

**SGEU Saskatchewan Cancer  
Agency Bargaining Unit**

**Submission to the Advisory  
Panel on Health System  
Structure**

September, 2016

**SUBMISSION**

**SGEU**

## **Introduction**

The Saskatchewan Cancer Agency (SCA) currently operates as a province-wide entity, providing cancer prevention, detection, and treatment services to Saskatchewan patients regardless of their place of residence. As the representative of the SCA's workers, SGEU's Saskatchewan Cancer Agency Bargaining Unit strongly urges your panel to maintain this provincially-organized approach to cancer services.

SCA's current provincial structure helps considerably in providing consistent and high-quality patient care. Altering this structure by reorganizing cancer care along regional lines, even with a very small number of regions involved, would be detrimental to both those who receive cancer services and those who provide them.

One of the four mandate areas given to your panel is to consider how services which are currently delivered on a regional basis can be shifted to province-wide delivery. This is a clear indication that the provincial government recognizes the value and efficiency of provincially-delivered services. Dismantling or dividing an existing and successful provincial organization such as the SCA would therefore run counter to your mandate.

To illustrate the importance of preserving the SCA's province-wide status, following is a list of several of the key advantages that can be retained by maintaining its existing structure.

### **1) Coordination in Responding to Patient Needs**

As a province-wide entity, the SCA can effectively share information and resources on a provincial level, in ways that a regional health authority cannot. SCA staff, such as electronics technicians, can easily travel between the Agency's facilities to respond to technical and patient needs. There is also regular sharing of information and expertise between all of SCA's physicists, oncologists, medical dosimetrists, and other experts, which helps create a consistent, high-quality standard of care for patients across the province.

This province-wide coordination is a particularly important capability for Saskatchewan, where the number of expert personnel in the cancer treatment system, and population the system serves, is relatively small. Ontario, for example, delivers cancer care through a number of Regional Cancer Programs – but each of these regional programs covers an average population nearly as large as Saskatchewan's. That larger and denser population allows individual regions to maintain large staff complements.

In Saskatchewan, expert personnel are too few for them to be practically assigned at a regional level. It is most efficient to employ them on a provincial basis, where they can easily share their knowledge with one another, and efficiently respond to the needs of the province as a whole.

## **2) Consistency in Patient Care**

Because they belong to the same organization, the SCA's facilities in Regina and Saskatoon, and its Community Oncology Program centres in other communities, provide a very consistent level of care regardless of which one a patient visits. Standards of care do not differ based on where a patient resides in the province.

If the SCA was reorganized and its services delivered on a regional basis, different practices and priorities would likely develop between different regions, resulting in inconsistent care for cancer patients in Saskatchewan. There is also a risk that not all regions would be able or willing to maintain the same equipment, and attract the same expert staff, as the SCA currently does at its facilities. This would deepen the differences in standards of care between regions.

## **3) Support from Donors**

The SCA is a designated charitable organization. Donations from supporters plays a vital role in allowing the Agency to conduct research, keep its equipment up to date, and otherwise support cancer patients. In 2015, the SCA received more than \$1.8 million in charitable donations from over 4000 different donors.<sup>1</sup> If reorganization results in cancer care no longer being delivered by a distinct province-wide entity, the charitable status that SCA currently enjoys could be lost. Even if charitable status for cancer services is maintained, fundraising efforts could become a competition between regions, which would further inequality of care.

## **4) Timely and Well-informed Policymaking**

In its current structure, the SCA is governed by a board of directors which reports directly to the Minister of Health, and which directly oversees the Agency's CEO. This assures the SCA's independence, and gives it a close connection to the highest authority in the provincial health system. As a result, policies and courses of action that will reduce the threat of cancer in Saskatchewan can be decided on quickly, by those with the greatest expertise in cancer care. Changing the SCA's status as a province-wide entity could compromise this efficient and informed policymaking.

The experience of the B.C. Cancer Agency serves as a warning of the dangers of placing cancer care under the control of regional health authorities. In an October 2014 letter, former BCCA president Donald Carlow noted that the Agency was experiencing serious problems attracting and retaining qualified staff and leaders. He placed the blame on a 2001 reorganization which made the BCCA subordinate to one of BC's six regional health boards. This meant that decision-making for B.C.'s cancer agency is now "filtered through an organization that has many other competing interests and priorities," and which "has limited cancer control expertise." This change in governance structure, Carlow concluded, "can

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<sup>1</sup> Saskatchewan Cancer Agency Annual Report 2014-15, p. 13, 21.

compromise appropriate and timely action on provincial policy ... The interests of effective cancer control, as evidence would indicate, are not best served through such an indirect reporting relationship.”<sup>2</sup>

Carlow’s concerns were reinforced by a letter sent to the head of the BCCA in November 2014 by three of the organization’s leading oncologists. In their letter, the oncologists reported that “administrative paralysis” had impeded research at the Agency, described relations with their governing health authority as “strained and at times adversarial,” and declared that “it is not possible to continue to provide quality care and research under the existing conditions.”<sup>3</sup>

## **5) Simple and Responsive Labour Relations**

Currently, all SCA workers – from support staff like cooks and receptionists, to medical professionals like nurses and radiation technologists, to administrative workers like volunteer coordinators and payroll administrators – belong to a single SGEU bargaining unit. Having all SCA workers represented by a single union and single bargaining unit simplifies the collective bargaining process, and allows for efficient communication and decision-making on employer-union issues.

This streamlined labour relations structure allows for quick adjustments to the workers’ collective agreement, and quick resolutions to workplace difficulties and concerns. As a result, disruptions are minimized and changes that improve patient care can be implemented quickly. For instance, in the past SCA management and SGEU representatives have worked to reduce wait times by agreeing on a Letter of Understanding which allowed staff to treat patients during weekends. If the SCA’s province-wide structure is changed, its workers would likely be moved into multiple bargaining units and/or multiple unions, and this existing efficiency would be lost.

## **6) Minimal Stress and Uncertainty for Workers**

A stable workplace allows health care workers to focus fully on their work, which is reflected in optimal patient care. Changes to the structure of SCA would create stress and uncertainty for workers, reducing their ability to provide optimal job performance. Extensive research has shown that health care restructuring results in reduced job satisfaction and increased burnout amongst nurses,<sup>4</sup> and it is reasonable to expect that other health care workers would face similar negative impacts. Leaving the SCA’s structure as is would spare workers from these ill effects, and allow for an uninterrupted focus on patients’ needs.

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<sup>2</sup> Dr. Donald Carlow, “BC Cancer Agency has lost its way.” Vancouver Sun, Oct. 20, 2014.

<sup>3</sup> Gary Mason, “Leading oncologists take aim at troubled BC Cancer Agency.” The Globe and Mail, Nov. 5, 2014.

<sup>4</sup> Bonnie Jennings, “Restructuring and Mergers” in “Patient Safety and Quality: An Evidence-Based Handbook for Nurses.” Rockville: Agency for Healthcare Research and Quality, 2008.

## **Conclusion**

SGEU's Saskatchewan Cancer Agency Bargaining Unit believes that the SCA's current province-wide structure is the best organizational model for the Agency. As noted above, maintaining the SCA as a province-wide body will preserve a number of organizational, administrative, and labour relations advantages that aid in delivering optimal services to the people of Saskatchewan. We trust that you will consider these factors when preparing your recommendations regarding the Saskatchewan Cancer Agency.