



REPORT ON 2017 ACTIVITIES

This is the 2017 summary report of the Digby Area Health Coalition (DAHC). The report outlines in detail the work the DAHC is doing in relation to transparency and change in the provision of health services in the Digby area.

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DIGBY AREA HEALTH COALITION REPORT ON 2017 ACTIVITIES

CONTENTS

Current Board

DAHC History and Mandate

Funding

DAHC Meetings Held

Media Coverage

Outreach

Reports Issued

Annexes

Board of Directors elected at Annual General Meeting, 25th April 2017

Heather Burlingham, Digby, Member at Large

Gwen Wilson, Sandy Cove, Secretary

Dr. Tony Nelson Kelly, Little River, Coordinator

Anna-Marie Mackenzie Kelly, Little River, Treasurer

Peter Janson, Digby, Member at Large

Gary Wilson. Sandy Cove, Member at Large

Coordinating Committee Members

The Coordinating Committee consists of the directors plus the following citizens:

Brian Bowerman	Westport (co-opted after the AGM)
Judy Carty	Gulliver's Cove
Earle Cooke	Weymouth
Kris Herron	Seabrook
Joanne Mattinson	Digby/ Clementsport
Cliff Schneider	Seabrook
Patricia Spencer	Cullodon

Lisanne Turner	Ashmore
Dr. Don Westby	Weymouth Retired Family Doctor, health care advisor to the DAHC and representative of the WAHC

DAHC History and Mandate

History

The Digby Area Health Coalition was formed in 2016 by a group of citizens concerned that it was very difficult to attract family practice doctors to Digby, and that those that did come often left before their contract was up.

The intent of the group was to try and find out what the problems were, and if possible, contribute to solutions so that Digby area residents could have local doctors to whom they could turn for their medical issues.

On March 23 2016 a public meeting was held at the Legion in Digby, when about 150 people attended, and the DAHC formally came into being. It was incorporated as a not for profit organization on April 20, 2016. To date the DAHC has completed Phase 1 of the mandate and is working on Phase 2.

Phase 1 was to provide foundation documents regarding the problems faced by citizens in seeking basic health care and the issues facing doctors in the Digby area. See Reports Issued.

Phase 2 will be to continue the pursuit of transparency and to turn the results of the research and meetings held into practical support for local health providers and leading to the presence of more family practice doctors in the area.

The DAHC closely works with the Weymouth Area Health Coalition, collaborates with citizens on the Islands and works with the Nova Scotia Health Coalition. See Annex A for a description and mandate of the WAHC.

Mandate

The following provides direction for the DAHC during its Phase 2 activities:

- A) Follow The Money: A complete record of public health expenses in Digby over the various iterations of the authority.
- B) Community audit of decision-making processes: Create a map of how decisions are made, and who holds power.

- C) Work with the Nova Scotia Health Coalition to continue to document local realities and to continue to work for transparency and change.
- D) Develop a local initiative, as in Clare, to encourage and support youth to enter the medical field.
- E) Provide support for local health care professionals.
- F) Network across the province and with local groups working towards change.

- Adopted May 16, 2017 at a public meeting in the Digby Regional High School Theatre

Funding

Digby Municipality generously provided \$4,000 to the DAHC for operating expenses relating to the research projects. A crowd funding exercise was entered into through GoFundMe® that raised \$2,102.80 between May 17 2016 and March 20 2017. There have also been a number of generous donations from members of the community.

Primary expenses were for two researchers who undertook the extensive interviews that formed the basis of *Citizen's Perceptions of Health Care Services in the Digby Area*. Principal expenditures were for this research. Other expenses included printing, advertising and room rentals.

A summary financial statement is at Annex E.

DAHC Meetings Held

Public Meeting DRHS Auditorium May 16 2017: Results of the research were presented. See Annex B for a summary of the research presentation and a report on the meeting.

Public Meeting in Weymouth Public Library: Consultations leading up to the *Citizens' Perceptions of Health Care in the Digby Area* were held during 2016 and with follow up confirmation circles on Jan 13, 2017.

Public Meeting Sissiboo Café Bear River August 28: Meeting to hear Professor Aziz Choudry. See Annex C.

