

did not vary greatly, however, a trend towards female gender was observed with 63.5% in 2003 rising to 74.7% in 2018. The number of patients diagnosed in rheumatology with an inflammatory condition increased from 23.9% in 2003 to 32.9% in 2018 with a corresponding fall in non-inflammatory diagnoses from 64.6% to 45.9%. Referrals from locum and temporary GP's rose from 6% to 17% over the time period with a corresponding fall in referrals from principal, partner and salaried GPs. There was no significant change in referrals made by non-clinical practitioners or from secondary care. There was a 24% increase in new general rheumatology referrals over the same time period.

Conclusion: The increase in patients referred with inflammatory disease combined with an increase in total patients seen may reflect the drive to earlier assessment and referral from primary care. The effect in secondary care, however, will result in increased follow up requirements and increased costs that need to be considered for future service planning. It might be assumed that an increasing number of referrals from locum/temporary practitioners would lead to increased numbers of patients with non-inflammatory pathology being referred; however, this is not our experience. Referrals of non-inflammatory pathologies are falling as a proportion of total case load. This is unlikely to represent a shift in referrer practice and more likely to have been influenced by local changes in triage services.

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192 INFLAMMATORY CONDITIONS MAKE UP A LARGER PROPORTION OF THE RHEUMATOLOGIST CASE LOAD COMPARED WITH 15 YEARS AGO: A DISTRICT GENERAL HOSPITAL EXPERIENCE

Andrew Allard¹, Klara Morsley¹, Nadia Ahmad¹, Khin Yein¹, Azeem Ahmed¹, Sara Carty¹, Elizabeth Price¹, Rosemary Waller¹ and David Collins¹.

¹Rheumatology, Great Western Hospital, Swindon, UNITED KINGDOM

Background: Many rheumatology departments are facing the challenge of achieving new-patient referral time targets and growing follow up pending lists, whilst trying to provide excellent patient care including treat-to-target and early inflammatory arthritis initiatives. Targeted approaches have placed an emphasis on speed of referral and getting the patient seen in the most appropriate setting first time. Resources are stretched and integrated musculoskeletal triage services are increasingly being used to ensure patients are seen in the most appropriate setting with a preference for non-inflammatory pathology to be managed outside of secondary care. We reviewed data spanning 15 years to assess referrals to our department with the intention of documenting changes in referral patterns including: source, quality, reason, waiting time to first appointment, final diagnosis and basic patient demographics.

Methods: The first 100 new patients seen were reviewed in 2003, 2008, 2013 and 2018. The patient notes were analysed to establish the source of the referral, diagnosis offered by the referrer and final diagnosis made by the rheumatologist. Data was also collected on age, weight and gender as well as waiting time to first appointment. Patients with incomplete data sets were excluded.

Results: Of a possible 400 patient encounters reviewed 37 were excluded due to incomplete data. Median age and weight of patient