|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Manitoba | 40e | 2e | Remarques préliminaires à l’étude des crédits du Ministère de la Santé | 16 mai 2013 | Theresa Oswald | Minister of Health | NPD |

It's always a privilege to do any sort of work here at the Manitoba Legislature, and Estimates, without a doubt, it always our favourite. It is my privilege, then, to put a few words on the record to begin this section of Estimates.

Certainly, we know that all jurisdictions in our nation and, indeed, around the world are facing the realities of global economic uncertainty. And during that time, it has been our priority, of course, to focus on what matters most to Manitoba families in our efforts to protect front-line services, health care, of course, being chiefly among them.

Budget 2013 provides a 2.7 increase in funding for health care to ensure that Manitoba families continue to have access to our existing health services, as well as services that we intend to augment which would include helping more Manitobans find a family doctor, investing in even faster cancer testing and treatment, expanding the services of the STARS helicopter ambulance to 24-7, hiring more doctors and nurse practitioners and, indeed, investing $350 million, $100 million more than last year, in building and upgrading our hospitals, personal care homes and other health facilities, as well as working very hard to buy advanced medical equipment.

We are continuing to focus on streamlining administration, increasing productivity and fighting for better drug prices and, of course, all of those efforts assist us in reinvesting savings into front-line care. Last year we, of course, announced that we would reduce the number of regional health authorities in Manitoba from 11 to five. We said that we would do it, and we did indeed complete that task. Through the course of that process we eliminated more than 100 board and executive positions from the health-care system. At that time we made a commitment that we could save $10 million over three years as a result of the mergers, and I am happy to report that we have already saved $11 million in the first year, two years ahead of schedule.

Nearly a decade ago Manitoba had among the highest hospital administration costs in the country, but today, indeed, as reported by the Canadian Institute for Health Information, we are among the lowest in the country. This is all part of our plan to protect universal health care. By focusing on supporting Manitobans to be healthier, developing even better health services, and achieving better value, we can ensure our health system is there for people who need it today and for years to come.

Last year we identified over $45 million in savings that we are reinvesting into front-line care. This included productivity initiatives in our health regions; the work done, as I just mentioned, through our regional health authority amalgamations; and getting even better prices on generic drugs.

Generic drugs account for over 65 per cent of prescriptions in Manitoba, the highest use of generics in the country according to the Canadian Generic Pharmaceutical Association. Now, the Competition Bureau has recognized the strength of Manitoba's generic pricing strategy and cites it as one of the country's important developments in public and private plan generic drug policies.

The Business Council has been working in partnership with us, providing us with good advice, we believe, and when they came forward to, indeed, make suggestions over the last couple of years, we have worked very hard to implement–I think, it's each and every one of them. And regarding the cost‑controlling measures, Jim Carr of the Business Council said recently, we are seeing a continuing improvement on controlling cost escalation in the Health department. There was a real understanding that Health was on a trajectory that would crowd out other important government services, and now that trajectory has been flattened, and that's a good thing.

Mr. Chair, we're also working very hard to, while reducing cost, to invest in what matters most to Manitoba families. Our Cancer Patient Journey Initiative is a $40-million comprehensive, aggressive and first-in-Canada cancer strategy, and this year we will continue to roll it out to deliver faster testing and treatment for our Manitobans living with cancer. The Home Cancer Drug Program benefits over 7,300 patients thus far, and has saved Manitoba families $5.3 million.

In March we launched an advanced diagnostic machine to help determine the best therapy for breast cancer patients and to speed up treatment. This year we will introduce digital mammography machines across the province to speed up breast cancer testing.

Also, on Oncology Nursing Day, we announced that 500 additional chemotherapy treatments will be conducted every year as a result of the incredible dedication of our oncology nurses, who will put in time on statutory holidays, to provide this care.

We've made a commitment that all Manitobans will have access to family doctor by 2015. It's a very aggressive goal, Mr. Chair, but we're working very hard to achieve this. We know that this is good for families, but it's also important to help build a more sustainable health-care system.

Our plan includes training and hiring more doctors and nurse practitioners, as well as building over 20 more clinics. In the last two years, StatsCan has reported that 32,890 more Manitobans have a family doctor, and over 92,000 more have access compared to 2003. StatsCan reports that today, 86 per cent of Manitobans already have a family doctor which is the best in the west and above the Canadian average.

We committed to building 22 more clinics by 2015 and we've already opened six, most recently, the NorWest Access Centre. Sixteen more clinics are, indeed, on the way. The four QuickCare clinics that have opened already have seen nearly 30,000 patients, and the reviews coming from those QuickCare clinics for our nurse practitioners and nurses, have been exemplary.

We are committed to hiring 200 more doctors and 50 more physician assistants. We're also increasing training by adding 22 more medical residencies, including new family residencies in Brandon, Steinbach and Morden-Winkler–I'm sure the member opposite will be delighted to know–and doubling the number of nurse practitioners that we train here in Manitoba, from nine to 18 seats.

We have worked very hard to reverse the trend of the previous government and its lack of commitment to nurses by expanding nurse training, retaining Manitoba nurse graduates, and recruiting more nurses. We know that we have hired over 3,100 nurses net new, since taking office, and today Manitoba has the most nurses per capita outside the Maritimes and nearly 20 per cent more nurses per capita than the Canadian average, according to the Canadian Institute for Health Information.

We have promised to add 2,000 more nurses and expand nurse training by 100 seats, including doubling the number of seats for nurse practitioners. Our plan will also work to cover the costs of tuition for nurse practitioner students who agree to work in rural or northern communities, and we're creating more opportunities for nursing students to train directly in rural communities. More than 100 nurse practitioners work in various health-care facilities across the province.

And, Mr. Speaker, I know my time is coming to a close, but I would also add that we're working very hard to provide additional supports for our seniors by expanding personal care home capacity and supportive housing beds, and indeed expanding access to home care to meet the needs of the growing number of seniors. We continue to work hard to drive down our wait times across the system. This can be challenging work but we are committed to do it.

Mr. Speaker, with those few comments, I would conclude my opening remarks.