DAHC Committee meetings during 2017: January 18, February 22, March 28, April 25 (Annual General Meeting), September 13, November 01. The AGM was open to the public and notices were placed in the Clare Shopper and elsewhere. The guest speaker was Chris Parsons from the NSHC.

Digby General Hospital Tour November 30: A meeting with Hospital Management and a representative of the Nova Scotia Health Authority was held to discuss various matters including the proposed renal dialysis unit. This was followed by a tour of the second and third floors. A follow up session was agreed for January 2018. This tour took place on January 19, 2018.

Media Coverage

The Coordinator participated in CBC's Information Morning on May 16. The CBC's Nina Corfu gave extensive coverage on May 18, 2017 <http://www.cbc.ca/news/canada/nova-scotia/healthcare-digby-area-health-coalition-survey-doctors-patients-1.4121391> On May 26, the Coordinator was interviewed by CJLS radio in Yarmouth. Additional interviews were provided to local media including the Tri-County Vanguard.

Reports from Google show a piece in the Chronicle Herald Opinion section on January 15, 2016; a CBC Interview on May 18 2017; Digby Courier Reports on April 26, May 10 15, and on the 23. NovaNewsNow.ca May 23; CJLS Yarmouth May 26 2017; CKBW News May 26 2017; Hansard Transcript Oct 02 2017, although this is a petition read by Gordon Wilson on behalf of the residents of Long and Briar Islands about the medical centre in Freeport. The petition mentions support for the goals of the DAHC.

The NDP web site carries a piece dated September 20, 2017 about the cancelled meeting with the Public Accounts Committee, and two labour related web sites carried news pieces, CUPE on May 19 and RankandFile.ca on May 29, 2017. Although not media related, Google accessed the Minutes of the Municipality to report on Tony Kelly's presentation on June 27, 2016.

Periodic Updates

Throughout Phase 1 of the DAHC's work periodic updates were included in Passages, the community newsletter available to residents of Digby Neck and the Islands. Other identified reports for 2017 included the Digby Courier April 26, and on May 23, Tri-County Vanguard on Jan 22.

OUTREACH

Doctors

The DAHC has met with, or talked to several doctors who have practiced in Digby or provide services in Digby. The main points coming out of these meetings are:

- They all liked the community and appreciated the friendliness of the population.
- Employment details provided when agreeing to provide service in Digby are much more attractive than the contract presented on arrival
- No private life, required to be available 24/7, horrendous work loads and not paid proportionally, although doctors in Yarmouth are.
- No exit interview conducted, even though the Health Care Authority claims these were undertaken.
- Arrogant administration, disrespectful treatment of doctors, no accountability.

Pharmacists

Pharmacists are an essential link in the health care chain, and often the only person to whom a citizen can turn for advice about medications. The DAHC has met with seven

pharmacists so far and meetings are ongoing as and when a pharmacist agrees to be interviewed and one of the Directors is available to carry out the interview. Brief conclusions from the two interviews conducted in September are as follows:

- Doctors must learn to cooperate with pharmacists, and to collaborate with all health care professionals.
- Given the Health Care situation in the Digby Area, Emergency Room doctors need to consistently provide a note to the pharmacist as to what problem they are treating, so that pharmacists can determine if the drug and dose is appropriate relative to other medication.
- The chronic Doctor shortage in Digby must be addressed.
- Pharmacists can diagnose and prescribe, and this resource should be used.

See **Annex D** for more detail regarding these meetings.

Meeting with Doctors Nova Scotia November 3rd

The DAHC went to discuss possible openings for working with that organization to improve things here. They met with the president, Dr. Manoj Vohra and Kevin Chapman, Partnerships and Finance; they were receptive and the result is that soon an announcement will be made of a visit to Digby. This meeting is significant as it is not to Yarmouth or to Annapolis, but to the place where all the troubles are.

Meeting with Nova Scotia Health Coalition Bridgewater November 26

There were representatives from the DAHC and WAHC as well as the Mayor of Shelburne who met with two representatives from the NSHC for a wide ranging discussion regarding health care in Nova Scotia and particularly in the South West region. See Annex F

LEGISLATURE

Meeting with Minister of Health, 07:00hrs August 31

This was with Gordon Wilson's (the MLA's) stakeholders group. It is uncertain as to whether the new minister listened to what the DAHC is saying. Others presented the area's case for improved service. Tony Kelly who spoke to the conclusions of the May reports. There is supposed to be another meeting with the Minister but there is no word of this meeting as of yet.

