Subject Access Request

Patient	Mr John Cavanagh
Date of birth	22-Sept-1963 (age 62)
Gender	M
NHS number	4000794191
Patient's address	15 Etty Avenue York N Yorkshire YO10 3TJ
Date range selected	Full record
Organisation	MMA Legal Limited
Reference	100027

Problems

Active

15-July-2026 Stephanie Pack
Suspected cerebrovascular accident

06-July-2026 Alice Horner
[D]Swollen glands
lymph

10-Jun-2026 Alice Horner
Ulcer of oesophagus

10-Jun-2026 Alice Horner
Gastritis

10-Jun-2026 Alice Horner
Oesophagitis

28-Apr-2026 Matthew Barker
Chronic kidney disease stage 3

06-Jan-2026 Lucie Smith
Chronic constipation

17-Dec-2025 Lucie Smith
Haemorrhoid

17-Dec-2025 Lucie Smith
Colonic polyp

10-July-2025 Katie Reynolds
Background diabetic retinopathy

15-Apr-2024 Anu Viji
Varus deformities of feet

12-Jan-2024 Alicia Bryan
Neuropathic foot ulcer

15-Jun-2020 Lucie Smith
Acute pancreatitis

17-Jan-2020 Danielle Arundale
Chronic obstructive lung disease

01-Aug-2016 Gemma Eason
Ischaemic heart disease

28-July-2016 Mrs Debbie Kennedy
Opioid drug dependence NOS

23-Aug-2012 Unknown Staff Member
Osteoarthritis NOS
left knee.

20-Nov-2009 Unknown Staff Member
Type II diabetes mellitus

Significant Past

08-July-2016 Dr Jane Maloney
[X]Depressive episode, unspecified

03-May-2011 Dr Jonathan Tams
Lower abdominal pain

03-May-2011 Unknown Staff Member
Appendicectomy NEC
laparoscopic.

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07-Aug-2009 Unknown Staff Member
Drainage of abscess NEC
rt groin.

19-Aug-2002 Unknown Staff Member
Ankle pain
Tenosynovitis.Therapeutic injection of steroid offered.

17-Jun-1997 Unknown Staff Member
Drug dependence
heroin / speed..

16-Aug-1996 Unknown Staff Member
[D]Helicobac pylori-abnor microbiolog finding gastric fluid
Triple therapy commenced.

16-Aug-1996 Unknown Staff Member
Duodenal ulcer

16-Aug-1996 Unknown Staff Member
Oesophagitis

16-Aug-1996 Unknown Staff Member
Problem drinker
60 u per week.

01-Jan-1996 Unknown Staff Member
Problem drinker

01-Jan-1996 Unknown Staff Member
Duodenal ulcer
endoscopy -oesophagitis, CLO pos.

19-Oct-1994 Unknown Staff Member
Acute bronchitis

12-May-1992 Unknown Staff Member
Barium meal
gastritis/duodenitis..

01-Jan-1992 Unknown Staff Member
Duodenitis
on ba meal.

13-Jun-1986 Unknown Staff Member
Digital nerve of hand
Exploration digital nerve of thumb + repair..

01-Jan-1973 Unknown Staff Member
Fracture of shaft of tibia

Minor Past

06-Apr-2025 Katie Reynolds
Suicidal thoughts

26-Jun-2024 Mrs Sharon Shaw
Cellulitis of leg

26-Jun-2024 Mrs Sharon Shaw
Suspected deep vein thrombosis

15-Apr-2024 Anu Viji
Possible condition
Peripheral vascular disease

31-Mar-2024 Alicia Bryan
Foot ulcer

17-Mar-2024 Alicia Bryan
Osteomyelitis

27-Apr-2023 Mrs Sharon Shaw
Abdominal pain

04-Mar-2022 Gemma Eason
Reduction of callus

22-Jun-2020 Abigail Hurrell
Gastritis

15-Jun-2020 Lucie Smith
Nonspecific abdominal pain

05-July-2019 Aimee Baker
Community acquired pneumonia

24-Dec-2018 Kathryn Gibson
Nonspecific abdominal pain

22-July-2016 Mrs Karen Turner
Eosinophil count raised

19-Apr-2016 Mrs Karen Turner
Chest pain

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06-Jun-2014 Mrs Sue Austin
Epigastric pain

22-Mar-2013 Dr R Jaishanker
Chesty cough

08-Jan-2013 Dr R Jaishanker
Medication requested

20-Sept-2012 Dr Charlotte Monument
Knee pain

14-Aug-2012 Dr Jamie MacLeod
MED3 not issued to patient

25-Jun-2012 Dr Robert Guion
Has tingling sensation

25-Apr-2012 Dr Jamie MacLeod
MED3 issued to patient

27-Mar-2012 Dr A Sweeney
[V]Issue of medical certificate

16-Jan-2012 Dr John Hamilton
Cough

11-Mar-2011 Dr John Hamilton
Indigestion
Dyspepsia

29-July-2008 Dr John Hamilton
Earache symptoms

21-Jan-2008 Dr John Hamilton
Haemorrhoid

18-May-2006 Dr John Hamilton
Tinea cruris

18-May-2006 Dr John Hamilton
Human papilloma virus infection of skin

10-Nov-2003 Dr E Fathers
O/E - expiratory wheeze

11-Oct-2002 Dr John Hamilton
Ankle pain

25-Jun-2002 Dr John Hamilton
Ankle pain

30-May-2002 Dr John Hamilton
[D]Cough

10-Apr-2002 Unknown Staff Member
Allergic rhinitis

13-Feb-2001 Dr John Hamilton
[D]Numbness

23-Oct-2000 Dr Jamie MacLeod
Ankle pain

15-May-2000 Dr John Hamilton
Osteoarthritis

15-July-1997 Unknown Staff Member
Poor sleep pattern

09-Nov-1996 Unknown Staff Member
[D]Loin pain

16-Aug-1996 Unknown Staff Member
Vomit contains coffee grounds

18-Sept-1995 Unknown Staff Member
Indigestion
Dyspepsia

24-Jun-1994 Unknown Staff Member
Tattoo
Wants removal.

11-Jan-1980 Unknown Staff Member
Arrested in police custody
Burglary .

13-Sept-1976 Unknown Staff Member
Arrested in police custody

01-Jan-1973 Unknown Staff Member
Bursitis of the knee NOS
Traumatic.

12-Sept-1971 Unknown Staff Member
Dog bite
Buttock.

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05-Nov-1963 Unknown Staff Member
Gastroenteritis - presumed infectious origin

Consultations

23-July-2026 Mrs Sara Stones Surgery

Read Code	Via internal post:letter to Full SAR - MMA Legal - 100027 - added to tracker

23-July-2026 Scott Hellowell Surgery

Read Code	Short message service text message sent to patient Dear John, We'd like you to make a face to face appointment for you COPD review. Please use the following link to book, alternatively call the surgery on 01904 404100. Thanks To book: https://accurx.nhs.uk/c/p-uzsdenkg5x (Expires in 7 days) Priory Medical Group SMS sent on 23/07/2026 11:22:06
Read Code	Patient telephone number +447851306734
Read Code	COPD monitring short message service text message invitation

22-July-2026 Dr Helen Macklam Heworth Green, Surgery

Comment	History On UC to contact gastro consultant Mr Miller Under 2WW due to weight loss and swallowing issues Had OGD which showed some thickening at lower end of oesophagus CT abnormal, enlarged left gastric LNs, discussed at recent radiology MDT, decision is that this is a gastric cancer until proven otherwise Mr Miller tried to phone patient and also send him a letter for rpt OGD, patient has declined so taken off WL, he has tried writing to him again and again declined I called John, updated on above and concern here is underlying malignancy, he agreed to further endoscopy I will email Mr Miller who can arrange further imminent appt for him, he is back in work in work on Friday so will sort it then (glenn.miller1@nhs.net)

17-July-2026 Henry Lanfranchi Surgery

Alert	Alert *LLOYD GEORGE PAPER RECORDS DIGITISED JULY 2026*

17-July-2026 Henry Lanfranchi Surgery

17-July-2026 Henry Lanfranchi Surgery

Attachment	Attachment *Photocopy of Medical Records from LLOYD GEORGE PAPER RECORDS PART 1 -> Priory Medical Group*

15-July-2026 Stephanie Pack Surgery

Read Code	Suspected cerebrovascular accident

15-July-2026 Henry Lanfranchi Surgery

Attachment	Attachment *Prescription or Medication details from York Hospital -> Priory Medical Group*

15-July-2026 Henry Lanfranchi Surgery

Attachment	Attachment *Discharge summary from York Hospital -> Priory Medical Group*

14-July-2026 Emma Dyball Surgery

Attachment	Attachment *Out of Hours from Yorkshire Ambulance Service NHS Trust -> Priory Medical Group*

14-July-2026 Emma Dyball Surgery

Attachment	Attachment *Accident and Emergency Letter from York Hospital -> Priory Medical Group*

14-July-2026 Jessica Ayre Surgery

Attachment	Attachment *Ambulance Notification from Yorkshire Ambulance Service NHS Trust - Hospital Letters -> Priory Medical Group*

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10-July-2026 Jill Bargate Fulford Surgery, Surgery

Comment Comment issued as per task from podiatry and discussion with AM

10-July-2026 *** **********

Free Text *****

09-July-2026 *** **********

Free Text *****

09-July-2026 Emma Dyball Surgery

Attachment Attachment
Endoscopy from York Hospital -> Priory Medical Group

08-July-2026 Kyra Eyles Priory Medical Centre, Cornlands Road, Surgery

Comment History Digital outbound call for rockwood/frailty coding, no answer

06-July-2026 Alice Horner Surgery

Read Code [D]Swollen glands lymph

06-July-2026 Emma Dyball Surgery

Attachment Attachment
Upper GI from York Hospital -> Priory Medical Group

26-Jun-2026 *** **********

Free Text *****

16-Jun-2026 Andrew Severs Surgery

Read Code Type II diabetes mellitus - poor control
Comment History Consent gained and ID confiremd Humalog Mix 25 not taking not taking the insuiln for a while but taking metfomrin twice a day - no SE with the metformin - does not like to insert the needle twice a day and bruising, discussion around risks and taking medication Unable to attend any other site other than PV Foot issue healed - needs to be been F2F - stop insuiln and start on Mounjaro May 2026 HBA1c 124 mmol/mol
Comment Diagnosis Type II diabetes mellitus - poor control
Comment Plan FU F2f arranged with patient

16-Jun-2026 Scott Hellowell Surgery

Read Code Patient telephone number +447851306734
Read Code Short message service text message sent to patient Dear John, Our trusted Partners, Panthera Clinical Research, are looking for clinical trial volunteers to help research a new investigational vaccine to protect against flu strains and future pandemics. For more information visit: https://pantheraclinic.co.uk/trial/pandemic-flu-clinical-trial/?source=PMG or call 03300 553327 Thanks Priory Medical Group SMS sent on 15/06/2026 11:43:21

12-Jun-2026 Kyra Eyles Priory Medical Centre, Cornlands Road, Surgery

Comment History Digital outbound call for rockwood/frailty coding - spoke with patient but he did not want me to talk to him about this today as in bed.

11-Jun-2026 Scott Hellowell Surgery

Read Code Message given to patient
Read Code Short message service text message sent to patient Dear John, Identifying carers is really important to us. A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid. https://www.priorymedical.net/referrals-resources/carers/ Thanks Please complete this questionnaire: https://accurx.nhs.uk/c/p-chbyx6qybw Priory Medical Group SMS sent on 11/06/2026 13:59:01
Read Code Patient telephone number +447851306734

11-Jun-2026 *** **********

Free Text *****

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10-Jun-2026 Henry Lanfranchi Surgery

Attachment	Attachment *Gastroscopy Report from York Hospital -> Priory Medical Group*

10-Jun-2026 Alice Horner Surgery

Read Code	Ulcer of oesophagus
Read Code	Gastritis
Read Code	Oesophagitis

07-Jun-2026 Joanne Williams Surgery

Read Code	CT of head

07-Jun-2026 Emma Dyball Surgery

Attachment	Attachment *Radiology from York Hospital -> Priory Medical Group*

05-Jun-2026 *** **********

Free Text	*****

05-Jun-2026 *** **********

Free Text	*****

03-Jun-2026 Dr Abigail Brooks Park View Surgery, Surgery

02-Jun-2026 Auto-filed Surgery

Read Code	Serum total 25-hydroxy vitamin D level Below low reference limit; Result Checked <25 nmol/L : Vitamin D deficiency - treatment is recommended. Follow local (or national) guidance as available in your area https://tinyurl.com/NYorksVitD	15.0 nmol/L

Serum total 25-hydroxy vitamin D level Clinical Information: CLINICAL DETAILS: recheck bloods; Reason for VITD request: Abnormal calcium or phospha te: **Abnormal**

02-Jun-2026 Auto-filed Surgery

Read Code	Serum magnesium level	0.79 mmol/l

Serum magnesium level Clinical Information: CLINICAL DETAILS: recheck bloods; Reason for VITD request: Abnormal calcium or phospha te: **Normal**

02-Jun-2026 Auto-filed Surgery

Read Code	Serum urea level Above high reference limit	9.7 mmol/L
Read Code	eGFR using creatinine (CKD-EPI) per 1.73 square metres	53.0 mL/min
Read Code	Serum creatinine level Above high reference limit	124.0 umol/L
Read Code	Urea and electrolytes	
Read Code	Serum potassium level	4.1 mmol/L
Read Code	Serum sodium level	141.0 mmol/L

Urea and electrolytes Clinical Information: CLINICAL DETAILS: recheck bloods; Reason for VITD request: Abnormal calcium or phospha te: **Satisfactory**

02-Jun-2026 Auto-filed Surgery

Read Code	Serum alkaline phosphatase level	106.0 iu/L
Read Code	Serum inorganic phosphate level	1.15 mmol/L
Read Code	Serum calcium level Below low reference limit	2.11 mmol/L
Read Code	Bone profile	
Read Code	Serum adjusted calcium concentration	2.42 mmol/L

Bone profile Clinical Information: CLINICAL DETAILS: recheck bloods; Reason for VITD request: Abnormal calcium or phospha te: **Satisfactory**

02-Jun-2026 Auto-filed Surgery

Read Code	One stage prothrombin time Below low reference limit; Coagulation tests performed on the Sysmex CN are not currently UKAS accredited.	9.6 s
Read Code	Partial thromboplastin time activated Please note that a fibrinogen will no longer be performed as part of a coagulation screen unless the PT or APTT are above the reference range.	26.7 s
Read Code	Clotting screening test	

