6125-30-005/Vol 01

Amarjeet S. Rattan
Director, Intergovernmental Relations & Protocol Unit

Re: **Trans Mountain Pipeline Project NEB - Update and Intervenor Opportunities**

Staff Recommendation

That:

1. The attached staff report titled “Trans Mountain Pipeline Project National Energy Board (NEB) – Update and Intervenor Opportunities” from the Director, Engineering and Director, Intergovernmental Relations & Protocol Unit, dated November 28th 2014, which provides details on the Kinder Morgan-led pipeline expansion project and National Energy Board (NEB) review process, be received for information; and that
2. Staff proceeds with a submission for Information Requests to the NEB, detailed in Attachment 1, for the January 9, 2015 NEB deadline for Intervenor’s Status.

John Irving, P.Eng. MPA
Director, Engineering
(604-276-4140)

Amarjeet S. Rattan
Director, Intergovernmental Relations & Protocol Unit
(604-247-4686)

Att. 1

REPORT CONCURRENCE		
ROUTED TO:	CONCURRENCE	CONCURRENCE OF GENERAL MANAGER
Emergency Programs	<input checked="" type="checkbox"/>	
Fire Rescue	<input checked="" type="checkbox"/>	
Law	<input checked="" type="checkbox"/>	
REVIEWED BY STAFF REPORT / AGENDA REVIEW SUBCOMMITTEE	INITIALS: 	APPROVED BY CAO

Staff Report

Origin

At the February 11, 2014 Regular Council meeting the following resolution for the Trans Mountain Pipeline NEB Review was adopted:

That staff be directed to apply for Intervenor status, or Commenter status in the alternative, in the National Energy Board Review process for the Trans Mountain Pipeline Project.

The City was granted Intervenor status by the NEB on April 2, 2014.

The intent of this report is to provide an update on the National Energy Board (NEB) process for the Trans Mountain Pipeline Project and seek Council direction for staff to proceed with the submission of Information Requests for the January 9, 2015 deadline.

Background

NEB Review Process Update

The Trans Mountain Pipeline project being carried out by Kinder Morgan (“the Proponent”) is proceeding through the NEB review process. As an Intervenor, the City may participate in the review process by making an Information Request (IR) to the Proponent during prescribed time periods. Since the Information Memorandum issued to Council on October 16, 2014, the Proponent has offered further information to the NEB in relation to earlier inadequate Information Request responses, although many Intervenors have continued to express that the information received is inadequate.

The City of Burnaby has continued to oppose the project and assert its dissatisfaction with the oversight provided by the NEB, both in the media and in the courts. The BC Supreme Court denied an injunction sought by Burnaby to prevent drilling investigations which were in contravention of the City’s Bylaws, and the survey work did proceed within the City’s Conservation Area. This survey work on Burnaby Mountain has met with public protest, including the detainment of several dozen protestors by the RCMP for violations of a second court injunction protecting the Proponent’s ability to carry on survey work.

Staff are also in discussions on this issue with other municipalities through Metro Vancouver.

Upcoming Timelines

Due to procedural delays, the NEB had previously updated its calendar for the review, although the timeline has not significantly shifted since the October 16, 2014 Information Memorandum issued to Council. There are several opportunities in 2015 for the City to engage in the review process as an Intervenor. Participation in any or all of these steps is at the discretion of the City:

- January 9: Deadline for Intervenors to submit “Information Requests” to the Proponent as part of the second phase of requests (IR2). The City may request information relevant to any area of concern in the Project Application or previous IRs submitted by Intervenors. The Proponent then has one month to reply to all IRs.
- May 1: Deadline for Intervenors to file Written Evidence. This can include any collection of facts or information that supports the City’s views or beliefs about the project. This may include original research, analysis of the facts included in the Application or in information provided through the IRs.
- May 25: Deadline for Intervenors to submit Phase 3 Information Requests (IR3). This round of IRs permits any Intervenor to direct questions to any other Intervenor, or the Proponent, to provide review of submitted Written Evidence. Note that this represents less than three weeks from the deadline to submit said Written Evidence, limiting the ability to analyze evidence in great depth.
- September: Hearings for any Intervenors interested in providing an oral summary argument. At this time, oral arguments will be received by the NEB Panel, however, no new evidence will be permitted at this time (evidence must have been previously submitted as part of the Written Evidence, or as a reply to an Information Request received by the Intervenor), nor will there be opportunity for cross-examination of the arguments provided by the Proponent or Intervenors.

The NEB is scheduled to release their final report on the review process and recommendations to the Minister on January 25, 2016.