Public Accounts Committee

This meeting was requested by the NDP, but the Government prevented it happening.

Reports Issued:

Two reports have been issued:

- 1) ***Citizen's perceptions of Health care Services in the Digby Area:*** This report was partly written by, and based on, research undertaken by social scientists Jessica Bundy and Emma van Rooyen. A limited number of hard copies were available at the public meeting in May, and a number were provided by email. The document

contains valuable insight into why Digby is having problems attracting and retaining doctors. It has been widely read by people in the the NSHA , by people in Government, and by various advocacy groups and individuals. Copies may be requested from Tony Kelly and will be made available on the reconstituted website of the NSHC. Hard copies are to be located at the Wilson Public Library in Digby.

- 2) A short, focused, report was prepared based on extensive doctor interviews. This is ***Commonalities of Doctors' Experiences in Digby***. Copies may be requested from Tony Kelly and will be made available on the reconstituted website of the NSHC. Hard copies are to be located at the Wilson Public Library in Digby.

Annexes:

- A Weymouth Area Health Coalition
- B Research Report
- C Meeting with Aziz Choudry
- D Pharmacist meetings
- E Financial Summary
- F Meeting with NSHC

Annex A: Weymouth Area Health Coalition (WAHC):

The WAHC was borne out of the frustration that people in the areas felt when trying to deal with the NSHA. The group meets on a weekly to bi-weekly basis. Only one of its members actually lives in the Village of Weymouth while the others live in the surrounding communities which is a reflection of the demographics that The Weymouth Medical Centre served before the NSHA, in 2015,unilaterally and without consultation, prohibited permanent Physicians from practicing out of this facility. Rather than an unwieldy large committee the WAHC restricts numbers to allow efficient exchange of information and ideas, but liaise on a one to one basis with other groups in the areas around Weymouth. Some of the WAHC members are also members of the DAHC.

Two WAHC members did a survey each Thursday morning for two hours at a local supermarket and surveyed nearly one thousand people during the months of May and June of 2017. This limited survey portrayed a scenario of people chasing a very limited and rationed commodity, namely Health Care, with people from Weymouth going to Meteghan and Yarmouth and people from Digby going to Kentville and a figure of fifty percent with absolutely no health care provider.

The mandate of the Weymouth Coalition is not just the restoration of full Medical services to the people in the Weymouth area, but also to complement the efforts to correct the woefully inadequate situation that exists in Digby, Bear River, Digby Neck and the Islands.

The group feels strongly that a type of madness took place in the delivery of Health Care in this Province with the establishment of the NSHA in 2014, whereby the welfare of many was placed in the hands of the few. The WAHC mandate also includes ensuring that this madness never happens again, which requires ongoing surveillance to monitor for transparency and equality in health care delivery.

Annex B:

It's the only Drawback to Living Here; Citizen's perceptions of Health Care Services in the Digby Area

The key themes of the report are:

- Lack of Continuity in health care because of lack of doctors and dependence on constantly changing staffing of the Emergency Department at Digby Regional Hospital.
- Difficulties relative to traveling to out of town appointments, particularly in the winter, and particularly for those persons who need care, but do not have access to a car.
- Lack of Communication is an outcome of the lack of doctors and was also a key point raised by Pharmacists.
- A Perceived focus of Nova Scotia Health Care on Metropolitan areas and lack of consideration for rural areas
- Quality of Care, long waits for everything, at the ER, or to see a specialist, to be scheduled for a procedure.

Annex C:

Meeting with Professor Aziz Choudry

Aziz Choudry is Associate Professor and Canada Research Chair in Social Movement Learning and Knowledge Production, McGill University, Montreal. Aziz Choudry spoke about popular organizing and building networks. About 25 citizens attended the session with a lively discussion about the need to organize locally with attention to lessons from afar. A follow-up strategy is to work towards the establish a network of community monitors,. This was originally used in South Africa to help tame the power of the mining companies. The DAHC is now looking into how we might adapt these educational / organizational strategies to better address the frustration citizens feel in relation to the NSHA.

