THE EXPERIENCES OF REMOTE CONSULTING FOR PEOPLE WITH CHRONIC FATIGUE SYNDROME/MYALGIC ENCEPHALOMYELITIS (CFS/ME) AND FIBROMYALGIA IN PRIMARY CARE

- 1. UNDERSTAND HOW PEOPLE LIVING WITH CFS/ME AND FIBROMYALGIA EXPERIENCE CONSULTING REMOTELY WITH PRIMARY CARE CLINICIANS
- 2.DEVELOP PRACTICAL RECOMMENDATIONS FOR CLINICIANS AND PATIENTS WITH CFS/ME AND FIBROMYALGIA TO ASSIST THEM WHEN ENGAGING IN THIS TYPE OF CONSULTATION

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## INTRODUCTION

This study builds on an increasing body of research exploring the impact of remote consulting in General Practice and on personalised care (1,2).

For many, remote consulting is effective and acceptable but little evidence has explored this for people living with CFS/ME and fibromyalgia (3,4).

Current literature on CFS/ME and fibromyalgia focuses on the challenges experienced by healthcare professionals and patients (5-7). Clinical guidance focuses on building a therapeutic relationship (8).

So where does remote consulting fit for this group of patients?

# CHALLENGES TO RECRUITMENT

Initial PPI workshops indicated that people living with CFS/ME and fibromyalgia were interested in telling their stories.

We opted to recruit through General Practices as opposed to Social Media given its highly unpredictable nature but also to recruit those less digitally literate.

Difficulties with coding.

The recruitment packs are not easily accessibly for people with concentration difficulties or 'brain fog'.



## CONCLUSION

This study presents new evidence supporting the existing body that explores the integration of remote consulting in primary care.

Our preliminary findings have indicated that choice of clinician may be more important than the choice of consultation modality itself, a novel finding within the narrative of remote consulting.

Further work is underway to address recruitment challenges and to continue data gathering before undertaking thematic analysis of the interviews.

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