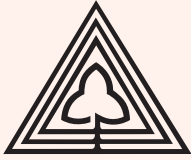


OPSEU



SEFPO

Health Care Links



A newsletter for OPSEU stewards working in health care

Issue #8 October 2004

Local Health Integration Networks: let's give the Ministry an earful!

In the summer, the Liberal cabinet quietly approved a plan to create **Local Health Integration Networks (LHIN)**. This fall, they have rolled out the plan further with a leadership team, and regional maps but very little in the way of detail. All there is to know about the LHINs can be found at: <http://www.health.gov.on.ca/transformation/index.html#1>

LHINs could replace CCACs, district health councils, public health units and Ministry regional offices. This might lead to increased competition for scarce funds, and job losses, while allowing politicians to avoid responsibility for funding decisions. Do we really need these LHINs at all? Who have they spoken to? What experts have they consulted?

Our 30,000 members working in health care are the experts. We know what works and what does not work. MOHLTC should be talking to us. Instead they brought on board a leadership team of seven people, none of whom have recent experience on the front lines of health care. OPSEU has called the MOHLTC consultation process a farce because of the short timelines for consultation, and the lack of front-line work experience on the LHIN leadership team.

When OPSEU's hospital professionals asked George Smitherman to meet with us in the workplace and "walk a mile in our shoes" he did not even reply. But he keeps on talking about



OPSEU members and allies from across the country rally in Ottawa in support of medicare, Sept. 13.

doctors and nurses and their shortages, leaving out the rest of our members. For more information on the LHINs, see our campaign site at: <http://www.opseu.org/campaign/lhin/lhinindex.htm>

As health care workers, we know what's best for the system. Let's flood the Ministry with our ideas. Send a message to the Minister at transforminghealth@moh.gov.on.ca and please send a copy to OPSEU at dcox@opseu.org Keep checking our web site for more details on the LHINs. And let us know what is happening in your workplace or region.



Have your say on LHINs !

OPSEU's principles for health care integration: response on LHINs

A response to Local Health Integration Networks

The people of Ontario want improvements to health care, including better integration of services, and so does OPSEU. OPSEU front-line health care workers know that competitive bidding in community health care costs more. They know the impact that severe staff shortages is having in our hospitals.

The McGuinty government is saying that Local Health Integration Networks (LHINs) are the solution but OPSEU is worried that they will just create more chaos and an extra level of bureaucracy and allow more expansion for-profit health care.

There is still time to contact the Ministry of Health and express your concerns about the LHIN plan. OPSEU members working in health care including your Health Care Divisional Council have discussed these questions and have come up with the following draft principles which can guide you in your submission to the Minister, your lobbying efforts, or in the kinds of questions you might ask an MPP.

To provide true integration of health care following are some principles that need to be enshrined into the plan for Local Health Integration Networks:

OPSEU's principles for health care integration

Rebuild our health care system

- Front-line workers and unions need to be consulted in the development of LHINs.
- Health care needs to be fully portable and equitable so that everyone in Ontario has access to the same minimum level of services no matter where they live.
- LHINs must comply with *Canada Health Act/Romanow Commission* and their role should be to provide planning advice to the Ministry of Health.
- Health care sector must be comprised of only public and not-for-profit services.
- No competitive bidding on health care should be permitted in any LHIN.
- No further fragmentation of services but consolidation to improve services.

Ensure the Minister is accountable for the provincial health care system

- LHINs must be accountable and responsive to the Minister (unlike CCACs where the Minister can claim no power to act.)
- Ministry to maintain final decision-making authority with respect to funding.
- Freedom of Information and Protection of Privacy Act must apply to LHINs so that there is transparency as well as accountability.

Employment stability provides the best patient care: don't lose valuable skills and expertise

- Successor Rights restored to OPS members who may be divested.
- Front line staff, their bargaining agent and collective agreement must follow the work in any restructuring/transfers, or sale of business.
- Employment stability, no lay-offs and a mandatory comparable job offer, seniority recognized, seniority dovetailed, and voluntary exit options are all necessary.
- Employees' rights under *Ontario Labour Relations Act, Employment Standards Act* and *Pay Equity Act* remain intact.
- Human resources plan for affected workers must be negotiated with health care unions.

Hospital layoffs, cutbacks?

Send us your stories

We've heard about cuts and layoffs at dozens of health care workplaces in Ontario. Here are the services that the OHA says are at risk in our hospitals – we've seen some of this already. The interim agreement for hospitals says they must balance their budgets by 2005-06, with a list of protected hospital services. As a result all other hospital services could be cut.

We are planning to broadcast these cuts in a bulletin tentatively called **Health Care Chaos**.

If you have details of cuts in your hospital, send the information to dcox@opseu.org.

Below is the OHA's partial list of services at risk:

- Arthritis clinics
- Chemotherapy clinics
- Children's beds – acute & rehabilitation
- Complex care beds
- Day surgery
- Diabetes clinics
- Ears, nose and throat clinics
- Emergency room services
- General surgery beds
- General surgery clinics
- Gynaecology services
- Neo natal intensive care
- Obstetrical beds
- Pain clinics
- Palliative care beds
- Physiotherapy services
- Radiology services
- Rehabilitation beds
- Surgical beds
- Ultrasound services
- Urgent and emergency clinics

Our members are already seeing layoffs in these areas. What happened to the Liberals' pledge to rebuild services? Were they elected to cut?

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**Authorized for distribution,
Leah Casselman, President**

This newsletter from the Health Care Divisional Council (HCDC) is sent to local presidents and stewards in the health care sectors, and posted on the web at www.opseu.org Click on "Health Care" under "I work here", and scroll down to Health Care Divisional Council. **Please post** the newsletter on your union bulletin board and share it with your colleagues. Let us know what you'd like to hear about. Send e-mails to us through the link on the HCDC web page.