

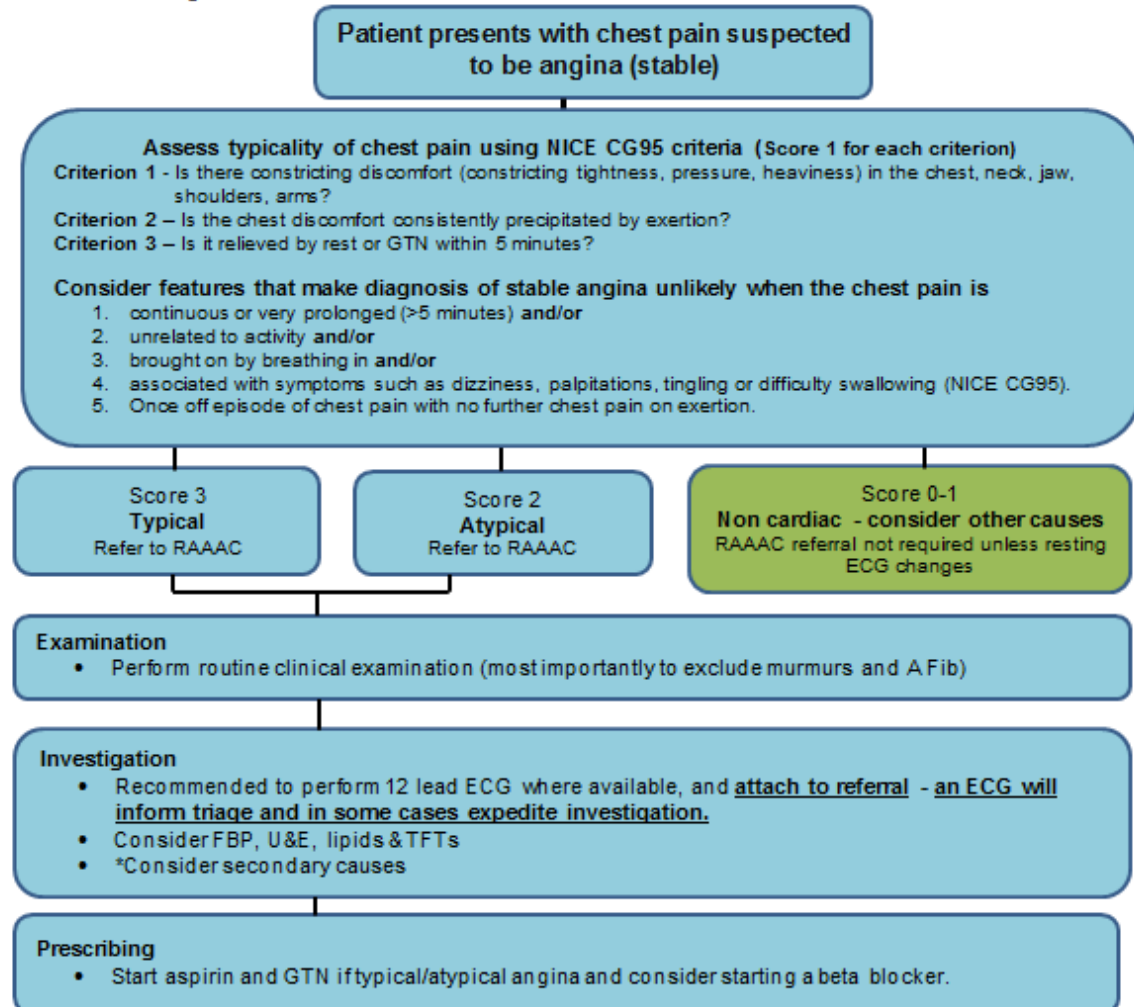
## Appendix 7: GP direct referral to RACPC

### Rapid Access Angina Assessment Clinic (RAAAC) Referral Guidance for Stable Chest Pain

RAAACs are designed for the assessment and diagnosis of new onset chest pain (**stable, non-acute**) suggestive of stable angina and for patients who have known ischaemic heart disease and recurrent symptoms not currently under a cardiologist. It is **not** appropriate for screening for CHD or definitively diagnosing non-cardiac causes of chest pain.

Patients who clearly have non-cardiac chest pain are not likely to benefit from attendance and will not be offered an appointment; referrals will be returned if there is insufficient information.

Patients who are felt to have unstable symptoms i.e. prolonged (>5minutes) episodes of chest pain with a high likelihood of being ischaemic should be referred to ED.



CCG Referral information should include:

- Characteristics of presenting chest pain to include NICE CG95 criteria as above
- Patients CV risk factors e.g. smoking, diabetes, hypertension, lipids, and family history (defined as 1st degree relative < 60 years)
- 12 lead ECG and bloods if available
- Q Risk2 Score if available <https://www.qrisk.org/2017/>

**Advise patient that if pain/discomfort increases in severity or duration to seek urgent medical attention at an ED.**

\*NICE CG95 <https://pathways.nice.org.uk/pathways/chest-pain#path=view%3A/pathways/chest-pain/assessing-and-diagnosing-suspected-stable-angina.xml&content=view-node%3Anodes-initial-management-and-ecg> suggests outlying anaemia, hyperthyroidism etc.