P070 TELE-CONSULTATIONS FROM THE PATIENT’S PERSPECTIVE: DURING THE PANDEMIC AND BEYOND

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Background/Aims

The current COVID-19 pandemic has challenged healthcare systems worldwide stimulating a transformation of NHS services to cope with increased acute demand, while aiming to minimise viral transmission. A significant proportion of rheumatology patients are considered ‘clinically extremely vulnerable’ and are at increased risk of COVID-19. With this in mind, alongside national guidance from the British Society for Rheumatology and the National Institute of Clinical Excellence we adapted our services in response to COVID by mostly suspending face-to-face appointments for follow up patients, instead relying on telephone or virtual consultations with a face-to-face appointment if necessary in order to minimise risk to our patients. We aimed to evaluate our use of telephone consultations during the pandemic and gain understanding of our patients views of telephone consultations longer term.

Methods

We retrospectively surveyed rheumatology patients under active follow-up at the royal Wolverhampton trust who had a telephone consultation with a rheumatology consultant over a 4-week period (11/5/20- 4/6/20). Patients were invited to participate via a SMS text message containing an embedded web-link to the survey. Results were analysed using SPSS version 26.

Results

Surveys were sent to 1,213 patients; 306 (25.2%) patients completed the survey. Responders were mostly female; the predominant diagnosis was inflammatory arthritis. Ages included: 1 (0.3%) patient aged 16-29 years, 46 (15.0%) 30-49, 180 (58.6%) 50-69, and 79 (25.8%) aged >70 years. Regarding their telephone consultation, 86.6% of responders were satisfied with the consultation. During the current pandemic 81.4% of responders were pleased to have a telephone consult rather than face-to-face; 57.2% of responders would be happy for their next routine appointment to be a telephone clinic. A significantly higher proportion of patients <50 years preferred telephone consultations when compared to older patients (Chi² [DF = 3]= 10.075, P = 0.018) and more younger patients had access to a smartphone than those in the older cohort (Chi² [DF 3]= 20.919, P = <0.001).

Conclusion

Overall, the short-term switch to telephone consultation was well received by our cohort. The majority of patients were satisfied with their telephone consultation and most were pleased to have a telephone consult rather than a face-to-face appointment in the current pandemic. Just over half would be happy for their next routine appointment to be a telephone consultation, however, a significantly higher proportion of younger patients prefer telephone consultations compared to older patients and a greater number of younger patients have access to a smartphone compared to older patients. Further planning is required to ensure patients in older and other vulnerable groups are not excluded should telephone clinics become a more permanent fixture.

Disclosure

N. Cleaton: None. S. Raizada: None.