Information Request Overview/Suggestions

Pending Council direction, City staff will prepare to submit an IR2 submission to address the two primary areas of concern identified by Council at the February 3, 2014 General Purposes Committee Meeting:

- Project Footprint: Since the process of NEB review began, Kinder Morgan have made several changes to the project footprint, including a fundamental shift in routing to include a bored tunnel through the Burnaby Mountain Conservation Area and a new routing through Surrey Bend Regional Park. Richmond City Council has previously expressed that route changes that are introduced at intermediate or late stages of the process do not provide adequate opportunities for communities or individuals that may be impacted to properly partake in the review process.
- Protection of the Fraser River: A significant spill from the pipeline in the vicinity of the Fraser River crossing (at Port Mann), or within any of a dozen watercourses being crossed between Langley and Burnaby, would likely result in the introduction of a volume of hydrocarbons into the Fraser River. Much of this product would be “entrained” along the foreshore of Lulu Island, which contains regionally-important ecosystem services, RAMSAR-designated wetlands of international importance, and vital job-

supporting lands within the City of Richmond. Local government agencies are being pressed to deal with spill events as senior governments reduce staffing levels of the agencies responsible for protecting navigable waters, natural areas, and fishery habitats.

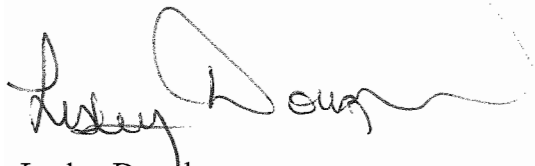
Based on these two primary areas of Council concern, staff have compiled a list of suggested Information Requests related to each concern in Attachment 1.

Financial Impact

There is no financial impact resulting from this report.

Conclusion

Although the project footprint is outside of Richmond, Council has identified concerns in regards to the project and potential risks to Richmond's foreshore areas and has opted to be an Intervenor in the NEB review process. The current round of Information Requests provides the City with an opportunity to seek clarity on potential future changes to the project footprint and challenges for the management of spill response along the Fraser River foreshore.



Lesley Douglas
Manager, Environmental Sustainability
(604-247-4672)

AR:ld

Att. 1: Proposed Content for January 9th, 2015 Information Requests

ATTACHMENT 1**Proposed Content for January 9th, 2015 Information Requests:**

City staff are prepared to submit an IR2 submission to address the two primary areas of concern identified by Council at the February 3rd, 2014 General Purposes Committee meeting.

Concern: Project Footprint.

Since the process of NEB review began, Kinder Morgan have made several changes to the project footprint, including a fundamental shift in routing to include a bored tunnel through the Burnaby Mountain Conservation Area and a new routing through Surrey Bend Regional Park. The City of Richmond (COR) understands that minor routing and footprint adjustments would be anticipated through the planning process, as alternate routes that reduce the environmental and socio-economic risk of the project may be identified and become preferred options for the majority of stakeholders. However, the COR is very concerned that route changes that are introduced at intermediate or late stages of the process do not provide adequate opportunities for communities or individuals that may be impacted to properly partake in the review process.

Information Request:

- What were the criteria used to establish the routing and site of the project?
- What other options were reviewed in regards to routing and siting of facilities, and what were the factors that caused the other options to not be selected for public review?
- Are more revisions of the siting and routing of the project anticipated?
- On what date will the final routing of the project be finalized?
- What principles are applied to determine if project changes, including footprint changes, require initiating a new review process under the NEB Act? Specifically, which of these changes would require a new NEB review process to be initiated:
 - A shift in export terminal location;
 - A change in the size or layout of the storage facility in Burnaby Mountain, or movement of this terminal;
 - The introduction of a new storage facility along the route between the existing facilities in Edmonton and Burnaby;
 - A change in the proposed Fraser River crossing location or technology;
 - A change in routing that results in expansion of the project footprint to a different municipality, Regional District, or other administrative area;
 - An expansion of accessory pipelines, such as the Kinder Morgan owned spurs to Cherry Point in Washington State and Vancouver International Airport;
 - A change in the throughput capacity or number of pipelines within the project right-of-way;
 - A change in the proposed mix of products to be transmitted (refined product vs. dilbit), or the introduction of condensate import and upstream shipment.

Concern: Protection of the Fraser River (fate and effects). The Fraser River presents various challenges to the management of spilled heavy oil products. A significant spill from the pipeline in the vicinity of the Fraser River Crossing (Port Mann), or within any of a dozen watercourses being crossed between Langley and Burnaby would result in an introduction of a large volume of

hydrocarbons either directly into the Fraser River, or into a combination of storm drainage and natural watercourses that would connect rapidly to the Fraser River. Much of this product would be “entrained” along the foreshore of Lulu Island, which contains regionally-important ecosystem services and RAMSAR-designated wetlands of international importance. The lower Fraser River also includes significant job-supporting land-use vital to the City of Richmond’s economic base.

