



2010

Annual Report



Surrey-North Delta
Division of Family Practice

A GPSC initiative



Message from the Chair



Dr. Mark Blinkhorn
Chair

I am pleased to offer the first annual report of the Surrey-North Delta (SND) Division of Family Practice. The Division has been busy over the last year building capacity to serve our members and laying the foundation for our upcoming work to strengthen primary care in Surrey. In this report I would like to share some of our accomplishments with you, and put forward a vision for what the future might hold for your Division.

Like most regions in BC, Surrey-North Delta faces many health care challenges. One of the most pressing is acute care, which I don't believe we will be able to fix unless we can deal with the community as a whole. My vision is to strengthen communication with family physicians in our Division catchment area, and to work collaboratively to improve the health care of our patients, as well as individual satisfaction in our work. I envision that all family physicians will have a diabetic nurse, psychiatric nurse, palliative care nurse, and a home care nurse attached to their practices. This will help develop a relationship with the individuals that support the provision of better, more efficient comprehensive care to our patients. I believe that this will help us keep people out of the hospital and result in a healthier community.

The Division is already developing a pilot project with the Health Authority to make a limited number of certified diabetic care nurses available to assist a small group of family physicians with the identification and management of their more complex diabetic cases. Enhanced community outreach and better patient self-management of their condition are also included in this model. Judging from the results of the physician survey circulated earlier this year, it is also evident that locum support is a priority and our Division hopes to address this over the next year.

The trust-based, long term relationship between family doctors and patients is a critical attribute of a successful primary health care system. The Division model is based on this premise, and puts family physicians at the forefront of addressing Surrey-North Delta-based issues. As a family practitioner facing the challenges all GPs face today, being a member of the Division allows me to work to integrate care in my community for the benefit of my patients, have access to incentives and professional support to deal with increasingly complex patient needs, and still 'be the quarterback'.

Ours will be a collaborative process, between the Division and our partners, in particular the Fraser Health Authority and the Ministry of Health (MoH). I encourage all current members of the Surrey-North Delta Division to talk to your colleagues about the benefits of becoming a member. We want to hear from our members about their needs and the needs of the community so that we may set priorities for the Division and work towards transforming primary health care in Surrey-North Delta.



Establishing the Surrey-North Delta Division

The Division of Family Practice is an initiative of the GPSC created to bring local GPs together and break isolation, provide mutual support and address commonly held concerns regarding health care in their geographic areas.

The Surrey-North Delta Division (SND) was officially registered as a non-profit society on September 21, 2010, after months of discussions with the General Practice Services Committee (GPSC). The inaugural board of directors, Drs. Mark Blinkhorn, Todd Arnold, Jan Peace, Dale Taylor, Sanjay Khandelwal and Mark Green, are family physicians with roots in the area who committed to creating a division when it was evident that they had the support of their colleagues. They were also encouraged in their efforts by the promising early outcomes of prototype divisions created in several communities and growing interest in the model around BC.

Surrey and North Delta are the geographic areas of the Division because historically that is how the local medical community organized itself, with Surrey Memorial Hospital acting as the acute care hub for patients and physicians.

New divisions have a number of steps to take in order to qualify for infrastructure funding through the initiative. When SND met these criteria in January 2011, a coordinator, bookkeeper and auditor were hired, and a bank account was opened. Louise Hara was hired as the coordinator on March 10, 2011. We are now in the process of recruiting an additional contractor to provide administrative support and work on special projects.

With help from the provincial support team, the Division now has a website in place (www.divisionsbc.ca/snd) and will soon have the capacity to provide other services to its members such as shift scheduling and group purchasing.

Initially, the Division's funding was based on the number of family physicians practicing in Surrey-North Delta, approximately 200 at the time. Based on the Division's recently created database, there may actually be over 300 family physicians in the area. Thanks to the board of directors spreading the word, the SND membership currently stands at almost 100. Given that subsequent funding will be calculated according to the actual number of division members, the Division has a lot of work ahead of it to connect with its colleagues and ensure it meets the needs of local GPs.

