

The BG Greens believe that British Columbians deserve to be well, and to access the care that they need, when they need it

Our healthcare system is in crisis. Every day, we see emergency room closures, nurses leaving the profession, and people unable to receive the care that they need. Despite increasing investments in health, access to care continues to get harder. There are nearly 1.3 million British Columbians without a regular family doctor or nurse practitioner - a 45 percent increase since 2017¹. And even when people are attached, being able to get an appointment can be incredibly challenging. When early intervention is unavailable, conditions worsen, leading to more severe health issues that are costly and resource-intensive to treat.

Urgent Primary Care Centres (UPCCs) were promoted as the answer to this issue. Instead, they are contributing to a staff shortage at other health clinics and hospitals, without providing either the resources that are available at hospitals or the longitudinal care at traditional health centres. An average UPCC visit costs the system \$186, vastly higher than regular family practitioner visits². Accessing a UPCC involves luck, good timing, and the ability to be available the moment that phone lines open in the morning.

For rural British Columbians, access to healthcare is even more challenging. Transportation barriers and the distance to health-care services provide unique and real obstacles for people living in rural areas, and being a rural health worker means navigating heavy workloads, professional isolation, and broad scopes of practice with limited resources. For Indigenous communities, which already face disproportionate barriers rooted in historic systemic inequities, these disruptions compound existing challenges and deepen long-standing gaps in care.

This is at the same time as the world is making people sicker and sicker - pandemics, air pollution, chemicals in our water and our clothes, and changes to what we eat and how much we move. The health impacts of the methane gas now being fracked around BC to be exported as LNG is detrimental to health, especially for people living near flaring sites³. The wildfires and heat domes being worsened by the climate crisis are impacting our health at a population and an individual level.

British Columbia's health workforce is incredibly skilled, hard-working, and resilient. Yet the levels of stress, moral injury and unsafe working conditions are pushing people out of the sector. We hear daily about nurses who are routinely working under unsafe staffing conditions, facing forced overtime, and denied time off.

¹ <https://thetyee.ca/News/2026/05/31/BC-Family-Doctor-Crisis-Gets-Even-Worse/>

² <https://healthdatabc.ca/upcc/upcc2025.pdf>

³ <https://pubmed.ncbi.nlm.nih.gov/41913658/>

The nurses strike in July 2026 was the longest nursing strike in B.C.s history, as nurses sought to bring attention to compensation, workplace violence and non-nursing tasks being asked of them⁴. Health workers across the system are grappling with the emotional toll of being unable to provide the level of care their patients deserve. While the focus of the Government is on recruitment, retaining the nurses already in the system must become a much higher priority.

In 2026, the provincial health budget is \$40.6 billion⁵. That is 8.7% of GDP - one in every eleven dollars spent in this province is government healthcare spending. \$3.8 billion of that is on health administration - a 270% increase since 2017⁶. Medical professionals that we've spoken with agree that having an efficient bureaucracy to support the health system is important, but are unable to understand the rationale for the size and complexity of the health authorities, other than to insulate the Minister of Health. The current administration doesn't provide the flexibility to support the necessary work done by individual clinics to support chronic conditions, such as the Island Deaf and Hard of Hearing Clinic, or the clinics supporting people living with HIV.

In 2025, the BC Greens worked with the NDP to review primary care, especially the Community Health Centre model. This work points to the role that this model can play in providing longitudinal, culturally-safe care across British Columbia. The community health centre model has advantages for both practitioners and patients: it has easy referral models, so patients can receive care from the expert that best meets their need, be it a physiotherapist or a dietician. It places the administrative burden on the administrative professionals, rather than the health staff, and provides physicians with an option of being a staff member - with benefits such as pensions and paid vacation and parental leave - not available under other models. The BC Greens believe that every community should be able to have a community health centre that meets their needs and vision of health. Further evidence of the good that community health centres do, including same day access, reductions in avoidable use of emergency services, and better information sharing and integration are necessary, but should not stop us investing in and growing this model.

The BC NDP Government provides millions of dollars in funding for private care every year. This contributes to workforce shortages in our public hospitals and comes at a higher price due to profit margins, capital costs, and higher labour costs. In Alberta, the experiment with private care has resulted in reduced surgical capacity and worsening wait times. The BC Greens will push back on the creeping privatization of healthcare, and instead keep public dollars focused on care, deliver equitable access, support workforce planning and standards, and ensure that all British Columbians can access the care that they need, regardless of income.

Policies for announcement:

- Establish an integrated Community Health Centre in every riding in the province.

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<https://www.bcnu.org/news-and-events/news/2026/bc-nurses-end-province-wide-job-action-accept-mediat-ors-recommendations>

⁵ https://www.bcbudget.gov.bc.ca/2026/pdf/2026_Budget_and_Fiscal_Plan.pdf

⁶ <https://healthdatabc.ca/healthauthority/index.html>

- Review the Health Authority model, with a focus on creating a consolidated health authority for the whole province.
- Centralise referrals for surgeries and team-based models of non-surgical and pre-surgical care by introducing a single-entry model, rather than distributed lists.
- Continue to support the First Nations Health Authority's work to address systemic racism and improve Indigenous life expectancy.
- Increase funding for nurses in the public system to support safe nurse-to-patient ratios and phase out reliance on private agency nurses and for-profit staffing agencies.
- Require health authorities to collect and share data for workforce planning, ensuring alignment with educational institutes. Take a longer time horizon for data collection, and monitor the impacts of all-of-government spending and decisions on population-level health and wellbeing metrics.
- Review loan forgiveness and paid practicums for all healthcare students to incentivize sufficient staffing and support training.
- Regulate radiographers and medical imaging technologists so they can work to the full scope of their practice.
- Adopt and implement the 'Nursing Retention Toolkit: Improving the Working Lives of Nurses in Canada'.
- Commit to funding Virtual Group Care for those with complex chronic diseases, following the BC-CLMF model.
- Make all recommended vaccines available to all people, at no cost to the consumer.
- Commission a comprehensive and independent health impact assessment to evaluate the health effects of LNG and fracking activities.