

INTERIM REPORT

# **YOUR CARE, YOUR SAY**

What we have heard so far from Saskatchewan people about healthcare

JUNE 2026



## A MESSAGE FROM THE LEAD CRITICS

Thank you to the thousands of Saskatchewan people who took the time to share their experiences, concerns, and ideas for the future of healthcare in our province.

The response to this consultation has been overwhelming. Over the past several months, we have met with healthcare workers, patients, professional associations and unions, caregivers, municipal leaders, health advocates, professional organizations, SHA and Sask Cancer Agency personnel, affiliates, Indigenous leaders, and community groups from across Saskatchewan. We have also received hundreds of survey responses from those eager to share their experiences navigating the healthcare system, hosted town halls and toured facilities.

This interim report reflects what we have heard so far. The findings, themes, and emerging principles outlined in these pages are grounded in the experiences and perspectives of Saskatchewan providers and patients — helping identify both the challenges facing our healthcare system and the opportunities to build something better.

We are grateful to everyone who contributed their time, expertise, and lived experience to this process so far — including our team of fellow Shadow Ministers and Saskatchewan-based researchers and experts, and Dr. Cheryl Camillo, who assisted in gathering, categorizing, and analyzing the data.

This report is not the end of the conversation — it is the beginning of the next phase. In the coming months, we will continue engaging with Saskatchewan people to gather feedback on the findings and guiding principles that have emerged through the first phase of the Your Care, Your Say consultation.

The future of healthcare in Saskatchewan belongs to all of us. Together, we can build a healthcare system that reflects the needs, values, and aspirations of the people it serves. We look forward to continuing this conversation.



**Meara Conway**

Shadow Minister for Health



**Jared Clarke**

Shadow Minister for Rural & Remote Health

## CONSULTATION OVERVIEW

# WE WENT EVERYWHERE AND WE LISTENED

- **Hundreds of survey responses** from patients, families, healthcare workers, municipal leaders, and community organizations.
- **Over 1,000 in-person and virtual stakeholder meetings** held across Saskatchewan.
- **Input received from every corner** of the province and the healthcare system.
- **We hosted town halls, round tables** and toured healthcare facilities.

### THE THROUGHLINE

Frustrations were significant — yet people remain **deeply supportive of public healthcare**, the people working to hold up the system, and believe the system can be rebuilt.

IN THEIR WORDS

"Healthcare in Saskatchewan is on the brink of collapse... **we are terrified of depending on Saskatchewan healthcare.** That should be alarming to every citizen in this province."

— SASKATOON NURSE



THE SPENDING

# BIG BUDGETS, SMALL POPULATION



**\$8.6B**

SPENT ON HEALTHCARE



**1.2M**

PEOPLE IN SASKATCHEWAN

DESPITE RECORD SPENDING

# THINGS KEEP GETTING WORSE



**643**

ER CLOSURES OVER 18  
MONTHS



**3,300**

DISRUPTED SERVICE  
DAYS



**400**

HEALTHCARE  
VACANCIES IN  
SASKATOON ALONE

ACCESS TO CARE

# THE WORST PRIMARY CARE ACCESS IN CANADA

**64.5**

rural family doctors per 100,000 people in Saskatchewan, compared to **94.3 nationally** — that is **nearly one third worse than the national average.**

**63%**

of Saskatchewan people **can't access primary care** — **making Saskatchewan the worst in Canada.**

CIHI, Health System Context Series & Angus Reid national survey on primary care access

WE ARE FALLING FURTHER AND FURTHER BEHIND ON KEY METRICS...

