

Primary Care Network: Overview

What is the PCN?

A Primary Care Network (PCN) is a network of clinic providers working together to provide all the primary care services a population requires. Each family practice clinic within a PCN is a Patient Medical Home (PMH) that provides longitudinal patient care while meeting the ten PCN attributes listed below. The PCN is a partnership between Physicians/Divisions of Family Practice, Nurse Practitioners, First Nations Health Authority, Island Health, Indigenous Communities, family/caregivers and patient partners, and other community providers.

The PCN supports patient attachment and addresses gaps in care for people living in that PCN community. This program is guided by a Service Plan approved by the BC Ministry of Health that includes expanded team-based care, with the addition of new health providers and services to support patients and local physicians.

Within each PCN, local partners work together to achieve the following ten core attributes:

- Longitudinal Care
- Coordinated Care
- Timely Access
- Extended Hours
- Comprehensive Care
- Team-Based Care
- Population Health Promotion
- Digital Enablement
- Culturally Safe Care
- Equitable Access

The South Island PCN

The South Island contains four PCN Neighbourhoods: two in Western Communities, one in Saanich Peninsula, and as of 2024, Salt Spring Island. The South Island PCN is overseen by the Steering Committee with backbone support provided by the South Island Division of Family Practice. The Steering Committee, chaired by an appointed Family Physician, is responsible for managing the implementation and operations of the PCN program including allocation approvals to clinics. When a proposal is outside the original PCN Service Plan, the Steering Committee needs to approve the request before submitting to the MoH for funding consideration. The Steering Committee meets monthly and is comprised of members of the South Island Division of Family Practice, Family Physicians, Island Health and an Indigenous Partner. Each clinic lead within the PCN is a part of decision making.

Indigenous Cultural Safety in the PCN

The South Island First Nations Primary Care Committee is the Indigenous voice for the South Island PCN. The Committee includes representation from all nine First Nations within the South Island PCN geographic area: Pacheedaht, T'sou-ke, Scia'new, Songhees, Esquimalt, Tsawout, Tsartlip, Tseycum and Pauquachin First Nations. Two representatives from the committee sit at the South Island PCN Steering Committee to support collaborative planning and service coordination. The PCN continues to build understanding and a relationship with the First Nations who have ongoing relationships with Salt Spring Island. The goal is to ensure expertise and direction on Indigenous engagement, Indigenous resources and Indigenous Cultural Safety. The SI PCN also holds two Indigenous-specific positions to support cultural safety.

How are Clinics Supported in the PCN?

The PCN Project Leads support the implementation of team-based care. The Leads work directly with clinics to successfully integrate staff resources, facilitate collaboration among the partners, and elevate issues as needed. They also support clinics to achieve their attachment targets and help troubleshoot any barriers.

The PCN Project Leads host a clinic leads' meeting quarterly, prepare onboarding tools and develop workflows with clinics. The Leads are available to assist in all areas of a practice: to consult, train, onboard, and refer clinics to the best resources.

Attachment Coordinators support clinics in the attachment process. A part-time Communications Lead prepares newsletters, updates the website and develops communication strategies for the PCN. Reichert and Associates completes external evaluation of the PCN Program as part of ongoing quality improvement work.

What are the Expectations of the PCN?

Each PCN is required to close the attachment gap. Each PCN clinic must use a \$0 fee attachment code for every new patient attachment. This code helps the PCN track progress in attachment. Each New to Practice (NTP) Family Physician Contract implemented is expected to attach 1,250 patients in two years and each Nurse Practitioner contract is expected to attach 1,000 patients in three years. If a clinic integrates a Nurse into their team-based care model, the clinic is expected to attach an additional 500 patients over a three-year period.

Patient Attachment

The PCN uses the [Health Connect Registry](#) to attach new patients, a provincial platform operated by [Healthlink BC](#) for patients to register for a Family Physician or Nurse Practitioner. The PCN Attachment Coordinator works with clinics who have availability to attach new patients and pulls patients from the registry for the clinic. The centralized registry means that clinics no longer need to hold and maintain a waitlist, freeing up administration time for clinic staff. The Attachment Coordinator works with each PCN clinic to merge their existing waitlists with the Registry.

Learn More



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