Tackling the diverse population and complex health care issues

Surrey is not only the largest city in BC in geographic terms; the Surrey-North Delta area is arguably one of the most diverse. Providing all British Columbians with access to a family doctor is a challenging goal in light of the complexity of the community's health care needs and the difficulty of keeping pace with a rapidly expanding and increasingly diverse population.

Some unique responses have already evolved as a result of these trends. An informal review of the College of Physicians and Surgeons of BC's directory suggests that Surrey-North Delta has over 200 physicians in the SND Division area with roots in the South Asian community. The area also has a higher ratio of walk-in clinics – HealthLink BC lists 50 walk-in clinics in Surrey and North Delta, but popular opinion suggests the number may actually be twice that.

The SND Division is working on two levels to introduce change in this complex environment. First is that family physicians working through the Division are uniquely positioned to facilitate enhanced working relationships between health care consultants, hospitalists and other allied health care professionals for the benefit of patients. The Division works to strengthen ties between all family practitioners in the area and build on their collective knowledge and experience to create solutions that work for everyone. Second, it works with its partners - the Fraser Health Authority, GPSC and the MoH - through the Collaborative Services Committee (CSC), which provides a forum for designing and developing unique responses to local health care issues.

The Surrey North Delta CSC is co-chaired by Diane Miller, Executive Director, Primary Care, Fraser Health Authority, and Dr. Mark Blinkhorn, Division Chair. Other participants include Dr. Sanjay Khandelwal, Division member, Barbara Korabek, Vice President, Clinical Operations, Fraser Health Authority, Dr. Jean Clark, GPSC, and Louise Hara, Division Coordinator. The Division Director taking the lead on a particular project also participates during the development phase. In this case, Dr. Mark Green has been leading discussions on the Diabetes Care Project. Meetings are held on the third Wednesday of each month and the committee has met twice since forming in February 2011.



Diabetic Care Pilot Project

The Surrey-North Delta Division of Family Practice is working with the Fraser Health Authority (FHA) to pilot a program to improve health outcomes for Surrey diabetic patients at high risk for complications.

The pilot draws on an approach that is showing great promise in the practices of Dr. Mark Green and his associates. This practice has a certified diabetic education (CDE) nurse on staff to assist family physicians with the identification and management of patients with complex diabetic cases. The CDE nurse helps construct a total management care program and follows up with the patient to ensure they comply with health care instructions to the best of their ability. The nurse also serves as an educational resource for the patient, helping them understand their disease, adopt dietary and lifestyle changes to improve their control of sugars, and use tools to improve their outcomes when calibrating insulin intake with food consumption. The CDE nurse also updates electronic files and ensures prescription-related paperwork is up-to-date. The nurse is aware of the best practices for diabetic care and is a great resource for physicians making decisions regarding their patients.

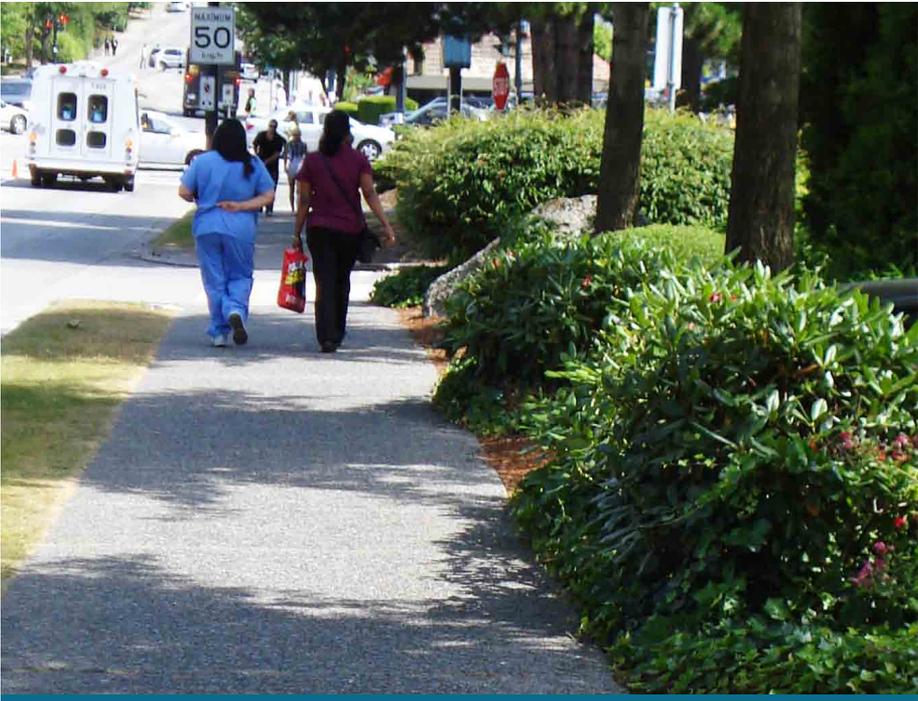
Outcomes to date include:

