

URBAN II Evaluation

Project Case Study: Mobile Medical Services
(Perama)



1.0 Goals

The Mobile Medical Services project (known as the 'tele-medicine diagnostic unit') was developed as part of the Perama URBAN II intervention. The unit was established as an extension to the Municipal Medical Centre and aimed to reach out to the citizens of Perama who lived in remote neighborhoods that were poorly connected with the rest of Perama and to others who may not be mobile, such as elderly residents or people with disabilities.

The service is particularly necessary in this respect because Perama has many hilly and remote neighbourhoods, making it difficult for elderly people and people with disabilities to visit a physician or doctor. Aside from providing a diagnostic visit to residents, the mobile unit also has a schedule of planned visits across the area with plans to introduce a schedule of school visits to carry out student health checks.

The need for better medical services in Perama had already been identified by local authorities long before the URBAN II Programme began and the municipality had already started to take small steps towards setting up and offering such services. This meant the municipality had shown commitment to the development of medical services and this commitment culminated in the upgrading of the medical centre and the eventual creation of the mobile medical unit once URBAN II had been secured for the area.

The project also fits well within the overall strategy of the Perama URBAN II Programme which aimed to respond to existing gaps in locally-provided social services. The services considered to be deficient were found to be in the areas of childcare, services for the elderly and medical services, and subsequently the project was developed under Measure 3.1 of the URBAN II Programme, entitled 'Improvement of the social and citizen's services'. Apart from the mobile medical unit, other projects supported under this measure included a kindergarten in a remote, and problematic neighborhood of Perama and two health and community centres for elderly people.

2.0 Implementation

The wider project consisted of a medical centre, complemented by a telephone helpline and a mobile medical unit. The first stage of the project consisted of upgrading the Municipal Medical Centre (located near the port) with the supply of modern medical equipment as well as a teleconference system and then the development of a Mobile Unit to offer outreach medical care to the citizens of Perama.

The mobile unit is staffed by three full time members of staff consisting of a nurse, a doctor and a driver. The staff of the unit providing the support in people's homes are linked through a monitor to the Municipal Medical Centre where another doctor and nurse can follow the treatment and consult

with the staff in the unit itself. The medical examinations offered are general and cardiology-related while ophthalmological examinations can also be provided.

The municipality cooperated closely with a private health clinic (Saint Nicholas Medical Centre) in the target area during the development and implementation of the project whose staff had significant experience in telemedicine (undertaking medical treatment via an outreach team). The Saint Nicholas Clinic trained the municipal staff that would be involved in the mobile medical services and their experience in telemedicine was considered crucial for the success of the initiative.

3.0 Results and Impact

The mobile medical services, a medical helpline and the Municipal Medical Centre are a significant legacy of URBAN II in Perama. The main impact of the project consisted of upgrading existing services (the existing Municipal Medical Centre) and creating new services (the mobile diagnostic medical unit). URBAN II in Perama both built upon and expanded service provision in the field of medical services and has improved the access of citizens to medical services.

The improvement of such services has been felt by citizens and has helped improve the quality of their life. Using the innovative methods of telemedicine helped improve the access of these citizens to better health care in a way that was simply not available previously. Stakeholders were unable to provide details of how many patients had been visited by the mobile unit but were keen to stress that the project had saved lives as it had diagnosed serious health problems with patients who would not have visited the existing medical centre.

4.0 Identified Good Practice

The key success factors for this project have been:

a) it offers direct **communication and immediate services** to local residents, since the unit (with a doctor) often arrives with 24 hours of a telephone call. This has helped citizens trust the project and has made them willing to engage with the medical unit that they often see around their neighborhood on a daily basis. The speed of response has also become published through word of mouth, increasing the acceptance and utilization of the service by residents.

b) the project offers a concerted, **well-organised service** and high quality medical service which is valued by its users. Citizens recognise that they will benefit from highly professional medical help from doctors and nurses who provide high quality medical treatment within the homes of their

patients. This gives credibility and acceptance to the initiative within the local society of Perama, contributing to its success and good reputation.

c) the **commitment and engagement of the Perama municipality** in the project. As the project has not been implemented in cooperation with other partners, the main driver of the project was the municipality. The municipality was committed to the project and still is which means its sustainability is ensured post URBAN II funds. Even though the political parties holding the local authority seat have changed over the years, all parties have shown commitment to maintain and to further develop the medical services created under the URBAN II Programme, as well as the other social services created. This continuity and commitment is therefore a key factor of success for the project.

d) The **focus on target groups** has been a clear strength. The project targets people with limited mobility (elderly, lonely people, people with disabilities etc) and people living in remote and deprived parts of Perama. The service is particularly valued by these groups and because it prioritises the most in need and those who simply could not have accessed existing provision, its impact is greater.

e) **Good communication** of the service to citizens. Good promotion of the project and the new services on offer was important in making it known to local people and in encouraging them to use and embrace the service. The service has become well-known in Perama, primarily by word of mouth but also through advertisements posted inside the Municipal Medical Centre. Municipal employees also continuously point out these new services to further become advocates for the project. In addition to this, the project also attracted publicity from outside Perama due to its innovative nature including from the Minister of Health at the time, who was also present at the opening of the centre (helping to attract even more positive publicity to the project, as well as to Perama itself).

5.0 Transferability of good practice

The medical services of Perama have remained in place after the end of the URBAN II Programme and a major factor contributing to this sustainability is the take up rate of the services by local people. This high demand is proof that the services offered addressed real needs that existed in the area. Hence one key factor for transferability would be the **careful study of the gaps in service provision** and the demand for such a service. In this projects case the service simply did not exist, was linked directly to the needs of people most in need and understood that access to existing services by these groups was often impossible.

Another factor for transferability is the **commitment of the municipality** of Perama to the project. Hence, in order for such a project to be transferable and sustainable to other contexts it will have to ensure the **backing and commitment from a solid institution** or from a partnership that has the power to keep supporting the project outside of time specific funding programmes such as URBAN

II. In the case of the mobile services of Perama, the municipality was both willing and able to support the project in the longer term.

A third important factor for transferability is the **engagement of an experienced partner** in the implementation of the project. The involvement of the private Saint Nicholas Clinic in the project was crucial for its success because the clinic was already experienced in telemedicine and was able to train the municipal staff that would be involved in the municipal medical services. Solid training and the benefit of the experience of the clinic gave a boost to the project and contributed to its quality and credibility.