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BC HEALTH COALITION

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## **Top Fraser Health officials told Victoria that a P3 is wrong for new Surrey Ambulatory Care Facility**

Documents obtained through the *Freedom of Information and Protection of Privacy Act* reveal serious tensions between the Fraser Health Authority and the BC Liberals over whether the new Surrey Ambulatory Care Facility should be built as a public-private-partnership (P3).

Last June, a working committee of top FHA officials concluded that “P3s are not first choice of the committee.”

It was agreed that a delegation -- including board of directors chair Keith Purchase -- would meet with deputy health minister Penny Ballem and deputy finance minister Tamara Vrooman to sign-off on their preferred model for the new Ambulatory Care Facility.

Purchase resigned his position last Friday over Victoria’s recent handling of health authority funding pressures. Ballem resigned her position last June citing disagreement with the premier’s direction in health care.

The committee overseeing the project also noted that with P3s “there is a lesser ability to control design, longer lead times and additional risk,” and that “A P3 strategy tends to be slower.”

According to notes from the June 21, 2006 project meeting – obtained by the B.C. Health Coalition yesterday – the FHA officials preferred either a design/build or construction management model over a P3 model. To date, the BC government has not announced whether the facility will be built as a P3.

A few months later, Premier Gordon Campbell surprised delegates at the Union of BC Municipalities convention by announcing that all provincially funded capital projects over \$20 million must be considered as P3 projects.

“We’re pleased that the FHA is following the evidence, and their own experience with the new Abbotsford P3 hospital and concluding that P3s are not a good option for health care,” says Joyce Jones, co-chair of the BC Health Coalition.

“The BC government must stop squeezing health authorities by forcing them to balance their under-funded budgets, and at the same time telling them that they have to consider more costly and time-consuming P3 models. In the end, P3s mean less patient care for taxpayers.”

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*\*Document available from the BC Health Coalition (604-681-7945)*