



**September 2023**

***Re: Refreshed Approach to Primary Care Networks***

### **Context**

In August 2023, the Family Practice Services Committee (FPSC) released their '[Refreshed Approach to Primary Care Networks](#)'. NNPBC recognizes that this work, developed in consultation with a variety of stakeholders, was crafted thoughtfully, is grounded in the desire to ensure that the people of British Columbia have better access to primary care and evolved in deference to a health care landscape that has changed considerably in the last five years.

NNPBC was a critical stakeholder in this important work, and we share good relationships with the Ministry of Health and our colleagues at Doctors of BC. This refreshed approach contains several critical changes that positively impact primary care in BC and NNPBC welcomes those changes. Our organization acknowledges that the refreshed approach is not a final product and that it is published with every intention of embracing continuous improvement. BC nurses understand that the province's approach to health care must continue to evolve to ensure that its primary care structures meet the needs of all British Columbians. NNPBC anticipates that there will be ongoing opportunities to further expand and refine this work and we will look forward to our involvement in doing so.

### **Positive Changes**

- The focus of this refreshed approach is on strengthening team-based care. The key principles of team-based care including clear and defined roles, mutual trust, good communication, measurable outcomes, and shared goals, are all foundational in this refreshed approach.
- We note that Nurse Practitioners (NPs) are mentioned alongside Family Physicians throughout this document. This is a welcome change that signals an understanding of the importance of NPs as primary care providers.
- NNPBC notes that there are NO limits on the number of NP contracts to be allowed in Primary Care Networks (PCN or PCNs). This is an important step for NPs and for the patients and families who benefit from their care. We do note a caution in this in that at present PCN NPs are not universally part of Steering Committees. Doing so will be necessary to ensure equitability.
- NNPBC advocated strongly for an "[LFP type" payment model](#) specifically for NPs as an alternative compensation model. We note that the refreshed approach commits to this new model for 2024/25 and NNPBC looks forward to working with partners to see this commitment realized.
- NNPBC was a key player in the announcement of the [Provincial Attachment System](#), demonstrating NNPBC has carved a strong space as the professional association representing nursing in BC.
- There is a commitment to hiring both Registered Nurses (RNs) and Licensed Practical Nurses (LPNs), as additional agents in a successful team-based, primary care strategy.
- There is an appropriate focus on a collaborative, consensus-based decision-making table. NNPBC commends the anchoring of the PCN Steering Committees as a multidisciplinary, collaborative governance table, supported by FPSC's investment in secretariat functions.
- PCN Steering Committees are directed to regularly meet with local patients, families, and communities. This sets a starting point baseline for patient voice at the governing table for PCNs.
- NNPBC has noted in consultations that resourcing for PCNs is a requirement and we have supported the calls of physicians to improve resourcing for PCNs. A renewed FPSC commitment to act as secretariat and provide administrative and management resourcing is an answer to NNPBC's advocacy in this area.
- The Ministry of Health, Health Authorities, and the FPSC are working on a provincial practice collaboration agreement to ensure respect, health, and safety in the workplace. NNPBC advocated for

meaningful steps to address power imbalances in reporting relationships amongst health professionals within PCNs. Ensuring these power imbalances are addressed in an agreement is fundamental to the functioning of PCNs and to the operation of highly functioning health care teams.

- As previously noted, the PCN governance will be regarded “in the spirit of continuous improvement” with “further changes in the future”. Specifically, “dialogue with our partners” is noted as a priority. This represents a welcome approach that will continuously allow for dialogue and conversation regarding governance that will include a nursing perspective through NNPBC.

### Priority Areas of Concern

- Nurses value working alongside our physician colleagues. NNPBC as an organization has always appreciated our engagement and collaboration with physician groups where we focus on numerous shared values. The critical work that physicians provide in health care is never to be understated and each day nurse practitioners and nurses work in collaboration with physician colleagues for the betterment of those for whom we are privileged to provide care.

However, it bears noting the following:

- The current wording of the refreshed approach remains focused on the physician as the ‘lead’ of the care team. Principles of team-based care focus not on an individual provider as the head of the care team, but rather centres the team around the needs of the patient. As a result, each member of the care team is empowered to contribute as an equal partner, with their distinct functions, and always with a focus on the person at the centre of care.
- Nurse practitioners are autonomous care providers who do not require physician supervision. Indeed, nurses of all designations are autonomous professionals, with a clear and expansive scope of practice.
- In future iterations of PCN refreshment, NNPBC will look forward to an expanded understanding and description of the ways in which non-physician health professionals also provide leadership in the primary care space. That shift will embrace and attract a skilled interdisciplinary team where each member has a role to play, without any implied power dynamic.
- NNPBC expects that “additional tools and supports providing guidance on the composition” of PCN Steering Committees will make good on the Ministry promise to include at least one NP on PCN Steering Committees. At present, not all PCN Steering Committees include NPs. Ensuring this is done will add a critical and necessary voice to the Steering Committees and will continue to provide clarity and understanding around the role of NPs while also ensuring equitability and better collaborative decision-making processes.
- NNPBC expects additional investment in practice supports, continuing competency, professional development funding and education for RNs, LPNs, and RPNS employed in “Nurse in Practice” contracts and via the Longitudinal Family Physician (LFP) Payment model. NNPBC is ready to partner in the work of ensuring all nurses employed in PCNs can provide the highest possible quality of care as an expansion of our current NP Provincial Initiatives Program that supports NPs in PCNs.
- The merging of patient lists into the Health Connect Registry is not restricted to family physicians and will impact NPs. NNPBC expects and looks forward to adding information and perspective about how to support NPs in this area.
- There is additional opportunity to engage in meaningful dialogue with Indigenous partners. A great deal of work has been done by health authorities to build trusting relationships with Indigenous partners in their respective regions and PCNs should build off those relationships rather than siloing partnerships solely within the PCN context.



## Conclusion

British Columbia continues to lead the country in primary care innovation largely because we have focused on team-based care as the most appropriate model. While this focus on team-based care rightly puts the individual at the centre of their own care, historical inequities between health professionals that include power imbalances can challenge the assumption of a truly equitable distribution of power across a team. As the professional association representing all four designations of BC's nursing professionals, we are well-positioned to understand the preeminent role of all nurses in primary care, both in PCNs and in other care contexts.

NNPBC will continue to be the agency leading the nursing contribution to this innovation and will continue to work towards solutions that defer to the expertise, knowledge, and experience of BC's approximately 65,000 nurses who deliver care in every corner of the province.