What rights do patients have when asking to be referred to an EP? What can they insist upon with their GP?

Patients comment that the doctors they encounter vary in terms of their willingness to listen, to help, and even adapt to changing practice. So patients need to recognise this and do all they can to engage the doctor in order to achieve what will be best for them.

If symptoms persist after the Primary Care team has been through the different options available to them, the patient should ask if it is appropriate that they be referred to a heart rhythm specialist. In response to that question the GP may have a specialist in mind and agree that referral is appropriate and get on with it. However, the patient should also consider being proactive in finding a specialist.

Appropriate specialists may be identified through simple web-based search or the AF Association and armed with a name and contact details the patient can return to the surgery and request referral. Most doctors would then refer on and although they may suggest alternative approaches that in my experience is somewhat less likely.

If a doctor in a particular practice does not provide assistance then it is within your rights to ask for a consultation with another doctor. If resistance continues to be felt then rather than going through local practice committees or similar I would contact the secretary of the relevant local heart rhythm specialist. They are likely to say that the specialist is more than happy to see you but will need a referral letter. Returning to the surgery with this information almost invariably will provide the required trigger. Persistence may still be the key to achieving optimal care although patients should keep in mind the recent guidance from National Institute of Health and Care Excellence (NICE) that ‘… people [should be referred] promptly at any stage if treatment fails to control the symptoms of atrial fibrillation and more specialised management is needed.’ (http://www.nice.org.uk/guidance/cg180 - June 2014).