Clotting screening test Clinical Information: CLINICAL DETAILS: recheck bloods: **Satisfactory**

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02-Jun-2026 Auto-filed Surgery

	Read Code	Full blood count	
	Read Code	Lymphocyte count	2.67 10^9/L
	Read Code	Mean platelet volume	10.7 fL
	Read Code	Mean cell volume	91.0 fL
	Read Code	Red blood cell count	4.81 10^12/L
	Read Code	Monocyte count - observation	0.91 10^9/L
	Read Code	Platelet count - observation	371.0 10^9/L
	Read Code	Nucleated red blood cell count	0.0 10^9/L
	Read Code	Red blood cell distribution width	13.4 %
	Read Code	Total white blood count Above high reference limit	13.74 10^9/L
	Read Code	Basophil count Above high reference limit	0.11 10^9/L
	Read Code	Haematocrit	0.437
	Read Code	Mean cell haemoglobin level	29.7 pg
	Read Code	Haemoglobin concentration	143.0 g/L
	Read Code	Eosinophil count - observation	0.33 10^9/L
	Read Code	Neutrophil count Above high reference limit	9.65 10^9/L
		Full blood count Clinical Information: CLINICAL DETAILS: recheck bloods IMMATURE GRANULOCYTES: 0.08 10*9/L [0.0 - 0.2]: **Satisfactory**	

02-Jun-2026 Auto-filed Surgery

	Read Code	Immunoglobulin M level	0.56 g/L
	Read Code	Immunoglobulin A level Above high reference limit	5.1 g/L
	Read Code	Immunoglobulin G level Below low reference limit; Refer to https://tinyurl.com/BiochemInfo for further information	4.6 g/L
	Read Code	Immunoglobulin level	
03-Jun-2026		**Immunoglobulin level**Clinical Information: CLINICAL DETAILS: recheck bloods; Reason for VITD request: Abnormal calcium or phospha te: **Satisfactory**	

02-Jun-2026 Auto-filed Surgery

	Read Code	Serum protein electrophoresis	
	Read Code	Serum total protein level Below low reference limit	48.0 g/L
	Read Code	Serum globulin level	23.0 g/L
	Read Code	Serum protein electrophoresis Reduced globulin fraction. Results not suggestive of myeloma.	
	Read Code	Serum albumin level Below low reference limit	25.0 g/L
03-Jun-2026		**Serum protein electrophoresis**Clinical Information: CLINICAL DETAILS: recheck bloods; Reason for VITD request: Abnormal calcium or phospha te: **Satisfactory**	

02-Jun-2026 Auto-filed Surgery

	Read Code	Serum immunofixation No paraprotein detected on immunofixation	
03-Jun-2026		**SERUM IMMUNOSUBTRACTION**SERUM IMMUNOSUBTRACTION Clinical Information: CLINICAL DETAILS: recheck bloods; Reason for VITD request: Abnormal calcium or phospha te: **Satisfactory**	

02-Jun-2026 Olivia Bester Fulford Surgery, Surgery

02-Jun-2026 Paris Hemmings Tang Hall Surgery, Surgery

Read Code	Blood sample taken	
Comment	History Blood sample taken	
Comment	Plan Advice about investigation results - information given: results of standard tests (FBC, ESR, CRP, U+Es, calcium, LFTs, TFTs, ferritin) are normally processed in 48 hours. Communicating these results by SMS is our preferred method. Other, less commonly requested, tests may take longer.	
Read Code	Advice about investigation results information given: results of standard tests (FBC, ESR, CRP, U+Es, calcium, LFTs, TFTs, ferritin) are normally processed in 48 hours. Communicating these results by SMS is our preferred method. Other, less commonly requested, tests may take longer.	

01-Jun-2026 Auto-filed Surgery

	Read Code	Urine protein electrophoresis	
	Read Code	Urine protein electrophoresis No evidence of a Bence Jones paraprotein	
	Read Code	Urine total protein level	6.43 g/L
	Read Code	Random urine protein:creatinine ratio Above high reference limit	2009.0 g/mol
	Read Code	Urine creatinine level	3.2 mmol/L
03-Jun-2026		**Urine protein electrophoresis**repeat when diabetes control better in 3 months, Clinical Information: CLINICAL DETAILS: recheck bloods: **Abnormal, but expected**	

01-Jun-2026 Lauren Mason Park View Surgery, Surgery

Comment	History unable to get blood sample today, booked back in for tomorrow. advised pt to drink plenty.	

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28-May-2026 Dr Abigail Brooks Park View Surgery, Surgery

Comment	Comment Needs repeat urine dip (send MSU if needed) and bence jones

28-May-2026 *** **********

Free Text	*****

27-May-2026 Dr Abigail Brooks Park View Surgery, Surgery

Read Code	Unsteady
Comment	History Spoke to Katie - potassium low but other bloods pretty stable. Diabetes control poor. Been taking metformin but not insulin or others. Diabetes team aware and have arranged f/u Seemed a bit brighter last night. Replace potassoum and recheck bloods next week. Unsteady
Comment	Plan Aware have sent req for 2ww scope and CT head.

27-May-2026 Dr Abigail Brooks Surgery

Read Code	Fast track referral for suspected upper GI cancer Gateway - GN-003079182 - Two Week Wait - 2WW - 2WW Upper GI
Read Code	Professional narrative Weight loss, abdominal bloating, food sticking in gullet, some occasional vomiting. Ongoing a few months but worse last 3-4 weeks. Diabetes control poor - had stopped some of meds without informing wife/practice - recently restarted
Comment	Comment Gateway Referral (GN-003079182) 27 May 2026 - 08:21AM Two Week Wait 2WW - 2WW Upper GI Pathway Do you have consent on file allowing us to discuss this referral with someone other than the patient?: Yes Please provide the name, telephone number, and relationship of the person we can speak to: Wife Katie - 07842 439871 Confirm that your patient understands that they have been referred onto a â€œsuspected cancer pathwayâ€?: Yes Confirm that your patient has received the information leaflet: Yes Confirm that your patient is available to attend an appointment within 2 weeks of this referral: Yes Findings: Isolated Dysphagia â€“ any age
Attachment	Attachment *Accenda Gateway*

27-May-2026 Dr Abigail Brooks Surgery

Comment	Comment Gateway Referral GN-003079182 - Patient communication sent via SMS to +447851306734

27-May-2026 Dr Abigail Brooks Surgery

Comment	Comment eReferral Service Patient Letter - UBRN: 000479832962
Attachment	Attachment *Accenda Gateway*

27-May-2026 Dr Abigail Brooks Park View Surgery, Surgery

Read Code	Clinical specialties Upper GI
Read Code	Fast track referral
Read Code	Requires contact by short message service text message
Read Code	Refer to hospital York
Comment	Plan Outbound referral
Read Code	Patient given information
Read Code	Outbound referral

26-May-2026 Auto-filed Surgery

Read Code	Urine creatinine level	5.6 mmol/L
Read Code	Urine albumin/creatinine ratio	
Read Code	Urine albumin level	7300.0 mg/L
Read Code	Urine albumin/creatinine ratio Above high reference limit; Please note change in analytical platform from 19/02/2026, results may be 10-15% higher than previous	1303.6 mg/mmol
27-May-2026	**Urine albumin/creatinine ratio**Clinical Information: CLINICAL DETAILS: proteinuria high HBA1c: **Abnormal**	

26-May-2026 Angela Mackay Tang Hall Surgery, Surgery

Read Code	Urine leucocyte test = negative
Read Code	Urine glucose test = +++
Read Code	Urine nitrite negative
Read Code	Urine ketone test negative
Read Code	Urine protein test = ++++
Read Code	Urine blood test = +

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26-May-2026 Timothy Rowbotham Surgery

Read Code	Email sent to outside agency yhs-tr.yorkradref@nhs.net	
Comment	Comment Dear Colleague, RE: John Cavanagh, 22-Sep-1963, 400 079 4191, Male Please find attached an URGENT referral for the above patient for your attention. Thanks, Timothy Rowbotham Priory Medical Group Attachments: letter ()	

26-May-2026 Dr Abigail Brooks Park View Surgery, Surgery

Read Code	Referral to computerised tomography service	
Referral	Referral . *Recipient: CT Scanning, Referral Forms; Referral Type: Hospital; Sender: Dr Abigail Brooks; Referral Status: Waiting For Information*	
Attachment	Attachment *from Dr A Brooks, Park View Surgery -> CT Scanning, Referral Forms*	

26-May-2026 Auto-filed Surgery

Read Code	Serum prostate specific antigen level	
Read Code	Serum prostate specific antigen level PSA assay standardised against WHO Reference Std 96/670 Analysed in York & Scarborough laboratory. PSA results measured in different hospitals may not be inter-changeable Note change in PSA reference range from 1st September.	4.1 ug/L
	Serum prostate specific antigen level Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss: **Borderline**	

26-May-2026 Auto-filed Surgery

Read Code	Serum folate level Fasting sample preferred. Recent folate or high dose biotin intake may mask deficiency.	9.9 ng/ml
Read Code	Serum folate level	
	Serum folate level Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss: **Borderline**	

26-May-2026 Auto-filed Surgery

Read Code	Serum creatinine level Above high reference limit	123.0 umol/L
Read Code	Serum potassium level Below low reference limit; Hypokalaemia in Primary Care - guidance available on Lab web. Refer to https://tinyurl.com.BiochemInfo for further information.	3.0 mmol/L
Read Code	Urea and electrolytes	
Read Code	eGFR using creatinine (CKD-EPI) per 1.73 square metres	54.0 mL/min
Read Code	Serum sodium level	142.0 mmol/L
Read Code	Serum urea level	7.5 mmol/L
	Urea and electrolytes Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss: **Borderline**	

26-May-2026 Auto-filed Surgery

Read Code	Serum ferritin level Iron studies added to ferritin request as CRP is raised. Note raised CRP.The Ferritin value may be lower than this once the acute phase response is over.	147.0 ng/ml
	FERRITIN YORK/SGHFERRITIN YORK/SGH Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss: **Borderline**	

26-May-2026 Auto-filed Surgery

Read Code	Serum TSH level	2.1 miu/L
	TSHTSH Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss: **Borderline**	

26-May-2026 Auto-filed Surgery

Read Code	Serum C reactive protein level Above high reference limit	6.0 mg/L
	Serum C reactive protein level Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss: **Borderline**	

26-May-2026 Auto-filed Surgery

Read Code	Haemoglobin A1c level - IFCC standardised Above high reference limit	124.0 mmol/mol
Read Code	HbA1c level (monitoring ranges) - IFCC standardised Above high reference limit; NICE guidelines recommend patients are given an individual treatment target for HBA1c depending on age, preference, risk of adverse effects and co- morbidities. Considerable increase in HbA1c - Review ASAP and repeat 3-6 months post intervention	124.0 mmol/mol
	HBA1CHBA1C Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss: **Abnormal, but expected**	

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26-May-2026 Auto-filed Surgery

Read Code	Serum transferrin level Below low reference limit	1.4 g/L
Read Code	Serum iron level	9.8 umol/l
Read Code	Transferrin saturation index	28.0 %
	IRON PROFILEIRON PROFILE Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss: **Borderline**	

26-May-2026 Auto-filed Surgery

Read Code	Serum vitamin B12 level	580.0 ng/L
	VITAMIN B12 YORK/SGHVITAMIN B12 YORK/SGH Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss: **Borderline**	

26-May-2026 Auto-filed Surgery

Read Code	AST serum level	14.0 iu/L
	AST serum level Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss: **Borderline**	

26-May-2026 Auto-filed Surgery

Read Code	Serum inorganic phosphate level	1.26 mmol/L
Read Code	Serum calcium level Below low reference limit	2.11 mmol/L
Read Code	Bone profile	
Read Code	Serum adjusted calcium concentration	2.43 mmol/L
	Bone profile Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss: **Borderline**	

26-May-2026 Auto-filed Surgery

Read Code	Mean cell haemoglobin level	29.3 pg
Read Code	Monocyte count - observation	0.88 10^9/L
Read Code	Nucleated red blood cell count	0.0 10^9/L
Read Code	Mean cell volume	88.0 fL
Read Code	Haemoglobin concentration	145.0 g/L
Read Code	Red blood cell count	4.95 10^12/L
Read Code	Total white blood count Above high reference limit	13.06 10^9/L
Read Code	Neutrophil count Above high reference limit	9.43 10^9/L
Read Code	Red blood cell distribution width	13.0 %
Read Code	Platelet count - observation	417.0 10^9/L
Read Code	Eosinophil count - observation	0.14 10^9/L
Read Code	Lymphocyte count	2.49 10^9/L
Read Code	Full blood count	
Read Code	Mean platelet volume	10.6 fL
Read Code	Haematocrit	0.434
Read Code	Basophil count	0.08 10^9/L
	Full blood countIMMATURE GRANULOCYTES: 0.04 10*9/L [0.0 - 0.2] Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss: **Satisfactory**	

26-May-2026 Auto-filed Surgery

Read Code	Serum alanine aminotransferase level	7.0 iu/L
Read Code	Serum alkaline phosphatase level	109.0 iu/L
Read Code	Serum total protein level Below low reference limit	49.0 g/L
Read Code	Serum total bilirubin level	4.0 umol/L
Read Code	Serum albumin level Below low reference limit	24.0 g/L
Read Code	Liver function tests	
Read Code	Serum globulin level	25.0 g/L
	Liver function tests Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss: **Borderline**	

26-May-2026 Auto-filed Surgery

Read Code	Serum amylase level	47.0 iu/L
	Serum amylase level Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss: **Borderline**	

26-May-2026 Auto-filed Surgery

Read Code	Tissue transglutaminase IgA level (UOM = U) All coeliac requests are screened for IgA deficiency. For new NICE guideline on diagnosis of coeliac disease see https://www.nice.org.uk/guidance/NG20	1.0 U
Read Code	Coeliac disease screen	
Read Code	Immunoglobulin A level Above high reference limit	5.4 g/L
27-May-2026	**Coeliac disease screen**Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss: **Satisfactory**	

