outcomes and detailed quality improvement cycles are vital to adjust helplines is a potential strategy for other centers to develop. Ongoing complaining patient, and careful selection of those suitable for virtual Virtual care with the provision for patient-led care allows convenience.

Conclusion
clinicians 12/16 (75%) and was similarly identified amongst patient achieved for patients in a virtual setting compared to a face-to-face virtual clinic set up, but only 2/16 (13%) felt the same could be

382 patients (Table 1). 86% of patients felt they got a lot out of a virtual email helpline activity. Questionnaire responses were obtained from

None. Garrood:

Gender Female 293 (77%)

Demographics

How would you rate the

Did you feel you received the

Did you feel involved in the decision

Did you get everything out of this

Was the length of the appointment

Feedback

Length of appointment

Clinician Doctor 324 (85%)

Type New 45 (13%)

Consultations

Race White British 233 (60%)

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of COVID-19 and lockdown on self-management behaviours and healthcare provision in people with IA.

**Methods**

Semi-structured interviews were conducted with 21 patients with IA from across the UK (as part of a larger longitudinal survey study exploring the impact of COVID-19 on health-related quality of life for people with IA). Participants who gave consent for contact, following the completion of the baseline survey study, were approached to take part in the qualitative interviews. The interview schedule was developed with a Patient Research Partner and consisted of eight main questions to explore participants’ experiences of the COVID-19 pandemic, including the impact of COVID-19 on their self-management behaviours and access to healthcare services. The interviews were conducted via telephone and were recorded and transcribed before being analysed using inductive thematic analysis.

**Results**

Participants were aged between 24-72 (mean age 50.0, SD 15.8) and were mostly female (71%) and White British (86%). Four main themes were identified: impact of COVID-19 on medication adherence, impact of COVID-19 on physical activity, impact of COVID-19 on diet, and impact of COVID-19 on healthcare access. Subthemes focused on positive and negative changes made to these areas, as well as behaviours which remained consistent. Some participants expressed that the lockdown period had enabled them to increase their physical activity, improve their diet and maintain their usual medication regimen, whilst others noted that lockdown had had a negative impact on their self-management behaviours. For example, some patients decided to discontinue their medication during the pandemic due to concerns that it would make them more susceptible to severe consequences from COVID-19. In relation to healthcare provision, the most commonly reported change was the introduction of telephone appointments to replace face-to-face consultations. Several patients found the telephone appointments ineffective, especially if their disease was relatively uncontrolled. Nevertheless, participants understood why a remote approach had been implemented during the pandemic.

**Conclusion**

COVID-19 has had an impact on patients’ abilities to manage their IA. Healthcare professionals need to recognise the impact of COVID-19 on patient self-management and healthcare provision to ensure that adequate understanding and support is available to patients who may have inadequate disease control as a result.

**Disclosure**

E. Caton: None. H. Chaplin: None. L. Carpenter: None. M. Sweeney: None. H. Tung: None. S. de Souza: None. S. Norton: None.