Evidence Extraction Sheet

William McChesney - GP Subject Access Request dated 19 June 2026

Source document	WM-Subject Access Request-19-06-2026.pdf
Record size	575 PDF pages; iGPR full record and attachment metadata
Review focus	Care placement, abuse, neglect, disclosures, mental-health impact, medication, psychiatric care, self-harm/suicide, substance use, social impact, third-party records and neutral/contradictory entries
Page numbering	The internal iGPR page number corresponds to the PDF page number throughout the reviewed document.

Key conclusion: No identifiable evidence of a childhood care placement or direct physical, sexual, emotional or neglect-related abuse was found in this GP record. The strongest relevant material concerns adult mental-health symptoms and treatment, a December 2022 suicidal crisis, alcohol and tramadol-use concerns, employment/benefits impact, CMHT involvement and attached fit-note metadata. None of those entries expressly links the condition or impact to childhood care or abuse.

Important limitations

• This is an evidence-indexing review, not a clinical diagnosis or a finding that abuse did or did not occur.

• No symptom, medication or social difficulty has been treated as proof of abuse unless the record itself made that connection. The supplied record does not make such a connection.

• The CMHT letter is referenced as being in Docman, but its substantive text is not reproduced. The fit-note section contains metadata and diagnoses, while the underlying TIFF content is not displayed.

• A highlighted copy has been created. Highlight colours: blue = identity; yellow = mental health/medication; orange = self-harm/suicide risk or negative risk findings; green = alcohol, medication-use and social impact; purple = third-party/attached records.

Category-by-category findings

Category	Finding	Status / evidential use
1. Evidence of placement in care	No identifiable entry names a children's home, residential school, foster placement, assessment centre or other care setting. No in-care address, admission/discharge date, supervision requirement, residential staff contact or care-linked GP registration was found.	Not identified
2. Physical abuse	No record of physical abuse in care, care-related injury, staff assault, restraint, punishment or safeguarding response was identified. Ordinary adult injuries and chronic pain are not presented as evidence of abuse.	Not identified
3. Sexual abuse	No explicit or indirect disclosure of sexual abuse, sexual assault, intrusive bathing, forced nudity, genital injury or care-related sexual-health indicator was identified.	Not identified
4. Emotional or psychological abuse	No record links humiliation, threats, fear, withdrawal or distress to a care placement or institutional staff. Later low mood and withdrawal are recorded, primarily in a bereavement context.	No care-related evidence
5. Neglect	No care-related medical, physical, emotional or safeguarding neglect was identified. Missed appointments occur in the adult GP record but are not linked to childhood care.	Not identified
6. Contemporaneous disclosures	No entry records a childhood disclosure to a GP, social worker, teacher, police or care staff, and no refusal to return or absconding due to treatment was identified.	Not identified
7. Mental-health conditions and symptoms	Low mood/depression, poor motivation, sleep disturbance, irritability, social withdrawal and isolation are recorded from 2013 onward. The records connect the principal episodes to bereavement and employment/benefits stress, not to childhood care or abuse.	Evidence of impact/treatment
8. Mental-health medication	Sertraline, citalopram and mirtazapine are recorded, with dose changes, side effects, stopping/restarting, treatment response and weekly dispensing during a risk episode.	Evidence of treatment
9. Counselling, therapy and psychiatric care	CMHT referral and treatment are recorded in 2014 and 2022-2023. CRUSE bereavement counselling was awaited. Breathing Space was signposted during the December 2022 crisis.	Evidence of treatment
10. Self-harm and suicide	A December 2022 entry records suicidal thoughts and consideration of medication overdose without an attempt. Other entries repeatedly record negative findings such as “not suicidal” and “no self harm thoughts.”	Direct clinical risk evidence
11. Substance and alcohol use	Alcohol intake was recorded as 60 units/week in 2012 and 28 units/week in 2014-2015. Increased drinking was linked to a failed job opportunity. Tramadol overuse/dose escalation and dependence risk were discussed. No link to childhood abuse or care was recorded.	Corroborative impact/treatment
12. Physical consequences in adulthood	Chronic right elbow/arm pain, previous fracture, nerve-compression symptoms and prolonged analgesic treatment are recorded. The file does not link these conditions to childhood abuse or neglect.	Adult health evidence; no abuse link
13. Long-term personal and social impact	The record refers to living alone, unemployment/JSA/ESA, benefit appeals/tribunals, inability to work because of pain, social withdrawal and isolation. Causation by childhood abuse is not recorded.	Evidence of impact
14. Third-party and attached records	The GP record references CMHT correspondence in Docman and contains metadata for eMED3 fit notes. The underlying CMHT letter text is not reproduced in this PDF and should be obtained separately if required.	Third-party evidence referenced
15. Contradictory or neutral entries	Neutral/negative findings include PHQ-9 score 0/27 in 2012, repeated “not suicidal,” “no self harm thoughts,” periods described as mentally stable, and CMHT discharge back to GP care.	Neutral/contradictory evidence

