



Notes from the Olympic health centre

Ten 9-hour shifts down, five to go. As well as three lists of GPs, the health centre has nurse practitioners, sports medicine specialists, physiotherapists, podiatrists, optometrists, dentists, a pathology laboratory, a pharmacy, MRI suite, accident and emergency unit with mobile first-response team, and a take-all-you-need free condom outlet.

Demand and capacity statistics are, for reasons that escape me, a closely guarded secret, but the word on the ground is that in terms of turnover, waiting times, patient satisfaction, and completeness of data capture, we are outperforming Beijing and impressing the International Olympic Committee. And since the waiting areas are flooded with natural light and equipped with comfortable chairs and wide-screen televisions covering live Olympic events, none of the patients seem too troubled by a 20-minute wait.

The official report on who is being seen, for what condition, what treatment they are offered, and where they are discharged or transferred to will emerge in the fullness of time and be penned by people more important than me. For now, here are a few first impressions — or at least, the ones I am at liberty to write about.

It is probably self-evident that if people from 200 countries fly in from different time zones and start having fun in a restricted geographical space, a lot happens apart from sports injuries. We need to code every fever, rash, cough, and loose bowel motion in a way that allows the communicable disease surveillance team to pick up the trajectory of an emerging epidemic within hours rather than days or weeks. The electronic patient record system is (in some people's view) clunky and old-fashioned — but it won't save your entry until you have completed the boxes that feed into the real-time epidemiological analysis.

Never has the metaphor 'iceberg of unmet need' proved so apposite. As Danny Boyle's memorable opening ceremony illustrated, we Brits love to perpetrate the image of our NHS as caring, comprehensive, and free at the point of access. Small wonder that visitors from countries whose healthcare system is (perceived as) none of the above

take the opportunity to seek 'check-ups' of various kinds. And while most — although not all — of the athletes are in impressive physical shape, the same cannot always be said of their accompanying entourages.

In this context, the neat distinction between 'immediate and necessary treatment' and 'health tourism' is a fiction. Against a background of one or more poorly controlled chronic conditions, kept at bay with intermittent doses of fixed-dose combination drugs which neither you nor I would have chosen to prescribe, the presenting 'acute' problem is rarely a simple, short-lived exacerbation. But how far to get involved — and what are the rules governing handover back to the patient's own doctor?

By the time you read this, the Olympics will be over and the Paralympics in full swing. Soon after that, the health centre will be turned over to the NHS and turn its attention to serving the needs of the socially and ethnically diverse population of Newham. I wonder if they'll keep the wide-screen televisions in the waiting rooms?

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