



# Poliklinik Veddel Hamburg, Germany <http://www.poliklinik1.org/>

Network of  
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PARTNERING FOR IMPACT

**Target population:** Residents of the Veddel district in Hamburg, Germany

**Mission:** Safeguard and expand medical and social care in the district with particular emphasis on community participation and on determinants of health.

**Funding:** Poliklinik Veddel consists of two units: a general medical practice and a non-profit association. The doctor's office is mainly financed by the statutory health insurance. All other services of the Poliklinik Veddel are either unsalaried and executed by volunteers or they are financed by the non-profit association. For this we solicit third-party funds and municipal funds, organize donation campaigns and enable funding memberships.

## Context

With 4,704 inhabitants, the district of Veddel is one of the smallest districts of Hamburg. The proportion of people with a migrant background is very high at 71%. There is also a relatively high percentage of people that are not insured and of people receiving social benefits. Chronic diseases are more prevalent here than in comparative districts. For the last 4 years there was no pharmacy (reopening September 25th 2018), no medical specialists, low availability of psychological counseling, and (including the Poliklinik Veddel) only two general medical practices.

The idea for the construction of a district health center came from Medibüro Hamburg, an agency for people without health insurance, publicly presented in 2013. In 2014, a group of Medibüro members and other healthworker founded a non-profit association. A project team was put together with previous experience managing similar projects in Europe. In 2015, the district of Veddel was chosen because the project team was contacted by various local organisations active there, and because a significant undersupply of health services was detected in this district.

Residents were engaged through an 'open discussion café' in 2016. A suitable property was acquired with the support of the SAGA group. The Poliklinik Veddel was opened in early 2017. It is currently located in a 120m<sup>2</sup> building with a practice and consulting or group rooms.

At present, the Poliklinik services consist of a general medical practice of two doctors and three non-medical staff providing free social and health counseling and psychological counseling. About 25 people in total are involved with various professional backgrounds (medicine and nursing, communication design, linguistics, social work, law, political science).

## Governance & management

Health problems are often the expression of complex problems. We believe that the equal views of different professions on health issues will lead to better health results. The Poliklinik Veddel is therefore headed by a multiprofessional team. Several working groups (e.g. primary health care, health promotion, nursing, psycho-social counseling) have been formed. There are no formal hierarchies within and between these working groups. Each section is responsible for its own processes and quality management. Since September 2018, there is an interface coordination to strengthen the multi-professional cooperation in the health center. Multiprofessional case discussions and patient consultation as well as multiprofessional documentation in the joint patient file are being developed.

All strategic decisions concerning the whole project are made at a weekly assembly.

## What this initiative is about

The four pillars to achieve better health care and prevention:

### 1. Primary care

A cornerstone of the Poliklinik is that it meets the needs of people in their own communities in close cooperation with an outpatient community nurse concept, including frequent home visits, ongoing support and transparent therapy regimes are elements that will be tested. Where needed, the Poliklinik will expand its scope of expertise and cooperate with other health care institutions. A cross-occupational, integrative cooperation established in the form of interdisciplinary case discussions and mutual training is encouraged.

### 2. Health and social counseling

Problems that are based on life circumstances that have a negative impact on the health of the individual and can only be tackled in a step-by-step manner by a purely medical-oriented health care system. Therefore, social and health counseling is an important part of our health service. In social and health counseling, it is also possible to jointly identify health stress situations and to develop strategies for problem solving. If necessary, accompaniment to the respective institutions or mediation to other institutions takes place.

### 3. Prevention: empowerment and neighborhood projects

In a manageable neighborhood, we want to revive and develop the idea of community-oriented health work. A central goal of the Poliklinik is to make the topic of health and prevention jointly negotiable through the cooperation of patients, interested residents of the district and employees of the Poliklinik, because with regard to one's own health, all are experts. We want to raise awareness that the larger life circumstances, which are determined by social parameters have a very strong influence on one's health and life expectancy.

### 4. Evaluation and research

The design of the practice is based on a new understanding of health and health care. Constant evaluation and further development are hence essential for the success of our project. Together with the patients and neighborhood residents, we examine further needs and set up concepts to test out. At the same time, one of the central tasks is to generate scientific knowledge about the connection between life situation and health status, in order to improve guidelines for a modern health care system. For this purpose, we strive for close cooperation with existing scientific institutions at Hamburg level, but also in an international context.

## Impact/ evaluation

Poliklinik Veddel is planning a small-scale health report based on already collected primary data (school entrance examination data, insurance company data, data from the Hamburg Morbidity Atlas, the Statistical Office North and the local social monitoring) as well as focus group interviews (see Lenzgesund, Trojan et al., 2013).

Additional basic data collection is being considered to form the basis for an intervention study.

## Lessons learnt

The German social and health care system is characterised by a strong focus on care provided by doctors. Cooperation by different care providers in ambulatory sectors and between ambulatory and stationary care providers is rare. There is no standard communication system or device between different sectors in the system. Further, the German health care system is missing gatekeeping by general practitioners. Patients can freely consult specialists without consulting a general practitioner.

After only one year Poliklinik Veddel has become a well-functioning community healthcare center and a social place where health problems can be addressed and worked on in a multi-professional team.

Since the German system does not yet foresee a thorough financing of community health care centers and multi-professional approaches, Poliklinik Veddel is facing the need of establishing a new funding system through approaching health care stakeholders. At the same time polyclinic projects are on the rise throughout Germany; the next one to be opened is the Geko in Berlin in 2019.

## The future

Our goal for the future is to make the complex relationships between life circumstances and health easy to understand and to develop new approaches to health and social participation. We see great potential especially in the field of art and culture. Our understanding of prevention and health promotion is broad: the thematization of concrete living conditions in an economically disadvantaged quarter is just as important as the creative appropriation of knowledge, room for maneuver and rights. The aim is to reduce health inequalities as the basis for successful social interaction.