THIRD PARTY COPY

26-May-2026 Dr Abigail Brooks Park View Surgery, Surgery

Comment	History Seen f2f with wife Katie. Declined in last 2yrs, 6-7st weight loss in that time. Seen 2ww 6/12 ago and had pretty normal colonoscopy, bowels now normalised. Had stopped diabetes meds but restarted recently. Past 3-4 weeks things drastically changed. See LT consult, wife thought depressed at that stage but now wonders if all linked. Personality completely changed. No energy or motivation, not reading paper, not himself at all. Thinks had 2x TIA - once when abroad and a few months ago had amaurosis fugax but declined hospital (ambulance attended but all had settled). Unsteady and sometimes wavy lines in vision and feels dizzy. Has stopped driving as been driving wonky in to kerbs. Writes with left hand but everything else with right. Systems review - no major cough, appetite down, swallowing - yes things have been sticking (hadnt mentioned to wife).
Comment	Examination Wobbly when walking down corridor, wife needed to help hold him up. Power 5/5 limbs, eye movements normal and pupils equal and reactive. Ears NAD. Coordination - mild pass pointing on left and was shaky. Normal on right. Rombergs positive. Lost muscule bulk in proximal muscles. Abdomen soft non tender, no masses. Orientated to time/place person but seems quiet and unsure. Able to answer direct questions re symptoms, but short responses and needed prompting. Vomiting small amount of bile during consult. Pale.
Comment	Diagnosis Blood sample taken (XaEJK) Unsteady (X78xy)
Comment	Plan Started SSRi a few days ago and stomach worse since, omitted this morning - suggest remain off. Bloods taken. Urine dip. Are two things going on ?neurological element eg relating to TIAs ?malginancy. Agreed refer 2ww for OGD given swallowing issue. Urgent CT head as had no imaging and change in balance and personality a worry. John verbally consented to us calling wife Katie re any results. If symptoms worsen > A&E/999
Read Code	Unsteady
Read Code	Blood sample taken

22-May-2026 Dr Khin Kyaw Surgery

Comment	History spoke with John's wife . she concerned about John. He is not with himself for the past 3 wks. sleepy all the time, doesn't talk, isolated. did not take his diabetes tablet. More Disorientiated. His friend also mentioned about it. wt loss - 7 stone in last year, don't know up to date body wt. has 3 falls in past 3-4 wks. fall outside when he went to shop. wife don't know the mechanism of fall. No head injury. One at front door step, tripped wonder it is due to balance. cough due to COPD. no SOB, no fever. usually constipated, now bowel back to normal. ongoing left leg ulcer. no urinary symptom. pt spoke with GP on Tuesday, wife was not there at that time. wife concern it could be due to other physical cause than depression.
Comment	Plan depression vs physical causes. better to see GP f2f with both patient and his wife happy to come to Park view. book for f2f meanwhile, if he develop acute confusion, unwell, please ring 111

22-May-2026 Imogen Nixon Surgery

Read Code	Short message service text message sent to patient Dear Mr / Mrs Cavanagh, This is Priory Medical Group, sorry I was unable to get through on the phone to discuss your clinical request, I will try to call again later. Thank you, Urgent Care Team Priory Medical Group Sent on 22/05/2026 at 15:35
Read Code	Patient telephone number +447842439871

THIRD PARTY COPY

22-May-2026 Dr Abigail Brooks Tang Hall Surgery, Surgery

Comment	Comment NHS NUMBER: 4000794191 DATE OF BIRTH: 20/09/1963 CASE IDENTIFIER: 323bd0bc SENT TIME: Friday, 22 May 2026 14:38 ONGOING GENERAL HEALTH PROBLEM YOU HAVE NAVIGATED TO THE PAGE THAT ALLOWS YOU TO REQUEST NON-URGENT FOLLOW UP FOR A CONDITION YOU HAVE ALREADY SPOKEN/SEE A CLINICIAN ABOUT. CONTINUITY IS IMPORTANT TO US, AND THIS FREE TEXT BOX ALLOWS YOU TO ADD SOME DETAIL ABOUT YOUR CURRENT CONDITION AND WE WILL ENDEAVOUR TO BOOK A FOLLOW UP CALL WITH YOUR ONGOING CLINICIAN. YOU WILL BE ALLOCATED A FOLLOW UP SLOT IN 2-5 WEEKS TIME DEPENDING ON CURRENT WAITING TIMES. PLEASE DO NOT USE THIS PAGE IF YOU FEEL YOU NEED URGENT, MEDICAL HELP ON THE DAY. PLEASE NAVIGATE BACK TO THE PREVIOUS PAGE AND CHOOSE "NEW HEALTH PROBLEM".: pt spoke with Doctor Tuesday afternoon via phone call , wife was supposed to be there and missed the call , pt said his wife thinks he is depressed . (wife thinks he is not with it , mentally and physically , fallen in last 3 weeks , does have a bad left leg, sleeping all day cannot stay awake, very forgetful , has had dementia test 3 weeks ago and passed this , pt very repetitive over conversation, has also lost around 7 stone in the last year without trying) would like a follow up call please to discuss further - wife number is 07842439871 Copied from Klinik Access

22-May-2026 *** **********

Free Text	*****

19-May-2026 Dr Lucy Terry Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Useful numbers: - Anyone experiencing a mental health crisis can access urgent support 24/7 by calling NHS 111 and selecting the mental health option (this is option 2). - Call the Samaritans on 116 123 - Give us a shout: text SHOUT to 85258 - Contact the Haven Mental Health Hub details www.mhm.org.uk/the-haven-30-clarence-street - Attend A&E in an emergency Thanks, Dr Terry Priory Medical Group Sent on 19/05/2026 at 16:42
Read Code	Patient telephone number +447851306734

19-May-2026 Dr Lucy Terry Surgery

Read Code	Patient telephone number +447851306734
Read Code	Mental health information leaflet given
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Menfulness - https://menfulness.org/counselling/ Andys Man Club - https://andysmanclub.co.uk/ York Mind - https://www.yorkmind.org.uk/how-we-help/counselling/ Mens Minds Matter - https://www.mensmindsmatter.org/ NHS Talking Therapies - https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/nhs-talking-therapies/ Thanks, Dr Terry Priory Medical Group Sent on 19/05/2026 at 16:42

19-May-2026 Dr Lucy Terry Park View Surgery, Surgery

Comment	History Wife thinks he is getting depressed as not doing anything all day. onging for a couple of months. eating in the morning but not the rest of the time. can't be bothered taking the tablets just feels like he can't be bothered at the moment. Thnking about death a lot - has lost a lot of good friends and family
Comment	Examination Apathetic. no suicidal ideation, no plans or thoughts of harming others, just fed up.
Comment	Diagnosis low mood
Comment	Plan Discussed options, he will try to get outside a bit more, take small bits of exercise/walk and eat a bit better. good sleep habits - no napping. will look into counselling to support him following on from all his bereavemtns - link sent. sertraline - aware SE an dhow to take. inc suicidal ideaetion risk - to seek emergency help. f./u 4/52 or sooner if concerned.

THIRD PARTY COPY

12-May-2026 Liyana Hay Tang Hall Surgery, Surgery

Comment Comment NHS NUMBER: 4000794191 CASE IDENTIFIER: 311edf26 SENT TIME: Tuesday, 12 May 2026 09:53 LOCATION OF THE AILMENT: Head SYMPTOM DURATION: 2 months DIFFICULTY SLEEPING: - LOSS OF APPETITE: - DEPRESSION OR ANXIETY: - SEVERITY SYMPTOMS: No severity symptoms NO SIGNS OF: Intense ongoing anxiety, New ongoing confusion or decline in consciousness, Self-care is not helping, Suicidal plans, intent or behaviour HAS THERE BEEN A SIMILAR CONDITION PREVIOUSLY? IF SO, WHEN AND IN WHAT WAY?: No DO YOU HAVE ANY LONGTERM ILLNESSES? IF SO, WHAT?: No HAS THERE BEEN ANY USE OF MEDICATION OR OTHER TREATMENT FOR THE AILMENT? IF SO, WHAT?: No HAS SOMEONE ALREADY EXAMINED OR TREATED THE AILMENT? HOW?: No OTHER RELEVANT INFORMATION OR CONCERNS: John called his wife thinks he is depressed and he would like to speak to Dr Terry only please Copied from Klinik Access This is Priory Medical Group following your recent contact A clinician will review your details during the afternoon of 19/05/26 It may be that your request can be dealt with without a face to face appointment, by phone or by text. If the clinician feels you would benefit from a face to face appointment, then you may be asked to attend on the day. If your symptoms worsen before then please contact us again or use NHS111. If your symptoms have resolved or already been addressed please contact us to cancel.

12-May-2026 *** **********

Free Text *****

01-May-2026 *** **********

Free Text *****

28-Apr-2026 Matthew Barker Surgery

Read Code Chronic kidney disease stage 3

28-Apr-2026 Matthew Barker Surgery

24-Apr-2026 *** **********

Free Text *****

24-Apr-2026 *** **********

Free Text *****

15-Apr-2026 *** **********

Free Text *****

09-Apr-2026 *** **********

Free Text *****

02-Apr-2026 *** **********

Free Text *****

27-Mar-2026 Dr Lucy Terry Surgery

Comment Comment eReferral Service Patient Letter - UBRN: 000475814530
Attachment Attachment
Accenda Gateway

27-Mar-2026 Dr Lucy Terry Surgery

Attachment Attachment
Accenda Gateway

27-Mar-2026 *** **********

Free Text *****

THIRD PARTY COPY

25-Mar-2026 Dr Lucy Terry Surgery

Attachment	Attachment *Accenda Gateway*	
Read Code	Professional narrative Thank you for seeing John who was found to have dyslipidaemia on his annual bloods for diabetes/IHD review. He has known IHD, T2DM and today, in clinic his BP was up slightly but he will do some HBPM for me - I suspect it wasn't helped by being in surgery today. By his own admission he has significant lifestyle changes he could, and hopefully will, make. However as you can see his TC is 11.5 at present. He also has poorly controlled DM and we are working on that and likely CKD. He is still smoking - we have discussed. He has no signs of hypercholesterolaemia on examination in surgery. I would be grateful if you could see him for further assessment. Many thanks indeed. Dr L Terry	
Read Code	Choose and book referral Gateway - GN-002959313 - Routine - Chemical Pathology - Lipid Disorders	
Comment	Comment Gateway Referral (GN-002959313) 25 March 2026 - 08:46AM Routine Chemical Pathology - Lipid Disorders Pathway Do you have consent on file allowing us to discuss this referral with someone other than the patient?: No	

24-Mar-2026 Dr Lucy Terry Surgery

Read Code	Patient telephone number +447851306734	
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, https://www.nhs.uk/conditions/high-cholesterol/ Thanks, Dr Terry Priory Medical Group Sent on 24/03/2026 at 11:41	

24-Mar-2026 Dr Lucy Terry Park View Surgery, Surgery

Read Code	O/E - Diastolic BP reading	78.0 mmHg
Read Code	Six item cognitive impairment test	
Read Code	Smoker	
Read Code	Patient given information	
Read Code	O/E - Systolic BP reading	144.0 mmHg
Read Code	Clinical specialties Chemical pathology	
Read Code	Requires contact by short message service text message	
Read Code	Outbound referral	
Comment	History Discussed cholesterol. likle yfamilial. feels OK. has had lx for weight loss. wife says is memory/zones out. he hasn't noted it. has dietary changes he could def make.	
Comment	Examination no tendon xanthomata, eyelid xanthelasma or corneal arcus. 144 / 78mmHg today	
Comment	Diagnosis likely familial hypercholesterolaemia.	
Comment	Plan Ref chem path. Smoking cessation advice (Ua1Nz) Outbound referral (XaY59)	
Read Code	Routine	
Read Code	Smoking cessation advice	
Read Code	Refer to hospital York	

23-Mar-2026 Dr Lucy Terry Park View Surgery, Surgery

Comment	History Discussed bloods likely familiar hypercholesterolaemia. Needs F2F to check for physical signs and then ref to chem path. will come and see me tomorrow.	

23-Mar-2026 Andrew Severs Surgery

Read Code	Type II diabetes mellitus	
Read Code	Medication review done Added DPP _4	
Read Code	Consultation	
Read Code	Diabetes Year of Care annual review	
Read Code	Diabetes medication review	
Read Code	Under care of diabetes specialist nurse	
Read Code	Diabetic - adequate control	
Read Code	Diabetic on insulin and oral treatment	
Read Code	Diabetes type II review	
Comment	History HbA1c 89 mmo/lmol eGFR 56 mL/min Creatinine 119 umol/L	
Comment	Diagnosis Type II diabetes mellitus (Ongoing Episode)	
Comment	Plan FU in 4/12 m repeat bloods	

THIRD PARTY COPY

23-Mar-2026 Dr Lucy Terry Surgery

Read Code	Patient telephone number +447851306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, I am sorry I have not been able to get through to you today. I needed to discuss your cholesterol levels with you as they are really quite high and we would like to do some more tests to try to work out the best way of getting them down for you. Please can you make another appointment to discuss this as soon as you can. Thanks, Dr Terry Priory Medical Group Sent on 23/03/2026 at 15:27

23-Mar-2026 Dr Lucy Terry Surgery

Read Code	Patient telephone number +447851306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, This is Priory Medical Group, sorry I was unable to get through on the phone to discuss your clinical request, I will try to call again later. Thanks, Dr Terry Priory Medical Group Sent on 23/03/2026 at 12:31

20-Mar-2026 *** **********

Free Text	*****

20-Mar-2026 Mr Simon Daglish Surgery

Read Code	Failed encounter - message left on answer machine
Read Code	Telephone follow-up

19-Mar-2026 Rachel Danks Fulford Surgery, Surgery

19-Mar-2026 *** **********

Free Text	*****

17-Mar-2026 Auto-filed Surgery

Read Code	Haemoglobin A1c level - IFCC standardised Above high reference limit	89.0 mmol/mol
Read Code	HbA1c level (monitoring ranges) - IFCC standardised Above high reference limit; NICE guidelines recommend patients are given an individual treatment target for HBA1c depending on age, preference, risk of adverse effects and co- morbidities.	89.0 mmol/mol

HBA1CHBA1C Clinical Information: CLINICAL DETAILS:: **Abnormal, but expected**

17-Mar-2026 Auto-filed Surgery

Read Code	Serum urea level Above high reference limit	9.1 mmol/L
Read Code	Serum creatinine level Above high reference limit	119.0 umol/L
Read Code	Urea and electrolytes	
Read Code	Serum potassium level	4.2 mmol/L
Read Code	eGFR using creatinine (CKD-EPI) per 1.73 square metres	56.0 mL/min
Read Code	Serum sodium level	136.0 mmol/L

