Another unexpected benefit of the pharmacy implemented a pharmacy support line through the rheumatology department alone. Another unexpected benefit of the pharmacy implementation of a pharmacy support line through the rheumatology department was improved compliance and adherence to treatment. This translates to approximately £13,500 of medication waste can be saved over 4-weeks of medication rather than the usual 8-weeks supply. This is significant as we changed initial prescribing methods and dispensed 4-weeks of medicine optimisation and reducing waste.

Over the 10-week period of the pilot study, 83 new patients started on biologics and 46 of these were provided with reassurance/support and of any clinical queries outside the pharmacist's remit. Any clinical queries outside the pharmacist's remit were referred to nurse counselling when patients should have been 3-weeks into treatment with their new biologic and provided with further information after nurse counselling. The survey was piloted (n = 7) opinion from clinicians, scientists and health service researchers. The survey was piloted (n = 5) and sent to UK-based rheumatologists using established electronic mailing lists between 2nd October 2020 and 8th March 2021. Respondents were asked to describe workloads and practices typically seen before the COVID-19 pandemic. Data were analysed using descriptive statistics and thematic analysis.

Results
Survey responses were received from 104 rheumatologists representing centres across the UK. Wide variation in terms of workloads and practices were described (See Table 1). Only 41% (n = 43) of respondents reported using nailfold capillaroscopy provided at their centres. Key barriers were access to equipment and a lack of expertise in terms of acquiring and analysing images. Respondents indicated that a centralised internet-based system for storing images and handling access would help mitigate current inequities in care provision.
sharing diagnoses would provide access to expertise and the possibility of timely diagnoses.

P117 Table 1: Use of nailfold capillaroscopy (NFC) across UK centres

| Question                                                                 | Number | %  |
|--------------------------------------------------------------------------|--------|----|
| Do you use nailfold capillaroscopy at your site?                         |        |    |
| Yes                                                                      | 61     | 59 |
| No                                                                       | 43     | 41 |
| Total                                                                    | 104    | 100|
| In what context are nailfold capillaroscopy images taken?                |        |    |
| At the general clinic appointment                                         | 22     | 51 |
| At a separate hospital appointment                                       | 16     | 37 |
| Other                                                                    | 1      | 2  |
| Either general clinic or separate hospital appointment                    | 2      | 5  |
| Missing/unclear                                                          | 2      | 5  |
| Is there a dedicated room where imaging is done?                         |        |    |
| No                                                                       | 23     | 54 |
| Yes                                                                      | 18     | 42 |
| Unclear/missing                                                          | 2      | 5  |
| What type of equipment do you use for NFC?                               |        |    |
| Video microscope                                                         | 9      | 21 |
| Stereomicroscope                                                         | 1      | 2  |
| USB microscope                                                           | 12     | 28 |
| Dermatoscope                                                             | 13     | 30 |
| Ophthalmoscope                                                           | 1      | 2  |
| Stereomicroscope & dermatoscope                                          | 1      | 2  |
| Don’t know                                                               | 6      | 14 |
| Who usually does NFC imaging in your centre?                             |        |    |
| I do it myself                                                           | 20     | 47 |
| Another consultant or SpR                                                | 9      | 21 |
| Nurse/AHP                                                                | 3      | 7  |
| Technician/medical physics                                               | 6      | 14 |
| Medical photography                                                      | 4      | 9  |
| Clinical scientist                                                       | 1      | 2  |
| Who usually interprets the NFC imaging in your centre?                   |        |    |
| I do it myself                                                           | 25     | 58 |
| Another consultant or SpR                                                | 8      | 19 |
| Nurse/AHP                                                                | 2      | 5  |
| Technician/medical physics                                               | 5      | 12 |
| other                                                                    | 1      | 2  |
| Clinical scientist                                                       | 1      | 2  |
| Technician & consultant/SpR                                              | 1      | 2  |
| From how many RP patients do you obtain NFC images?                      |        |    |
| 0                                                                        | 3      | 8  |
| 1 to 5                                                                   | 8      | 19 |
| 6 to 10                                                                  | 12     | 28 |
| 11 to 20                                                                 | 6      | 15 |
| 21 to 30                                                                 | 4      | 10 |
| more than 30                                                             | 9      | 23 |
| Not sure                                                                 | 5      | 13 |
| How many of those patients imaged were diagnosed with SScs?              |        |    |
| 0                                                                        | 4      | 10 |
| 1 to 5                                                                   | 16     | 41 |
| 6 to 10                                                                  | 8      | 21 |
| 11 to 20                                                                 | 3      | 8  |
| 21 to 30                                                                 | 2      | 5  |
| more than 30                                                             | 2      | 5  |
| Not sure                                                                 | 4      | 10 |
| How are results of NFC reported to the patients?                         |        |    |
| Face-to-face at imaging session                                          | 11     | 26 |
| Face-to-face at clinic appointment                                       | 14     | 33 |
| Letter / as part of treatment plan                                       | 13     | 30 |
| No specific nailfold capillaroscopy reporting                            | 2      | 5  |
| Other                                                                    | 2      | 5  |
| Letter / face-to-face                                                    | 1      | 2  |
| Do you (also) refer patients to other centres for NFC?                   |        |    |
| No                                                                       | 62     | 60 |
| Yes                                                                      | 42     | 40 |
| How many patients per year do you refer to other centres?                |        |    |
| 1 to 5                                                                   | 26     | 63 |
| 6 to 10                                                                  | 11     | 27 |
| 11 to 20                                                                 | 1      | 2  |
| 21 to 30                                                                 | 2      | 5  |
| more than 30                                                             | 1      | 2  |

*participants asked to base answers on the situation in 2019 before the COVID-19 pandemic

Conclusion

Substantial variation in approaches to the diagnosis of SSc across the UK was identified. Potential benefits of a standardised system were described by respondents including the improved diagnosis and management of SSc, realising potential patient benefits and reducing current health inequalities. Survey findings provide evidence to help develop future studies to develop and evaluate the proposed new system.

Disclosure

M. Eden: None. S. Wilkinson: None. A. Murray: None. P. Gurunath Bharathi: None. C. Taylor: None. K. Payne: None. A.L. Herrick: None.