P068 EARLY EXPERIENCE AND OUTCOMES OF TELEPHONE AND VIDEO CONSULTATIONS IN RHEUMATOLOGY DURING FIRST WAVE OF COVID-19

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Background/Aims  
The 2018 NHS Long Term Plan set a target of reducing face to face (F2F) outpatient visits by a third within 5 years. The COVID-19 pandemic forced departments to implement changes to the delivery of outpatient services at unprecedented speed. Here we present our community-based department’s experience of offering telephone and video consultations to new patients during the first wave of the pandemic.

Methods  
All new patients (excluding those with suspected early inflammatory arthritis or other conditions triaged as urgent) offered an appointment with a consultant or extended scope physiotherapist in the rheumatology service from 11 May 2020 were offered a choice of a telephone or video consultation. Data were collected on the choice of appointment, provisional diagnosis, final diagnosis and need for a subsequent F2F assessment. Surveys to assess patient and staff experience were distributed and analysed.

Results  
Between 11/05/2020 and 24/07/2020, 215 virtual consultations were booked. 124 patients (57.7%) opted for a video consultation and 91 (42.3%) chose a telephone consultation. The ‘Did Not Attend’ rate was 5.1%. Following the initial assessment, 68% of patients were discharged, 16% were booked for a F2F appointment and 16% required further investigations prior to a management decision. The discharge rates between video (70%) and telephone (85%) consultations were similar. Patients with non-inflammatory conditions such as fibromyalgia, hypermobility and osteoarthritis were more likely to be discharged after a virtual consultation. The staff survey highlighted that most clinicians had no prior experience or training in conducting virtual consultations. However, confidence in these modalities rapidly grew, with the majority of respondents happy to deliver a varying proportion of consultations remotely post pandemic. The first 20 patient surveys returned showed that remote consultations were generally well received, 16 patients (80%) agreed or strongly agreed that the consultation met their needs and was a suitable replacement for a F2F appointment. However, only 60% stated that they would be happy to have remote appointment after the pandemic.

Conclusion  
Telephone and video consultations for rheumatology new patients were successfully adopted during the first wave of the COVID-19 pandemic, particularly for non-inflammatory conditions. Although clinicians had limited experience and training in remote consultations prior to the crisis, most adapted rapidly and would consider continuing with them after the pandemic. The majority of patients were happy with their virtual consultation during the first wave, although were less certain of their acceptability in the future. A further analysis and patient survey is underway to ascertain any differences during the second wave. We propose a hybrid model in the post-pandemic future to offer patients a choice of F2F, telephone or video consultations.

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