

Preparations and Legacy of the London 2012 Pharmacy Services: A case study

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Introduction: The Pharmacy Clinical Services Group (PCSG) was formed in 2009.¹ The groups remit was to design and deliver a world class pharmacy service to 250,000 accredited persons including athletes, the Olympic and Paralympic family, team officials, workforce, marketing partners and members of the world's broadcasting and press. The PCSG also had to consider the pharmaceutical needs of an estimated 9.2 million visitors from July to September 2012.

During the Games, over 1000 doctors from 205 different countries could access these services situated in each of the 3 polyclinics, in the Olympic Park at Stratford, the Rowing Village at Eton Dorney and the Sailing Village at Weymouth.² A team of 130 volunteer pharmacists and pharmacy technicians dispensed prescriptions, provided a minor ailment scheme, a medicines information service and gave advice on drugs restricted in sport. Medicines were available in 146 medical rooms, at 33 Olympic venues and 21 Paralympic venues. Designated retail pharmacies served 5 football hotels in Coventry, Manchester, Newcastle upon Tyne, Glasgow and Cardiff and at Wimbledon, where the tennis was held.

The aim of this case study was to capture and document this unique event in pharmacy history by answering two research questions regarding the PCSG's preparations for the Games.

Research Questions:

1. How has the PCSG prepared for delivering Pharmacy Services at the London 2012 Games?
2. How has the PCSG considered the wider vision of the Games and legacy of the Pharmacy Services?

Methodology:

The explanatory case study research method was selected due to its suitability to investigate a contemporary phenomenon in a real life context.³ Yin suggests that prior development of theoretical propositions helps to guide the research. This line of enquiry begins with two propositions both relating to the function of the PCSG, one being that the PCSG has a communication function and the other that it has a design function. Through the relational map the study identifies the PCSG's communication networks and the PCSG's design of the pharmacy services are explored through evidence found in documents and from interviews.

A literature search was conducted using the computerised databases Medline and SwetsWise, accessed through the electronic resource manager – myAthens. The MeSH terms used were *pharmacy, services, 2012, Olympics, Paralympics, medical* and *legacy* and all combinations were searched. Searches were restricted to articles published in the UK since 2009.

Relevant data was sourced from members of the PCSG, including interviews, minutes from team meetings, project plans, annual reports, emails and unpublished articles. Emails held by the researcher were also screened for relevant information.