Urea and electrolytes Clinical Information: CLINICAL DETAILS:: **Abnormal**

17-Mar-2026 Auto-filed Surgery

Read Code	Serum TSH level Advice on requesting and interpreting TFTs on Lab Med website. Refer to https://tinyurl.com/BiochemInfo for further information.	2.1 miu/L

TSHTSH Clinical Information: CLINICAL DETAILS:: **Normal**

17-Mar-2026 Auto-filed Surgery

Read Code	Serum TSH level Advice on requesting and interpreting TFTs on Lab Med website. Refer to https://tinyurl.com/BiochemInfo for further information.	2.1 miu/L

TSHTSH Clinical Information: CLINICAL DETAILS:: **Normal**

THIRD PARTY COPY

17-Mar-2026 Auto-filed Surgery

Read Code	Serum non high density lipoprotein cholesterol level Non-HDL Cholesterol concentration >7.5mmol/L. Please refer to the lipid clinic for specialist review (NICE CG181).	9.4 mmol/L
Read Code	Serum LDL cholesterol level	8.3 mmol/L
Read Code	Serum lipid levels	
Read Code	Serum cholesterol level Total Cholesterol concentration of >9 mmol/L. Please refer to the lipid clinic for specialist review (NICE CG181).	11.5 mmol/L
Read Code	Serum cholesterol/HDL ratio	5.5 mmol/mmol
Read Code	Serum HDL cholesterol level	2.1 mmol/L
Read Code	Serum triglyceride levels Above high reference limit; Mixed hyperlipidaemia. Consider secondary causes of dyslipidaemia e.g. diabetes, ethanol, obesity/metabolic syndrome.	2.5 mmol/L

Serum lipid levels Clinical Information: CLINICAL DETAILS:: **Abnormal**

17-Mar-2026 Auto-filed Surgery

Read Code	Serum globulin level	22.0 g/L
Read Code	Serum alanine aminotransferase level	10.0 iu/L
Read Code	Serum alkaline phosphatase level	96.0 iu/L
Read Code	Serum total bilirubin level	4.0 umol/L
Read Code	Serum albumin level Below low reference limit	27.0 g/L
Read Code	Serum total protein level Below low reference limit	49.0 g/L
Read Code	Liver function tests	

Liver function tests Clinical Information: CLINICAL DETAILS:: **Abnormal**

17-Mar-2026 Auto-filed Surgery

Read Code	Serum potassium level	4.2 mmol/L
Read Code	Urea and electrolytes	
Read Code	Serum urea level Above high reference limit	9.1 mmol/L
Read Code	eGFR using creatinine (CKD-EPI) per 1.73 square metres	56.0 mL/min
Read Code	Serum creatinine level Above high reference limit	119.0 umol/L
Read Code	Serum sodium level	136.0 mmol/L

Urea and electrolytes Clinical Information: CLINICAL DETAILS:: **Satisfactory**

17-Mar-2026 Paris Hemmings Tang Hall Surgery, Surgery

Read Code	Advice about investigation results information given: results of standard tests (FBC, ESR, CRP, U+Es, calcium, LFTs, TFTs, ferritin) are normally processed in 48 hours. Communicating these results by SMS is our preferred method. Other, less commonly requested, tests may take longer.
Read Code	Blood sample taken
Comment	History Blood sample taken
Comment	Plan Advice about investigation results - information given: results of standard tests (FBC, ESR, CRP, U+Es, calcium, LFTs, TFTs, ferritin) are normally processed in 48 hours. Communicating these results by SMS is our preferred method. Other, less commonly requested, tests may take longer.

13-Mar-2026 *** **********

Free Text	*****

11-Mar-2026 Katie Reynolds Surgery

Read Code	Referral to weight management service offered

06-Mar-2026 *** **********

Free Text	*****

04-Mar-2026 Pa Alieu Batchilly Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, I have been reviewing patients with diabetes and your record shows you are not currently on cholesterol lowering medications (statins) - if this is something you are aware of and wish to decline these medications then please reply (by clicking the link below) saying "decline" - however, if you wish to discuss this with me then please reply stating "discuss" and I will call you when available TO RESPOND, please follow this link: https://accurx.nhs.uk/c/p-uxrk4brb8k Thanks, Pa (Physician Associate) Priory Medical Group Sent on 04/03/2026 at 12:25
Read Code	Patient telephone number +447851306734
Read Code	Diabetes monitor invitation by SMS (short message service)

THIRD PARTY COPY

04-Mar-2026 Auto-filed Surgery

Read Code	Bowel cancer screening programme: faecal occult blood result FOBT Incomplete Participation. Sent following a Discharge for non response, having first responded to an initial Test Kit invitation
Read Code	BCSP faecal occult blood testing incomplete participation
	Bowel cancer screening programme: faecal occult blood result: Not responded to invitation

27-Feb-2026 *** **********

Free Text	*****

25-Feb-2026 Olivia Kirkham Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Please could you respond to this message with some up to date blood pressure readings? TO RESPOND, please follow this link: https://accurx.nhs.uk/c/p-dqf4w4m7jj Kind regards, Olivia Physician associate Priory Medical Group Sent on 25/02/2026 at 16:04
Read Code	Patient telephone number +447851306734

25-Feb-2026 Olivia Kirkham Surgery

Read Code	Telephone call to a patient
Read Code	Coronary heart disease monitoring telephone invite
Comment	Comment Will respond to SMS with BP
Read Code	Coronary heart disease monitoring administration

24-Feb-2026 Matthew Barker Surgery

Read Code	Patient on maximal tolerated therapy for diabetes

19-Feb-2026 *** **********

Free Text	*****

18-Feb-2026 Mr Simon Daglish Surgery

Read Code	Overview Notes T/C with John who reports as well, the OT visited John following my referral who made some suggestions around adaptions, stairlift etc but john declined. We spoke regarding this as it would make things easier for the time being until John has moved into a more suitable property. John stated that the OT had discussed this as a possibility, I agreed to contact adaptions regarding this and follow up in a few weeks.
Read Code	Telephone follow-up

13-Feb-2026 *** **********

Free Text	*****

11-Feb-2026 Mrs Yasmin Harrison Surgery

Read Code	Patient telephone number +447851306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, I tried to call to discuss, I have issued sodium picosulphate and added to repeat going forward as I presume you are finding it helpful, any problems please reply. TO RESPOND, please follow this link: https://accurx.nhs.uk/c/p-bhmcrfvhu6 Thanks, Yasmin Harrison Priory Medical Group Sent on 11/02/2026 at 13:40

11-Feb-2026 Mrs Yasmin Harrison Surgery

06-Feb-2026 Scott Hellowell Surgery

Read Code	Patient telephone number +447851306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Website announcement! Our website address has now changed to PrioryMedical.net. Please use this new link to access information, online services and updates. Please update any bookmarks or saved links. Thank you for your support. Priory Medical Group SMS sent on 05/02/2026 15:56:52

06-Feb-2026 *** **********

Free Text	*****

THIRD PARTY COPY

05-Feb-2026 Angela Cook Surgery

Read Code	Patient telephone number +447851306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Prescription Admin are unable to process your request for Sodium Picosulfate and we have sent it to our Pharmacy team for review. This will be within the next week and you may not need to be contacted for this. Thank you See a recent update re changes to how you request repeat medication: www.priorymedical.com/news/prescriptions-on-the-priorycare-form/ Prescription Admin Team Priory Medical Group Sent on 05/02/2026 at 15:23

03-Feb-2026 Olivia Bester Fulford Surgery, Surgery

03-Feb-2026 Sophie Heginbotham Tang Hall Surgery, Surgery

03-Feb-2026 Auto-filed Surgery

Read Code	Urine albumin/creatinine ratio	
Read Code	Urine creatinine level	4.4 mmol/L
Read Code	Urine albumin level	4077.0 mg/L
Read Code	Urine albumin/creatinine ratio Above high reference limit; Quoted reference range in line with NICE CG182 (Identification and management of CKD)	926.6 mg/mmol
	Urine albumin/creatinine ratio Clinical Information: CLINICAL DETAILS: Renal function: **Abnormal**	

03-Feb-2026 Paris Hemmings Tang Hall Surgery, Surgery

Read Code	Urine ketone test negative
Read Code	Urine nitrite negative
Read Code	Urine leucocyte test = negative
Read Code	Urine protein test = ++++
Read Code	Urine glucose test = ++++
Read Code	Urine blood test = negative

03-Feb-2026 Liyana Hay Tang Hall Surgery, Surgery

Read Code	Reason for action dip / acr
Read Code	Reason for action Dr L Terry

03-Feb-2026 Mr Andrew Owen Surgery

Read Code	Medication review done
Read Code	Structured medication review
Read Code	Telephone consultation
Read Code	Seen by clinical pharmacist
Read Code	Structured medication review
Comment	Plan Structured medication review
Read Code	Medication review done by clinical pharmacist

30-Jan-2026 Mr Simon Daglish Surgery

Read Code	Administration note
Read Code	Overview Notes CYC OT referral sent for Environmental assessment with Johns consent.

28-Jan-2026 *** **********

Free Text	*****

27-Jan-2026 Lucie Smith Surgery

Attachment	Attachment *General Surgery from General/ Upper GI Surgeon, General Surgeon, York Hospital -> Priory Medical Group*

23-Jan-2026 *** **********

Free Text	*****

22-Jan-2026 Dr Nicholas Knight Surgery

Read Code	Aspirin not indicated
Read Code	Clopidogrel not indicated
Read Code	Anticoagulation not indicated

19-Jan-2026 Jill Bargate Fulford Surgery, Surgery

17-Jan-2026 Henry Lanfranchi Surgery

Attachment	Attachment *Out of Hours from Yorkshire Ambulance Service NHS Trust -> Priory Medical Group*

THIRD PARTY COPY

17-Jan-2026 Henry Lanfranchi Surgery

Attachment	Attachment *Ambulance Notification from Yorkshire Ambulance Service NHS Trust - Hospital Letters -> Priory Medical Group*

16-Jan-2026 Mr Simon Daglish Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Please feel free to add the following details: Simon Daglish Proactive Social Prescriber - Respiratory health, my contact number is 01904 437911 and leave your name, surgery and a message, and I will respond as soon as I can. https://www.yorkcvs.org.uk/celebrating-the-impact-of-proactive-social-prescribing-in-york-for-respiratory-health/ Thanks, Mr Simon Daglish Priory Medical Group Sent on 16/01/2026 at 12:28
Read Code	Patient telephone number +447851306734

16-Jan-2026 Mr Simon Daglish Surgery

Read Code	Overview Notes T/C with John, who reports as struggling currently, particularly at home with mobilising. John has completed a application for a new property as he reports he has been sleeping in his dining room for over a year. We spoke regarding his mobilising around the house, and John reported that he goes up the stairs on his knees to use the bathroom. We spoke regarding OT involvement and a possible environmental assessment, john has previously been seen by the OT but some years ago. I agreed to John;s request to support him with the housing process and send him my contact details, John consented to a CYC OT referral and a follow up in a week.
Read Code	Telephone follow-up

16-Jan-2026 *** **********

Free Text	*****

15-Jan-2026 Mr Simon Daglish Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Good Morning, If you wish to get in touch, please call the referral line on 01904 437911 and leave your name, surgery and a message, and I will contact you as soon as I can. https://www.yorkcvs.org.uk/celebrating-the-impact-of-proactive-social-prescribing-in-york-for-respiratory-health/ Thanks, Mr Simon Daglish Priory Medical Group Sent on 15/01/2026 at 10:33
Read Code	Patient telephone number +447851306734

15-Jan-2026 Mr Simon Daglish Surgery

Read Code	Overview Notes Contacted by YMg helpdesk, John has tried to get in touch, re-referral details sent
Read Code	Administration note

14-Jan-2026 Dr Alaa Ibrahim Heworth Green, Surgery

Comment	History t/c, id confirmed had endoscopy last week for chronic constipation, multiple polys advised to develop regimen to manage the constipation using lactulose 1 sachet a day and laxido not working , had suppository and senna was given picolax for preparation and asking for that as helped better was advised to check with the GP as they can not provide for longer duration no nausea or vomiting, no abdo pain
Comment	Examination t/c
Comment	Diagnosis chronic constipation
Comment	Plan checked bnp Picolax mainly for bowel preparation not indicated for chronic constipation advised about other options increase laxido to 4sachet daily , regular senna and suppository he advised nothing helped agree can try sodium picosulfate which he did not try before and has some similar component as Picolax agree for that will try 5-10mg ON and see if not helping to contact us back or 111 if abdo pain vomiting blood in stool or any concerns

THIRD PARTY COPY

14-Jan-2026 Dr Eleanor Ridgers Heworth Green, Surgery

Comment	Comment NHS NUMBER: 4000794191 CASE IDENTIFIER: efc9e75a SENT TIME: Wednesday, 14 January 2026 11:17 LOCATION OF THE AILMENT: Buttocks and anus SYMPTOM DURATION: 2 weeks PAIN, VAS 5 (PAIN WHEN POOING): - CONSTIPATION: - RECENT OPERATION OR PROCEDURE: - SEVERITY SYMPTOMS: Self-care is not helping NO SIGNS OF: Bleeding that will not stop, Constant or frequently recurring intense pain, Difficulty standing or severe weakness, Painkiller does not help, Severe difficulty walking or with balance, Severe, ongoing bleeding, Unable to poo for several days HAS THERE BEEN A SIMILAR CONDITION PREVIOUSLY? IF SO, WHEN AND IN WHAT WAY?: constipation DO YOU HAVE ANY LONGTERM ILLNESSES? IF SO, WHAT?: No HAS THERE BEEN ANY USE OF MEDICATION OR OTHER TREATMENT FOR THE AILMENT? IF SO, WHAT?: No HAS SOMEONE ALREADY EXAMINED OR TREATED THE AILMENT? HOW?: Colonoscopy Unit(see report 06/01/26) and gp OTHER RELEVANT INFORMATION OR CONCERNS: Constipation - pain whilst passing stools requesting meds as per advised by colonoscopy unit mentioned Ticolax Copied from Klinik Access

09-Jan-2026 *** **********

Free Text	*****

07-Jan-2026 Dr Lucy Terry Surgery

Read Code	Patient telephone number +447851306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Please can you drop a urine sample in for us to send off if you have not already done so, to look at your kidney function. Thanks, Dr Terry Priory Medical Group Sent on 07/01/2026 at 08:45

07-Jan-2026 Dr Lucy Terry Park View Surgery, Surgery

Read Code	Reason for action
Read Code	Reason for action L terry
Comment	History Needs ACR sendiong - text sent again. noted renal function deterioration in Nov. Polyps on the colorectal lx. Needs discussion re CKD but ACR first.
Comment	Plan Await urine for dip and ACR. then f/u. will send another scheduled task.