Information Request:

- Provide a detailed assessment of the areas of Lulu Island foreshore that would be impacted in a Worst Case Scenario breach of the pipeline, whether this breach resulted in a spill directly to the Fraser River, or to a direct tributary of the Fraser River in a location that would potentially result in preleased product reaching Lulu Island;
- Provide a detailed inventory of ecological condition of the Lulu Island foreshore areas likely to be impacted by a spill into the lower Fraser River;
- Please provide a detailed explanation of the varying products that will be carried in the pipelines after expansion, and what differing approaches would be required based on a spill of bitumen vs. refined product;
- Provide a detailed fate assessment (portions that will be floating, adsorbed, dissolved, entrained, evaporated, stranded, ingested, etc.) for each of the carried products, that addresses directly in the influence of these factors relevant directly to the lower Fraser River:
 - The highly variable seasonal temperature of the river and the air;
 - The high silt and sediment load in the river;
 - The tide ranges, and extensive intertidal wetlands;
 - The highly variable current, including tidal flux and freshet flows;
 - The presence of the “salt wedge” and mixing zone between fresh and marine water;
 - The influence of marine traffic and log booms on spill distribution.
- Based on the experience of the Marshall Spill of 2010 in Kalamazoo River, what portion of the product is expected to sink, and what would be the approach to addressing sunk product during important fisheries times?
- Provide details of the compensation strategy for lost wetlands adjacent to Lulu Island, and for businesses disrupted by a spill or resultant clean-up efforts.

Concern: Protection of the Fraser River (response gaps). The Federal Government (as represented by the NEB) and the Provincial Government (as outlined in the Ministry of Environment’s “Five Conditions” consultations documents) share jurisdictional authority over the foreshore of the Fraser River. The Federal Government addresses responsibility for spills and response by the agency responsible for the product prior to spillage - be it a railway or trucking company (Transport Canada), a terminal facility (Port Metro Vancouver), a ship (Coast Guard), or a pipeline (National Energy Board). The Province is developing a system where spills are addressed by a Maritime Spill Response Agency if they are into marine and estuarine waters, and a Land-based Spill Response Agency if the spill occurs on land. Increasingly, local government agencies are being pressed to deal with spill events, even in areas of senior government jurisdiction such as the Fraser River foreshore, as senior governments reduce staffing levels of the agencies responsible for protecting navigable waters, natural areas, and fishery habitats.

Information Request:

- Please detail any gap analysis performed to identify the jurisdictional limits of clean-up responsibility and cleanup agency lead;
- Detail anticipated efforts to contain and clean-up such a spill, including upstream and downstream transportation of entrained, adsorbed product;
- Detail any anticipated requirement for response from local government in the event of a spill impacting the lower Fraser River. How will this response be directed, and under what authority?
- Detail any limitations to access to the foreshore or river in the event of a spill and necessary clean-up effort.



City of Richmond

Report to Committee

To: General Purposes Committee

Date: December 2, 2014

From: David Weber
Director, City Clerk's Office

File: 01-0105-00

Re: 2015 Council and Committee Meeting Schedule

Staff Recommendation

That the 2015 Council and Committee meeting schedule, attached to the staff report dated December 2, 2014, from the Director, City Clerk's Office, be approved, including the following revisions as part of the regular August meeting break and December holiday season:

- (1) That the Regular Council meetings (open and closed) of August 10, August 24, and December 29, 2015 be cancelled; and
- (2) That the August 17, 2015 Public Hearing be re-scheduled to Tuesday, September 8, 2015 at 7:00 pm in the Council Chambers at Richmond City Hall.

David Weber
Director, City Clerk's Office

Att. 1

REPORT CONCURRENCE	
CONCURRENCE OF GENERAL MANAGER 	
REVIEWED BY STAFF REPORT / AGENDA REVIEW SUBCOMMITTEE	INITIALS:
APPROVED BY CAO 	

Staff Report

Origin

Under the *Community Charter* and the Council Procedure Bylaw, Council must provide for advance public notice of Council and Committee meetings and, at least once per year, advertise the availability of the Council meeting schedule. Accordingly, the 2015 Council meeting schedule is being presented at this time (see Attachment 1) to provide certainty and advance notice of Council's regular meeting schedule.