- reduced diabetes workload for family physicians enabling them to see more patients
- greater rates of A1C reporting
- lower A1C averages when compared to provincial averages
- greater patient satisfaction with their care and overall health outcomes.

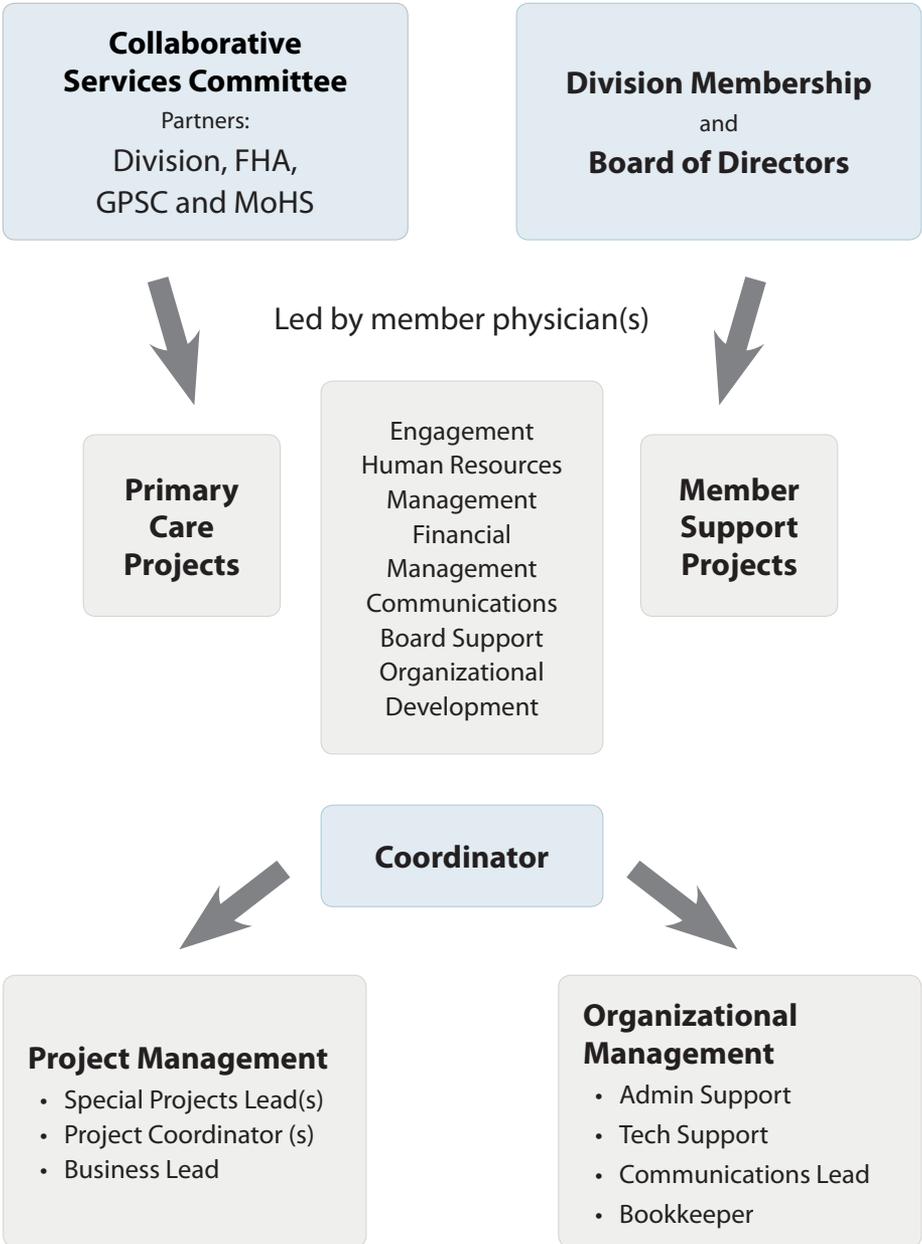
The Division, through physician leads Mark Green and Parmjit Sohal, is currently partnering with the FHA to develop a proposal for local trials that draw on elements of this model. The proposed pilot study will optimize existing diabetic education resources, increase outreach to the community and strengthen a patient's ability to manage their disease.