06-Jan-2026 Dr Charlotte Hardwick Tang Hall Surgery, Surgery

Comment	Comment task to referrer

06-Jan-2026 Lucie Smith Priory Medical Centre, Cornlands Road, Surgery

Read Code	Diagnostic fibreoptic endoscopic exam & biopsy colon lesion
Read Code	Chronic constipation
Read Code	Snare resection of lesion of colon

06-Jan-2026 Leon Jacklin Surgery

Attachment	Attachment *Colonoscopy Report from Colonoscopy Unit, York Hospital -> Priory Medical Group*

06-Jan-2026 Henry Lanfranchi Surgery

Attachment	Attachment *Colonoscopy Report from York Hospital -> Priory Medical Group*

02-Jan-2026 *** **********

Free Text	*****

19-Dec-2025 *** **********

Free Text	*****

THIRD PARTY COPY

18-Dec-2025 Christian Tanghe Surgery

Comment	Comment Online questionnaire completed by patient Dear Mr Cavanagh, You have requested clopidogrel. We can see from our records you have not had this from us for a while are you still taking this? Thanks, Christian Alexander Tanghe Priory Medical Group Response: I do not take the blood thinners anymore I've no idea why they've been requested Received on: 18/12/2025 at 15:32

18-Dec-2025 Christian Tanghe Surgery

Read Code	Patient telephone number +447851306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, You have requested clopidogrel. We can see from our records you have not had this from us for a while are you still taking this? TO RESPOND, please follow this link: https://accurx.nhs.uk/c/p-vtbraxwj7v Thanks, Christian Alexander Tanghe Priory Medical Group Sent on 18/12/2025 at 13:43

18-Dec-2025 Christian Tanghe Surgery

Read Code	Overview Notes patient requesting clopidogrel but we have never issued since set up on March 2024 ok to have please thankyou
Read Code	Administration note

17-Dec-2025 Angela Cook Surgery

Read Code	Patient telephone number +447851306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Prescription Admin are unable to process your request for Clopidogrel and we have sent it to our Pharmacy team for review. This will be 18/12/2025 and you may not need to be contacted for this. Thank you See a recent update re changes to how you request repeat medication: www.priorymedical.com/news/prescriptions-on-the-priorycare-form/ Prescription Admin Team Priory Medical Group Sent on 17/12/2025 at 14:52

17-Dec-2025 Angela Cook Fulford Surgery, Surgery

17-Dec-2025 Lucie Smith Park View Surgery, Surgery

Read Code	Colonic polyp
Read Code	Flexible sigmoidoscopy
Read Code	Haemorrhoid

17-Dec-2025 Jessica Ayre Surgery

Attachment	Attachment *Sigmoidoscopy Report from York Hospital -> Priory Medical Group*

17-Dec-2025 Henry Lanfranchi Surgery

Attachment	Attachment *Sigmoidoscopy Report from York Hospital -> Priory Medical Group*

12-Dec-2025 *** **********

Free Text	*****

11-Dec-2025 Dr Lucy Terry Surgery

Read Code	Patient telephone number +447851306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Hope you are OK and the hospital trip went OK. Just a small reminder because I know there has been a lot on - if you could drop a urine sample down again for me to check, I'd be really grateful. Thanks, Dr Terry Priory Medical Group Sent on 11/12/2025 at 11:18

09-Dec-2025 Scott Hellowell Surgery

Read Code	Blood test requested

THIRD PARTY COPY

09-Dec-2025 Scott Hellowell Surgery

Read Code	Patient telephone number +447851306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, You are due routine cholesterol monitoring and are due some blood tests. Please show this message to reception and they can give you a blood form (U+Es, LFTs, lipid profile, TSH, HbA1c). Please collect the form from any of our surgeries - please avoid 12.15 - 1.00pm when the reception area is closed. You can attend the drop-in clinic at the Community Stadium or book an appointment at the CDC at Askham Bar. Priory Medical Group SMS sent on 09/12/2025 11:04:04

07-Dec-2025 *** **********

Free Text	*****

07-Dec-2025 Henry Lanfranchi Surgery

Attachment	Attachment *Out of Hours from North Yorkshire and York Integrated Urgent Care Service -> Priory Medical Group*

05-Dec-2025 *** **********

Free Text	*****

05-Dec-2025 Dr Nicholas Knight Surgery

Read Code	Signposting to NHS 111 service
Read Code	Patient telephone number +447851306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, You contacted us today and your symptoms have been triaged as urgent. Sorry to let you know that we have now reached our urgent capacity for the day & are unable to process your request. Contact NHS111 or you can access treatment for a number of conditions including antibiotics for tonsillitis, ear infections and UTI from your local pharmacy: https://patient.info/news-and-features/pharmacy-first-getting-the-most-from-your-pharmacist Kind regards, Priory Medical Group Sent on 05/12/2025 at 13:48

05-Dec-2025 Dr Nicholas Knight Priory Medical Centre, Cornlands Road, Surgery

Comment	History NHS NUMBER: 4000794191 CASE IDENTIFIER: a7e08e71 SENT TIME: Friday, 5 December 2025 10:04 LOCATION OF THE AILMENT: Buttocks and anus SYMPTOM DURATION: 5 days PAIN (PAIN ON MOVEMENT, PAIN AT REST): - ITCHING: - LIMITED MOVEMENT: - LUMP (PALPABLE OR VISIBLE BULGE OR LUMP IN THE ANUS): - REDNESS: - TIREDNESS: - SUDDENLY WORSENED GENERAL CONDITION: - SEVERITY SYMPTOMS: Constant or frequently recurring intense pain NO SIGNS OF: Bleeding that will not stop, Difficulty breathing, either constant or worsening, Difficulty standing or severe weakness, Intolerable itching, Multiple bruises without a cause, New ongoing confusion or decline in consciousness, Painkiller does not help, Self-care is not helping, Severe difficulty walking or with balance, Severe swelling, Severe, ongoing bleeding, Sudden onset severe pain, Sudden widespread rash, The lump has existed for more than 2 weeks, There are symptoms in the area of the lump, or it has grown or changed, Unable to poo for several days, Weight loss HAS THERE BEEN A SIMILAR CONDITION PREVIOUSLY? IF SO, WHEN AND IN WHAT WAY?: No DO YOU HAVE ANY LONGTERM ILLNESSES? IF SO, WHAT?: No HAS THERE BEEN ANY USE OF MEDICATION OR OTHER TREATMENT FOR THE AILMENT? IF SO, WHAT?: anus oil HAS SOMEONE ALREADY EXAMINED OR TREATED THE AILMENT? HOW?: No OTHER RELEVANT INFORMATION OR CONCERNS: Pt has called, has haemorrhoids and are very painful and sore, pt struggling to sit down, very restless, effecting sleep Copied from Klinik Access

05-Dec-2025 *** **********

Free Text	*****

THIRD PARTY COPY

04-Dec-2025 Dr Lucy Terry Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Thank you for getting your bloods done again. They are stable but I'd be very grateful if you could drop a urine sample into the surgery for me to check it as well. I will look out for it - I'm back on Monday morning if you wanted to pop it in then that would be great. Thanks, Dr Terry Priory Medical Group Sent on 04/12/2025 at 08:56
Read Code	Patient telephone number +447851306734

04-Dec-2025 Dr Lucy Terry Park View Surgery, Surgery

Read Code	Reason for action L Terry
Read Code	Mid-stream urine sample
Read Code	Reason for action
Read Code	Reason for action deteriorating renal function
Comment	History Noted renal function. Is awaiting colorectal 2ww so ? linked. Howver have asked him to drop in urine for dip and ACR +/-Mid-stream urine sample depending on dip. If all clear may need to consider if needs PSA but would need a call about this. Of course could all be linked to bowels as well.

28-Nov-2025 Dr Charlotte Hardwick Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, I have issued some flucloxacillin (antibiotic) to your chemist as advised by podiatry. If you have any allergies to penicillin please don't take this and get in touch for an alternative but I can't see any allergies documented on your records. Best wishes, Dr Charlotte Hardwick Priory Medical Group Sent on 28/11/2025 at 11:51
Read Code	Patient telephone number +447851306734

28-Nov-2025 Dr Charlotte Hardwick Tang Hall Surgery, Surgery

28-Nov-2025 *** **********

Free Text	*****

27-Nov-2025 Auto-filed Surgery

Read Code	Serum sodium level	139.0 mmol/L
Read Code	Serum potassium level	5.3 mmol/L
Read Code	Urea and electrolytes	
Read Code	Serum urea level Above high reference limit	15.1 mmol/L
Read Code	eGFR using creatinine (CKD-EPI) per 1.73 square metres	55.0 mL/min
Read Code	Serum creatinine level Above high reference limit	121.0 umol/L

Urea and electrolytes Clinical Information: CLINICAL DETAILS: repeat: **Satisfactory**

27-Nov-2025 Scott Hellowell Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, This #menshealth month, see our next edition of prioryNEWS, highlighting some of the health problems that impact men and how you can access support. https://www.priorymedical.com/friends-of-priory/priorynews1/ Thanks Priory Medical Group SMS sent on 26/11/2025 16:03:01
Read Code	Patient telephone number +447851306734

27-Nov-2025 Olivia Bester Fulford Surgery, Surgery

26-Nov-2025 Dr Lucy Terry Surgery

Comment	Comment eReferral Service Patient Letter - UBRN: 000467471168
Attachment	Attachment *Accenda Gateway*

THIRD PARTY COPY

25-Nov-2025 Dr Lucy Terry Surgery

Read Code	Professional narrative Thank you for seeing John who has been under the UGI team previously due to pancreatitis earlier in the year. He has a history of constipation and weight loss. Examination was normal with normal PR. No evidence of haemorrhoids (although he may well have some evident given his hx of constipation) FIT has come back positive and derranged U&E (for repeat) Given his hx and results we are grateful of the specialist review. Many thanks Dr L Terry	
Attachment	Attachment *Accenda Gateway*	
Read Code	Fast track referral for suspected lower GI cancer Gateway - GN-002736431 - Two Week Wait - 2WW - 2WW Lower GI	
Comment	Comment Gateway Referral (GN-002736431) 25 November 2025 - 04:18PM Two Week Wait 2WW - 2WW Lower GI Pathway Is there 3rd party consent on file for this patient?: No Confirm the patient understands that they have been referred onto a â€œsuspected bowel cancer pathwayâ€? and may need invasive investigations: including colonoscopy and gastroscopy, CT colonoscopy and Flexible Sigmoidoscopy: Yes Confirm that your patient has received the information leaflet: No Confirm the patient is a suitable candidate for telephone assessment and/or Straight To Test (STT): Yes Confirm the patient has been informed that they may be sent straight to test which is an invasive test and has agreed to this and the patient may not be seen by a Consultant: Yes Confirm the patient is available to attend an appointment or an investigation within 2 weeks of this referral and if necessary subsequent appointments over the next few weeks: Yes FIT Result: 400.0 ug/g Please select reason for referral: Symptomatic FIT Result â‰¥10 (Straight to Test/ Fast Track Outpatient Clinic) Please indicate below which NG12 or DG30 criteria your patient meets: Age >60 with iron deficiency anaemia or change in bowel habit Abdominal examination findings?: Normal Examination Findings?: Normal WHO Perfomance Status: 0 = Fully active, able to carry out all pre-disease performance without restriction	

25-Nov-2025 Dr Lucy Terry Heworth Green, Surgery

Read Code	Smoking cessation advice	
Read Code	Outbound referral	
Read Code	Fast track referral	
Read Code	Smoker	
Read Code	Clinical specialties Colorectal	
Read Code	Refer to hospital York	
Comment	History UC called with FIT test results. says sometimes there is blood when wiping but not always. I had seen him for constiaption. also noted his kidney function ? gastric issues.	
Comment	Plan Outbound referral Explained findings - could be nothing but we need to be sure - aware cancer pathway - can book it himself, if not heard will let us know (2weeks). will rpt U&E end of the week as well.	
Read Code	Requires contact by short message service text message	
Read Code	Patient given information	
Read Code	Smoker	

25-Nov-2025 *** **********

Free Text	*****

24-Nov-2025 Auto-filed Surgery

Read Code	Quantitative faecal immunochemical test Above high reference limit; This result will be actioned by fast track team if accompanied by a 2WW referral to York Teaching Hospital NHS Foundation Trust FIT >100 ug Hb/g faeces suggests higher risk of CRC	400.0 ug/g
25-Nov-2025	**Quantitative faecal immunochemical test**Clinical Information: CLINICAL DETAILS: CIBH: **Abnormal**	

21-Nov-2025 *** **********

Free Text	*****

20-Nov-2025 Auto-filed Surgery

Read Code	Serum adjusted calcium concentration	2.47 mmol/L
Read Code	Serum inorganic phosphate level	1.41 mmol/L
Read Code	Bone profile	
Read Code	Serum calcium level	2.25 mmol/L
	Bone profile Clinical Information: CLINICAL DETAILS: CIBH: **Borderline**	

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20-Nov-2025 Auto-filed Surgery

Read Code	Serum TSH level Advice on requesting and interpreting TFTs on Lab Med website. Refer to https://tinyurl.com/BiochemInfo for further information.	1.9 miu/L

TSHClinical Information: CLINICAL DETAILS: CIBH TSH: **Normal**

20-Nov-2025 Auto-filed Surgery

Read Code	Serum total protein level Below low reference limit	57.0 g/L
Read Code	Serum albumin level Below low reference limit	31.0 g/L
Read Code	Serum total bilirubin level	3.0 umol/L
Read Code	Liver function tests	
Read Code	Serum globulin level	26.0 g/L
Read Code	Serum alkaline phosphatase level	95.0 iu/L
Read Code	Serum alanine aminotransferase level	10.0 iu/L

Liver function tests Clinical Information: CLINICAL DETAILS: CIBH: **Borderline**

