

**P140 PATIENT EXPERIENCE OF OSTEOPOROSIS  
TELEPHONE CONSULTATIONS**

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**Background/Aims**

The COVID-19 pandemic resulted in a rapid change to the use of virtual consultations in both primary and secondary care. Since April 2020, our osteoporosis clinic appointments have predominantly been undertaken by telephone. We wanted to assess our patients' experience of telephone consultations.

**Methods**

A patient feedback questionnaire was developed by the osteoporosis team which was validated by the Patient Advice and Liaison Service team (PALS) at the Royal United Hospital Bath. A questionnaire consisting of 15 questions was sent to patients following their telephone consultation. Patient consent to receive the questionnaire was requested by the consulting clinician for each participant. The patients were provided with a stamped addressed envelope to return the completed anonymous questionnaire. Thematic analysis was used to identify themes in the qualitative data.

**Results**

A total of 39 questionnaires were completed. More than 86% of patients reported that their telephone consultation definitely met their needs. Over 89% answered 'yes definitely' to questions regarding understanding of the reason for their appointment, opportunities for questions, clear understandable answers, feeling listened to, and treatment plans. 59% of patients responded 'yes definitely' that they were given information prior to the appointment about what would happen in the consultation, 10% reported they hadn't, with 31% responding they had but to some extent only. 72% of respondents reported that it was clear who they should contact if they had any further questions following the consultation. Regarding preference for future appointments, 47% of patients indicated that they would prefer a mixture of telephone, face to face and video consultations; 24% preferred telephone, 16% preferred hospital face to face, and 3% preferred video. 11% reported that they had no preference. Thematic analysis of individual comments identified positive themes such as flexibility, good communication with clinicians and convenience. Areas for development are around communication with regard to physical barriers such as hearing and telephone signal problems. There are also limitations around both physical examination and the transmission of implicit information (non-verbal communication).

**Conclusion**

Virtual consultations provide an opportunity to safely assess patients whilst meeting social distancing requirements and minimising patient flow through the hospital. Questionnaire analysis indicates an overall positive experience of telephone consultations. However, most patients would prefer a mixture of face to face, video and telephone consultations in future. There are a number of areas for improvement including: a review of the information provided to patients prior to the consultation, review of contact information for patients following the consultation, and mechanisms for identifying patients with physical/sensory limitations. The information gained through this small review

will help us improve the overall telephone consultation experience for our patients.

**Disclosure**

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