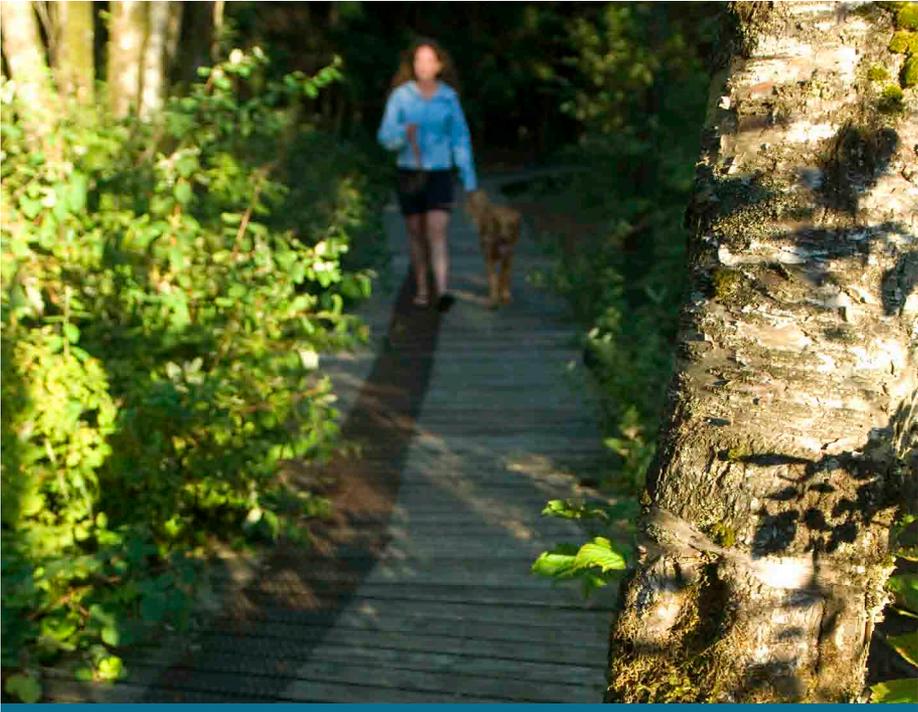
The pilot is proposed for use with a small group of Surrey North Delta Division members. It will monitor all aspects of patient health, noting incidence and severity of diabetes related issues, any changes in rate of referral to diabetic specialists and hospital stays, as well as changes in overall costs to the system compared to the period preceding the pilot.

The projected outcome is that this model of diabetic care will result in a healthier population whose care is also more cost-efficient. For patients, the benefits will include better quality of life and increased satisfaction with self-management of their condition.



Division Organizational Chart





Financial Statement

The Statement of Operations and Net Assets and Statement of Financial Position are based on an unaudited statement for the period of June 21, 2010 to March 31, 2011.

