

Pathway Stable Angina

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

This pathway provides guidance on the initial management and investigation for patients diagnosed with stable angina, in line with national recommendations

This guideline is for use by the following staff groups:

Physicians and other allied health staff involved in the management of stable angina

Lead Clinician(s)

Dr Jasper Trevelyan Consultant Cardiologist, Cardiology

Approved by cardiology directorate meeting on: 13th November, 2024

Approved by Medicines Safety Committee on: N/A
Where medicines included in guideline

Review Date: 13th November, 2027

This is the most current document and should be used until a revised version is in place

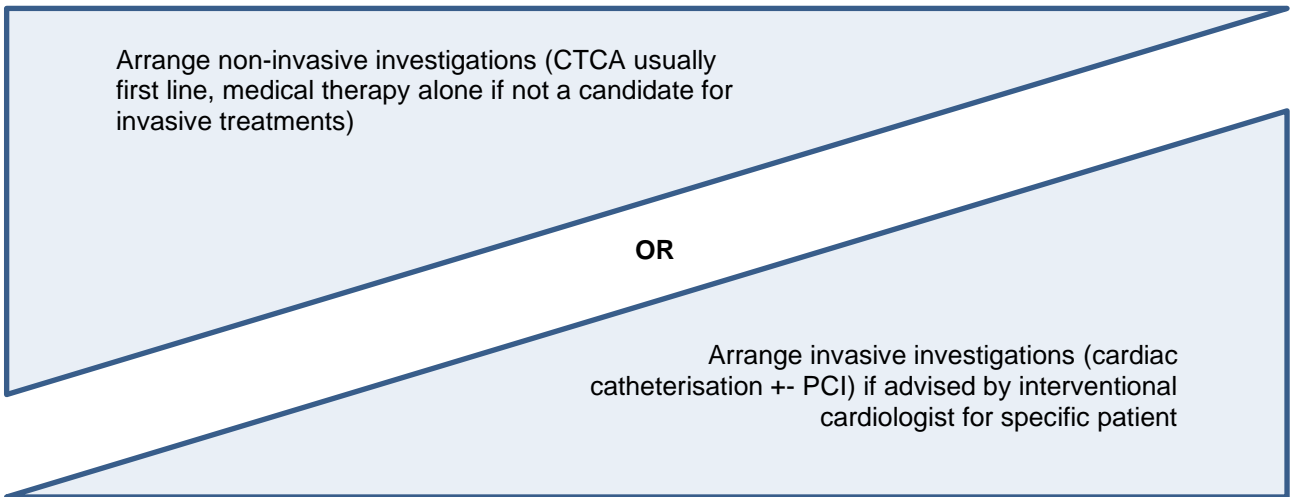
Key amendments to this guideline

Date	Amendment	Approved by:
13 th November, 2024	First Document Approved	Cardiology Directorate Meeting

Clinical review (OP clinic/RACPC/other)



If angina, start antiplatelet/statin/antianginal (as per NICE CG126 [Overview](#) | [Stable angina: management](#) | [Guidance](#) | [NICE](#))



Significant CAD on imaging



No significant CAD on imaging



Review patient virtually or f2f
Ensure prognostic medication continued
Offer second anti-anginal if symptomatic
Discuss with interventional cardiologist re invasive investigations/treatment if symptomatic



Treat risk factors and discharge
Stop antiplatelet
Continue antianginal only if symptomatically helpful

It is the responsibility of every individual to ensure this is the latest version as published on the Trust Intranet

Monitoring

	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.

WAHT-CAR-070

It is the responsibility of every individual to ensure this is the latest version as published on the Trust Intranet

References

[You should include external source documents and other Trust documents that are related to this Policy]

Contribution List

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Consultant Cardiologists
Cardiology specialist nurses
Cardiology governance

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Cardiology directorate meeting

Supporting Document 1 - Equality Impact Assessment Tool

. To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Dr J Trevelyan
----------------------------------	-----------------------

Details of individuals completing this assessment	Name	Job title	e-mail contact
	Dr J Trevelyan	Cardiologist	Jasper.trevelyan@nhs.net
Date assessment completed	13.11.24		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: stable chest pain			
What is the aim, purpose and/or intended outcomes of this Activity?	Standardise treatment			
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User	<input type="checkbox"/> Staff x		
	<input type="checkbox"/> Patient	<input type="checkbox"/> Communities		
	<input type="checkbox"/> Carers	<input type="checkbox"/> Other _____		
	<input type="checkbox"/> Visitors	<input type="checkbox"/>		
Is this:	<input type="checkbox"/> Review of an existing activity x			

	<input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	National guidance including NICE
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Cardiology physicians and allied health staff
Summary of relevant findings	approved

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	X			
Disability		X		
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		
Race including Traveling Communities		X		
Religion & Belief		X		
Sex		X		
Sexual Orientation		X		
Other Vulnerable and		X		

WAHT-CAR-070

It is the responsibility of every individual to ensure this is the latest version as published on the Trust Intranet

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	Nil			
How will you monitor these actions?	N/a			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	Service redesign			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

WAHT-CAR-070

It is the responsibility of every individual to ensure this is the latest version as published on the Trust Intranet

Signature of person completing EIA	Dr J Trevelyan
Date signed	13.11.24
Comments:	
Signature of person the Leader Person for this activity	Dr J Trevelyan
Date signed	13.11.24
Comments:	



WAHT-CAR-070

It is the responsibility of every individual to ensure this is the latest version as published on the Trust Intranet

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	N
2.	Does the implementation of this document require additional revenue	N
3.	Does the implementation of this document require additional manpower	N
4.	Does the implementation of this document release any manpower costs through a change in practice	N
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	N
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.