

Pathway:	Rapid Access Chest Pain
Referral Criteria/Commissioning position:	
<p>The aim of the Rapid Access Chest Pain Service is to enable patients with symptoms consistent with recent onset angina (within the last 4 weeks) to be seen within 2 weeks of referral.</p> <p>All referrals must include a recent ECG and it is expected that bloods including FBC, Cholesterol and U&Es will be requested by the GP at the time of referral.</p> <p>The service is a consultant led Monday to Friday service. Referrals are to be sent electronically using the RSS pro-forma.</p> <p>Appointments will be arranged directly with the patient via phone and confirmed by a letter. It is therefore imperative that the patient's contact number is included in the referral.</p> <p>Patients with known IHD under follow up and those with suspected Acute Coronary Syndromes should not be referred to this service.</p> <p>Patients with symptoms of longer duration in whom investigation for possible IHD as a cause is required should be referred to Cardiology but not RACP.</p> <p>The appointment at RACP will not include an exercise test; further testing, if required will be arranged following the initial consultation.</p> <p>Investigations prior to referral</p> <ul style="list-style-type: none"> • Recent ECG • Bloods – FBC, Cholesterol and U&Es should be requested by the GP at the time of referral. 	
Inclusion criteria	
Patients with recent (<4 weeks) onset symptoms thought to represent angina	
Exclusion criteria	
<ul style="list-style-type: none"> • Patients suspected of having acute MI or unstable angina • Patients under cardiology follow up (if required refer to their consultant cardiologist) • Temporary residents • <30 years should generally not be referred • Complex patients with associated valve disease, heart failure, severe COPD or other significant co-existent illness should generally not be referred • Patients in whom prognostic treatment is not relevant 	