Background/Aims
The COVID-19 pandemic forced rheumatology clinics to utilise telephone consultations as a means to limit footfall at hospitals and to protect our vulnerable patients. This was a new mode of service delivery for most rheumatology departments as previously all appointments used to be face-to-face. Although remote consultations were previously being considered as a mode of service delivery, the COVID-19 pandemic has expedited the uptake remote consultations within a very short span of time. There are no systematic studies to compare the effectiveness of remote consultations versus face-to-face consultations although remote consultations are now being widely adopted. Our aim was to assess the effectiveness of telephone consultations compared to face-to-face consultations in the routine review of rheumatology patients.

Methods
101 face-to-face consultations and 98 telephone consultations were randomly selected from the months of June and August in 2019 and 2020 respectively. The clinic letters were then accessed and the clinic outcomes were noted. The parameters chosen to aid comparison included start of new medication, medication dose changes, referral for investigations, referral to another specialty, referral to MDT, referral for a steroid injection, timescale of subsequent follow up and discharge from services.

Results
The main results broadly showed similarities in case-mix and several outcomes, including time scale of follow up and intra-articular and intramuscular steroid injections. Fewer patients were started on a new medication following a telephone consultation (14.9% vs 10.2%), more patients had their current medication dose changed (14.9% vs 17.3%) and slightly more patients were referred for investigations (25.7% vs 30.6%). Furthermore, telephone consultations resulted in a lower rate of referrals to MDT (13.9% vs 5.1%) and marginally fewer discharges.

Conclusion
The evaluation showed there were clear similarities between the two groups which showed telephone consultations were comparable to face-to-face consultations. Out of the 98 telephone consultations, only 10 were converted to a face-to-face appointment which was lower than many had predicted. However, the drop in referral rates to other specialties may represent that consultants do not feel confident to refer to another team without a comprehensive face-to-face assessment. Telephone consultations, with the back up of face-to-face slots made available for appropriate patients, appear to be an effective means of service delivery and is likely to continue in a scaled down form.

Disclosure
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