20-Nov-2025 Auto-filed Surgery

Read Code	Serum creatinine level Above high reference limit	118.0 umol/L
Read Code	Serum urea level Above high reference limit	15.2 mmol/L
Read Code	Urea and electrolytes	
Read Code	eGFR using creatinine (CKD-EPI) per 1.73 square metres	57.0 mL/min
Read Code	Serum sodium level	141.0 mmol/L
Read Code	Serum potassium level Above high reference limit; Hyperkalaemia in Primary Care - guidance available on Lab website: Refer to https://tinyurl.com/BiochemInfo for further information. Weblink also available via VoY RSS Pathology tab.	5.6 mmol/L

Urea and electrolytes Clinical Information: CLINICAL DETAILS: CIBH: **Borderline**

20-Nov-2025 Auto-filed Surgery

Read Code	Serum ferritin level Iron studies added to ferritin request as CRP is raised. Interpretation of Hematinics: https://tinyurl.com/BiochemInfo Note raised CRP.The Ferritin value may be lower than this once the acute phase response is over.	68.0 ng/ml

FERRITIN YORK/SGH Clinical Information: CLINICAL DETAILS: CIBH FERRITIN YORK/SGH: **Normal**

20-Nov-2025 Auto-filed Surgery

Read Code	Serum C reactive protein level Above high reference limit	8.0 mg/L

Serum C reactive protein level Clinical Information: CLINICAL DETAILS: CIBH: **Borderline**

20-Nov-2025 Auto-filed Surgery

Read Code	Monocyte count - observation	0.73 10^9/L
Read Code	Lymphocyte count	3.83 10^9/L
Read Code	Total white blood count	10.67 10^9/L
Read Code	Eosinophil count - observation	0.32 10^9/L
Read Code	Haemoglobin concentration	146.0 g/L
Read Code	Neutrophil count	5.69 10^9/L
Read Code	Mean platelet volume	10.5 fL
Read Code	Nucleated red blood cell count	0.0 10^9/L
Read Code	Mean cell haemoglobin level	29.6 pg
Read Code	Red blood cell distribution width	13.5 %
Read Code	Mean cell volume	88.0 fL
Read Code	Full blood count	
Read Code	Red blood cell count	4.93 10^12/L
Read Code	Platelet count - observation	372.0 10^9/L
Read Code	Basophil count	0.07 10^9/L
Read Code	Haematocrit	0.434

Full blood count Clinical Information: CLINICAL DETAILS: CIBH IMMATURE GRANULOCYTES: 0.03 10*9/L [0.0 - 0.2]: **Normal**

20-Nov-2025 Auto-filed Surgery

Read Code	Serum transferrin level Below low reference limit	1.9 g/L
Read Code	Serum iron level	8.8 umol/l
Read Code	Transferrin saturation index	18.5 %

IRON PROFILE Clinical Information: CLINICAL DETAILS: CIBH IRON PROFILE: **Borderline**

18-Nov-2025 Dr Lucy Terry Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, I hope you are feeling better than you were. Just a quick reminder that you need to get your bloods and stool sample done sometime soon if you can please. I will look out for the results. Thanks, Dr Terry Priory Medical Group Sent on 18/11/2025 at 08:02	
Read Code	Patient telephone number	+447851306734

THIRD PARTY COPY

13-Nov-2025 *** **********

Free Text *****

12-Nov-2025 Andrew Severs Park View Surgery, Surgery

Read Code Did not attend
Comment Comment Did not attend for Diabetes Clinic appointment with Andrew Severs.

11-Nov-2025 Dr Lucy Terry Park View Surgery, Surgery

Comment History Uc has been struggling w constipation for the last few months. lost a lot of weight in the last 18months - 7 stone. 4-5/7 hx of constipation. happening 1-2 times a week. passing wind. no blood.
Comment Examination T 36.1 HR 82 sats 98%RA RR 14 BS present, not tinkling, no evidence of obstruction. abdo SNT. PR chaperone offered but declined - solid stool felt at the tip.
Comment Diagnosis CIBH and weight loss.
Comment Plan Supps today. increase fluids. bloods and FIT - aware likely will need scope. seek advice as needed.

11-Nov-2025 Dr Lucy Terry Park View Surgery, Surgery

Comment History UC constipated for 5/7. passing wind. lactulose 20ml BD and senna and laxido - has taken 3 sachets a day. PUing Ok. no blood Says hasn't got teh strength to push it out. E&D fine.
Comment Diagnosis Constipation.
Comment Plan F2F given ongoing despite some laxative use.

11-Nov-2025 Dr Lucy Terry Park View Surgery, Surgery

Comment Comment NHS NUMBER: 4000794191 CASE IDENTIFIER: 348ef277 SENT TIME: Tuesday, 11 November 2025 09:14 LOCATION OF THE AILMENT: Buttocks and anus SYMPTOM DURATION: 4 days CONSTIPATION: - SEVERITY SYMPTOMS: Self-care is not helping, Unable to poo for several days NO SIGNS OF: Constant or frequently recurring intense pain HAS THERE BEEN A SIMILAR CONDITION PREVIOUSLY? IF SO, WHEN AND IN WHAT WAY?: No DO YOU HAVE ANY LONGTERM ILLNESSES? IF SO, WHAT?: No HAS THERE BEEN ANY USE OF MEDICATION OR OTHER TREATMENT FOR THE AILMENT? IF SO, WHAT?: tried lactulose HAS SOMEONE ALREADY EXAMINED OR TREATED THE AILMENT? HOW?: No OTHER RELEVANT INFORMATION OR CONCERNS: constipation Copied from Klinik Access

06-Nov-2025 *** **********

Free Text *****

04-Nov-2025 Jennifer Jackson Surgery

Read Code Medication requested
Read Code Patient telephone number +447851306734
Read Code Short message service text message sent to patient Dear Mr Cavanagh, Your acute medication request for paracetamol has been issued today and sent to your nominated pharmacy. Please allow up to 48 hours for it to be processed at the pharmacy. Please request a telephone review call before your next supply is due. KR Jenny Jackson, Clinical Pharmacist Priory Medical Group Sent on 04/11/2025 at 14:33

04-Nov-2025 Jennifer Jackson Surgery

Read Code Seen by clinical pharmacist
Comment History Long-term pcm for pain Only one 50mg qds dose Last issued Sept 25 Weight = 80kg (Oct 25) Also on Butec Tried to call to check in - no answer For telephone review with next request - review dose and ?add to repeats Issued
Read Code Short message service text message sent to patient

31-Oct-2025 *** **********

Free Text *****

THIRD PARTY COPY

30-Oct-2025 Andrew Severs Surgery

Read Code	Type II diabetes mellitus - poor control
Comment	History FE _ VM left to attend appointment High Hba1c Just called to check levels - have F2F reminder sent - NFA as no clinic slots available next week - also F2F booked
Comment	Diagnosis Type II diabetes mellitus - poor control
Comment	Plan F2F booked for sensor and review

29-Oct-2025 Mrs Yasmin Harrison Surgery

Read Code	Unsuccessful attempt to contact patient by telephone
Read Code	Patient telephone number +447851306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, I have tried to contact you during our cholesterol clinic and have been unable to reach you. Please contact the surgery to request a non-urgent call to discuss things further. You can use the prioryCARE form (medication queries tile) or phone the surgery on 01904 404100. Thanks, Yasmin Harrison Priory Medical Group Sent on 29/10/2025 at 13:02

29-Oct-2025 Mrs Yasmin Harrison Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, I have tried to contact you during our cholesterol clinic as planned & have been unable to reach you. I will try again later, is there a better time to call this afternoon? TO RESPOND, please follow this link: https://accurx.nhs.uk/c/p-9e4z7g6hmd Thanks, Yasmin Harrison Priory Medical Group Sent on 29/10/2025 at 12:02
Read Code	Patient telephone number +447851306734

27-Oct-2025 Christian Tanghe Surgery

Read Code	Patient telephone number +447851306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, I'd like you to monitor your blood pressure at home. The link below will allow you to submit blood pressure readings. Please do this every morning (around 9am) and every evening (around 6pm) for 7 days. Please use this same link for all your readings. Please complete this questionnaire: https://accurx.nhs.uk/c/p-b6qet9za4m Thanks, Christian Alexander Tanghe Priory Medical Group Sent on 27/10/2025 at 08:39

27-Oct-2025 Christian Tanghe Priory Medical Centre, Cornlands Road, Surgery

Comment	History .
Comment	Plan Booked in for diabetes review. Has been actioned by AS. See entry 22nd October. Request for 1 week HBPM given raised BP.

24-Oct-2025 *** **********

Free Text	*****

24-Oct-2025 *** **********

Free Text	*****

23-Oct-2025 Angela Cook Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Prescription Admin are unable to process your request for Paracetamol and we have sent it to our Pharmacy team for review. This will be within the next week and you may not need to be contacted for this.. Thank you See a recent update re changes to how you request repeat medication from 20th October: www.priorymedical.com/news/prescriptions-on-the-priorycare-form/ Prescription Admin Team Priory Medical Group Sent on 23/10/2025 at 14:32
Read Code	Patient telephone number +447851306734

23-Oct-2025 Angela Cook Fulford Surgery, Surgery

THIRD PARTY COPY

22-Oct-2025 Scott Hellowell Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, This is a reminder that a free flu vaccine is available for you at the practice. If you don't want one, or have already received it elsewhere please let us know. Thanks To respond: https://accurx.nhs.uk/c/p-f43f3rk2j3 (Expires in 7 days) Priory Medical Group SMS sent on 22/10/2025 13:45:01
Read Code	Patient telephone number +447851306734
Read Code	Influenza vaccination invitation second short message service text message sent

22-Oct-2025 Lorraine Hammerton Park View Surgery, Surgery

22-Oct-2025 Andrew Severs Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, See attached leaflet about SGLT2i medication. To view your attachment, please follow this link: https://accurx.nhs.uk/c/p-6486xhbyn2 Andrew, Lead Diabetes Specialist Nurse Priory Medical Group Sent on 22/10/2025 at 09:47
Read Code	Patient telephone number +447851306734

22-Oct-2025 Andrew Severs Park View Surgery, Surgery

Read Code	Diabetic foot care education
Read Code	Infection of foot due to diabetes mellitus
Read Code	Medication review done
Read Code	Diabetes type II review
Read Code	Diabetic foot risk assessment
Read Code	Diabetic on insulin and oral treatment
Read Code	Seen by podiatry - service Seen weekly
Read Code	Under care of diabetic foot screener
Read Code	Under care of diabetes specialist nurse
Read Code	Diabetic foot examination declined
Read Code	Diabetes medication review
Read Code	Diabetic - poor control
Read Code	Type II diabetes mellitus - poor control
Comment	History F2F HbA1c 105 mmol/mol eGFR 74 mL/min Creatinine 83 umol/L Humalog M25 28 units in the morning - 56 units in the evening - no hypos but does not record - feels hypos and knows how to recover therefore not eliglbe for sensor Changes needles daily Sometimes forgets metformin -Has consiptation all the time - has reqeusted laxative / suppositories ? Morphine patches causing the issue - to make an appointment with GP via reception Lost 7 stone in 18 months Gold score 1 / 7 Suggests recording CBG levles for a week and titrate insuiln Discussed dapa but then reviewed images of feet and not suitable - MDt to disucss Mounjaro weekly injection after review of CBG levles
Comment	Diagnosis Type II diabetes mellitus - poor control
Comment	Plan Reveiw CBG levels and consider titration of insulin
Read Code	Consultation
Read Code	Diabetes Year of Care annual review
Read Code	Clinical examination Seen picture managed by Podiatry team weekly

17-Oct-2025 Scott Hellowell Surgery

Read Code	Short message service text message sent to patient Dear John, You are due routine cholesterol monitoring and are due some blood tests. Please show this message to reception and they can give you a blood form (U+Es, LFTs, lipid profile, TSH, HbA1c). Please collect the form from any of our surgeries - please avoid 12.15 - 1.00pm when the reception area is closed. You can attend the drop-in clinic at the Community Stadium or book an appointment at the CDC at Askham Bar. Thanks Priory Medical Group SMS sent on 16/10/2025 15:08:02
Read Code	Patient telephone number +447851306734

17-Oct-2025 *** **********

Free Text	*****

14-Oct-2025 Scott Hellowell Surgery

Read Code	Yearly review arranged

THIRD PARTY COPY

14-Oct-2025 Scott Hellowell Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Following our previous communication this is a reminder that from Monday 20th October you will no longer be able to request repeat prescriptions using the online prioryCARE form. Please follow this link for more information around this: https://www.priorymedical.com/news/prescriptions-on-the-priorycare-form/ Thanks Priory Medical Group SMS sent on 13/10/2025 10:46:01	
Read Code	Patient telephone number +447851306734	

10-Oct-2025 Dr Abigail Brooks Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Thank you for having your recent blood tests. Following on from this we have booked you into our cholesterol clinic with our expert clinical pharmacists in this area to review your result and discuss any further action needed. You will be called during the afternoon of 29th Oct. Kind Regards, Priory Medical Group Sent on 10/10/2025 at 16:25	
Read Code	Patient telephone number +447851306734	

10-Oct-2025 Mr David Eso Surgery

Read Code	Thinking about stopping smoking	
Read Code	Good compliance with inhaler	
Read Code	Light cigarette smoker (1-9 cigs/day)	
Read Code	Respiratory disease medication review Maintain Current Therapy Level But Review of Formulation	
Read Code	Pulmonary rehabilitation declined	
Read Code	MRC Breathlessness Scale: grade 4	
Read Code	Smoker	
Read Code	Advice on flu vaccination	
Read Code	Chronic obstructive pulmonary disease follow-up	
Read Code	Advice on pneumococcal vaccination	
Read Code	Does not use spacer device	
Read Code	Inhaler technique - good	
Read Code	Seen by pharmacist	
Read Code	COPD self-management plan agreed	
Read Code	Inhaler technique shown	
Read Code	Number of COPD exacerbations in past year	1.0
Comment	Comment COPD therapy review completed by David Eso (Pharmacist, Interface Clinical Services), authorised by Dr James McNay	
Read Code	Pulmonary rehabilitation offered	
Read Code	Seen by pharmacist CAT 24 MRC 3 1 exacerbations T12M. Managed with ICS/LABA/LAMA DPI + SABA MDI. Good technique, good compliance. Plan: maintain current therapy . Safety netted regarding deterioration. Patient consents to plan.	
Read Code	Chronic obstructive pulmonary disease assessment test	24.0
Read Code	Cigarette smoker	
Read Code	Chronic obstructive pulmonary disease annual review	