Analysis

August Meeting Break

In accordance with the Council Procedure Bylaw No. 7560, Council resolutions are required for any changes to the prescribed Council meeting schedule. Therefore, to accommodate the August meeting break, it is recommended that the Regular Council meetings of August 10 and 24, 2015 be cancelled. Also, as a result of the City Hall closure over the holiday season, it is recommended at the Regular Council meeting of December 29, 2015 also be cancelled.

Changes to the Committee meeting dates can be altered at the call of the Chair as circumstances arise closer to the dates of the meetings, and do not require a Council resolution. The only changes that staff propose to the Committee schedule is a change to the Parks, Recreation and Cultural Services Committee (PRCS) meeting that would normally fall on July 28, 2015, the day after the last Council meeting before the August meeting break. Instead, and in order for Council to consider any recommendations from this meeting at the Regular Council meeting of July 27, 2015, it is proposed that the PRCS Committee meeting be moved to the previous week (Thursday, July 23, 2015).

With regard to the August Public Hearing, in keeping with past practice, staff propose that it be re-scheduled from August 17, 2015 to September 8, 2015. This change to the Public Hearing schedule minimizes the delay, due to the August meeting break, for consideration of land use applications that have been given first reading. There would be no need for a second scheduled Public Hearing during the third week of September.

December Holiday Season

City Hall will be closed from Friday, December 25, 2015, and will be re-opening on Monday, January 4, 2016 in recognition of the holiday season. Staff propose that the December 22, 2015 Public Works and Transportation Committee meeting be moved to the previous week (December 16, 2015). Also, as with the last PRCS meeting prior to the summer meeting break, it is proposed that the PRCS meeting of December 29, 2015 be moved to December 16, 2015 – immediately following Public Works and Transportation Committee. A Special Council meeting would likely be called in conjunction with the last Committee meetings of the year in order to deal with any business arising from the committees that is of a time-sensitive nature.

Financial Impact

None.

December 2, 2014

Conclusion

It is recommended that the 2015 Council and Committee meeting schedule be approved with the suggested allowances for the Regular Council meeting break in August, and the holiday season in December, on the understanding that a Special Council meeting can be called with 24 hours notice should any unusual or urgent circumstances arise outside of the usual schedule. Such a meeting may be facilitated using a conference call, as permitted by the Council Procedure Bylaw No. 7560, for those Council members who wish to participate but are unable to attend in person.

A handwritten signature in cursive script, appearing to read "David Weber".

David Weber
Director, City Clerk's Office

Att. 1 – Proposed 2015 Council and Committee Meeting Schedule

SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT			
JANUARY							FEBRUARY							MARCH									
				STAT 1	2	3	1	GP 2	FC 3	PC 3	4	5	6	7	1	GP 2	FC 3	PC 3	4	5	6	7	
4	GP 5	FC 6	PC 6	7	8	9	10	8	STAT 9	CO 10	CS 11	DP 11	12	13	14	8	CO 9	CS 10	DP 11	12	13	14	
11	CO 12	CS 13	DP 14	15	16	17	15	GP 16	PH 17	PC 17	PWT 18	19	20	21	15	GP 16	PH 17	PC 17	PWT 18	19	20	21	
18	GP 19	PH 20	PC 21	PWT 21	22	23	24	22	CO 23	PRC 24	DP 25	26	27	28	22	CO 23	PRC 24	DP 25	26	27	28		
25	CO 26	PRC 27	DP 28	29	30	31								29	30	31							
APRIL							MAY							JUNE									
			1	2	STAT 3	4						1	2		GP 1	FC 2	PC 2	3	4	5	6		
5	STAT 6	GP 7	FC 8	PC 8	9	10	11	3	GP 4	FC 5	PC 5	6	7	8	9	7	CO 8	CS 9	DP 10	11	12	13	
12	CO 13	CS 14	DP 15	16	17	18	10	CO 11	CS 12	DP 13	14	15	16	14	GP 15	PH 16	PC 17	PWT 17	18	19	20		
19	GP 20	PH 21	PC 22	PWT 22	23	24	25	17	STAT 18	GP 19	PH 20	PC 20	PWT 21	22	23	21	CO 22	PRC 23	DP 24	25	26	27	
26	CO 27	PRC 28	DP 29	30			24	CO 25	PRC 26	DP 27	28	29	30	28	29	30							
							31																
JULY							AUGUST							SEPTEMBER									
				STAT 1	2	3	4							1				1	2	3	4	5	
5	GP 6	FC 7	PC 7	8	9	10	11	2	STAT 3	4	5	6	7	8	6	STAT 7	GP 8	FC 9	PH 9	PC 9	10	11	12
12	CO 13	CS 14	DP 15	16	17	18	9	10	11	DP 12	13	14	15	13	CO 14	CS 15	DP 16	17	18	19			
19	GP 20	PH 21	PC 22	PWT 22	PRC 23	24	25	16	17	18	19	20	21	22	20	GP 21	PH 22	PC 23	PWT 23	24	25	26	
26	CO 27	28	DP 29	30	31			23	24	25	DP 26	27	28	29	27	CO 28	PRC 29	DP 30					
								30	31														
OCTOBER							NOVEMBER							DECEMBER									
				1	2	3	1	GP 2	FC 3	PC 3	4	5	6	7			1	2	3	4	5		
4	GP 5	FC 6	PC 6	7	8	9	10	8	CO 9	CS 10	STAT 11	DP 12	13	14	6	GP 7	FC 8	PC 8	9	10	11	12	
11	STAT 12	CO 13	CS 14	DP 14	15	16	17	15	GP 16	PH 17	PC 18	PWT 18	19	20	21	13	CO 14	CS 15	PWT 16	PRC 16	17	18	19
18	GP 19	PH 20	PC 21	PWT 21	22	23	24	22	CO 23	PRC 24	DP 25	26	27	28	20	GP 21	PH 22	PC 22*	CO 22	23	24	STAT 25	26
25	CO 26	PRC 27	DP 28	29	30	31	29	30						27	STAT 28	29	30	31	STAT 1 JAN	2 JAN			
														3 JAN	4 JAN								

