

**Premier Gordon Campbell
Ambulatory Care Announcement, Vancouver
October 19, 2002**

Check Against Delivery

It is very good to be here today to make an important announcement about how we deliver health services in British Columbia.

During the election, we said we were going to focus health resources on patients' needs. We face many challenges in the health-care system in Canada. One of them is that the way we have been delivering health services is fundamentally not sustainable.

This requires us to look for new means of delivering services. It requires us to look for new means to educate students, whether they want to become physicians or nurses. I believe we are very fortunate in British Columbia to have Canadian leaders helping us to meet those objectives.

I required Colin Hansen, Minister of Health Services, to meet those challenges in a way that was both bold and imaginative, and I want to congratulate Colin for the leadership he has shown.

In the last year we increased funding for health care in British Columbia by \$1.1 billion. The vast majority of that funding has gone for professional purposes – for doctors, for nurses and for health-care providers across the province.

As we've done that, we've required a reduction in administrative costs. We've reduced administrative costs by 43 per cent so those dollars can go to patients. There are no savings in health care: we are simply refocusing our funding.

We have been able to increase health authority funding by 7.4 per cent over the last year, and we've provided strong health authorities with professionals we can count on to deliver services to patients in a way that is cost-effective and meaningful.

We are seeing results already. For the first time in a long time, the emergency rooms in Vancouver General, at UBC and at Richmond Hospital have achieved 100 per cent staffing levels and significant reductions in wait time.

We have aggressively recruited at VGH and UBC, and that's reduced overtime from 10 per cent to three per cent. Improvements to Richmond and Lions Gate hospitals have reduced the length of admitted patients stays in emergency rooms by 50 per cent.

Today I'm pleased to be announcing a new \$90-million academic ambulatory care centre at Vancouver General Hospital. It will be done in a public-private partnership.

The facility, which will be built right here, will bring together and replace six old and outdated buildings on the site. There are a number of benefits to doing this.

First, we integrate the services patients require. Walk-in patient care in doctors' offices, related specialty clinics, and diagnostic and lab centres will all be brought together. Up to 150 physicians, specialists and other health professionals will be working under this one roof.

The centre will handle an estimated 600,000 patient visits annually. We believe there are substantial savings to be made in this integration and co-ordination of services to meet the needs of patients.

At present, the ambulatory and walk-in patient care services at VGH are provided by various medical disciplines at different sites and locations. Ambulatory care, for those of you who are wondering, refers to outpatient services involving patients who come in for tests or treatment but do not stay in the hospital.

The new facility will co-ordinate ambulatory patient care services including associated specialty clinics along with medical education, physician practice offices, research and related commercial retail activity – all on one site.

The end result will be better co-ordinated, one-stop patient care that meets people's needs in a timely, cost-effective, quality way. We think that's critical.

A second benefit is better medical training. We have invested substantial dollars in building British Columbia's medical training infrastructure. UBC medical students will be able to interact with and learn from a range of specialists, researchers and practitioners.

The B.C. Life Sciences Centre – which is being developed now at the University of British Columbia, the University of Victoria and the University of Northern British Columbia – will almost double the number of doctors that graduate from UBC to meet the needs of people in British Columbia.

The investment in educating additional physicians and nurses is one that is critical if we are going to truly meet the needs of patients.

We are almost doubling the number of doctors that will be graduating from University of British Columbia, and we have made a commitment under the leadership of Minister Hansen to creating 1,400 additional nursing spaces over the next three years.

As we invest in the people who are so critical and are such an active cornerstone of the health-care system, we do have to recognize that health care is consuming a huge amount of money out of people's pockets today. Every single hour, \$1.4 million is spent in British Columbia on providing health services.

This leads me to the third benefit: We believe it is critical that we maximize the benefits of the private sector as well as the public sector.

In British Columbia we already use partnerships with the private sector to deliver a number of services. It is important for us to remember that diagnostic lab services are provided by the private sector, and long-term-care facilities are provided by the private sector. Your family physician is effectively a private contractor who is paid by the government.

All medical services will be provided and funded publicly, just as they are now with medically necessary services covered by MSP. This is about providing better public health-care services by using the talent of the private sector.

We will be encouraging the private sector to provide, operate and build this facility in meeting the needs of the people of British Columbia. Experience in other jurisdictions shows that P3s can successfully provide more effective, efficient facilities that generate private-sector economic benefits while also saving the taxpayers money.

To make sure that any P3s we pursue are managed properly, we established Partnership British Columbia, an agency to promote, enable and help implement P3 projects throughout the province.

The bottom line is that well-managed P3s generate benefits for all the parties. The public gets new, modern, innovative and efficient facilities that otherwise might not have been possible.

The province benefits from public-private activity and investment, and the government is able to redirect resources to the needs of patients as we create infrastructure that meets patients' needs.

It is a very important step that we are taking today. It has required innovation and imagination on behalf of the health authority. It has required a partnership of understanding to be built between the professional educational institutions in the university. And it requires all of us to understand that the critical component of any health-care system is meeting the needs of patients first.

Minister Hansen has certainly led the government in that regard, and I congratulate him for his work. Equally important, I want to congratulate both Ida (Goodreau, president and CEO of the Vancouver Coastal Health Authority) and John (Cairns, dean of the UBC faculty of medicine) for the leadership that they are showing here as we develop a facility that is second to none – that will meet the needs of patients with top quality health-care services that are publicly funded. Thank you very much.