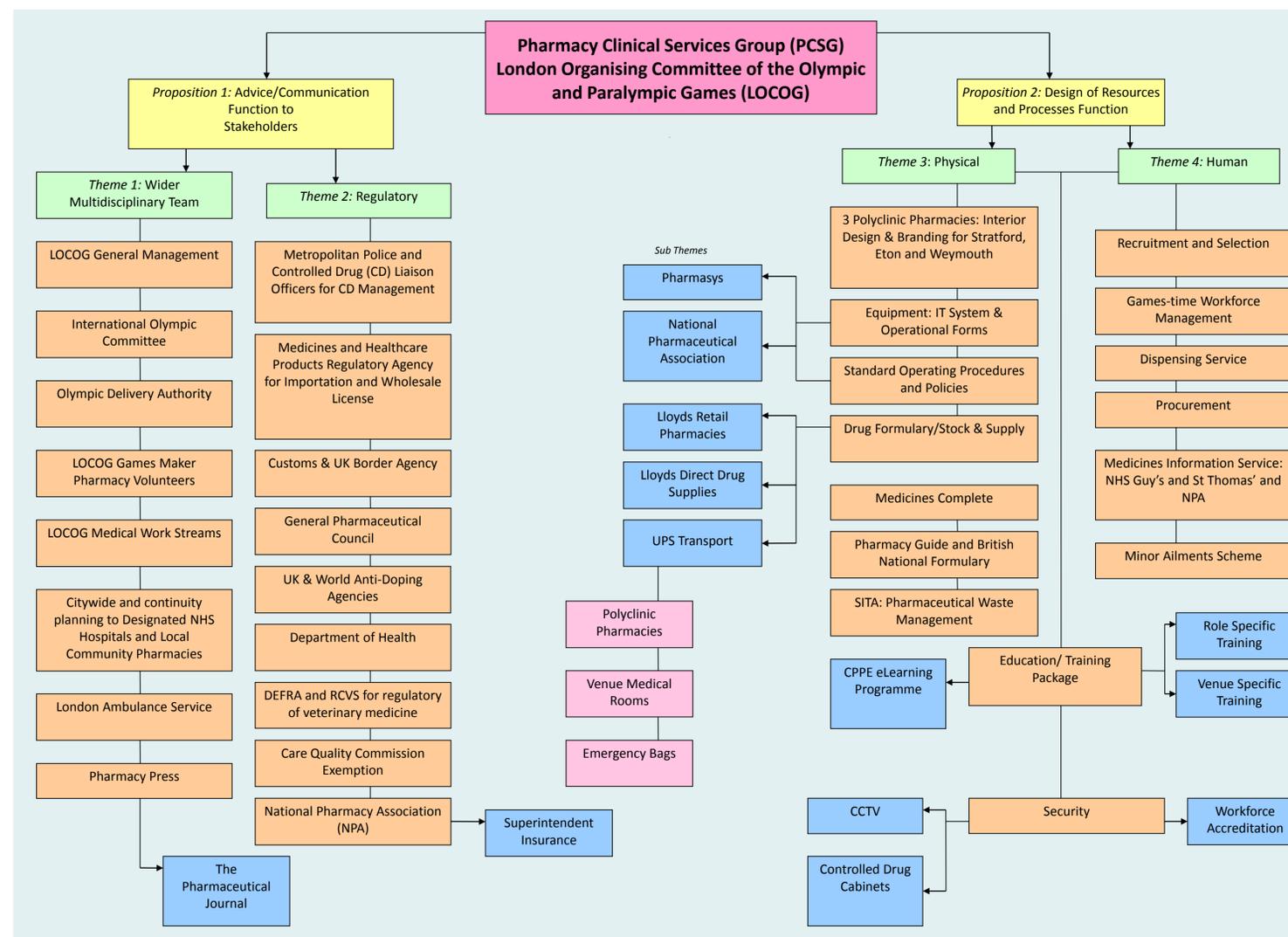
The data received was imported into the qualitative data management software, NVivo 9.⁴ Thematic coding was created as the data content was analysed and each section of data was sorted by theme. The themes were reviewed and revised until the content of each was distinct.

Research Information:

This case study was conducted as part of the University of Greenwich BSc (Hons) Applied Professional Studies (Medicines Management and Health).

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Figure 1: Relational Map of Organisation of Pharmacy Services by Emerging Themes



References:

1. Akinwunmi F. Pharmacy planning for the London 2012 Olympic and Paralympic Games. *The Pharmaceutical Journal*. 18 Sep 2010; 285:308-309
2. Mottram D, Stuart M, Venning P. Countdown to the London Olympic and Paralympic Games in 2012 begins. *The Pharmaceutical Journal*. 17 Oct 2009; 283:417-418
3. Yin R. *Case study research design and methods* 3rd ed. Sage publications. London 2003
4. NVivo qualitative data analysis software; QSR International Pty Ltd. Version 9, 2011.

Results (Emerging Themes):

Analysing the literature for evidence to support the two case study propositions identified **4 emerging themes**. Two themes emerged from the first proposition, that the PCSG had a **communication** function. In examining who the PCSG communicated with and the type of information communicated, the emerging themes were identified as **wider multidisciplinary team** and **regulatory**. The second proposition, that the PCSG had a **design** function, was supported by identification of a further two emerging themes: **physical resources** and **human resources**. Sub themes emerged from each of the 4 themes.

Conclusion:

This research gives insight into a previously undocumented contemporary area of pharmacy work. The case study validated the 2 propositions of the case and concludes that the PCSG had a **communication function** and a **design function**. The case study method successfully identified and explored 4 emerging themes in an attempt to determine how the PCSG prepared to deliver pharmacy services at the London 2012 Games and how the group considered the wider vision of the Games and legacy of the pharmacy services. The research highlighted that the PCSG had a **leading** role within the wider multidisciplinary team with respect to service design and delivery. It can be concluded that the PCSG embraced the London 2012 vision designing a pharmacy service that was **inspiring** and **sustainable**, was **inclusive** and reflects **diversity**.

Education and training was at the centre of every aspect of the preparations; dominating all 4 emerging themes and this will provide a lasting legacy for the pharmacy profession.

This study has found that the PCSG prepared exceptionally well to deliver a world class pharmacy service to athletes and all client groups. Through their meticulous preparations and high quality of work it is anticipated that a new gold standard will be set for the provision of pharmacy services for future international sporting events; **this will be the greatest legacy!**