support of nursing, allied healthcare professionals, pharmacy and diagnostic services.

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P065 THE ROAD TO RECOVERY: DEVELOPING A NEW SERVICE FOR URGENT FACE-TO-FACE RHEUMATOLOGY OUTPATIENT APPOINTMENTS DURING THE COVID-19 PANDEMIC: A SINGLE CENTRE EXPERIENCE

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Background/Aims

COVID-19 poses many challenges to the way in which rheumatology services are delivered. In particular, the sudden change from face-to-face (F2F) appointments to telephone consultations (TC) has adversely impacted upon the assessment and management of disease activity. Therefore, we established a dedicated urgent F2F rheumatology clinic to rapidly assess new or follow-up patients with symptoms that could not be managed remotely during the pandemic. Herein we present patient outcomes to inform future service planning in the context of the ongoing pandemic and continuing need for rationing of F2F services.

Methods

Patients requiring urgent F2F assessment between 22nd April and 28th July 2020 were evaluated. Referrals came from rheumatologists, rheumatology trainees, nurse specialists, general practitioners, and other medical teams. Prior to attendance, patients were screened for symptoms of COVID-19 by a clinician. Temperature monitoring was performed on the day of attendance. A retrospective review of electronic medical records was conducted in which we identified outcomes of all patients reviewed.

Results

A total of 201 patients were scheduled an appointment (10 did not attend). Mean age was 45.4±16.6 years of which 14% were 'shielding'. In all, 85% of patients were referred following a previous TC in which assessment and/or treatment could not be done remotely. New referrals consisted primarily of possible new inflammatory arthritis (55%), new autoimmune rheumatic disease (6%) or polymyalgia rheumatica (4%) with 23% currently undergoing investigation to confirm diagnosis. All patients required physical examination and alteration in investigation and/or management. Of those who attended, blood tests (66%), radiographs (32%), MRI (14%), and ultrasound (8%) were the most common investigations requested. In total 14% were referred to another secondary care specialty, 14% to physiotherapy, and 13% for specialist nurse review. Regarding treatment, 25% required intra-articular joint injection (37 patients received a total of 45 joint injections on the day of the clinic with a further 10 patients referred for ultrasound-guided injection); 13% of patients received intramuscular steroids; and 16% were prescribed oral steroids. New disease-modifying anti-rheumatic drug therapy was initiated in 17% of cases with an additional 11% starting a new biologic agent. No patients had their treatment reduced or discontinued. We are not aware of any new cases of COVID-19 following attendance at this clinic.

Conclusion

This urgent clinical service was formed because virtual remote consultations alone were insufficient to address the clinical needs of our patients. We found this service to be safe and effective for assessment of patients, with escalation of treatment according to clinical need, in spite of the adverse impact of COVID-19 upon our services. However, for future service planning during the ongoing COVID-19 pandemic this F2F service requires the availability and