INDICATOR	SASKATCHEWAN	CANADA	GAP
Rural family physicians per 100,000	<b>64.5</b>	<b>94.3</b>	<b>↓ 31.6%</b> worse than national average
Hip replacement within national benchmark	<b>50%</b>	<b>68%</b>	<b>↓ 18%</b> worse than national average
Knee replacement within national benchmark	<b>47%</b>	<b>61%</b>	<b>↓ 14%</b> worse than national average
Residents without access to primary care	<b>63%</b>	<b>50%</b>	<b>↓ 13%</b> worse — and worst in Canada

Source: CIHI Wait Time Indicator Reports · Commonwealth Fund International Health Policy Survey, 2023 · Angus Reid national survey on primary care access

MAJOR THEMES WE HEARD – WHY HEALTHCARE IS FAILING

# SIX THEMES, ONE MESSAGE

**01** **PRIMARY CARE NOT PRIMARY**  
A system without a front door

**02** **SHA CENTRALIZATION  
WITHOUT RESULTS**  
Loss of accountability & local voice

**03** **IN THE DARK  
& NO SEAT AT THE TABLE**  
Exclusion & lack of transparency

**04** **BURNT OUT AND SHUT OUT**  
Retention must be the focus

**05** **MOUNTING PRESSURE, STRAIN  
AND DECLINING ACCESS**  
Responding to — not preventing —  
crisis

**06** **WASTE, MISMANAGEMENT  
& FOR-PROFIT CARE**  
No accountability for costly failures

**ONE MESSAGE** Healthcare has never been this bad. We need big, bold change.

# 01

MAJOR THEME

## **PRIMARY CARE NOT PRIMARY: A SYSTEM WITHOUT A FRONT DOOR**

- Saskatchewan has the worst access to primary care in Canada.
- Government services operate in silos, with poor coordination across primary care, hospitals, mental health, addictions, home care, and long-term care.
- Team-based care remains inconsistent and poorly implemented despite broad support.
- Digital fragmentation and the lack of an integrated electronic medical record system hinder coordinated care.
- Primary care should be the foundation of the system, integrated into existing communities — connecting patients to the services and supports they need.
- Greater investment in prevention, community-based care, and the social determinants of health is needed to keep people healthy and reduce pressure on hospitals.

# 02

## MAJOR THEME

# SHA CENTRALIZATION WITHOUT RESULTS: LOSS OF ACCOUNTABILITY & LOCAL DECISION-MAKING

- SHA has become too bureaucratic and centralized.
- SHA amalgamation failed to deliver on its promises: efficiency, coordination, accountability.
- Meanwhile, local decision-making, flexibility, and community responsiveness have been lost.
- Fragmentation persists across policies, processes, and IT systems.
- Communities feel disconnected and accountability is unclear.
- Political interference has undermined trust in the healthcare system.
- No one knows who is accountable for decision-making at the local level.
- A command-and-control culture discourages and even punishes dissent.

# 03

MAJOR THEME

## **IN THE DARK & NO SEAT AT THE TABLE: EXCLUSION & LACK OF TRANSPARENCY**

- Lack of transparency around ER closures, staffing shortages, waits, and service reductions.
- Patients often rely on social media or word-of-mouth for critical healthcare information undermining trust and accountability.
- Frontline workers report poor communication within the system itself.
- People are asking for real-time information, honest communication, and greater public accountability.

# 04

## MAJOR THEME

# **BURNT OUT AND SHUT OUT: RETENTION MUST BE THE FOCUS**

- Healthcare workers described burnout, toxic workplace culture, a feeling of being ignored and a lack of respect for frontline expertise, undermining morale and retention.
- Experienced providers are leaving due to chronic short staffing and deteriorating working conditions.
- The most consistent message: retention is the #1 recruitment strategy.
- Four years without a contract has damaged Saskatchewan's ability to recruit and retain healthcare workers.
- Expensive stop-gap measures like travel nurses and contracted services are not solving the staffing crisis.

# 05

MAJOR THEME

## **MOUNTING PRESSURE, STRAIN & DECLINING ACCESS:**

## **RESPONDING TO — NOT PREVENTING — CRISIS**

- The number-one issue for patients is lack of access across the entire system — they're getting sicker and waiting longer.
- Lack of access to primary care is driving more people into emergency rooms and hospitals and worse health conditions.
- Hallway medicine, overcrowding, delayed procedures, and long waits have become the norm.
- Acute care beds are increasingly occupied by patients waiting for care that should be available elsewhere.
- Rural residents face declining access to care close to home — an existential issue for rural communities.
- Social gaps in housing, transportation, and community supports are showing up in ERs and driving healthcare pressures.