10-Oct-2025 *** **********

Free Text	*****

09-Oct-2025 Auto-filed Surgery

Read Code	Serum urea level Above high reference limit	10.3 mmol/L
Read Code	Serum creatinine level	95.0 umol/L
Read Code	eGFR using creatinine (CKD-EPI) per 1.73 square metres	74.0 mL/min
Read Code	Serum sodium level	136.0 mmol/L
Read Code	Serum potassium level	4.7 mmol/L
Read Code	Urea and electrolytes	
	Urea and electrolytesneeds another discussion re statin, Clinical Information: CLINICAL DETAILS:: **Abnormal**	

09-Oct-2025 Auto-filed Surgery

Read Code	Serum non high density lipoprotein cholesterol level https://tinyurl.com/LipidDisorders	5.3 mmol/L
Read Code	Serum cholesterol/HDL ratio	4.1 mmol/mmol
Read Code	Serum cholesterol level	7.0 mmol/L
Read Code	Serum HDL cholesterol level	1.7 mmol/L
	SHORT LIPID PROFILE (CHOLESTEROL/HDneeds another discussion re statin, Clinical Information: CLINICAL DETAILS: SHORT LIPID PROFILE (CHOLESTEROL/HD: **Abnormal**	

THIRD PARTY COPY

09-Oct-2025 Auto-filed Surgery

Read Code	Haemoglobin A1c level - IFCC standardised Above high reference limit **Haemoglobin A1c level - IFCC standardised**Clinical Information: CLINICAL DETAILS:: **Abnormal, but expected**	105.0 mmol/mol

09-Oct-2025 Emma Henriksen Tang Hall Surgery, Surgery

Read Code	O/E - L.dorsalis pedis present	
Read Code	Body mass index - observation	28.685146 Kg/m²
Read Code	O/E - weight	80.0 Kg
Read Code	Blood sample taken	
Read Code	O/E - Left diabetic foot at low risk	
Read Code	O/E - Diastolic BP reading	89.0 mmHg
Read Code	Chronic dis. monitoring NOS	
Read Code	O/E - height	1.67 m
Read Code	Diabetic dietary review	
Read Code	Blood sample taken	
Read Code	O/E - Systolic BP reading	153.0 mmHg
Read Code	Advice about investigation results information given: results of standard tests (FBC, ESR, CRP, U+Es, calcium, LFTs, TFTs, ferritin) are normally processed in 48 hours. Communicating these results by SMS is our preferred method. Other, less commonly requested, tests may take longer.	
Read Code	Patient unsuitable for foot pulse check	
Read Code	10g monofilament sensation L foot normal	
Read Code	Health education - alcohol	
Comment	History Blood sample taken	
Comment	Examination Has had letters for diabetic eye test but not booked in for it yet, have advised really should book it. Unable to foot check right foot as bandged up and being seen under the hospital as had sepsis and toe removed.	
Comment	Plan Advice about investigation results - information given: results of standard tests (FBC, ESR, CRP, U+Es, calcium, LFTs, TFTs, ferritin) are normally processed in 48 hours. Communicating these results by SMS is our preferred method. Other, less commonly requested, tests may take longer.	
Read Code	Diabetes wellbeing questionnaire	
Read Code	Alcohol units per week	0.0 Units/Week
Read Code	Health education - exercise	
Read Code	O/E - pulse rhythm regular	
Read Code	Pulse rate	87.0 bpm

09-Oct-2025 *** **********

Free Text	*****

03-Oct-2025 *** **********

Free Text	*****

02-Oct-2025 Andrew Severs Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, FINAL REMINDER Please contact the practice to have your blood tests repeated in connection to the management of your diabetes - the reception team will issue you a form. The drop-in blood taking clinic is run by York Hospital at the Community Stadium. It is open Monday to Friday, 8am to 5.45pm. Alternatively you can book an appointment at the Community Diagnostic Centre at Askham Bar by phoning 01904 943690. When result are known we will be in touch. Priory Medical Group Sent on 02/10/2025 at 17:39
Read Code	Patient telephone number +447851306734

26-Sept-2025 *** **********

Free Text	*****

26-Sept-2025 Scott Hellowell Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Please make a telephone appointment to review your COPD symptoms and management via the link or alternatively call the practice on 01904 404100. This review is funded by AstraZeneca GB-63710 Jan 2025 To book: https://accurx.nhs.uk/c/p-cnhhdftw2v (Expires in 7 days) Priory Medical Group SMS sent on 25/09/2025 14:02:48
Read Code	Patient telephone number +447851306734

THIRD PARTY COPY

25-Sept-2025 Dr Jessica Norton Surgery

Read Code	Signposting to NHS 111 service
Read Code	Patient telephone number +447851306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, You contacted us today and your symptoms have been triaged as urgent. Sorry to let you know that we have now reached our urgent capacity for the day & are unable to process your request. Contact NHS111 or you can access treatment for a number of conditions including antibiotics for tonsillitis, ear infections and UTI from your local pharmacy: https://patient.info/news-and-features/pharmacy-first-getting-the-most-from-your-pharmacist Thanks, Jessica Norton Priory Medical Group Sent on 25/09/2025 at 15:28

25-Sept-2025 Dr Jessica Norton Heworth Green, Surgery

Comment	History NHS NUMBER: 4000794191 CASE IDENTIFIER: 1585d249 SENT TIME: Thursday, 25 September 2025 15:20 LOCATION OF THE AILMENT: Abdomen SYMPTOM DURATION: 4 days PAIN, VAS 8: - CONSTIPATION: - SUDDENLY WORSENED GENERAL CONDITION: - SEVERITY SYMPTOMS: Unable to poo for several days, Constant or frequently recurring intense pain NO SIGNS OF: Ache during the night, Continuous or recurring chest pain, Difficulty breathing, either constant or worsening, Difficulty standing or severe weakness, High fever (> 38°C), Multiple bruises without a cause, New ongoing confusion or decline in consciousness, Painkiller does not help, Self-care is not helping, Severe difficulty walking or with balance, Sudden widespread rash, Unable to eat, Worsening abdominal pain HAS THERE BEEN A SIMILAR CONDITION PREVIOUSLY? IF SO, WHEN AND IN WHAT WAY?: patient has been constipated before DO YOU HAVE ANY LONGTERM ILLNESSES? IF SO, WHAT?: No HAS THERE BEEN ANY USE OF MEDICATION OR OTHER TREATMENT FOR THE AILMENT? IF SO, WHAT?: No HAS SOMEONE ALREADY EXAMINED OR TREATED THE AILMENT? HOW?: No OTHER RELEVANT INFORMATION OR CONCERNS: No Copied from Klinik Access

25-Sept-2025 Scott Hellowell Surgery

Read Code	Diabetes monitor invitation by SMS (short message service)
Read Code	Patient telephone number +447851306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, We'd like you to make a face to face appointment for you Diabetic review with a Health Care Assistant. They will then arrange for a Diabetes specialist follow up appointment. Thanks To book: https://accurx.nhs.uk/c/p-9c76h4hvm5 (Expires in 7 days) Priory Medical Group SMS sent on 24/09/2025 15:36:03

24-Sept-2025 Dr Victoria Middleton Surgery

Read Code	Has authorisation for medication under PSD Having confirmed that influenza vaccination is indicated, this instruction is a patient specific directive that an influenza vaccine may be administered by any suitably trained health care professional to this patient in line with BNF dose recommendations

22-Sept-2025 Scott Hellowell Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Please see attached the next edition of the PMG newsletter. We highlight some common questions and queries around repeat prescriptions, the NHS app and prescribing policies. One important note to highlight is that from 20th October, patients will no longer be able to request repeat medication through the prioryCARE form. This is explained more in the newsletter and on our website. To view your attachment, please follow this link: https://accurx.nhs.uk/c/p-m2wdcyjse5 Priory Medical Group SMS sent on 19/09/2025 15:40:00
Read Code	Patient telephone number +447851306734

19-Sept-2025 *** **********

Free Text	*****

THIRD PARTY COPY

16-Sept-2025 Rachel Danks Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, You are due a routine blood pressure check, please use the NHSapp , SystmOnline account or phone us to book a slot. If you have a monitor at home please can you submit an up to date reading to your designated reception or via the prioryCARE form: https://access.klinik.co.uk/contact/priory-medical-group (choose GENERAL ENQUIRIES > blood pressure readings). Thank you Prescription admin team Priory Medical Group Sent on 16/09/2025 at 16:28
Read Code	Patient telephone number +447851306734

16-Sept-2025 Rachel Danks Fulford Surgery, Surgery

12-Sept-2025 *** **********

Free Text	*****

12-Sept-2025 Dr Abigail Brooks Park View Surgery, Surgery

Comment	Comment Task from podiatry asking us to Px. Advised a) urgent task isnt safe way of communicating b) pt should have waited and had from YDH

12-Sept-2025 *** **********

Free Text	*****

11-Sept-2025 Scott Hellowell Surgery

Read Code	Patient telephone number +447851306734
Read Code	Influenza vaccination invitation first short message service text message sent
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Prepare for winter. Use the link to book your Flu vaccine, alternatively call the practice on 01904 404100. Thanks To respond: https://accurx.nhs.uk/c/p-z8xx3kz58b (Expires in 7 days) Priory Medical Group SMS sent on 11/09/2025 13:24:05

09-Sept-2025 Jennifer Jackson Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Your acute medication for paracetamol request has been issued today and sent to your nominated pharmacy. Please allow up to 48 hours for it to be processed at the pharmacy. Kind regards, Jenny Jackson, Clinical Pharmacist Priory Medical Group Sent on 09/09/2025 at 13:57
Read Code	Medication requested
Read Code	Patient telephone number +447851306734

09-Sept-2025 Jennifer Jackson Surgery

Read Code	Seen by clinical pharmacist
Read Code	Medication review done by clinical pharmacist
Read Code	Short message service text message sent to patient
Read Code	Structured medication review
Comment	History Request for pcm See recent notes - abx for tonsillitis Been taking regular pcm for pain Issued as acute script Text sent to update
Comment	Plan Structured medication review

09-Sept-2025 Dr Nicholas Knight Surgery

Read Code	Patient telephone number +447851306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, You contacted us today and your symptoms have been triaged as urgent. Sorry to let you know that we have now reached our urgent capacity for the day & are unable to process your request. Please contact NHS111 online https://111.nhs.uk/ or by phone. They may direct you to an urgent treatment centre. They can diagnose and deal with many of the most common problems people go to A&E for. Kind regards Priory Medical Group Sent on 09/09/2025 at 11:51
Read Code	Signposting to NHS 111 service

THIRD PARTY COPY

09-Sept-2025 Dr Nicholas Knight Priory Medical Centre, Cornlands Road, Surgery

Comment	History NHS NUMBER: 4000794191 CASE IDENTIFIER: 9ebfa78c SENT TIME: Tuesday, 9 September 2025 11:08 LOCATION OF THE AILMENT: Head SYMPTOM DURATION: 5 days DIZZINESS: - VISUAL DISTURBANCE (VISION IS DISTORTED): - HEADACHE: - BLURRED CONSCIOUSNESS: - EAR SYMPTOMS (EARACHE): - SEVERITY SYMPTOMS: No severity symptoms NO SIGNS OF: Ache during the night, Constant or frequently recurring intense pain, Difficulty breathing, either constant or worsening, Difficulty standing or severe weakness, High fever (> 38°C), Mental confusion, New ongoing confusion or decline in consciousness, New weakness or paralysis of limb, Painkiller does not help, Pee leak (incontinence), Poo leak (incontinence), Restlessness, Self-care is not helping, Severe headache, Severe vision disturbance, Severe, constant feeling of nausea, Sudden difficulty hearing, Sudden difficulty seeing, Sudden, constant dizziness HAS THERE BEEN A SIMILAR CONDITION PREVIOUSLY? IF SO, WHEN AND IN WHAT WAY?: No DO YOU HAVE ANY LONGTERM ILLNESSES? IF SO, WHAT?: No HAS THERE BEEN ANY USE OF MEDICATION OR OTHER TREATMENT FOR THE AILMENT? IF SO, WHAT?: No HAS SOMEONE ALREADY EXAMINED OR TREATED THE AILMENT? HOW?: No OTHER RELEVANT INFORMATION OR CONCERNS: pt is currently on abx last 5 days he has dizzyness and double vision Copied from Klinik Access

05-Sept-2025 Dr Charlotte Hardwick Tang Hall Surgery, Surgery

Read Code	Tonsillitis
Comment	History TC/ See consult earlier in the week with Dr ATH Has been using difflam but no better Using paracetamol regularly Getting worse Painful to E+D, managing small snacks, drinking plenty of tea Now 10 days of pain Some associated headache, no fever, no rash No neck stiffness, no trismus
Comment	Examination Normal voice
Comment	Diagnosis Tonsillitis No sx or signs of quinsy
Comment	Plan Agree given length of sx and no better for abx script Push fluids, soft diet, max 8 PCM daily, difflam INB or if more unwell with fever/rash/trismus/unable to tolerate liquids etc aware to get back to us/111 if OOH

05-Sept-2025 Dr Charlotte Hardwick Tang Hall Surgery, Surgery

Comment	Comment NHS NUMBER: 4000794191 CASE IDENTIFIER: f47066f8 SENT TIME: Friday, 5 September 2025 08:54 LOCATION OF THE AILMENT: Neck and throat SYMPTOM DURATION: 1 weeks PAIN: - DIFFICULTY SWALLOWING: - HEADACHE: - SUDDENLY WORSENED GENERAL CONDITION (SEVERE LETHARGY/SLUGGISHNESS): - SORE THROAT: - SEVERITY SYMPTOMS: Self-care is not helping NO SIGNS OF: Constant or frequently recurring intense pain, Continuous or recurring chest pain, Cough for over 2 weeks, Difficulty breathing, either constant or worsening, Difficulty standing or severe weakness, Existing lung disease (asthma, COPD or other), Immunosuppressive medication or illness (e.g. cancer), Multiple bruises without a cause, New ongoing confusion or decline in consciousness, Painkiller does not help, Restlessness, Severe difficulty opening the mouth, Sudden widespread rash, Unable to eat HAS THERE BEEN A SIMILAR CONDITION PREVIOUSLY? IF SO, WHEN AND IN WHAT WAY?: No DO YOU HAVE ANY LONGTERM ILLNESSES? IF SO, WHAT?: No HAS THERE BEEN ANY USE OF MEDICATION OR OTHER TREATMENT FOR THE AILMENT? IF SO, WHAT?: Spray advised on Monday but not helping. HAS SOMEONE ALREADY EXAMINED OR TREATED THE AILMENT? HOW?: Pt spoke to Dr Htoo on 01/09/25. OTHER RELEVANT INFORMATION OR CONCERNS: Pt having difficulty swallowing, feeling lethargic, has a sore throat and getting headaches. Copied from Klinik Access

