IMAGE: IKON

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The pandemic has caused massive disruption to the country and healthcare in particular. The impact on cancer screening is well documented, but my interest is focused more on the impact on the routine health surveillance of long-term treatable conditions such as diabetes.

The access to phlebotomy and GPs has been an issue that is not the whole story. Given the mixed reaction of the public to basic health messages – such as mask wearing and social distancing, coupled with the risk of complications of contracting COVID-19 if you have a pre-existing condition – do you want to go out and queue for a blood test, if you can actually get an appointment?

POCT is a solution, but this involves purchasing equipment and connectivity, which is fine for those who require monitoring, but we need to look differently at provision of pathology from the community.

There is no reason, for many tests, why we cannot get patients to self-collect capillary samples and send them into the labs by post, or drop-off points, then have a clinical follow-up by video conference with their healthcare provider to discuss results.

This will lead to fewer GP and OPD appointments in person and will allow efficient access to pathology testing.

The downside is that this does not fit well with our current model of service delivery and large automated systems, but, for public health provision, this is something that we need to look at, as COVID-19 is going nowhere soon.

Cherie Beckett

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The pandemic has had a significant impact on healthcare in so many ways, largely through the necessary funnelling of resources to attempt to control the virus. Difficult decisions have been made in terms of prioritising care and ensuring infection prevention and control.

To reduce hospital attendances (and potential exposure and additional demands on the system), some elective surgeries have been cancelled, but this of course has undoubtedly affected disease progression, for example, in cancer patients. Routine cervical screening and mammography have also been affected, which will have consequences to come.

Fewer face-to-face consultations has led to an increase in empirical therapies and patients critically ill with COVID-19 have required antibiotics due to the acquisition of opportunistic bacterial infections, with many stepped up to last-line drugs.

The necessary prioritising and adapting of care during the pandemic has led to many unfortunate and unexpected side-effects. We are already seeing such effects, but many more will surely emerge. The focus now is how we move forward as we play "catch-up" with missed surgeries, referrals to speciality care, diagnosing patients presenting late due to inaccessibility of – or perhaps fear of accessing – healthcare during the pandemic and how we tackle the levels of antimicrobial resistance that pre-pandemic were already significantly high. All will be a huge challenge that we must face with the utmost urgency.

Simon Bowen

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The medical area that causes me the biggest concern has been the reduction of cancer diagnosis and monitoring capacity. It is also natural to think about the cervical screening programme, but the pandemic has also significantly reduced capacity in medical imaging and endoscopic programmes. Furthermore, the routine follow-up surveillance procedures for known cancer patients have been delayed, which adds to the anxiety that these patients experience.

The NHS will catch up with the backlog, but, until then, patients will be diagnosed later into their disease