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Letters to the editor

OVERVIEW

Please submit letters for the editor's consideration within 3 weeks of receipt of *Future Healthcare Journal*. Letters should ideally be limited to 350 words, and sent by email to: fhj@rcplondon.ac.uk

Technological developments driven by COVID

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Editor – The COVID-19 pandemic is upon us and the NHS is preparing rapidly. While there is huge anxiety and concern there are already discernable shoots of new practice driven by the current need that are likely to survive into the future, changing how we practice medicine. That these changes have happened so rapidly within such a large and often cumbersome organisation is a huge credit the ingenuity, dedication and ability of its staff.

Of these developments the almost immediate adoption of platforms such a Zoom and MS Teams for multidisciplinary team meetings (MDTs) has been particularly striking and successful. Within our department, all such meetings are now held virtually with a chairperson coordinating discussion and others manning the electronic patient record, picture archiving and communication system and other imaging systems, sharing their desktop to allow review of information. This has allowed the attendance of greater numbers of colleagues than ever before, especially those rostered to be off site. The format is liked and even the most technologically reticent have found the systems easy to use.

It is not just MDTs that have benefited, management meetings and teaching sessions having been successfully held using the same programs, a particular boon in our trust, which is based across four sites.

One is also struck by how quickly doctors and patients have taken to video or telephone consultations. One suspects that the introduction of such virtual clinics in 'normal' times would have taken months of preparation and organisation. The COVID pandemic has stimulated this to happen in days. The NHS Attend Anywhere programme is certain to be retained in our post-COVID practice and while not suitable for all out patient assessments, it does have the potential to reduce travel to hospitals and the time patients spend attending appointments.

It remains to be seen what other inventions the coronavirus will be the mother of, but it does seem that this adversity will be a driver of some positive change. ■

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Acute oncology in small and rural hospitals

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Editor – The theme of the February 2020 issue of the *Future Healthcare Journal*, small and rural hospitals, is timely and it is generally positive in discussing the contribution such facilities can make to the service and to training. However, the issue of oncology in such settings is barely touched upon. Smith states that they provide a service to patients who are unable to access oncology and other services directly.[1] Fox and colleagues state that a number of specialties, including oncology, are often not co-located with acute medicine.[2] The implication is that in the more remote hospital they might be so co-located.

In reality, there will often be some non-surgical oncological work in such a hospital, at least the delivery of chemotherapy, and it is to be hoped that full medical oncology services for common epithelial tumours will be developed there. What is certain is that complications of cancer and its treatment will present in this setting. This was recognised by the National Chemotherapy Advisory Group in 2009 and the need for hospitals taking acute admissions to provide an acute oncology service.[3]

Airedale General Hospital serves a large rural area in the Craven district of North Yorkshire. Its total catchment population is around 200,000. It has had a medical oncology service for several decades. The acute oncology service provided as part of that has been described in a textbook on the subject.[4] It has the important function of ensuring that acute aspects of cancer and its treatment receive optimal management in the setting of the general hospital. The continuing and increasing importance of this function is emphasised in the second edition of that textbook.[5]

This discipline is a clear example of how up-to-date, accessible services can be extended throughout the UK. ■

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