

Health

Making British Columbians the healthiest people possible.

HOW WE'RE THINKING ABOUT THIS

Preventing illness isn't just the compassionate thing to do—it's also the fiscally responsible choice. As climate change intensifies and the world becomes an increasingly complex and hazardous environment—whether through pandemics like COVID-19, air pollution or toxic chemicals in our water and clothing—our healthcare system must focus on keeping people well.

At the individual level, this means ensuring that every person has access to essential healthcare services. This includes timely vaccinations, routine screenings and the ability to see a doctor or nurse practitioner when symptoms first appear.

Streamlining the Healthcare System to Reduce Bureaucracy

At all stages of our healthcare system, health professionals are spending too much time on paperwork. The College of Family Physicians states that on average, family physicians will spend one-third of their working time on administrative tasks. Across Canada, physicians are spending 18.5 million hours each year on unnecessary administrative work—the equivalent of 55.6 million patient visits.

While the First Nations Health Authority stands out for its unique role in addressing the needs of Indigenous populations, other authorities have grown unwieldy and costly, with health spending up 72% in the past seven years.

Rejecting Privatization for a Patient-Centered Approach

Profit motivations are not compatible with healthcare. Research from the University of Oxford has demonstrated that “private sector outsourcing corresponded with significantly increased rates of treatable mortality.”

Investing in our health workforce is essential for a sustainable future. Our healthcare system depends on a diverse and highly trained workforce. Nurses,

technologists, and other medical professionals are key to the system's functionality, and more needs to be done to ensure their wellbeing and availability.

PROBLEM DEFINITION

A Shift to Preventive and Primary Care

Currently, one in five people in British Columbia lacks access to a family doctor or nurse practitioner, depriving them of the continuity of care they need. When early intervention is unavailable, conditions worsen, leading to more severe health issues that are costly and resource-intensive to treat.

Urgent Primary Care Centres (UPCCs) were posited as the answer to a lack of family practitioners that could divert people from hospitals. Instead, they are contributing to a staff shortage at hospitals, without providing either the resources that are available at hospitals or the longitudinal care at traditional health centres.

Streamlining the Healthcare System to Reduce Bureaucracy

This issue is compounded within British Columbia's seven health authorities, which have expanded into bloated bureaucracies with 64 vice-presidents and hundreds of managers. Instead of supporting frontline care, these structures duplicate efforts and drive up costs, undermining the efficient delivery of services.

Rejecting Privatization for a Patient-Centered Approach

The BC NDP provides millions of dollars in funding for private care every year. This contributes to workforce shortages in our public hospitals and comes at a steeper price due to profit margins, capital costs, and higher labour costs built into private clinic charges.

In Alberta, the experiment with private care has resulted in reduced surgical capacity and worsening wait times, far exceeding national averages.

Investing in Our Health Workforce for a Sustainable Future

Despite decades of awareness about our aging population, little has been done to ensure we have enough trained professionals to meet growing demands. In medical imaging, for example, the demand for MRI services has surged by 69% in the past five years, but the workforce has only grown by 24%. Two-thirds of radiation technologists report symptoms of burnout.

Nurses are routinely forced to work under unsafe staffing conditions, facing forced overtime and denied time off, leading to high levels of burnout and moral distress, with many leaving the public system altogether. Health workers across the system are grappling with the emotional toll of being unable to provide the level of care their patients deserve.

THE DOGWOOD MODEL

The BC Greens commit to establishing an integrated community health centre in every riding in the province. The 'Dogwood Model' is based on former Minister of Health Hon. Jane Philpott's Periwinkle Model. It focuses on ensuring everyone has a primary care home - a place where they belong, where they feel at home, where they will go for most of their healthcare needs, and where they have a regular provider—a family physician or nurse practitioner.

The Dogwood Model provides several advantages for both practitioners and patients; it has easy referral models, so patients can receive care from the expert that best meets their need, be it a physiotherapist or a dietician. It places the administrative burden on the administrative professionals, rather than the health staff, ensuring they can focus their energies on healthcare, and providing the benefits of being a staff member—including health benefits and paid vacation and parental leave.

The BC Greens will roll out one Dogwood Health Centre in every riding in the province, ensuring the provision of 93 health centres in the first year.



NEW POLICIES FOR ANNOUNCEMENT

We will ensure access to preventive and primary healthcare services for all citizens.

- Make all vaccines available to all people, at no cost to the consumer.
- Remove sales of tobacco from British Columbia pharmacies, and eliminate all advertising of vaping and nicotine products.
- Commission a comprehensive and independent health impact assessment to evaluate the health effects of LNG and fracking activities in BC

We will streamline healthcare administration to improve service delivery and reduce inefficiencies.

- Review the Health Authority model, with a focus on creating a single health authority for province, alongside the First Nations Health Authority, which will focus on addressing systemic racism and improving Indigenous life expectancy.
- Reduce unnecessary bureaucracy for family physicians, including legislating to remove the requirement for doctors' notes for short-term illnesses.
- Review and remove barriers for externally-trained health professionals, making it easier for them to become registered in British Columbia.
- Centralize referrals for surgeries and team-based models of non-surgical and pre-surgical care by introducing a single-entry model, reducing wait times and supporting patients more effectively.

We will prioritize not-for-profit public delivery of health care.

- Increase funding for nurses in the public system, and end reliance on agency nurses
- Implement the recommendations of the Senior's Advocate's report, "Billions More Reasons to Care" (Contracted Long-Term Care-Funding Review Update).
- Review the Procurement Services Act to ensure contracts are awarded based on expertise and relationships with communities, not just cost.

We will strengthen and support the healthcare workforce through better planning, training, and regulation.

- Require health authorities to collect and share data for workforce planning, ensuring alignment with educational institutes.
- Review loan forgiveness and paid practicums for all healthcare students to incentivize sufficient staffing and support training.
- Regulate radiographers and medical imaging technologists so they can work to the full scope of their practice.
- Reinstate the Provincial Chief Nursing Officer role to advocate for the nursing profession.
- Adopt and implement the *"Nursing Retention Toolkit: Improving the Working Lives of Nurses in Canada."*