December, 2014

- CO** Regular Council Mtg., 7:00pm
Regular (Closed) Council Mtg., 4:00pm
- CS** Community Safety, 4:00pm
- DP** Development Permit Panel, 3:30pm
- FC** Finance, following 1st General Purposes Meeting of each month
- GP** General Purposes, 4:00pm

- PC** Planning, 4:00pm
- PH** Public Hearing, 7:00pm
- PRC** Parks, Recreation & Cultural Services, 4:00pm
- PWT** Public Works & Transportation, 4:00pm

Note: All meeting dates are subject to change.



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

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, RDFP held meetings with representatives of the City (two City Councillors and one staff member). In turn, the City supported the RDFP's efforts through such means as:

- providing strategic information and advice for the initiative;
- assisting the RDFP 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 RDFP'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 RDFP 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 RDFP 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 RDFP's membership (GPs) and the broader Richmond community. The GP survey yielded valuable information about usage patterns, challenges, and retirement plans of RDFP 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

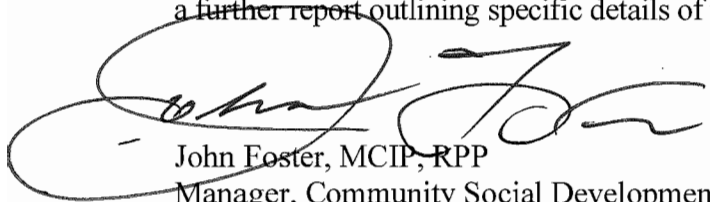
None

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

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

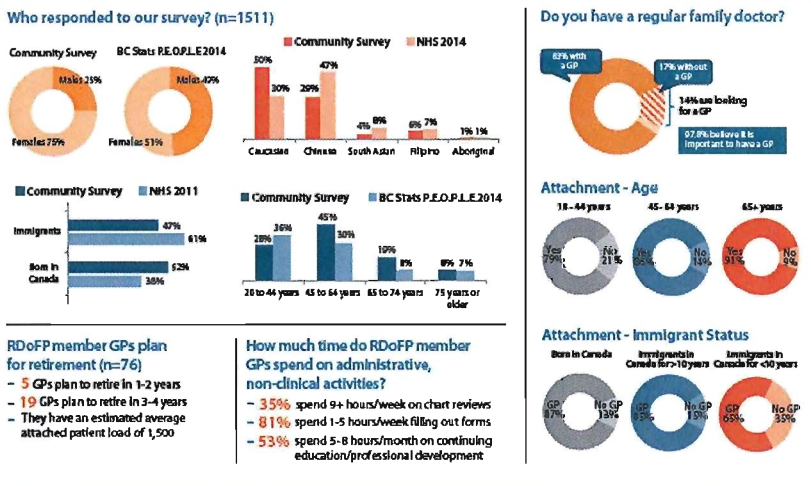
<p>JANUARY 2013 The Government of BC and Doctors of BC launch the A GP for Me project.</p>	<p>APRIL 2013 The project is presented to the RDoFP Board.</p>	<p>JANUARY 2014 After consultation with members, the RDoFP submits a Letter of Intent for the project's Assessment Phase.</p>	<p>SUMMER 2014 Advisory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