Detailed page-reference schedule - Part A: source and evidence

Each entry is presented as a faithful summary of the clinical record. Quotation marks are used only for short phrases appearing in the record. Row numbers correspond to Part B.

No.	Document	PDF page	Internal page	Date	Clinician / role	Category	Exact evidence / faithful summary	Care setting	Perpetrator
1	GP record header	1	1 of 575	28-Apr-2026 report	iGPR / Portland Medical Practice	Identity	William McChesney; DOB 26 July 1962; current address 101 Kilmaurs Road, Kilmarnock KA3 1NU.	None recorded	None
2	GP consultation	64	64 of 575	07-Mar-2012	Mrs Alison Lauder, practice nurse	Alcohol / neutral mental health	Alcohol consumption recorded as 60 units/week. PHQ-9 recorded as 0/27 with depression screening.	None recorded	None
3	GP consultation	61	61 of 575	09-Oct-2013	Dr Amar Poddar, GP	Mental health / social impact / suicide negative	Low mood, increased stress and poor sleep; lived alone, on JSA; “not suicidal.” Fit note recorded angina and low mood.	None recorded	None
4	GP consultation	61	61 of 575	04-Nov-2013	Dr Amar Poddar, GP	Mental health / medication / suicide negative	Mood low following bereavement in November 2012; “not suicidal” and “has good friends.” Sertraline 50 mg started.	None recorded	None
5	GP consultation	60	60 of 575	25-Nov-2013	Dr Amar Poddar, GP	Mental health medication	Mood “much the same”; nausea after starting sertraline 50 mg, settling.	None recorded	None
6	GP consultation	60	60 of 575	16-Dec-2013	Dr Amar Poddar, GP	Mental health medication	Recorded as mentally “a bit better”; sertraline increased from 50 mg to 100 mg.	None recorded	None
7	GP consultation	60	60 of 575	06-Jan-2014	Dr Amar Poddar, GP	Mental health / medication / sleep	Sertraline 100 mg caused nausea; 50 mg had not helped mentally; sleep remained an issue. Sertraline stopped and citalopram 10 mg started.	None recorded	None
8	GP consultation	60	60 of 575	20-Jan-2014	Dr Amar Poddar, GP	Mental health / medication / suicide negative	Citalopram caused light-headedness and nausea, but patient was “starting to feel better” and was “not suicidal”; dose increased to 20 mg.	None recorded	None
9	GP consultation	60	60 of 575	07-Feb-2014	Dr Amar Poddar, GP	Mental health / social impact / suicide negative	Feeling better and “bit happier”; no major side effects; “not suicidal”; on JSA.	None recorded	None
10	GP consultation	59	59 of 575	07-Mar-2014	Dr Amar Poddar, GP	Mental health / behaviour / medication / suicide negative	After his dog was knocked down, patient smashed the driver’s car and was fined £1,000. Citalopram had initially helped; “not suicidal”; increased to 40 mg.	None recorded	None
11	GP consultation	59	59 of 575	04-Apr-2014	Dr Amar Poddar, GP	Psychiatric care / medication	Citalopram 40 mg was helping; patient requested CMHT referral.	None recorded	None
12	GP consultation	59	59 of 575	02-May-2014	Dr Amar Poddar, GP	Mental health / social impact / psychiatric care	ATOS found patient fit for work; he was appealing and had received zero points. Citalopram 40 mg gave slight help; CMHT appointment planned for 4 June.	None recorded	None