Annex D:

Pharmacist Meetings

So far seven pharmacists have been interviewed. Key takeaway points from the interviews are:

#1 Doctors must learn to cooperate with pharmacists, and to collaborate with all health care professionals. For pharmacists it is imperative that they are able to exchange information with doctors, other Health.Care. professionals, and sometimes hospitals. This is because pharmacy is now very complex and as a result needs more interactions with doctors. Doctors Nova Scotia are resisting this, which may be because some doctors are afraid of change.

#2 The chronic doctor shortage in Digby must be addressed. Doctors often do not have time to follow up with pharmacists, and other Health Care professionals, and vice versa, even though this is critical in the process of health care for patients. With so many people dependent on the Digby General Hospital for prescriptions, pharmacists have no one to refer to for on going care. Addictions present particular problems. There is no one in Digby to write methadone prescriptions. Patients have to go to the Valley for this service.

#3 Pharmacists can diagnose and prescribe, and this resource should be used. Pharmacists could take a much greater role in health care and help relieve some of the load on doctors. They are often the only health care professional that has a complete record of patient medication. However, while they are paid by the province to dispense medications, they are not paid to prescribe. At present this service is paid for by the patient. In a rural area with a high degree of poverty, this is an unfair burden on many people and should be paid by government.

#4 Problems with the system: Pharmacists felt that health care administration is simply not working effectively as departments with responsibility do not talk to each other, and do not liaise with those on the front line such as doctors, pharmacists, and nurses. Cost control is critical and doctors should be on salary, not fee for service. Nova Scotia should look to countries like Iceland and Norway for collaborative models that are working.

Pharmacist Responses continued: Emergency Room Issues

Because of the situation in the Digby Area, where so many people are dependent on the ER for basic health care, we asked some pharmacists specific questions regarding their relationship with Emergency Room physicians. The results of these questions, summarized below, are in no way intended to denigrate ER physicians who are placed in the invidious position of having to often act as a family doctor, when their training is as an ER physician. This situation creates frustrations for the patient, for the attending physician, the pharmacist and other health care professionals who may be involved in the patient's care.

#1 ER physicians need to consistently note on the prescription what they are treating the patient for so that the pharmacist can assess both the dose and the drug relative to other medication being taken by the patient.

#2 There are sometimes issues with the drug and/or the dose that cannot be readily resolved. This is particularly the case if the ER physician is a locum or is no longer at the

hospital and cannot be contacted. If records are not available through the hospital, then the patient has to be sent back to the ER. This is frustrating for all concerned.

#3 Sometimes there are issues with the cost of the drug, particularly if the patient does not have insurance and is dependent on Pharmacare. ER doctors are often unwilling to write the necessary letter requesting approval, and as a result the patient does not get the necessary medication. At least some of these issues could be resolved by indicating that substitution is permissible. Then the pharmacist can select the best alternative that is both approved and affordable.

#4 ER doctors, regrettably, often do not access available online systems to support their drug choice and prescribed dose.

Annex E:

Financial Summary May 2016 to May 2017

Income;	Municipality of Digby	\$4,000.00
	Donations	\$2,801.01
	GoFundMe®	<u>\$2,102.80</u>
	Total	\$8,903.81
Expenditures	Corporate	\$85.97
	Advertising	\$1,570.68
	Printing & Copies	\$614.44
	Room Rentals	\$40.00
	Research & Reports	<u>\$6,339.62</u>
Total		\$8,650.71

Annex F:

Meeting with Nova Scotia Health Coalition November 26

Present: Chris Parsons, the NSHC Provincial Coordinator, the NSHC representative from the South Shore, Karen Mattatal, Mayor of Shelburne, Tony Kelly, Peter Janson DAHC, Cheryl Conway and Earl Cook WAHC.

Chris Parsons reported on actions past and future by the NSHC, as well as initiatives by the Canadian Health Coalition of which the NSHC was one of nine provincial members. The CHC is taking action against the Federal Government regarding the lack of capacity planning and access to health care under the Canada Health Act. Also discussed was the perception that the NSHA should be abolished although this is seen as only part of problem in relation to the lack of accountability and democratic control of health services. Follow-up meetings are to occur early in February, 2018.