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| Manitoba | 39e | 5e | Remarques préliminaires à l’étude des crédits du Ministère de la Santé | 9 mai 2011 | Theresa Oswald | Minister of Health | NPD |

Yes, I would be privileged to make a few remarks before we begin our discussions today.

I do want to say thank you to the member for Charleswood (Mrs. Driedger). We've had a discussion prior to our discussions today, and she has, as has been the case in the past, graciously agreed to provide us with a little bit of notice should she be wishing to go through some extensive discussions of the Pharmacare program, so that we can allow some time for staff to arrive and, otherwise, leave them at their work. So I thank her for that.

And, to begin, I would like to say that, of course, this last year has been a very active and busy one in health care, filled with plenty of progress in a number of areas and we're very proud of that. We know there are challenges remaining and are committed to work diligently to address those challenges. But, certainly, there are successes to be noted and there has been much progress.

Right now, of course, we know the central concern for the majority of Manitobans is with the flood. We know the flood this year has affected the province quite broadly, and I really want to take this time to recognize the dedicated officials at Manitoba Health and, specifically, in the Office of Disaster Management, those working in the regional health authorities, and the many, many health professionals across the province for all the hard work that they have done in preparing for the flood situation, to ensure that vulnerable patients were prepared for potential evacuations when–and that the health-care system really was ready to accommodate them when evacuations did occur.

 Further, I want to recognize the dedicated team from STARS in Alberta, who have offered continued emergency medical response with their ambulance helicopter to families that have been affected by the flood and, indeed, others. We know the rapid response in rural areas is very likely making the difference between life and death for patients and, indeed, is improving patient outcomes. We, of course, have committed to establish a permanent ambulance helicopter in Manitoba to complement our existing land ambulance and Lifeflight programs. But, again, in this particular situation we really commend and offer our gratitude to those from STARS.

 Members will, of course, recall that at this time last year in the face of a global economic challenge we launched a five-year economic plan that really worked hard to protect front-line services in Manitoba while charting a multi-year plan to go forward, grow the economy and return to balanced budgets. And we know that a multi-year approach that was put in place is really one that is helping us keep resources on the front lines; and we note that it's one that Manitobans appreciate and, indeed, respect.

 Our continued support for health care, along with a focus on innovation, has allowed us to make further strategic investments to improve health services and bring services closer to home whenever possible, even during challenging economic times. It really is this approach that, combined with strategic investments that we've made since 1999, that really have allowed us to launch two major provincial health commitments over the last years. The first significant commitment, of course, is that, by 2015, all Manitobans who want a family doctor will, indeed, have one. We've made a lot of investments since '99 that a physician does to take this next step. Manitoba, of course, is training doctors at record numbers. Doctors are staying in Manitoba at record numbers, and we're very pleased that, since '99, we've been able to see a net increase of 405 more doctors in the province.

 We've introduced nurse practitioners and now have 100–I think it's 101, technically, in the province in a variety of settings. We've been introducing a variety of primary care initiatives to improve care, including implementing the Advanced Access model and the Physician Integrated Network.

 According to Stats Can, roughly 85 per cent of Manitobans now report that they have access to a family doctor; but we know that more want a family doctor. For those that already have one, we know that many would like to access him or her more quickly. Last year, we took that next step. Our family doctor and primary care plan includes several components to meet this goal. We're going to continue investing in training and recruitment, including a new initiative starting this fall to offer free medical school to students that agree to work for up to two and a half years in under-serviced communities.

 Five new quick-care clinics will be introduced to offer access to nurse practitioners for more routine primary care concerns like immunizations, colds and flu. Mobile primary care clinics will be piloted to bring services to small and remote communities, and expanding the use of Advanced Access to health clinics schedule more efficiently and to reduce wait times for patients. We got good advice from key partners, including the Manitoba College of Family Physicians, the College of Registered Nurses of Manitoba and other regulatory bodies, and the Nurse Practitioner Association in support of this plan.

 Manitoba launched a renewed long-term care strategy, as well, to help meet the needs and offer choices to seniors today and in the years to come. The renewed strategy was triggered by updated demographic and bed projections released this past year, and builds on many investments we've made over the last decade in supportive care for our mothers and fathers and grandmothers and grandfathers. These investments have seen over 900 PCH and supportive housing beds added across the province, as well as added capacity in home care and supports for seniors in group living for thousands of additional seniors.

 The renewed strategy includes a $200-million construction fund to add hundreds more personal care home beds across the province. We know that already Holy Family Home in Winnipeg and the PCH in Lac du Bonnet will see additional beds as part of this plan, building on the already announced expansion for Tabor Home in Morden.

 The plan also includes additional hours for Home Care clients who want to stay at home longer and a new innovative rehab program to focus on quickly helping seniors regain their functioning after an injury or surgery, so they can live independently and stay longer in their own homes, if they wish to.

 There were a number of other major steps in health care over the last year, including construction starts on new dialysis units in the community of Russell, which is nearly complete. Construction also began on new units in Berens River and in the Hodgson area, and a new dialysis unit opened in Gimli. Manitoba became the second province in Canada to introduce a new fertility tax credit, and a launch of a provincial electronic health record and a new program to help introduce electronic records into family doctors' offices was also key.

 Key investments in drug coverage care, developing research for patients with multiple sclerosis, celebrating 10 years of regulated midwifery in Manitoba, being on the brink of opening Manitoba's first midwife-run birth centre in south Winnipeg. Also celebrating, last year, as Manitoba saw a record-breaking net increase of 60 doctors and a record-breaking net increase of 498 nurses.

 All of these investments have positioned us well to move forward on commitments that we have been making through Budget 2011, including a major commitment to CancerCare Manitoba in the development of a new building that will offer world‑class diagnostics, Canada's first colorectal cancer centre of excellence, a genetic and molecular testing centre, an Aboriginal cancer centre of excellence. This will build on increasing services for maternal care with the birth centre, as I mentioned, in south Winnipeg, a new maternity ward at St. Boniface, and starting construction on the new women's hospital.

 This and so much more that, regretfully, I don't have time to speak of in the time allotted for opening remarks, really helps us move Manitoba forward and focus on the things that really matter to Manitoba families. Again, we know that there is always more work to do in our health-care system and we accept that challenge and look forward to our deliberations ahead to discuss how, together, we might meet those challenges.

 Thank you, Mr. Chair.