

Gastroenterology services in the time of COVID-19 pandemic

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In the midst of the COVID-19 crisis, the way we provide health services in the field of gastroenterology is dramatically changing. Although the NHS is facing the biggest challenge since its foundation in 1948, gastroenterologists, like other colleagues, are hoping to maintain the essential services of an already busy specialty.

Apart from its direct effects, the epidemic has taken a toll on routine gastroenterology services, which include postponing routine endoscopy, speeding up patient discharges to free up space for the influx of patients with COVID-19, and stepping up to help colleagues cover other medical wards and intensive treatment units. Routine outpatient services are being scaled down to divert resources to fight the pandemic. All academic meetings scheduled in April and May have been deferred to future dates. Video conferencing has replaced regular MDT and departmental meetings in line with social distancing guidelines. Remote prescribing and drive-through pharmacies have been introduced to avoid exposing patients to the fast-moving and deadly Coronavirus.

Huge efforts are being made to contact patients on immune suppression treatment to provide advice on shielding and social distancing according to the recent British Society of Gastroenterology (BSG) guidance.

The COVID-19 pandemic has led to innovative solutions, especially in the

routine diagnostic pathways. The BSG, the Association of Coloproctology of Great Britain and Ireland, and the British Society of Gastrointestinal and Abdominal Radiology proposed a new pathway for urgent colorectal cancer referrals. Patients with suspected lower gastrointestinal cancer and positive faecal immunochemical testing will be triaged by clinicians and then, if needed, re-routed for the CT scan of the abdomen and pelvis or deferred colonoscopy or CT colonography. The BSG recently published a guidance on inflammatory bowel disease (IBD) service delivery that includes introducing the point-of-care testing for faecal calprotectin in primary care to remotely monitor patients with IBD.

Having been a junior doctor during the Gulf War in Iraq in 2003, I have learnt that when crisis strikes, priority should be to maximise the efficiency of care to save as many lives as possible using the available resources. As COVID-19 pandemic is a global emergency, this is not the time for pointing fingers. At least until we get over this crisis.

If there is a silver lining in this hardship, it has to be the increased use of telemedicine, video conferencing and innovative health technology in providing outpatient clinics. In the future, many of routine and uncomplicated cases could be reviewed virtually. Therefore, we can keep the regular face-to-face consultations to urgent and more complicated cases. Some of the concerns around protecting patient privacy,

inability to carry out proper examination and potential physicians' liability will need to be addressed. Video-assisted consultation may not be suitable for patients without smartphones. Telephone and video consultations are not necessarily shorter than normal face-to-face consultations. However, as this is a new platform, there is a clear scope for future improvement.

The role of specialist nurses and advice lines in keeping the gastroenterology service running has been commendable. In fact, this crisis may encourage some patients to become more able to self-manage, for example, patients with minor self-limiting IBD flare-ups. With many administration staff and colleagues who are off work, medical students stepped up to help NHS staff who are working tirelessly to provide care.

This crisis has shown how dedicated the NHS staff are. They have been at the front line in the fight against this rapidly spreading and highly contagious disease. This has not gone unnoticed and weekly claps for the NHS and care workers have shown the appreciation the public holds for the healthcare workers. On more than one occasion, patients have said to me "thank you for all your hard work and good luck" at the end of the telephone consultations.

This is clearly an unprecedented event and the fight continues. It will be one of those singular defining times in our careers that we will remember forever.

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