

The Challenges of Managing Vulval Disease in the Post-COVID NHS

Supriya Potamsetty

Introduction: The Landscape of Vulval Disease Management in a Post-COVID NHS

The management of vulval diseases poses significant challenges in the post-COVID NHS, where the pandemic has exposed critical gaps in patient care, demanding immediate attention. As healthcare systems strive to rebuild and adapt, it becomes imperative to address the complexities surrounding vulval health management to ensure patients receive the necessary support and treatment. Five areas stand out as pivotal in shaping the current landscape, and addressing these interconnected issues is essential for fostering a more effective and compassionate approach to these conditions:



Figure 1 Diagram presenting five areas where challenges of managing vulval disease in the Post-COVID NHS are seen.

1. Delayed Diagnoses and Treatment Backlog

The COVID-19 pandemic has profoundly disrupted the diagnosis and treatment of vulval diseases, leading to significant delays that negatively impact patient outcomes. The NHS reported substantial backlogs, with 4.5 million people waiting for routine appointments and elective surgeries since the pandemic, complicating patient care.⁽¹⁾ Disturbances in healthcare services have extended wait times for consultations and treatments, exacerbating symptoms and complications associated with most conditions. For example, lichen sclerosus and vulvodynia require early detection and management, as delays can accelerate disease progression and elevate morbidity. Untreated lichen sclerosus can result

in severe complications, including debilitating pain and increased risk of malignancy, while vulvodynia may become chronic without timely intervention.⁽¹⁾

Addressing backlogs in vulval disease management is essential to prioritise timely interventions, ensuring they receive the necessary support in the aftermath of ongoing health crises.

2. Mental Health Implications and the Need for Holistic Care

Studies suggest an increased prevalence of vulvodynia among those screening positive for depression or PTSD.⁽²⁾ However, the mental health repercussions of vulval diseases themselves are profound and often overlooked; symptoms such as persistent pain can affect mood, while visual changes in sensitive areas can impact body image and affect intimate relationships, fostering feelings of embarrassment and social isolation. On top of this, the pandemic intensified mental health challenges globally thanks to lockdowns and prolonged social isolation, making it increasingly difficult for patients with vulval diseases to access critical support. The NHS faces extended wait times for mental health services given a 45 per cent increase in people in contact with secondary mental health services since 2019, frequently leaving patients without assistance during crucial periods.⁽³⁾

A patient-centred, holistic, integrated approach to vulval disease care, incorporating routine mental health screenings, is essential, merging medical treatment with psychological support to address diverse challenges. Support groups, counselling, and specialised mental healthcare can guide patients through distress, ultimately enhancing their quality of life. Healthcare systems must forge connections between physical and psychological care to achieve the highest quality of care for patients with vulval disease.

3. Workforce Shortages

The post-COVID landscape has revealed significant workforce shortages within the NHS, exacerbated by heightened staff burnout, severely impacting specialised care for vulval diseases. These conditions often require the joint expertise of gynaecologists and dermatologists. However, the shortage of specialists results in prolonged wait times and limited access to essential diagnostics and treatments.⁽⁴⁾ General practitioners face increased pressure and may lack the specific training needed for effective vulval disease management, leading to potential misdiagnoses and delayed treatment.

Addressing these workforce shortages is urgent, as evidence links them to poor patient outcomes, highlighting the need for increased numbers in specialised training in gynaecology and dermatology.⁽⁴⁾ With the rising demand for expert care, the NHS must prioritise recruiting and retaining specialists to improve care quality and alleviate the burden on primary care. Innovative solutions, such as

telemedicine, can play a crucial role. Remote consultations facilitate timely evaluations, allowing patients to receive expert advice without in-person visits, easing pressure on strained clinics.

Fostering interdisciplinary collaboration among gynaecologists, dermatologists, and primary care physicians is essential. This cohesive approach enhances diagnostic accuracy and treatment effectiveness, optimising management for patients despite staffing challenges. By integrating strategies like strengthening specialist recruitment, utilising telemedicine, and promoting teamwork, the NHS can address workforce issues and improve outcomes for vulval disease patients until the effects of longer term strategies such as increased capacity of specialist training programmes are felt.

4. Innovation and Resource Allocation

Post-COVID budget constraints have significantly affected the NHS's ability to allocate resources for chronic disease management, particularly for vulval diseases.⁽⁵⁾ Specialised care is limited and delayed by funding, and innovative solutions are required to navigate these challenges. Cost-effective patient education programs can empower individuals to better understand and manage their conditions. Additionally, mobile clinics can extend essential care to underserved communities, while self-assessment tools enable patients to actively monitor their symptoms. Implementing these strategies can enhance efficiency and improve health outcomes for patients with vulval disease in a cost-effective manner.

5. Public Awareness and Education

Raising public awareness about vulval diseases is essential for reducing stigma, promoting early diagnosis, and enhancing patient outcomes. Many individuals hesitate to seek help due to misconceptions surrounding these conditions, resulting in unnecessary suffering. Public health initiatives that normalise discussions about vulval health can empower individuals to recognise symptoms and seek timely care. Targeted campaigns can reshape societal perceptions, encouraging proactive management and reducing barriers to care. By fostering open dialogue and providing accessible information, healthcare organisations can create a supportive environment that allows individuals to seek help without fear. Prioritising public education not only facilitates earlier diagnosis but also empowers a more compassionate approach to vulval health within the broader community.

Conclusion: A Path Forward

In conclusion, addressing the multifaceted challenges of managing vulval diseases in the post-COVID NHS is essential for improving patient outcomes and enhancing overall quality of life. The complex interplay of treatment delays, mental health impacts, workforce shortages, budget constraints, and limited public awareness necessitates a coordinated and strategic response. By adopting a holistic, patient-centred approach that seamlessly integrates physical and mental health care, investing in comprehensive workforce training, and enhancing public education initiatives, the NHS can significantly elevate the standard of care for individuals affected by vulval diseases. The NHS must confront these challenges head-on, ensuring that every patient receives the compassionate and comprehensive support they deserve.

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