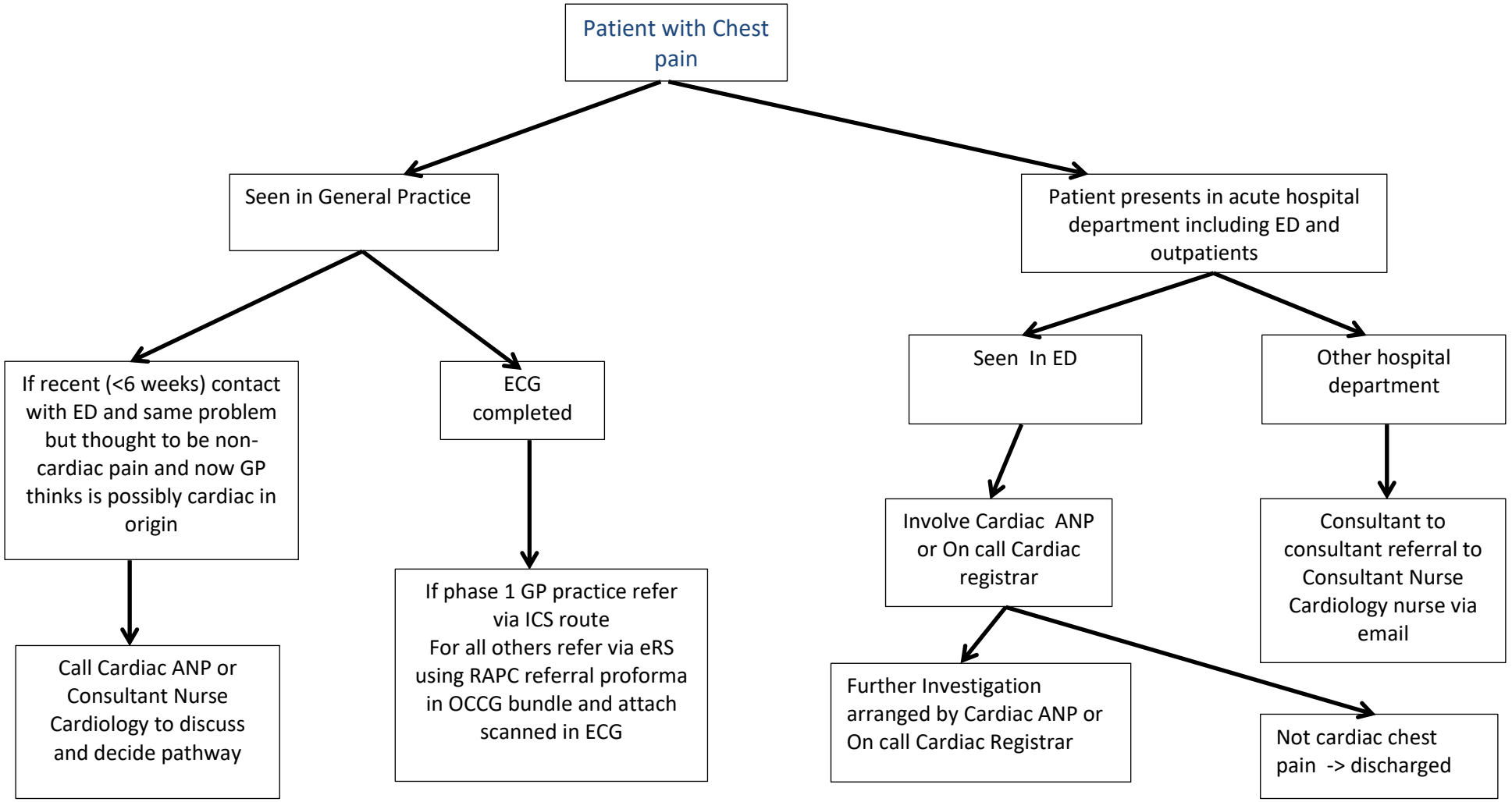
# Chest Pain which might require investigation for IHD through the Rapid Access Chest Pain clinic (version 2)

This is to clarify the referral routes into the rapid access chest pain clinic (RACPC). Until recently secondary care including ED have been referring patients back to primary care to make referrals to the RACPC saying that they cannot make the referral. This is no longer the case and as articulated below very few patients who have attended acute hospital would ever need to use General practice as an intermediary. Since June 2018, a team of Cardiology Outreach ANPs led by Consultant Nurse Cardiology, Jan Keenan, are trained to deal with patients who present with chest pain or other cardiology problems such as palpitations or suspected heart failure, as and when they appear at the hospital. The following clarifies the pathway.

1) **If a patient presents de novo to a GP practice**. If the surgery is a phase 1 practice refer to the Integrated Cardiac Service (ICS) who will triage the referral. For all other practices then refer to the RACPC using eRS, attaching the Rapid Access Chest Pain Clinic referral form in the OCCG letter bundle. You will need to attach to the referral an ECG scanned into EMIS **NB Please do not refer to both a consultant cardiologist clinic as well as the RACPC as this causes administrative chaos. Choose only one route of referral.**
2) If a patient has been seen in ED with chest pain and they feel that further investigation is required, all ED clinicians have access to the Cardiology Outreach ANPs who work in ED (or during the hours they are not present, the on call Cardiology registrar) who will deal with the referral and sort out the follow up investigation. **They will be no call on General practice to intervene.**
3) If a patient is seen in any clinic or part of the hospital including outpatients and a referral for further investigation at the RACPC is required then the person seeing the patient can email or contact the Consultant Nurse Cardiology for a **consultant to consultant** referral - the clinician should email Jan Keenan at **Jan.Keenan@ouh.nhs.uk**. **There will be no call on General practice to intervene.**
4) If any correspondence is received in General Practice where it is being asked to refer by either ED or any other part of the OUHT to the RACPC, this can be sent back to the person asking for this to be done by them as in 3). If you are uncertain whether the advice is appropriate then email the Consultant Nurse Cardiology for advice at: **jan.keenan@ouh.nhs.uk**
5) If a patient was seen and discussed in ED and it was decided that the chest pain was non cardiac and did not need further investigation, and if the patient attends the GP within 6 weeks of this happening and the GP feels that the patient should have further cardiac investigation, then contact the Consultant Nurse Cardiology email **jan.keenan@ouh.nhs.uk)** to discuss further and they will arrange appropriate follow up if necessary. If >6 weeks then a routine referral with ECG as in section 1) would be appropriate.

**Cardiology ANP bleep 1485 at the JR will be available 0800-2000 Monday to Friday, 0800-1600 at weekends**
**Cardiology ANP at the Horton, bleep 9608 Monday to Friday, 0800-1600**
**Cardiology Registrar on call 24/7**
**If you wish to discuss a referral, please call Jan Keenan Consultant Nurse Cardiology 01865 231455 or 741166 bleep 1128 or email Jan.Keenan@ouh.nhs.uk [PA: Paula.Wren@ouh.nhs.uk]**

## Pathway for Chest pain which referrer thinks might need Rapid Access Chest Pain Clinic




**Cardiology ANP bleep 1485 at the JR will be available 0800-2000 Monday to Friday, 0800-1600 at weekends**
**Cardiology ANP at the Horton, bleep 9608 Monday to Friday, 0800-1600**
**Cardiology Registrar on call 24/7**
**If you wish to discuss a referral, please call Jan Keenan Consultant Nurse Cardiology 01865 231455 or 741166 bleep 1128 or email Jan.Keenan@ouh.nhs.uk [PA: Paula.Wren@ouh.nhs.uk]**