

Letter to the Editor

## COVID-19: exploring out-of-hospital solutions to increased service demand

Munashe Veremu<sup>a,\*</sup>, Ali Sohail<sup>a</sup> and David McMaster<sup>b,e</sup>

<sup>a</sup>School of Medicine, Barts and The London School of Medicine and Dentistry, Queen Mary University of London, Victoria, Malta and <sup>b</sup>School of Medicine, University of Nottingham, Nottingham, UK

\*Correspondence to Munashe Veremu, Barts and the London School of Medicine and Dentistry, Queen Mary University of London, Malta Campus, Victoria, VCT 2520, Malta; E-mail: [m.a.veremu@smd17.qmul.ac.uk](mailto:m.a.veremu@smd17.qmul.ac.uk)

Dear Editor,

In 2020, COVID-19 caused widespread disruption to all aspects of medical care, including cancer screening procedures, elective surgeries and outpatient face-to-face appointments. As we emerge from this pandemic, we must plan for the inevitable increased service demand of non-COVID-19 conditions that have been neglected. One potential solution is to select appropriate services for delivery by qualified primary care physicians and increase their involvement in telemedicine services. Disruption to surgical procedures has caused a reduction in the detection rates of colorectal cancers (1,2), primarily screened through elective gastroscopies. Delayed screening procedures combined with the neoplastic nature of tumours results in diagnosis at more advanced stages, with a less favourable prognosis and the potential to cause severe problems for health care systems. An increase in emergency presentations of cancer at advanced stages requiring surgical intervention (e.g. colostomy), the long-term additional management this creates, and the strain on screening services are just some of the consequences (1).

Moving appropriate elective procedures (e.g. gastroscopy, minor skin surgery) to primary care and equipping GPs with necessary training is a potential solution to help reduce the demands on the health care system. Guidelines for the requirements of primary care centres to perform minor surgeries have been published, indicating adequate infrastructure (3). Moreover, there is already established evidence that shows the safety and competency of GPs performing colonoscopy screening and minor skin surgery in primary care (4–6). The Lancet Commission on Global Surgery's call-to-action in 2015 recommended for greater collaboration between specialists and generalists, with 'task-sharing' in order to stretch the surgical workforce (7). Although the report was aimed at low-and-middle-income countries, COVID-19 has caused immeasurable obstacles to service delivery, calling for innovative ways to help reorganize existing resources. The UK already utilizes GPs with Extended Roles (GPwER), and more collaboration between GPs and surgeons would bring the Lancet's recommendation closer to reality, allowing for greater task-sharing of the increased workload, and allowing GPs to provide a more comprehensive model of service delivery, closer to patients. This is a growing area of research interest, and longitudinal studies

would be required to compare the competency of GPs with specialist surgeons.

Telemedicine is a rapidly evolving field, with some specialties (e.g. dermatology and ophthalmology) having adapted well, incorporating services into their response to the pandemic. Annually, there are 1.1 million GP dermatology referrals and 7.8 million ophthalmology outpatient appointments in England (8,9). The use of telemedicine within dermatology and ophthalmology has been extensively reported (10–13), with a recent publication of a 14-year review of a hospital-based UK teledermatology service finding a 50% reduction in secondary care referrals, when using a 'store-and-forward' model of service delivery (12). Similarly, in ophthalmology, this method of service delivery was found to have no significant difference in patient outcomes when compared with in-person consultations (13). Incorporating GPs within these teleophthalmology and teledermatology services could help alleviate the burden on health care services, enabling GPs to directly refer suitable cases to remote specialists, without increasing face-to-face secondary care consultations. GPs are already intrinsically involved within the referral process, and due to their existing relationships with relevant stakeholders and allied health care professionals, they are in a position to preside over the appropriate referral channels. Further research would include: (i) regular quality improvement projects that investigate the effectiveness of incorporating GPs into telemedicine at reducing face-to-face secondary care consultations; (ii) observational studies comparing generalists (e.g. GPs) with specialists (e.g. Dermatologists/Ophthalmologists), particularly investigating the evaluation and management of selected virtual cases (on a secure online repository). These investigations would be beneficial to assess the efficacy of this intervention and to identify knowledge gaps to inform the future training of GPs.

Addressing the burden of missed care that has accumulated during this pandemic, including cancer screening procedures, elective surgeries and face-to-face outpatient appointments is one of the greatest challenges health care systems have ever faced. Now is the time to explore, research and invest in telemedicine and the training of GPwER to perform elective procedures in the primary care to manage the increased service demand.

## Declaration

Funding: none.

Ethical approval: none.

Conflict of interest: none.

## References

- Morris EJA, Goldacre R, Spata E et al. Impact of the COVID-19 pandemic on the detection and management of colorectal cancer in England: a population-based study. *Lancet Gastroenterol Hepatol* 2021; 6(3): 199–208.
- Caricato M, Baiocchi GL, Crafa F et al; Italian Colorectal Anastomotic Leakage (iCral) study group. Colorectal surgery in Italy during the Covid19 outbreak: a survey from the iCral study group. *Updates Surg* 2020; 72(2): 249–57.
- Humphreys H, Coia JE, Stacey A et al; Healthcare Infection Society. Guidelines on the facilities required for minor surgical procedures and minimal access interventions. *J Hosp Infect* 2012; 80(2): 103–9.
- Royal College of General Practitioners. *Guidance and Competences for GPs with Extended Roles in Dermatology and Skin Surgery*. <https://www.rcgp.org.uk/GPwER-dermatology> (accessed on 3 February 2021).
- Botting J, Correa A, Duffy J, Jones S, de Lusignan S. Safety of community-based minor surgery performed by GPs: an audit in different settings. *Br J Gen Pract* 2016; 66(646): e323–8.
- Wilkins T, LeClair B, Smolkin M et al. Screening colonoscopies by primary care physicians: a meta-analysis [published correction appears in *Ann Fam Med*. 2009 Mar–Apr;7(2):181]. *Ann Fam Med* 2009; 7(1): 56–62.
- Meara JG, Leather AJ, Hagander L et al. Global Surgery 2030: evidence and solutions for achieving health, welfare, and economic development. *Lancet* 2015; 386(9993): 569–624.
- NHS England. *Transforming Elective Care Services Dermatology*. <https://www.england.nhs.uk/publication/transforming-elective-care-services-dermatology/> (accessed on 3 February 2021).
- NHS Digital. *Hospital Outpatient Activity 2018–19*. <https://digital.nhs.uk/data-and-information/publications/statistical/hospital-outpatient-activity/2018-19> (accessed on 11 February 2021).
- Livingstone J, Solomon J. An assessment of the cost-effectiveness, safety of referral and patient satisfaction of a general practice teledermatology service. *London J Prim Care (Abingdon)* 2015; 7(2): 31–5.
- Crompton P, Motley R, Morris A. Teledermatology—the Cardiff experience. *J Vis Commun Med* 2010; 33(4): 153–8.
- Mehrtens SH, Shall L, Halpern SM. A 14-year review of a UK teledermatology service: experience of over 40 000 teleconsultations. *Clin Exp Dermatol* 2019; 44(8): 874–81.
- Kang S, Dehabadi M, Sim DA et al. Accuracy of periocular lesion assessment using telemedicine. *BMJ Health Care Inform* 2021; 28(1): e100287.