# 06

MAJOR THEME

## **WASTE, MISMANAGEMENT & THE RISE OF FOR-PROFIT CARE**

- Zero accountability for costly failures like LEAN and AIMS while SHA executives get salary increases.
- Duplication, administrative bloat, and outdated systems continue to create inefficiencies.
- Saskatchewan still lacks an integrated, interoperable electronic medical record system.
- Concerns about the influence of private interests and political connections in healthcare decision-making.
- Public dollars are increasingly flowing to private contracts and out-of-province providers, instead of frontline care and have not improved access, wait times, or staffing shortages.

FOUR ROOT CAUSES IDENTIFIED

# ACROSS EVERY THEME, FOUR PROBLEMS RECUR

**01**

**POOR MANAGEMENT &  
LEADERSHIP**

**02**

**POLITICIZATION &  
INTERFERENCE**

**03**

**INDIFFERENCE & SHORT-  
TERM THINKING**

**04**

**DISCONNECTION FROM  
FRONTLINE REALITIES**

The drivers behind declining access, worsening outcomes, staff burnout, and public frustration.

KEY TAKEAWAY

# PEOPLE AREN'T ASKING **FOR MIRACLES**

**+ A HEALTHCARE SYSTEM THAT LISTENS**

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**+ TRANSPARENT DECISION-MAKING**

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**+ STRONG PUBLIC HEALTHCARE**

**+ A GOVERNMENT THAT PLANS AHEAD**

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**+ RESPECT FOR HEALTHCARE WORKERS**

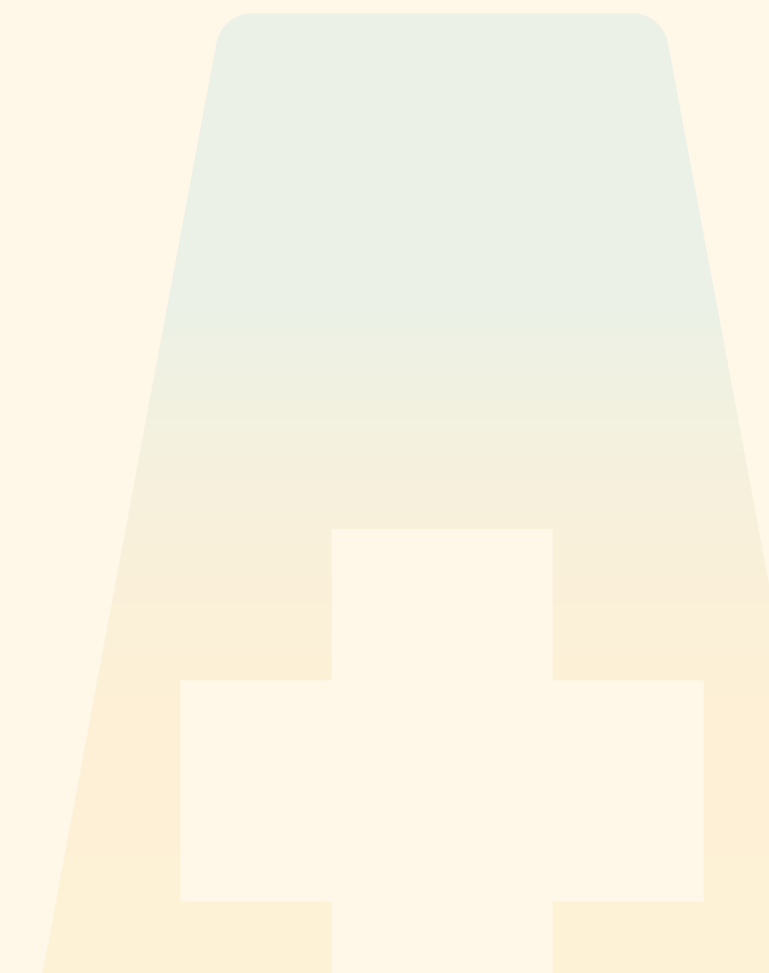
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**+ LOCAL VOICES AT THE TABLE**

NEXT STEPS · OUR ROADMAP PRINCIPLES

# **FIVE PRINCIPLES TO REBUILD CARE**

In the coming months we will roll out dozens of short, medium and long-term solutions — all guided by these five principles.



