

P071 SURVEY OF RHEUMATOLOGY PATIENT SATISFACTION WITH TELEPHONE CONSULTATIONS DURING THE COVID-19 PANDEMIC

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Background/Aims

Rheumatology departments were required to switch rapidly from face-to-face (F2F) to remote consultations during the COVID-19 pandemic in the UK. We conducted a patient satisfaction survey on the switch to inform future service development.

Methods

All patients [new (NP), follow-up (FU)] were identified between 1st to 5th June 2020. Patients who attended or did not attend (DNA) a pre-booked F2F consultation or cancelled were excluded. Of the remainder, half the patients was surveyed by phone using a standardised questionnaire and the other half was posted the same questionnaire. Both groups were offered the opportunity to complete the survey online. Patients were surveyed on the organisation and content of the consultation, whether they were offered a subsequent F2F appointment and future consultation preference.

Results

233 consultations were scheduled during the study period. After 53 exclusions (34 pre-booked F2F, 16 DNA, 3 cancellations), 180 eligible consultations were surveyed (85 via mailshot, 95 by telephone). 75/180 patients (42%) responded within 1 month of the telephone consultation (20 NP, 47 FU, 8 missing).

The organisation of the switch was positively perceived (Table). Patients were highly satisfied with 4 of the 5 consultation domains but were undecided whether a physical assessment would have changed the outcome of the consultation (Table).

After the initial phone consultation, 7 of 20 NP and 19 of 47 FU were not offered subsequent F2F appointments at the clinicians' discretion. Of those not offered subsequent F2F appointments, proportionally more NP (3/7, 43%) would have liked one, compared to FU (5/19, 26%). Reasons included communication difficulties and a desire for a definitive diagnosis. 48/75 (64%) would be happy for future routine FU to be conducted by phone "most of the time" or "always"; citing patient convenience and disease stability. Caveats were if physical examination was required or if more serious issues (as perceived by the patient) needed F2F discussion.

Conclusion

Patients were generally satisfied with telephone consultations and most were happy to be reviewed again this way. NPs should be offered F2F appointments for first visits to maximise patient satisfaction and time efficiency.

Disclosure

M. Rodziewicz: None. **T. O'Neill:** None. **A. Low:** None.

P071 TABLE 1:

	Median age, years	Female; n (%)	Follow-up; n (%)			
All eligible for survey; n = 180	56	122 (68)	133 (74)			
Sent mailshot; n = 85	54	59 (69)	65 (76)			
Surveyed by phone; n = 95	56	63 (66)	68 (72)			
Responder by mail; n = 16	69	11 (69)	13 (82)			
Responder by phone; n = 52	54	37 (71)	34 (65)			
Responder by e-survey; n = 7	49	5 (71)	Unknown			
Organisation of the telephone consultation, N = 75	Yes, n (%)	No, n (%)	Missing, n (%)			
Were you informed beforehand about the phone consultation?	63 (84)	11 (15)	1 (1)			
Were you called within 1-2 hours of the appointed date and time?	66 (88)	6 (8)	3 (4)			
Domains of the consultation, N = 75	Strongly disagree, n (%)	Disagree, n (%)	Neutral, n (%)	Agree, n (%)	Strongly agree, n (%)	Missing, n (%)
During the call, I felt the clinician understood my problem	3 (4)	1 (1)	1 (1)	20 (27)	49 (65)	1 (1)
During the call, I had the opportunity to ask questions regarding my clinical care	1 (1)	0	2 (3)	16 (21)	55 (73)	1 (1)
A physical examination would have changed the outcome of the consultation	16 (21)	18 (24)	20 (27)	11 (15)	10 (13)	0
The clinician answered my questions to my satisfaction	2 (3)	0	6 (8)	18 (24)	49 (65)	0
At the end of the consultation, the clinician agreed a management plan with me	3 (4)	2 (3)	6 (8)	24 (32)	39 (52)	1 (1)
Future consultations, N = 75	Never, n (%)	Sometimes, n (%)	Most of the time, n (%)	Always, n (%)	Missing, n, (%)	
In the future, would you be happy for routine FU to be conducted by phone?	5 (7)	20 (27)	16 (21)	32 (43)	2 (3)	