13	GP consultation	58	58 of 575	16-Jun-2014	Dr Amar Poddar, GP	Psychiatric care / medication / social impact	Attended CMHT and was returning; citalopram 40 mg helped; appeal submitted with assistance.	None recorded	None
14	GP consultation	58	58 of 575	14-Jul-2014	Dr Amar Poddar, GP	Psychiatric care / counselling / medication	Finished with CMHT and reported it helped; awaited CRUSE bereavement counselling; citalopram 40 mg helping.	None recorded	None
15	GP consultation	57	57 of 575	20-Aug-2014	Dr Amar Poddar, GP	Mental health / counselling / social impact	Mentally stable; citalopram 40 mg helpful; awaiting CRUSE; ATOS tribunal pending.	None recorded	None
16	GP consultation	57	57 of 575	17-Sept-2014	Dr Amar Poddar, GP	Mental health / self-harm negative / social impact	CMHT had discharged him; remained angry at times; “no self harm thoughts”; worried about tribunal and seeing benefits adviser.	None recorded	None
17	GP consultation	57	57 of 575	20-Oct-2014	Dr Amar Poddar, GP	Mental health / social impact	Tribunal awarded zero points; benefits adviser assisting. Patient mentally stable and felt medication helped.	None recorded	None
18	GP consultation	57	57 of 575	02-Dec-2014	Dr Amar Poddar, GP	Mental health / social impact	“Good and bad days”; citalopram 40 mg helped mood; back on JSA and looking for labouring/gardening work.	None recorded	None
19	GP consultation	57	57 of 575	19-Feb-2015	Dr Amar Poddar, GP	Mental health / medication / employment	Stopped citalopram; after one month developed low mood and poor motivation. Citalopram 20 mg restarted; part-time job due to start.	None recorded	None
20	GP consultation	56	56 of 575	01-Apr-2015	Dr Amar Poddar, GP	Mental health medication	Taking citalopram 20 mg on alternate days and reported mood improvement.	None recorded	None
21	GP consultation	56	56 of 575	05-May-2015	Dr Amar Poddar, GP	Mental health / alcohol / social impact	Mood stable on alternate-day citalopram. Job fell through and patient was drinking more alcohol as a result.	None recorded	None
22	GP consultation	55	55 of 575	17-Jul-2015	Dr Amar Poddar, GP	Mental health / alcohol / social impact / medication	Poor motivation; no job and still looking; drinking more. Previous citalopram 40 mg caused nausea, so 30 mg trial advised.	None recorded	None
23	GP consultation	54	54 of 575	05-Oct-2016	Dr Donna Edwards, GP	Prescription medication / chronic pain / work impact	Tramadol use increased from 4 to 8 tablets daily. Patient was unemployed and felt unable to work due to ongoing elbow pain. Addictive nature discussed; fit note issued.	None recorded	None
24	GP consultation	35	35 of 575	03-Dec-2021	Dr Philip Laraway, GP	Mental health / medication / suicide negative	Mood had fallen after 7-8 stable months; less social, more irritable and antisocial, poor appetite, low mood and depression. “Not suicidal.” Citalopram restarted.	None recorded	None

