

The Family Doctor Association visits Polikum in Berlin

Introduction

Nine members of the council of the FDA visited Polikum Freidenau Berlin on Friday 26th of May 2008. We were received by Dr Stephan Kewenig who is Medical Director for the Group of four Polikum clinics and Mr Felix Cornelius who is Executive Director. The visit lasted two hours and was in the form of a presentation with questions, a tour of the facilities, followed by the opportunity for further questions for clarification. The UK NHS Chief Executive Mr. David Nicholson and other senior members of the Department of Health have already visited the clinic. Remarkably, the stream of NHS executives has been so large that Polikum has now made a business relationship with a UK firm to co-ordinate and organise such visits to prevent disruption to medical services at Polikum.

Summary

The Council was pleasantly surprised by its more positive attitude to the polyclinic after the visit and appreciated that there were concepts which could be of benefit to the UK NHS development.

Nonetheless Council was firmly of the opinion that though Polikum was a development well suited to the evolving system of health care in Germany it is not suitable for complete replication in the UK NHS.

The lessons learned were:

- There are benefits to patients and doctors of co-location of services involving GPs, Specialist practitioners (Consultant Doctors and Professions Allied to Medicine (PAMs)), pharmacies and diagnostic services.
- The seductive attractiveness of new large buildings.

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- That the cleanliness, tidiness, and order demonstrated in the Polikum clinic would be unlikely in the average UK urban or city clinic.
- That such polyclinics were best seen as an addition to and not a replacement of all practices.
- That such polyclinics were best seen as a hub for the spokes of practices.
- The paramount importance to the UK NHS of the retention of the “gate keeper” role of GPs through the registration of patients with practices.
- The advisability of every patient having a named clinician as advocate where desired (opt-out preferred to opt-in).
- The inadvisability for UK NHS of the integration of hospital out patients and GP services especially within a hospital setting.
- The detriment to UK health care delivery of PCTs being both purchasers and providers of services.
- That the FDA values of patient focus, holistic care, and relational continuity remain a necessary but not a universally desired component of health care.
- That currently the benefits of federation of practices as proposed by the RCGP outweigh the benefits of inter-practice competition.
- That strengthened practice based commissioning could be a powerful tool for shaping the UK health care system to deliver such a hub and spoke model of primary care.
- That without the goodwill of participating clinicians, dysfunction is more rather than less likely. Coercion of GPs into new buildings is unlikely to result in quality service.
- From different starting points the German and UK health care systems are demonstrating some parallel evolution of which hub and spoke polyclinics are an important example.
- That primary care IT is significantly more advanced in the UK compared with Germany.