**WESTERN COMMUNITIES PRIMARY CARE NETWORK LEADERSHIP COMMITTEE**

**TERMS OF REFERENCE**

Last Revised: November 29, 2019

# 1.0 BACKGROUND:

The Ministry of Health, South Island Division of Family Practice (SIDFP), Island Health (VIHA), and the citizens of the Western Communities have agreed to work together to address the concern that there are many citizens of the Western Communities who do not have access to a primary care provider (PCP). The Ministry of Health has allocated funds to create Primary Care Networks (PCN).[[1]](#footnote-1) It is the mission of the PCNs to realize the Patient Medical Home (PMH)[[2]](#footnote-2) concept, developing increased PMH capacity and increasing connectivity between PMHs and other health services. The Partners for Better Health Collaborative Services Committee (CSC)has established this Western Communities PCN Leadership Committee (WC PCN LC) for the purpose described below:

# 2.0 PURPOSE:

The purpose of the WC PCN LC is to improve patient care and access to primary care providers and services in the Western Communities by:

* Increasing recruitment of PCPs and other health care providers;
* Expanding PMHs, further developing existing PMHs, and establishing new PMHs;
* Establishing a PCN; and
* Ensuring quality care using the Quadruple Aim, which focuses on improving:
	+ - patient experience of care;
		- provider experience of care;
		- population health; and
		- the financial sustainability of the system.

The Service Plan will guide this work.

# 3.0 RESPONSIBILITIES OF THE LEADERSHIP COMMITTEE:

Responsibilities of the WC PCN LC include the following, and will be carried out in collaboration with the Saanich Peninsula PCN Leadership Committee and other relevant bodies as appropriate:

* to optimize use of PCN funds such that the purpose is achieved in ways consistent with the principles for PCNs set out by the Ministry of Health;
* to oversee the strategy, implementation, and operations of the WC PCN consistent with the Service Plan (and any agreed to adaptations) which may include oversight and direction with respect to contracting, hiring and deployment of providers, clinical coordination, and administrative and change management supports; the allocation and oversight of use of funds and other resources for the PCN through the South Island SIDFP and VIHA as the fund administrators in accordance with the Service Plan;
* to provide oversight of and direction to the PCN Manager;
* to support financial and other reporting by the South Island PCNs Steering Committee (SI PCNs SC) to the Ministry of Health and the General Practice Services Committee (GPSC); and
* to provide minutes of meetings and additional information and reports, as required, relating to the WC PCN and its deliverables under the Service Plan to the SI PCNs SC and other stakeholders of the WC PCN.
1. MEMBERSHIP**:**
	1. Composition

Voting members will be individuals consisting of the following:

1. Local Patient Representation: 3 members;
2. Indigenous Representation: 3 members;
3. SIDFP/Physician Representation: 6 members, where one is a non-fee-for-service physician, one is a SIDFP staff/contractor, and one physician from each of the four WC PCN neighborhoods; and
4. VIHA Representation: 3 members.

Non-voting members will be individuals consisting of the following:

1. 1 SIDFP member
2. 3 VIHA members
3. Up to 4 Patients members (1 from each neighborhood)
4. 1 Practicing PCN Nurse Practitioner member
5. Up to 11 Physician members
6. 1 FHNA member and up to 5 First Nations Communities members
7. 2 Western Communities Municipal members
8. 1 Westshore Urgent Primary Care Centre member
9. 1 PCN Manager
10. 1 VIHA PCN Manager
11. 1 PCN Administrative Support member
12. 1 Regional Support Team member
13. 1 MHSU Manager
14. 1 Seniors Program Manager/Director

# 4.2 Appointment of Individual Members and Changes in Membership

Individual members from VIHA, SIDFP/Physicians, and FNHA/Indigenous communities will be designated as members by their organization and may be replaced from time to time at the organization’s discretion. Clinic representatives will be at the discretion of the clinics. Changes in these individual members and additions may be considered and approved by the WC PCN LC. Alternates will be permitted.

4.3 Co-Chairs

Interim Co-Chairs are the Area Director, VIHA and the WC PCN Lead SIDFP.

4.4 Secretary

As appointed by the WC PCN LC.

5.0 MEETINGS:

5.1 Frequency

Meetings will be held as required at the call of the Co-Chairs, but not less than once per month. Meetings may take place in person or via telephone conferencing.

5.2 Agenda, Minutes, and Materials

An agenda, minutes of the previous meeting, and any other materials required for information to be considered at the meeting will be sent to Committee members in advance of the meeting.

5.3 Minutes

The Secretary or delegate will record minutes.

6.0 QUORUM AND DECISION MAKING:

6.1 Quorum

A minimum of 10 Leadership Committee voting members are required to be present at a meeting to make a decision or implement a course of action. The quorum must include at least 2 members from each of the partners – Patients, Indigenous, SIDFP/Physicians, and VIHA, where all members have been identified.

6.2 Decision Making

Decisions will be made by a modified consensus approach called Consensus-Minus-One. A majority of members present at a meeting will be required to approve a decision, with the minority agreeing to go along with the decision.

Consensus-based decision making is committed to finding solutions that members actively support, or at least can live with. This ensures that all opinions, ideas and concerns are taken into account.

No decision is made against the will of a minority of members. If significant concerns remain unresolved, a proposal can be blocked and prevented from going ahead. The Consensus-Minus-One approach requires more than one dissenting member to block consensus.

Where consensus cannot be reached, the matter will be referred to the SI PCNs SC for decision.

# 6.3 Reporting Mechanism

This WC PCN LC will provide a report as requested by the SI PCNs SC.

# 6.4 Administrative Support

The PCN Manager and PCN Administrator, or other support as appointed by the WC PCN LC, will provide support to the WC PCN LC.

# 7.0 TIMELINES:

The WC PCN LC will function until a future time as mutually agreed to by the parties.

# 8.0 WORKING GROUPS/SUB-COMMITTEES:

TBD

**9.0 PRINCIPLES AND MEMBER RESPONSIBILITIES:**

WC PCN LC members will be guided by the following principles and responsibilities:

* members will reference the Quadruple Aim when discussing and making decisions with respect to matters within the WC PCN LC’s mandate (aims are itemized on page one);
* members will be responsible for endeavouring to attend all meetings of the WC PCN LC and contributing to discussions in a collaborative and effective manner; and
* members who will be presenting information at a meeting will ensure that any resources and materials are prepared, and submitted to the Co-Chairs one week in advance of the meeting to ensure timely distribution to the members.

**10.0 AMENDMENTS:**

These Terms of Reference will be reviewed within six months, with two months advance notice, where the six-month mark starts with the formal launch of the WC PCN LC in 2020. Any proposed revisions will require approval of the WC PCN LC.

1. As defined by the General Practice Services Committee, a Primary Care Network (PCN) is “a clinical network of physicians and other providers in a geographic area who work together in new ways to expand team-based supports for GPs and patients” (GPSC Infosheet, 2019). [↑](#footnote-ref-1)
2. As defined by the General Practice Services Committee, a Patient Medical Home (PMH) is “a team-based family practice operating at an ideal level where patients get the majority of their care and their primary care providers focus on diagnoses, patient relationships and longitudinal care” (GPSC Infosheet, 2019).

 [↑](#footnote-ref-2)