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Local 481
Renfrew CCAC

My name is Sue McSheffrey, I am a physiotherapist working for the Community Care Access Centre in Renfrew County, Ontario's largest county that starts 1 hour west of here in Arnprior and ends 2 hours later near Mattawa. Our community has serious concerns about the proposed legislation especially the misnomer of Local. There is nothing "local" about a bureaucracy that extends from the edge of Montreal to just outside of North Bay.

LHINs are not local, they serve populations the size of whole provinces such as Nova Scotia, Manitoba or Saskatchewan. Some are the geographic size of France or Germany. So I want to know why is the government calling them "local"? Within our (true) local health care community we are concerned that staff will have no protection from being moved around within the LHIN. For example in my 15 years as a physiotherapist in home care, we have seen fluctuations from 9 physios to 2. If the Cornwall area is short of physios will I be driving 3 hours to cover that area? No one knows. We are told that those details aren't available.

I'm here to tell you that workers like me are sick and tired of being guinea pigs for change. The health system is not so broken that it requires this level of government intervention. All of the problems we do have come from things that the LHINs will not change. Like not enough doctors in rural areas. The doctors – gatekeepers of the system now more than ever – are left out. Why? Why did you not take the chance to bring doctors into the core our health system instead of leaving them on the fringes? Our area of Renfrew County would be much better served if you put physicians on salary and controlled where they can practise. This is a key component of the British system that the McGuinty government seems to love and is so set on copying, why ignore it?

Health Science professionals are in short supply, the money being wasted to rearrange the bureaucracy could be used to provide bursaries to students in these fields. It doesn't matter how you reconfigure things if there aren't enough radiation technologists you

can't do more treatments.

There are two areas that I consider myself an expert:

One is in the disaster that has become the British National Health Service. It boggles my mind that anyone in government would use the NHS a model for health care. "Rationalization" resulted in my Mum being sent two and a half hours north of her home in Stafford for surgery because they were the cheapest centre to bid on that surgery. This resulted in no visitors and expensive transfer costs as Mum had to pay a driver to get her there. Rationalization in Renfrew County could mean the end of our local hospitals like the Deep River and District Hospital or The Arnprior Memorial Hospital. Patients from our area will have to travel further. Winter travel from Killaloe to Ottawa is not always an option. We have no public transit. How people access services and fairness across Ontario is as important as the services themselves. The range of health services offered in a community can determine more than just access to health. Health care providers are also key employers in many towns, often the only place to get a good job. The removal of key services from a community can lead to other economic losses. Businesses often consider local infrastructure when deciding to locate or relocate. The loss of a hospital, or the downgrading of a hospital to a clinic, could hurt or discourage business.

My second area of expertise is in health planning. I was a founding member of the Renfrew County and District Health Council and the last chair before the Harris government silenced us for good. These LHINs are being implemented with no local planning; as someone who worked hard to engage our county in meaningful planning this terrifies me. There is no plan. The government wants to first set up the LHINs – then plan the system. It should be the other way around. Since everyone at the District Health Councils has been fired there has been no health care planning in the province. They stopped the planning January 2005. The planners have all been laid off. Where are you getting your information? Or are you just winging it?

We see the LHINs as government - appointed executive boards with a mandate to continually merge and transfer services somewhere

with the vast LHIN region. With the Ministry, there was accountability through the Local MPP in Question Period and ultimately through the polls on Election Day. This removes our power to do anything through the political arena in the short term. In the long term we will be sure to remember this in October 2007.

The LHIN Board will have no power, as the government hired the CEOs, not the Board. In other words, why appoint a Board who cannot select its own CEO. The Board will be puppets of the government but without public accountability.

Seven Regional Offices were set up at the turn of the millennium to plan, manage, fund and monitor the system of health care programs. They are being replaced by fourteen unaccountable LHINs that appear to have the same mandate. The LHIN CEO will be paid about twice as much as the Regional Directors, and of course there are twice as many LHINs as Regional Offices. Do you honestly believe that this is giving better value for the supposedly scarce health dollars?

Lastly, this health system of ours has undergone so much political tinkering that the surprise should be that we are still functioning. Ontario's health system is not seriously broken and does not need such a massive and costly reorganization of that system. In fact, the risks outweigh any potential that I can see that would emerge from this restructuring. There is more than enough money being spent on the health care portfolio, much of it on things other than health care. For example in my sector home care, the shift to privatization has been a consistent cost driver. Across Canada the sector has undergone a massive shift from not-for-profit to for-profit delivery of care; costs have increased by 21.3% per year from 1980 to 2001. This has not been matched by service increases. When Ontario enacted a one year funding freeze in 2001, service to patients was cut by 30%. Our clients are getting less care for more money and it is not being spent on salaries and wages!

The legislation sets out a process whereby the CCACs will amalgamate to fit the LHINs boundaries. There is no timetable set out

for this to take place, meaning the CCACs could be out of sync with the LHINs for some time.

Moving from 42 CCACs to 14 will create fresh chaos in the home care sector. Decision-making authority will be taken much further from the local communities. Health care providers will likely bid on contracts covering regions four times the size. This may particularly impact smaller providers, especially if regulations remain in place limiting the number of providers that can share a given contract. Then what about us? There are 9 CCACs like ours with direct service providers on staff; we do not fit into the plan such as it is. When I met with Elinor Caplan she argued with me that there were no direct service providers left in the CCAC system, ministry staff had told her so. Maybe you can understand our levels of anxiety around this huge rearranging of health care when staff don't even know what the present system looks like.

This committee has the power to fix all of this. The LHIN concept is flawed and is being rammed in without adequate planning or consultation. For example, in human resources, my union OPSEU has not been consulted about the impact on its members. Neither has any other health care union been involved. There is no HR strategy other than using the conservative Bill 136. No legislation should go forward without a human resources plan. Without health care workers you have no health care system.

This plan must be negotiated and include, at a minimum,

- Layoff as a last resort
- Measures to avoid layoff
- Voluntary exit opportunities
- Early retirement options
- Pension bridging and protection of pension funds
- Retraining options
- Successor rights and protection of negotiated collective agreements

I am already involved in a class action law suit against the crown after our pension plan was screwed up by the last provincial government.

Why invite war when there is no need?

All we want is peace and stability so that we can focus on what we are trained to do for our patients. Please resist the urge to dismantle and rebuild just for the sake of marking your territory and go out and buy a Lego set instead. In the end it will cause less pain and frustration and we'll still have a health system that is the envy of the world.

Please put the brakes on this legislation until you have properly thought through the impact on health care workers, patients and their home communities.

Thank you for your time