# 01

PRINCIPLE

## **BUILD OUT PRIMARY CARE AS THE FOUNDATION OF HEALTHCARE**

- Guaranteed access to team-based primary care based on neighbourhood.
- Expand home, mobile, safe virtual, and community-based care options.
- Integrate mental health, addiction, and social supports into healthcare.
- One patient. One record. One connected system: build the digital backbone.
- Redeploy resources into frontline & communities to reduce pressure on hospitals and ERs.

"A Carla Beck government will build a **modern, patient-centered primary care system as the foundation** of healthcare."

# 02

## PRINCIPLE

# PUT PATIENTS & COMMUNITIES BACK AT THE CENTRE

- Put patients, providers, and communities back at the centre of decision-making.
- Strengthen local community leadership and partnerships.
- Build solutions with communities, not for them.
- Cut SHA red tape and improve frontline care.

"A Carla Beck government will **rebuild trust** in healthcare by putting patients, communities, and frontline providers **back at the centre of decision-making**."

# 03

## PRINCIPLE

# SUPPORT & RETAIN HEALTHCARE WORKERS

- Build a workforce that stays: retention as the foundation of recruitment.
- A laser focus on working conditions and culture.
- Negotiate a fair contract and address chronic short-staffing.
- Give frontline workers a stronger voice in decision-making.
- Unlock full scope of practice, targeted training opportunities with local input, and expand career laddering.

"A Carla Beck government will make **retaining healthcare workers the foundation of recruitment**, because their conditions of work are patients' conditions of care."

# 04

PRINCIPLE · YOUR HEALTHCARE. YOUR DATA. YOUR RIGHT TO KNOW.

## MAKE HEALTHCARE OPEN, TRANSPARENT & ACCOUNTABLE

- End the secrecy: communicate openly with patients and providers.
- Build a right-to-know framework and a primary care registry.
- Mandatory, real-time reporting on waits, ER closures, and service disruptions.
- Clear accountability for healthcare performance and outcomes.

"A Carla Beck government will **restore public trust** through greater transparency, accountability, and open communication."

# 05

PRINCIPLE

## **PLAN FOR THE FUTURE & STRENGTHEN PUBLIC CARE**

- Protect and strengthen public healthcare.
- Make every dollar spent on healthcare count.
- End crisis mode: prevention, early intervention, and planning.
- Do what's best for patients — not politics or profits.
- Recognize social determinants as the foundation of a healthy Saskatchewan.

"A Carla beck government will end the cycle of waste, outsourcing, and crisis management and **rebuild a public healthcare system focused on patients, not profits.**"

OUR COMMITMENT

# A SASKATCHEWAN NDP GOVERNMENT WILL REBUILD HEALTHCARE ON:

TRUST

TRANSPARENCY

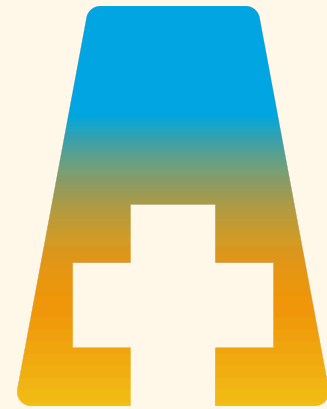
ACCESS

COMMUNITY PARTNERSHIP

RESPECT FOR WORKERS

STRONG PUBLIC HEALTHCARE

The goal is simple: a healthcare system that works for patients, providers and communities — **no matter where you live in Saskatchewan.**



**IT'S TIME FOR  
BIG, BOLD CHANGE**

**YOURCAREYOURSAY.CA**

QUESTIONS? FEEDBACK?