No.	Document	PDF page	Internal page	Date	Clinician / role	Category	Exact evidence / faithful summary	Care setting	Perpetrator
25	GP consultation	33	33 of 575	17-May-2022	Ms Karen Sokell, clinician	Mental health medication	Patient stopped SSRI the previous month, mood dipped, and he decided to restart citalopram 10 mg.	None recorded	None
26	GP administration/ clinical note	29	29 of 575	02-Dec-2022	Ms Farzana Haq, clinician	Mental health / medication / risk review	Citalopram was being taken intermittently; clinician queried suicidal ideation and stated a proper mental-health review was needed.	None recorded	None
27	Telephone consultation	29	29 of 575	07-Dec-2022	Mr Michael Church, clinician	Mental health / suicide / social impact	Low mood linked to anniversary of bereavement; socially withdrawn, poor appetite and disturbed sleep. Suicidal thoughts in previous four weeks; medication was placed on table and overdose considered, but not carried out. Patient did not work and was on ESA.	None recorded	None
28	Telephone consultation	29	29 of 575	07-Dec-2022	Dr S Montgomery, GP	Suicide risk / psychiatric care / medication / social impact	Recent thoughts of medication overdose; tablets laid out but no further action. Lived alone, did not work and possible isolation noted.	None recorded	None
29	GP administrative note	27	27 of 575	04-Apr-2023	Miss Sandra McCarvel, admin	Psychiatric care / third-party record	Following CMHT discussions on 22 March, care was discharged back to the GP. A copy of the CMHT letter was said to be in Docman.	None recorded	None
30	Medication review	23	23 of 575	29-Aug-2023	Mrs Elizabeth Marr, supplementary prescriber	Prescription medication use / chronic pain	Telephone review concerning tramadol overuse. Physiotherapy advised; paracetamol added; maximum prescription remained 1-2 four times daily.	None recorded	None
31	Medication review	21	21 of 575	17-31 Oct 2023	Mrs Elizabeth Marr, supplementary prescriber	Prescription medication use	Patient said he had reduced tramadol to four daily; later ordering indicated more than four daily. Monitoring was requested.	None recorded	None
32	Attachment metadata	568	568-575 of 575	09-Oct-2013 to 07-Mar-2014	Dr Amar Poddar, GP	Third-party/attached records / work impact	Eight eMED3 fit-note entries record “not fit for work” with diagnosis “angina and low mood,” covering overlapping periods from 9 October 2013 to 2 May 2014.	None recorded	None

Detailed page-reference schedule - Part B: assessment and follow-up

Part B uses the same row numbers as Part A. “No link recorded” means the record did not connect the entry to childhood care or abuse.