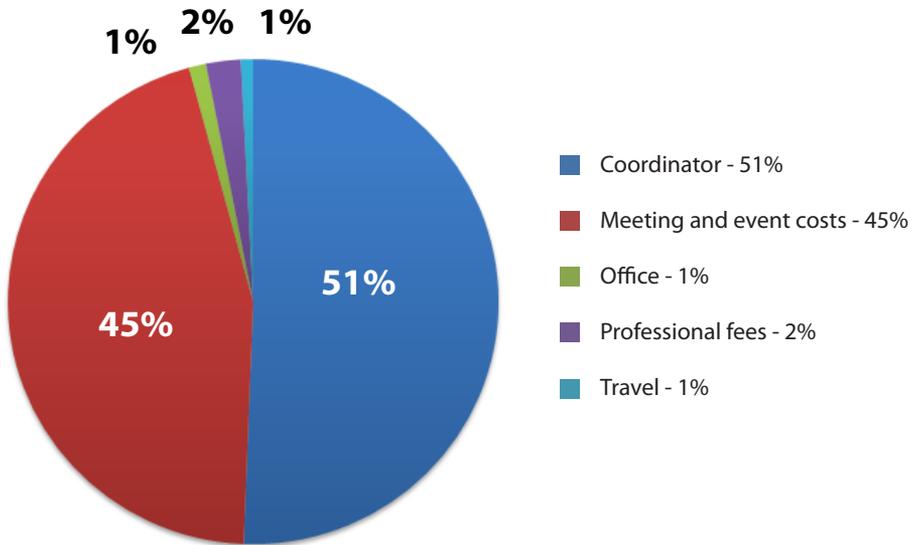
Statement of Operations and Net Assets

Revenue	2011
Infrastructure	\$ 48,403.00
Other	\$ 1,994.00
Total	\$ 50,397.00

Expenditures	
Coordinator	\$ 24,502.00
Meeting and event costs	\$ 21,855.00
Office	\$ 552.00
Professional fees	\$ 1,100.00
Travel	\$ 394.00
Total	\$ 48,403.00

Excess of revenue over expenditures	\$ 1,994.00
Net assets, beginning	\$ -
Net assets, ending	\$ 1,994.00

Expenditures - June 21, 2010 - March 31, 2011



Statement of Financial Position

Assets 2011

Current

Cash and term deposits	\$ 282,081.00
Receivables	\$ 1,502.00
Total	\$ 283,583.00

Liabilities

Current

Payables and accruals	\$ 23,961.00
Deferred revenue	\$ 257,628.00
Total	\$ 281,589.00

Net assets

Unrestricted	\$ 1,994.00
Total	\$ 283,583.00



Development Timeline

April – June, 2011

1. Hire event planner, administrative assistant
2. Prepare and launch survey to hear member priorities
3. Populate website with public and member related spaces and content
4. Establish electronic communication system including email and web based newsletter
5. Complete Diabetic Care Nurse proposal/study
6. Finish year end and report to funders
7. Establish 2011/12 budget

July – September, 2011

1. Hire special projects manager
2. Engage one-on-one with members regarding the survey
3. Analyse data and prepare presentation of findings
4. Draft annual report
5. Launch new website
6. Launch first newsletter

October – December, 2011

1. Hold AGM
2. Confirm member priorities at AGM
3. Review priorities and bring to CSC for discussion
4. Launch Diabetic Care program
5. Hold recruitment event
6. Begin looking for a division office
7. Begin developing policies and procedures

January – March, 2012

1. Hold member engagement event
2. Hold recruitment event
3. Launch next project/program
4. Complete first draft of policies and procedures
5. Make case for extension of infrastructure funding at current rates if membership not yet in line

Surrey-North Delta Division of Family Practice

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Board of Directors

Dr. Mark Blinkhorn - Chair
Dr. Todd Arnold - Treasurer
Dr. Mark Green - Member at large
Dr. Sanjay Khandelwal - Member at large
Dr. Jan Peace - Member at large
Dr. Dale Taylor - Secretary

Division Staff

Louise Hara - Coordinator
Susan Kreis - Executive Assistant

Photographs of the Surrey-North Delta area courtesy of:

Louise Hara

Page 4 - Central City Tower
Page 7 - BC Cancer Agency at Surrey Memorial Hospital.
Page 9 - Surrey Library and hospital staff walking down the street.
Page 14 - Jim Pattison Outpatient Care and Surgery Centre.

PictureBC.com:

Cover - Surrey city centre skyline
Page 2 - North Delta's Social Heart Plaza.
Page 7 - Soccer in Surrey.
Page 11 - Delta Nature Reserve.

The Divisions of Family Practice is an initiative of the General Practice Services Committee, a joint committee of the BC Ministry of Health and the BC Medical Association.

www.divisionsbc.ca/snd



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