

Example of GPs script:

Patient contribution

So, you're here to check on the results of your chest x-ray?

How are you doing?

So, with coming back today, what were the main things you wanted me to help you with, today?

Your back, okay, tell me a bit more.

So, this back pain and the leg investigation.....

ICE

Ah, so your circulation's poor there, is it?

What was your worst fear with all of this?

So mostly exploring probably your circulation at the moment, aren't we?

Did you have any particular things that you wanted me to do for you today, related to that?

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PSO

Dr Birrell does not ask Ethel, on this occasion, about her habits. He knows her reasonably well and she does not smell of smoke. But you should ask about smoking and about who helps her with her activities.

Red flags

You've had no chest pain, no angina, never had a heart attack or anything like that?

Your weight's okay? Your diabetes is alright at the moment, is it?

And it's Type 1 diabetes that you've got and no hypos at the moment?

Can I just check – you've got no ulcers on your feet?

Focussed history

Okay. So, this back pain and the leg investigation, and did you have anything else done apart from the x-ray of your chest?

No. Just that? So, this trouble with both of your legs has been going on for how long in total?

So, this trouble with both of your legs has been going on for how long in total?

Months, weeks, years? (Multiple choice questions can help to pin down a vague historian.)

How far can you get on the flat, at the moment?

So about 400 yards, is it?

Yeah, okay, and when you stop it improves, does it?

Okay, and your kidneys have been okay, haven't they?

So, we're not aware of any angina, we're not aware of you previously having had problems with the circulation in your legs, but it sounds like you're getting low back pain and leg pain when you walk, yeah?

So that makes the pain worse in your back?

You're sleeping okay?

Your blood sugars are doing okay?

Focussed examination

Shall we just see if we've got anything from that investigation. Alright, so you were seen by the vascular nurse because of your circulation, and she does feel that you've got a problem with your circulation in your legs..

Your blood pressure at the time was a little bit above where it would ideally have been, but the circulation in your legs is not perfect and there seems to be a bit of a narrowing there.

Identify problem and explain diagnosis

We need to think about your future risk of blood vessel problems, generally, if that's okay with you.

So, you've got a problem called peripheral vascular disease.

And the bottom line of it is linked with furring of arteries, those furring of arteries are dangerous for you because it increases your risk of strokes and heart attacks.

But it also can be linked with other problems too, and it's clearly causing you - it's restricting how far you can walk before you have to stop and rest.

Check understanding

So, what do you already know about this blood vessel problem?

That's a bit of information for you. Do you want any more information today?

Haha, is it worthwhile me giving you the name of this problem, so that you can read a bit more about it yourself?

It's called peripheral vascular disease. What are things that you're going to be watching out for in the future, then?

Alright, and you know how to look out for strokes and heart attacks.

Does that make sense?

Anything that you want clearing up?

Develops management plan / shares management plan

You shouldn't be using support stockings without specialist support, so sometimes we recommend for people that have got problems with their veins support stockings, but if we give you support stockings that are too tight, they'll stop the arteries from working.

So, in the first instance I recommend that we make sure that you're - that you're on a blood thinner like aspirin.

I know you're on aspirin at the moment, but it might be worth swapping you over to a tablet called clopidogrel, which works very much like aspirin, but it might be slightly better at protecting you from strokes and heart attacks.

So, we'll probably put you on that, if that's okay?

You've not tried that before?

That's one thing. And the other thing is about your statin - you're on a statin called simvastatin at the moment.

And we might think about putting you on a slightly more potent statin, a slightly more strong statin that doesn't interact with the rest of your medication, called atorvastatin.

Which might be slightly better for you, to protect you against strokes and heart attacks, and help you avoid too much furring of your arteries.

But to be perfectly honest with you, neither of these is actually going to change your symptoms at the moment, and the only things that might potentially change your symptoms is a tablet that might open up your blood vessels a little bit. But that tablet doesn't have any influence on your risk of heart attacks and strokes, so you might not want to prioritise that in the first instance.

So, exercise is good for you, keep on doing it – stop, start, stop, start – that's really worthwhile.

So, the important decisions that you - we've got to take, in the next couple of weeks, really, or in the next month or so, is do we change your medication in terms of trying to protect you from heart attacks and strokes.

So, let's do that easy change, which is swapping aspirin to clopidogrel.

Take them after food once a day. They do slightly increase the risk of you bleeding from your stomach, so if you're getting persistent upper tummy pain or black, tarry poo, then I need to know about that sort of thing.

Safety net and follow up

It's really worthwhile knowing how to watch out for heart attacks and strokes. So, if you did have a heart attack or a stroke, if you've got crushing pain in your chest, particularly with nausea, particularly with cold sweats; 999 if you're in any doubt, just in case it's a heart attack. Or if you had a stroke – couldn't move the side of your face, can't speak, can't move your arm or your leg; 999 just in case that would be a stroke. That's worthwhile knowing about in the long-term future.

In terms of blood vessel problems to your legs, the chances of you losing a leg are remote in the extreme, but it's worthwhile knowing if you're finding that your foot is really painful and cold – we've got to see you straight away.

Just to make sure the circulation hasn't blocked further, alright?

And if you're getting ulcers in your feet or if a toe's going a funny colour, we need to see you urgently about those sorts of things too.

They're unlikely to happen, to be fair. Alright?

And they can sometimes be problems with kidneys that are related to this, and it's worthwhile just doing a blood test on a regular basis, just to keep an eye on your kidneys.

If they're very painful and cold and pale, let's see you straight away. If you're getting ulcers on your feet we need to see those urgently as well.

And if you're having an operation you need to let the surgeon know that you're on something, okay. They'll know anyway, don't fret about this, haha.

And what shall we do about the statin? I'm always a bit reluctant to change two things at the same time, but what you might want to do is to give me a call in a couple of weeks' time and say, look, I've been happy with this change, let's go ahead with the next change.

This is a long-term treatment to prevent strokes, and we're going to review the statin when we speak on the phone in a couple of weeks' time.

If you're finding that this problem's getting progressive, and it's stopping you from even walking to the end of the street and you want to consider medication to open up your blood vessels, we can do that, so just give me a telephone call.

But you might want to consider other options with the vascular team as to: do we investigate this any further?

....and you're going to give me a call in a couple of weeks' time to let me know how you're getting on.

And we'll explore the statin. So, two weeks for the phone call. Two weeks, Dr Birrell on the phone. Monday through Thursday, I'll call you back.