No.	Frequency / duration	Injury or impact	Treatment	Link to abuse	Evidential value	Follow-up
1	Current record	Identity confirmation	None	No abuse link	Identity / record matching	None
2	Single review	High alcohol intake; negative depression screen	Lifestyle/clinical review	No link recorded	Substance-use evidence and neutral finding	Routine follow-up
3	Current episode	Low mood, sleep disturbance, unemployment/benefits	Clinical review; fit note	No link recorded	Impact, treatment and negative risk finding	Review in 3 weeks
4	Ongoing episode	Low mood; protective social contact	Sertraline 50 mg; referral/follow-up	Bereavement link; no abuse link	Treatment and negative risk finding	Review in 3 weeks; fit note
5	Several weeks	Persistent low mood; side effect	Continue sertraline; antiemetic	No link recorded	Treatment response	Review in 3 weeks
6	Ongoing	Some improvement	Sertraline increased to 100 mg	No link recorded	Treatment response	Review planned
7	Ongoing episode	Low mood and sleep disturbance; medication intolerance	Stop sertraline; start citalopram 10 mg	No link recorded	Treatment and side effects	Review in 3 weeks
8	Two-week review	Improving mood; side effects	Citalopram increased to 20 mg	No link recorded	Treatment response and negative risk finding	Review in 2 weeks
9	Ongoing	Improvement; unemployment/benefits	Continue citalopram 20 mg; fit note	No link recorded	Impact, treatment and neutral finding	Review in one month
10	Single behavioural incident within ongoing episode	Anger/behavioural consequence; low mood; financial/legal impact	Citalopram increased to 40 mg; fit note	No link recorded	Impact, treatment and negative risk finding	Review in one month
11	Ongoing	Low mood requiring specialist input	CMHT referral; continue citalopram	No link recorded	Treatment evidence	Review in one month
12	Ongoing	Benefits dispute; low mood	Continue citalopram; CMHT appointment	No link recorded	Impact and treatment	Review after CMHT
13	Ongoing	Mental-health treatment and benefits appeal	CMHT; citalopram	No link recorded	Treatment and impact	Follow-up in 4-6 weeks
14	Completed CMHT episode	Improved mental health; bereavement support need	CMHT completed; CRUSE awaited; citalopram	Bereavement link; no abuse link	Treatment outcome	Routine review
15	Ongoing	Stable period; benefits stress	Continue citalopram; counselling awaited	No link recorded	Neutral/treatment and impact	Review
16	Ongoing	Anger and benefits stress	Continue medication	No link recorded	Neutral risk finding and impact	No medication change
17	Ongoing	Benefits impact; stable mental state	Continue citalopram	No link recorded	Impact and neutral finding	Review
18	Ongoing	Low mood and unemployment	Continue citalopram	No link recorded	Impact and treatment response	Review in 3-4 months
19	Several weeks	Relapse after stopping medication	Restart citalopram 20 mg	No link recorded	Treatment and social impact	Review
20	Ongoing	Mood improvement	Continue citalopram	No link recorded	Treatment response	Review
21	Current episode	Employment disappointment and increased alcohol use	Advised citalopram 20 mg daily	Explicit employment link; no abuse link	Impact and substance-use evidence	Review in 4 weeks
22	Ongoing	Low motivation, unemployment and increased drinking	Citalopram adjusted to 30 mg	No link recorded	Impact and treatment	Review in 1-2 months
23	Ongoing pain episode	Chronic pain, unemployment and medication dependence risk	Tramadol; orthopaedic review; fit note	No abuse link recorded	Impact and medication-risk evidence	Limit use; ongoing orthopaedic assessment
24	Recent marked deterioration	Depression, withdrawal, irritability and appetite loss	Restart citalopram 10 mg	No link recorded	Impact, treatment and negative risk finding	Review in new year; call if worse
25	One-month interruption	Mood relapse after stopping medication	Restart citalopram 10 mg	No link recorded	Treatment evidence	No specific mental-health follow-up documented here
26	Intermittent treatment	Possible instability and non-adherence	Review requested; citalopram prescribed	No link recorded	Risk identification and treatment	Acute appointment requested
27	Suicidal thoughts during previous four weeks	Depression, withdrawal, sleep/appetite disturbance and work incapacity	Escalated to on-call GP	Bereavement link; no abuse link	Direct clinical risk and impact evidence	Discussed with on-call GP
28	Recent crisis	Suicide risk, insomnia and isolation	Supportive discussion; mirtazapine 15 mg nightly, dispensed weekly; CMHT referral; Breathing Space signposting	Bereavement link; no abuse link	Direct risk, treatment and impact evidence	Weekly dispensing and CMHT referral

No.	Frequency / duration	Injury or impact	Treatment	Link to abuse	Evidential value	Follow-up
29	End of CMHT episode	Specialist care ended	Returned to GP care	No link recorded	Treatment outcome and third-party record reference	Obtain underlying Docman letter
30	Ongoing	Medication overuse risk and chronic pain	Medication review; paracetamol; physiotherapy advice	No abuse link recorded	Treatment and substance-use evidence	Review in 4 weeks
31	Repeated over several weeks	Continued medication-use concern	Ongoing monitoring	No abuse link recorded	Pattern/corroborative evidence	Monitor ordering; pain review
32	Repeated/overlapping certificates	Work incapacity	Fit notes	No abuse link recorded	Attached evidence of impact	Underlying TIFF pages should be requested if required

Recommended evidential follow-up

Care-placement evidence

The GP record does not identify a care placement. Placement proof should therefore be sought from local-authority social-work files, Children’s Hearing records, school records, admission/discharge registers and archived medical records from the relevant period.

CMHT material

Request the substantive CMHT correspondence referred to on PDF page 27, including the assessment, risk formulation, referral reason, treatment and discharge letter.

Fit-note attachments

Request the underlying FitNote TIFF images listed on PDF pages 568-575 if the complete signed certificates are required.

Causal link

A clinician or applicant statement would be needed to explain any asserted relationship between childhood care/abuse and the later mental-health, substance-use or social-impact evidence. The GP record alone does not record that link.

Application presentation

Present the December 2022 suicidal crisis and the longer history of low mood, medication, CMHT involvement and work/benefit difficulties as evidence of later impact and treatment only, unless separately corroborated as trauma-related.