At our practice, we have started performing video consultations via encrypted video link from smartphone to smartphone.

As highlighted by Greenhalgh and colleagues,^{1,2} video consultations may offer advantages over telephone consultations in specific circumstances but should supplement, rather than replace, existing services. Managing the risks versus benefits of patient attendance versus non-attendance in primary care is complex and will likely continue to change based on our developing understanding of COVID-19 and as guidance from leading public health bodies is updated. The welcome guidance from Greenhalgh and colleagues¹ is the best we have to act on until further information becomes available on the efficacy and safety of video consultations in the context of the COVID-19 pandemic.

Samuel P Trethewey,
Oak Tree Surgery, Liskeard.

Kathryn J Beck,
Oak Tree Surgery, Liskeard.

Rehan F Symonds,
*Oak Tree Surgery, Liskeard; Cornwall
Clinical Research Group, Cornwall.*
Email: r.symonds@nhs.net

REFERENCES

1. Greenhalgh T (on behalf of the IRIHS research group). Video consultations: information for GPs. 2020. <https://www.rcgp.org.uk/policy/rcgp-policy-areas/-/media/B2ED99A2DBEE424788E12D17FF73A55F.ashx> (accessed 16 Apr 2020).
2. Greenhalgh T, Wherton J, Shaw S, Morrison C. Video consultations for covid-19. *BMJ* 2020; **368**: m998.
3. Mold F, Hendy J, Lai YL, de Lusignan S. Electronic consultation in primary care between providers and patients: systematic review. *JMIR Med Inform* 2019; **7**(4): e13042.

DOI: <https://doi.org/10.3399/bjgp20X709505>

As the profession soldiers on, all members hear the call to arms

Maximising workforce capacity is essential in the COVID-19 effort. As the pandemic

continues, new sources of medical expertise to maintain service output will be needed. Meanwhile, COVID-19 has forced primary care into a digital revolution overnight. Routine and triage work is moving online with unprecedented speed. An unintended consequence of this may allow a previously untapped sector of the workforce to be mobilised, UK-trained GPs overseas.

There are no official figures for how many UK-trained GPs are overseas. The BMA Future of General Practice Survey 2015 found that 9% of GPs hoped to work overseas in the next 5 years, rising to 16% for those qualified less than 10 years.¹ Among those who have emigrated, some will be working in academia, some practising clinically in other healthcare systems, and some who have left medicine. However, there will be some GPs, like myself, who have undertaken great pains to maintain our UK practice, keeping up with CPD, appraisal, performers list, and registration requirements. In times of crisis we are eager to offer help. An informal poll of my personal network of UK-trained colleagues overseas shows that I am not alone. The shift towards remote consulting not only removes borders, but it also removes boundaries at a time when the primary care workforce needs a boost.

We might be a smaller group than those at the extreme ends of our careers, but we are skilled, experienced, and willing. We can consult fresh at unsocial hours, relieve the burden from overworked colleagues, and plug gaps when others fall ill or need to look after loved ones. Clearly the role overseas UK-trained GPs can play must be integrated into practice workflows to be viable. Appropriate ground support, both clinical and technical, is needed with challenges including set-up costs, electronic record access, and medical defence hurdles to overcome. However, these are minor in comparison to the benefits of a GP-trained workforce supplementing the primary care effort. With NHS England warning that GP trainees could be drafted into hospital service,² the position of primary care is precarious. In such exceptional times, every session counts.

Maham Stanyon,
*Assistant Professor, Department of
Community and Family Medicine; Assistant
Professor, Centre for Medical Education
and Career Development, Fukushima
Medical University, School of Medicine.*
Email: mstanyon@fmu.ac.jp
Twitter: @mahamstanyon

REFERENCES

1. British Medical Association. *The future of general practice*. 2015 [updated 2018]. <https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-surveys/future-of-general-practice> (accessed 16 Apr 2020).
2. Quinn H. GP trainees may be relocated from practices to help tackle coronavirus. *Pulse* 2020; **13 Mar**: <http://www.pulsetoday.co.uk/clinical/clinical-specialties/respiratory/-gp-trainees-may-be-relocated-from-practices-to-help-tackle-coronavirus/20040318.article> (accessed 16 Apr 2020).

DOI: <https://doi.org/10.3399/bjgp20X709517>

Managing patients with COVID-19 infections: a first-hand experience from the Wuhan Mobile Cabin Hospital

The editorial by Cairns is a reminder of the continuing challenges posed by infectious diseases.¹

The 2019 novel coronavirus disease (COVID-19) has spread to many countries² and threatens to overwhelm healthcare resources. To overcome the shortage of hospital beds and to allow for a centralised management of confirmed mild cases in Wuhan, mobile cabin hospitals (MCHs), also known as square cabin hospitals, have been converted from a sports stadium and convention centres.³ MCHs generally include a patient ward area, observation and resuscitation areas for severe cases, and areas for imaging and laboratory testing.^{4,5} They are divided into contamination, semi-contamination, and clean areas and pathways. In the patient ward unit, beds are at least 1.2 metres apart from each other.³

The Sports Stadium Square Cabin Hospital in Wuhan started to admit patients on 12 February. Healthcare workers screened for patients with mild symptoms and asymptomatic carriers in the community by real-time polymerase chain reaction (RT-PCR) and chest CT. Patients were admitted to square cabin hospitals according to clear criteria.^{4,5} Otherwise, social distancing at home was applied, with follow-up. After admission, patients received supportive care for COVID-19 and underlying medical conditions. Medical staff examined patients several times a day