

# COVID-19 and the Future of UK Telemedicine and eHealth

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*“In the midst of every crisis lies great opportunity” - Albert Einstein*

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## Opinion

Adoption of telemedicine in the National Health Service (NHS) in the UK has been slow. There are probably many reasons for this. One of the reasons is the acceptability of this service provision by healthcare workers and the patients. On one hand doctors and nurses tend to be risk averse and any treatment model that appears to pose a risk to the patient will be resisted. On the other hand, patients may find value in the traditional face-to-face meeting with their doctor or nurse. However, the greatest barrier to telemedicine in the NHS has been the system's complexity. The system is so complex that introducing change is a major challenge. There have been some spectacular failures of government introduced change in the NHS at huge costs to the taxpayer. COVID-19 has drastically reduced the barriers to change in the NHS. At the height of the epidemic, the doctors were forced to conduct virtual clinics while patients were grateful to even have an opportunity of having a virtual consultation with a doctor. Over time it became clear to the patient and the doctor that this model of care was safe and convenient for both parties. The patient who is key to success of any healthcare service innovation is now fully engaged with this care model. This is encouraging because telemedicine increases service accessibility, convenience, patient participation all at a lower cost than conventional service.

## Increasing Accessibility

Telemedicine has been shown to increase accessibility to healthcare. For example, prior to March 2020, all women requiring medical abortion in the UK were required to be seen in person in a clinic to have an ultrasound scan and then have the medications administered in clinic. For most women, the clinic visits and ultrasound scans were completely unnecessary serving only to introduced waste in the system and service access barriers. A doctor can only see a limited number of patients in clinic while a telephone or video consultation would accommodate more women. In addition, clinic visits might disproportionately disadvantage the disadvantaged patients as the logistics of clinic visit might be expensive or challenging [1]. Changes in legislation [2-4], and treatment guidelines [5] during COVID-19 made it possible to legally and safely carry out abortions by telemedicine in the UK. With these changes, Aiken [6] showed that telemedicine safely increased access to medical abortion service in the community. This is in keeping with many other telemedicine studies. Furthermore, women had abortions performed significantly earlier from first contact with the healthcare system at a significantly earlier gestation than using the traditional treatment model. It is very important that while telemedicine is applauded for increasing healthcare access, there is a danger that some disadvantaged patients may not benefit from it if equity and ethical principles are not designed into the planning and implementation phases.

## Convenience and Patient Participation

Telemedicine can be instant through video/teleconferencing using any facility or asynchronous where patient data can be reviewed later after collection. Patients can be monitored passively using sensors or actively by a patient uploading their own data or pushing on data to the healthcare worker. From the patient's perspective, telemedicine is convenient and empowering as the patient participates in their own care. In the conventional system, patients with long term conditions often have multiple hospital attendances for routine checks which can be done remotely. The visits add no value to the patient and may even impose physical, mental, and financial burden and yet there is now good evidence to support the use of telemedicine in many chronic conditions. With telemedicine patients are in their own environment and in charge of their lives. Furthermore, patients avoid common hospital risks such as hospital acquired infection, physical and mental deterioration.

## The Future of Telemedicine in the NHS

COVID-19 has drastically reduced the barriers to change in the NHS for telemedicine to really embed itself in the system. Although telemedicine is being driven from top down by the government in the form of virtual wards [7,8] backed by new government funding, the likelihood of success is very high. In July 2022, the NHS waiting list had grown to 7 million [9] putting enormous pressure on all NHS providers. For this reason, all NHS providers are eager to implement virtual wards. "Inpatients" with several designated conditions will be managed in their own homes. These patients will be treated just as any inpatient except that they are in their own homes. Patients will participate in the management of their conditions. Post COVID-19 peak, many more patients will be managed in the community as the benefits of the virtual ward start

being appreciated more by both the doctors and patients. There is now ample technology and evidence to support the safe delivery of telemedicine in primary, secondary and tertiary healthcare systems. Furthermore, there is both public and political will to fully support this healthcare delivery model. COVID-19 has really opened this neglected patient friendly healthcare management modality which will soon become part of the expected offerings of any healthcare provider in the UK.

## References

1. O'Shea L, Hawkins J, Lord J, Schmidt HM, Hasler E, et al. (2020) Access to and sustainability of abortion services: A systematic review and meta-analysis for the National Institute of Health and Care Excellence-new clinical guidelines for England. *Hum Reprod Update* 26(6): 886-903.
2. English Government (1967) The Abortion Act-Approval of a Class of Places. Department of Health & Social Care (DHSC). UK.
3. Scottish Government (2020) Scottish Government. Abortion-Covid-19-approval for mifepristone to be taken at home and other contingency measures. UK.
4. Welsh Government (2020) The abortion Act 1967-approval of a class of place for treatment for the termination of pregnancy (Wales), UK.
5. (2020) Royal College of Obstetricians and Gynaecologists (RCOG), Royal College of Midwives (RCM), Faculty of Sexual & Reproductive Healthcare (FSRH), British Society of Abortion Care Providers (BSACP). Coronavirus (COVID-19) Infection and Abortion Care. UK.
6. Aiken A, Lohr P, Lord J, Ghosh N, Starling J (2021) Effectiveness, safety and acceptability of no-test medical abortion (termination of pregnancy) provided via telemedicine: A national cohort study. *BJOG* 128(9): 1464-1474.
7. NHS (2022) Supporting information; Virtual ward including Hospital at Home. UK, pp. 1-10.
8. NHS (2022) Virtual wards. UK.
9. BMA (2022) NHS backlog data analysis.