



City of Delta
COUNCIL REPORT
Regular Meeting

To: **Council**

From: **Corporate Services Department**

Date: **April 13, 2026**

City of Delta Primary Care Needs Assessment

The following report has been reviewed and endorsed by the City Manager's Office.

▪ **RECOMMENDATIONS:**

- A. THAT the City of Delta continue to advocate to the Ministry of Health for increasing urgent and primary care capacity in Delta, including:
- the expansion of same-day access to urgent and primary care services in North and South Delta;
 - the recruitment and retention of family physicians and primary care teams.
- B. THAT staff explore the longitudinal primary care teaching clinic model with potential medical school partners, Fraser Health, and the Ministry of Health for possible applications for Delta.

▪ **PURPOSE:**

The purpose of this report is to report back with the results of a primary care needs and feasibility assessment for the City of Delta. Staff recommend exploring the longitudinal primary care teaching clinic model further because this model of care could potentially address immediate health access gaps and take pressure off the Delta Hospital Emergency Department by increasing same-day primary care access in Delta, while simultaneously developing the next generation of family physicians in Delta who will be more likely to remain in Delta.

▪ **BACKGROUND:**

At the October 6, 2025 Regular Meeting Council passed a resolution instructing staff to select a qualified consultant to conduct a detailed analysis of the feasibility of the City establishing Urgent and Primary Care Centres (UPCC) in both North and South Delta.

Staff developed a proposal and sent it directly to four qualified consultants. After evaluating the submissions received staff selected Deloitte to conduct the study. Deloitte's submission recommended a study that included an analysis of primary care needs in Delta and potential models for City involvement including but not limited to UPCCs. The project started on December 5.

On December 10, Fraser Health announced the opening of a new after-hours UPCC on Tsawwassen First Nation (TFN) lands, meant to serve TFN, Ladner and Tsawwassen.

Deloitte's report is included as Attachment A.

▪ **DISCUSSION:**

The Deloitte report was informed by quantitative data analysis (e.g., data received from the Ministry of Health), stakeholder interviews (e.g., with Delta Hospital and Community Foundation), research on case studies (e.g., the Colwood model), and regular check-ins with City staff. The data portion of Deloitte's report was validated by Fraser Health, the Ministry of Health, and the South Delta and Surrey/North Delta Divisions of Family Practice. Below is a summary of key findings.

Attachment Rates

Attachment rates measure the percentage of a population that is connected to a primary care provider. Primary care is the "front door" to the healthcare system and includes episodic care (e.g., walk-in clinics), longitudinal/ongoing care (e.g., family doctor), and team-based care (e.g., nurses, social workers, counselors etc.). Theoretical full attachment is 90-93% to account for people not seeking attachment.

In North Delta, the attachment rate for people over 18 years of age is 74%, slightly lower than the provincial average of 77.4% and the Fraser Health regional average of 78.3%. Attachment rates are significantly higher in South Delta, with Ladner having an attachment rate of 87.9% and Tsawwassen 85.4%, well above both Fraser Health regional and provincial averages and near theoretical full attachment.

In part, the different attachment rates between Delta's three communities can be explained by demographic differences, with North Delta having a much younger population than South Delta. Younger people are more likely to be unattached, generally because they have less health issues and are therefore not seeking regular interaction with the healthcare system.

52,000 North Delta residents are attached to care. However, only 13,000 of those are attached within North Delta. 39,000 are attached to care outside of North Delta. Moreover, 61,000 residents of communities other than North Delta are attached to care within North Delta. This means that roughly 4 out of every 5 patients attached to care in North Delta are not North Deltans. This illustrates the regional nature of healthcare, as North Delta residents are free to pursue care in Vancouver, for example, and Surrey residents are free to pursue care in North Delta.

Physicians per 100,000 and Panel Sizes

There are fewer physicians per 100,000 people in Delta than the provincial average, but more than the Fraser Health regional average. Delta has 71.2 physicians per 100,000 people (Surrey has 59). The Fraser Health average is 64.2, and the provincial average is 81.9.

The average panel size (number of patients) per physician in both North and South Delta are significantly higher than provincial averages. There are 1,654 attached patients per physician in North Delta, and 1,300 attached patients per physician in South Delta. The provincial average is 824 patients per physician. By all metrics, Delta would benefit from attracting and retaining more physicians.

Delta Hospital Emergency Department Data

Over 44% of all Emergency Department (ED) visits at Delta Hospital are low acuity, defined on the Canadian Triage and Acuity Scale (CTAS) as 4-5. CTAS 4 means less urgent (e.g., minor cuts requiring stitches, abdominal pain etc.), and CTAS 5 means non-urgent (e.g., sore throat, rashes etc.).

ED utilization patterns suggest there is limited same-day access to primary care for both attached and unattached patients in Delta, pushing them towards the ED with health issues that could be addressed by a family doctor or at a UPCC. During hours of operation, the new after-hours UPCC will provide another care option to Delta residents and take pressure off the ED.

Potential Primary Care Models

The Deloitte report reviewed several potential primary care models including a UPCC Case Study (Gorge Road UPCC), a municipal-led clinic case study (Colwood Clinic), and an academic-led team-based clinic case study (McMaster Family Health Team).

Of the potential models reviewed in the Deloitte report, the model staff recommend exploring further is the longitudinal primary care teaching clinic model. Under this model, the City's role would likely be limited to providing a site for a clinic or clinics. This would limit the City's initial investment and overall financial exposure, while focusing on the City's core competencies. The potential medical school partner would recruit the primary care physicians, recruit a clinic operator, and establish a plan for the clinic to self-fund operational costs. Under this potential model there are two key benefits to the City:

- improve longer-term health outcomes and taking pressure off the Delta Hospital Emergency Department by increasing same-day primary care access for Delta residents; and
- attract and retain more physicians, as medical students/residents working in Delta are more likely to establish roots in Delta and stay.

The implementation of any model would require extensive collaboration with regional and provincial partners. Primary care networks are complex, and the initiatives of any one City will likely have implications for regional and provincial planning.

Strategic Rationale for Longitudinal Primary Care Teaching Clinic Model

The findings of this report are grounded in an evidence-based approach, including quantitative data analysis, validation with provincial and regional health partners, stakeholder engagement, and a review of comparable models in other jurisdictions. This

work was undertaken to ensure that any potential City involvement in primary care is informed, measured, and in the best interest of Delta's taxpayers.

Deloitte's report identifies several consistent and interrelated trends, including:

- a mismatch between where North Delta residents live and where they access primary care services;
- physician panel sizes that significantly exceed provincial averages; and
- sustained pressure on the Delta Hospital Emergency Department associated with limited same-day access to primary care.

By advancing the exploration of the outlined longitudinal primary care teaching clinic model, the City is taking a proactive, data-informed approach to:

- supporting improved long-term access to primary care for Delta residents;
- reducing avoidable demand on emergency services; and
- positioning Delta as a constructive partner in ongoing discussions with provincial and regional health partners.

It is recommended that staff be directed to continue to explore this model through further discussions with potential medical school partners, Fraser Health, and the Ministry of Health for possible applications for Delta, and report back.

Implications:

Financial Implications – There are no direct financial implications associated with the recommendations in this report.

▪ **CONCLUSION:**

This report reviews primary care needs in Delta and recommends staff continue to explore the longitudinal primary care teaching clinic model to increase same-day primary care access while attracting and retaining more physicians.



Mike Brotherston
Director, Corporate Services

Department submission prepared by: Graeme Bant, Senior Policy Analyst

▪ **ATTACHMENT:**

A. City of Delta Primary Needs Assessment – Final Report