

needed to define acceptable limits of telemedicine and new avenues for potential benefit.

348 Virtual Patient Assessment for Hand Fracture Management: A Departmental Analysis of Financial and Clinical Implications

N. Roberts, J. Totty, R. Pinder

Hull University Teaching Hospitals NHS Trust, Hull, United Kingdom

Introduction: The COVID-19 pandemic demanded reduced face-to-face (FTF) contact. Our department integrated virtual assessment into the incoming referral pathway to enable continuation of high-quality care. This study aimed to assess any potential efficiency benefit of this change in service whilst ensuring no compromise to clinical outcomes.

Method: A prospective analysis was undertaken of all hand fractures referred virtually during a seven-week period starting at the initiation of national lockdown. Cost analysis using NHS reference costs, inflated to 2019/20 prices, was performed. Clinical performance was assessed using the British Society for Surgery for the Hand (BSSH) Standards for Open and Closed Hand Fractures.

Results: Seventy-six hand fractures were referred; FTF attendance was avoided in 35 cases, with an estimated per-patient cost saving of £179.16. Of the 33 patients who attended FTF, 13 achieved same day non-operative treatment; 20 underwent operative intervention with 95% compliance to BSSH standards. No complications occurred.

Conclusions: Our pilot model demonstrates potentially significant cost savings of £6270 over a relatively short period, as well as clinical non-inferiority. This supports sustained integration of virtual patient assessment in the 'new normal'. Further work across all disciplines is