Disclosure which was done as part of the project.

education and awareness at the primary and secondary care level patients referred has almost doubled. This might be due to better GCA probability score, improve CDUS skills and arrange availability of relevance of biopsies further we recommended; the routine use of requiring TAB has declined. Approximately one fourth patients would after the routine introduction of CDUS, the percentage of patients from total of 25, 26% of our suspected GCA referrals would still require (38%). As per current BSR guideline, 8 TABs could have been avoided respectively. We reviewed all TABs in the second phase of QIP after CDUS was introduced and 21.2% were diagnosed as GCA.

Results Retrospective data of suspected GCA patients was collected over the lines advises to avoid TAB in patients with low clinical probability and abnormality on CDUS. British society for Rheumatology (BSR) guideline, high dose glucocorticoids (GC) is often started on clinical suspicion.

Conclusion After the routine introduction of CDUS, the percentage of patients IN SUSPECTED GIANT CELL ARTERITIS

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P007 SERVICE EVALUATION OF THE NURSE-LED TELEPHONE ADVICE LINE IN THE WAKE OF COVID-19: A REPORT OF AUDIT AND STAFF SATISFACTION

Julia Day, Janet Ball, Jayne Down and Raj Sengupta
Victoria Flower, Rheumatology, Royal National Hospital for Rheumatic Diseases, Bath, UNITED KINGDOM

Background/Aims The Rheumatology nurse advice line (NAL) at the Royal National Hospital for Rheumatic Diseases (RNHRD, Bath) provides a vital service for direct patient access to specialist advice via a designated voicemail system. Increasing numbers and difficulty connecting call returns have increased staff workload, reduced efficiency and impacted on staff satisfaction. An audit was therefore undertaken to evaluate service use and efficiency, paired with formal assessment of staff satisfaction in order to identify areas for improvement.

Methods The total number of monthly calls through the NAL during 2020 were counted. A subset of consecutive calls were audited in detail, documenting temporal parameters in relation to the call being logged, returned and concluded. The number of clinicians and attempts required to contact the patient was noted. An anonymised staff satisfaction questionnaire was completed by NAL nurses and administrators. Data was analysed using Excel.

Results An average 653 calls per month (range 340-894) came through the NAL between January and September 2020. 97 consecutive patient contacts were audited from August 2020. Multiple attempts were required to successfully return the call in 19.6% of cases (n = 19/97). Of those, 68.4% (n = 13/19) of calls needed ≥ 2 nurses to contact the patient. In general, the first attempt to return the call was prompt (average 7.6 hours, range 0.1-27.7). However, the time to conclude the call from the patient’s first call log ranged from 0.1 - 142.6 hours (average 12.7 hours) with increased time associated with difficulties contacting the patient or when further advice was required from a Rheumatology doctor (18.5%, n = 18/97). Staff surveys revealed 67% of staff felt that the NAL is a good service to offer patients. However, 67% of staff did not feel the NAL in its current format was easy to manage. Specific comments included that the lack of rota’d responsibility, unpredictable workload and time inefficiencies were barriers to managing the service.

Conclusion From this data, we conclude that patient calls are returned promptly, but utilising a system of voicemail and unscheduled call returns is inefficient and contributes to staff dissatisfaction. This data has driven change for service improvement. To improve efficiency, calls will be answered live by an administrator during working hours and patients given a call-back time. A doctor will be named as a single point of contact for the nurses to seek additional advice and a nurse rota will designate responsibility for NAL calls to reduce work-load uncertainty. Follow up service evaluation will include staff and patient satisfaction questionnaires, and repeat audit, with consideration of ways to support frequent service users.

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