05-Sept-2025 *** **********

Free Text	*****

04-Sept-2025 Timothy Rowbotham Surgery

Attachment	Attachment *Letter to Patients from Priory Medical Group -> Mr J Cavanagh,*

THIRD PARTY COPY

03-Sept-2025 Andrew Severs Surgery

Read Code	Type II diabetes mellitus	
Comment	History REPEAT BLOODS LETTER Hello, please send out the following letter to the patient - many thanks Trust you are well and in good health? We hope this letter finds you well. As your healthcare provider, we are reaching out to express our concern regarding your diagnosis of type 2 diabetes. We have made several attempts to contact you to have your blood tests repeated and to discuss your condition and develop a plan. However, we have been unable to reach you. Managing diabetes effectively is crucial for your health and wellbeing. It's essential that we establish care and treatment promptly to help you maintain optimal health and manage your condition effectively. Please can you arrange to come to the reception and collect the necessary forms and have your bloods taken to enable us to review your condition. This will be our final reminder and after this it will be your responsibility to get in contact with us moving forward for your health management as part of patient initiated follow up. Many thanks, With kind regards Diabetes Team - Prior Medical Group	
Comment	Diagnosis Type II diabetes mellitus (Ongoing Episode)	
Comment	Plan PIFU letter sent - FU 3.52 w	

03-Sept-2025 Belinda Sampson Fulford Surgery, Surgery

01-Sept-2025 Dr Akari Than Htoo Tang Hall Surgery, Surgery

Read Code	Pulse rate	94.0 bpm
Read Code	O/E - rate of respiration	18.0 Resp/min
Read Code	O/E - pulse rhythm regular	
Read Code	O/E - tympanic temperature	37.1 C
Read Code	Oxygen saturation at periphery	97.0 %
Comment	History f2f for above. smoker - currently 10 a day	
Comment	Examination alert, comfortable, talking in full sentence. one apthous ulcer on right side of back of throat, small size <1cm. no other ulcers. one LN palpable on right posterior trainagle, no other palpable LN	
Comment	Diagnosis apthous ulcer.	
Comment	Plan explained no need for abx but difflam spray for analgeisa.	

01-Sept-2025 Dr Akari Than Htoo Tang Hall Surgery, Surgery

Comment	History KU concern over throat. struggling to swallow - painful x 5-6 days. cant see his back of throat. eating and drinking is fine. felt something in back of throat. had flucloxacillin for foot infection last week. not coughing. no fever. no ulcer in the mouth. taking paracetamol for last 4-5 days for pain and not helping. having one tooth extracted with dentist tomorrow	
Comment	Diagnosis pharyngitis vs tonsilitis	
Comment	Plan f2f today for examination.	

01-Sept-2025 Dr Akari Than Htoo Surgery

Read Code	Patient telephone number +447851306734	
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, This is Priory Medical Group, sorry I was unable to get through on the phone to discuss your clinical request, I will try to call again later. Thanks, Dr Akari Than Htoo Priory Medical Group Sent on 01/09/2025 at 09:41	

THIRD PARTY COPY

01-Sept-2025 Dr Christopher Bennett Surgery

Comment	Comment NHS NUMBER: 4000794191 CASE IDENTIFIER: 5daf998d SENT TIME: Monday, 1 September 2025 08:15 LOCATION OF THE AILMENT: Neck and throat SYMPTOM DURATION: 1 days FEELING OF A LUMP IN THE THROAT: - COUGH (PHLEGM): - DIFFICULTY BREATHING OR SHORTNESS OF BREATH: - SEVERITY SYMPTOMS: Self-care is not helping, Existing lung disease (asthma, COPD or other) NO SIGNS OF: Difficulty breathing at rest or during even slight physical exertion, Difficulty breathing in daily activities such as walking or talking, Difficulty breathing only in more intense activities such as walking uphill, Difficulty breathing, either constant or worsening, Difficulty standing or severe weakness, Lips have turned blue, New ongoing confusion or decline in consciousness, Restlessness, Sudden ongoing weakness HAS THERE BEEN A SIMILAR CONDITION PREVIOUSLY? IF SO, WHEN AND IN WHAT WAY?: No DO YOU HAVE ANY LONGTERM ILLNESSES? IF SO, WHAT?: No HAS THERE BEEN ANY USE OF MEDICATION OR OTHER TREATMENT FOR THE AILMENT? IF SO, WHAT?: No HAS SOMEONE ALREADY EXAMINED OR TREATED THE AILMENT? HOW?: No OTHER RELEVANT INFORMATION OR CONCERNS: No Copied from Klinik Access

26-Aug-2025 Dr Charlotte Hardwick Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, I have sent a prescription of the antibiotics to Boots as requested by the podiatry team. Best wishes, Dr Charlotte Hardwick Priory Medical Group Sent on 26/08/2025 at 13:03
Read Code	Patient telephone number +447851306734

26-Aug-2025 Dr Charlotte Hardwick Park View Surgery, Surgery

Comment	Comment Good morning Please can i ask you to pass this task to the approproctae GP I have attached a pic of John's foot, he attended the diabetic foot clinic at YDH today. He has a chronic diabetic foot ulcer with signs of infection, redness, and heat with some malodour. He is well in himself and there was no tracking. I would like to request a prescription for 1g of Flucloxicillin. John would not accept a prescription from me today as he needed to leave and didn't want to wait around at the hospital pharmacy. Many thanks in advance Vicki G - Advanced Podiatrist

26-Aug-2025 *** **********

Free Text	*****

26-Aug-2025 *** **********

Free Text	*****

26-Aug-2025 *** **********

Free Text	*****

22-Aug-2025 *** **********

Free Text	*****

20-Aug-2025 Andrew Severs Surgery

Read Code	Patient telephone number +447851306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, REMINDER Please contact the practice to have your blood tests repeated in connection to the management of your diabetes - the reception team will issue you a form. The drop-in blood taking clinic is run by York Hospital at the Community Stadium. It is open Monday to Friday, 8am to 5.45pm. Alternatively you can book an appointment at the Community Diagnostic Centre at Askham Bar by phoning 01904 943690. When result are known we will be in touch. Andrew, Lead Diabetes Specialist Nurse Priory Medical Group Sent on 20/08/2025 at 18:30

18-Aug-2025 Olivia Bester Fulford Surgery, Surgery

THIRD PARTY COPY

15-Aug-2025 *** **********

Free Text *****

14-Aug-2025 Mr David Eso Virtual Surgery, Surgery

Read Code Did not attend
Comment Comment Did not attend for Interface COPD appointment with Mr David Eso.

14-Aug-2025 Scott Hellowell Surgery

Read Code Patient telephone number +447851306734
Read Code Short message service text message sent to patient Dear John, Prepare for winter and save the date. Flu vaccine clinics will be taking place on Saturday 11th October. We will be in further contact to book an appointment nearer the date. Thanks Priory Medical Group SMS sent on 13/08/2025 15:39:01

13-Aug-2025 Joanne Williams Surgery

Attachment Attachment
Upper GI from General/ Upper GI Surgeon, General Surgeon, York Hospital -> Priory Medical Group

08-Aug-2025 *** **********

Free Text *****

04-Aug-2025 Andrew Severs Surgery

Read Code Type II diabetes mellitus - poor control
Comment History Noted wife is on holiday - still no bloods - chase again after 18/8/25 when she has returned
Comment Diagnosis Type II diabetes mellitus - poor control
Comment Plan FU 20/8/25 chase bloods as wife been away

01-Aug-2025 *** **********

Free Text *****

31-July-2025 Scott Hellowell Surgery

Read Code Patient telephone number +447851306734
Read Code Short message service text message sent to patient Dear John, Please make a telephone appointment to review your COPD symptoms and management using the link below or alternatively call the practice on 01904 404100. This review is funded by AstraZeneca GB-63710 Jan 2025 Thanks To book: https://accurx.nhs.uk/c/p-mua8pt8teh (Expires in 7 days) Priory Medical Group SMS sent on 31/07/2025 10:10:00

30-July-2025 *** **********

Free Text *****

28-July-2025 Anna Zamczyk Surgery

Read Code Patient telephone number
Read Code Short message service text message sent to patient Dear Mr Cavanagh, As requested, your prescription for paracetamol & Laxido has been issued and will be sent to your nominated pharmacy. Please allow up to 48 hours for it to be processed at the pharmacy. If your symptoms are no longer being controlled, if you have developed any new symptoms or if you have any other concerns, please contact the surgery to arrange a review. Kind regards, Anna Zamczyk Pharmacist Priory Medical Group Scheduled to send on 28/07/2025 08:00:00

28-July-2025 Anna Zamczyk Surgery

25-July-2025 *** **********

Free Text *****

THIRD PARTY COPY

24-July-2025 Mr Wing Him Angus Yuen Surgery

Read Code	Patient telephone number +447851306734
Read Code	Short message service text message sent to patient Dear John, Please make a telephone appointment to review your COPD symptoms and management. You will receive a text message from the practice with a booking link. This review is funded by AstraZeneca GB-63710 Jan 2025 Thanks, Priory Medical Group SMS sent on 24/07/2025 14:06:01

22-July-2025 Jill Bargate Fulford Surgery, Surgery

21-July-2025 Andrew Severs Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, REMINDER Please contact the practice to have your blood tests repeated in connection to the management of your diabetes - the reception team will issue you a form. The drop-in blood taking clinic is run by York Hospital at the Community Stadium. It is open Monday to Friday, 8am to 5.45pm. Alternatively you can book an appointment at the Community Diagnostic Centre at Askham Bar by phoning 01904 943690. When result are known we will be in touch. Andrew, Lead Diabetes Specialist Nurse Priory Medical Group Sent on 21/07/2025 at 15:51
Read Code	Patient telephone number +447851306734

21-July-2025 Andrew Severs Surgery

Read Code	Type II diabetes mellitus
Comment	History Reminder SMS sent for repeat bloods - FU 2/ 25 no answer refer to MDT
Comment	Diagnosis Type II diabetes mellitus (Ongoing Episode)
Comment	Plan SMS reminder sent - FU 2/ 52

21-July-2025 Sophie Heginbotham Tang Hall Surgery, Surgery

18-July-2025 *** **********

Free Text	*****

18-July-2025 *** **********

Free Text	*****

16-July-2025 Janani Chandrasekaran Surgery

Attachment	Attachment *Letter to Patients from Priory Medical Group -> Mr J Cavanagh,*

16-July-2025 Andrew Severs Park View Surgery, Surgery

Read Code	Type II diabetes mellitus - poor control
Comment	History REPEAT BLOODS LETTER Hello, please send out the following letter to the patient - many thanks Trust you are well and in good health? We hope this letter finds you well. As your healthcare provider, we are reaching out to express our concern regarding your diagnosis of type 2 diabetes. We have made several attempts to contact you to have your blood tests repeated and to discuss your condition and develop a plan. However, we have been unable to reach you. Managing diabetes effectively is crucial for your health and wellbeing. It's essential that we establish care and treatment promptly to help you maintain optimal health and manage your condition effectively. Please can you arrange to come to the reception and collect the necessary forms and have your bloods taken to enable us to review your condition. This will be our final reminder and after this it will be your responsibility to get in contact with us moving forward for your health management as part of patient initiated follow up. Many thanks, With kind regards Diabetes Team - Prior Medical GroupA
Comment	Diagnosis Type II diabetes mellitus - poor control
Comment	Plan Letter sent - FU

THIRD PARTY COPY

10-July-2025 Dr Samantha Plummer Surgery

Read Code	Patient telephone number +447851306734
Read Code	Signposting to NHS 111 service
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, You contacted us today and your symptoms have been triaged as urgent. Sorry to let you know that we have now reached our urgent capacity for the day & are unable to process your request. Please contact NHS111 online https://111.nhs.uk/ or by phone. They may direct you to an urgent treatment centre. They can diagnose and deal with many of the most common problems people go to A&E for. Thanks, Priory Medical Group Sent on 10/07/2025 at 11:46

10-July-2025 Dr Samantha Plummer Heworth Green, Surgery

Comment	History NHS NUMBER: 4000794191 CASE IDENTIFIER: e0e06c81 SENT TIME: Thursday, 10 July 2025 10:36 LOCATION OF THE AILMENT: Mouth and teeth SYMPTOM DURATION: 2 days GUM SYMPTOMS: - NUMBNESS (NUMBNESS OF MOUTH OR CHIN): - SUDDENLY WORSENED GENERAL CONDITION: - SYMPTOMS INSIDE MOUTH (PAIN INSIDE MOUTH OR CHEEKS): - LIP SYMPTOMS: - SEVERITY SYMPTOMS: Self-care is not helping, Painkiller does not help NO SIGNS OF: Ache during the night, Constant or frequently recurring intense pain, Difficulty breathing, either constant or worsening, Difficulty standing or severe weakness, Known need for a prophylactic antibiotic in dental procedures, Multiple bruises without a cause, New ongoing confusion or decline in consciousness, Previous endocarditis or heart valve procedure, Severe, ongoing bleeding, Sudden widespread rash, Unable to eat HAS THERE BEEN A SIMILAR CONDITION PREVIOUSLY? IF SO, WHEN AND IN WHAT WAY?: No DO YOU HAVE ANY LONGTERM ILLNESSES? IF SO, WHAT?: No HAS THERE BEEN ANY USE OF MEDICATION OR OTHER TREATMENT FOR THE AILMENT? IF SO, WHAT?: No HAS SOMEONE ALREADY EXAMINED OR TREATED THE AILMENT? HOW?: No OTHER RELEVANT INFORMATION OR CONCERNS: No Copied from Klinik Access

10-July-2025 *** **********

Free Text	*****

10-July-2025 Katie Reynolds Surgery

Read Code	Background diabetic retinopathy
Read Code	Visual acuity Both 6/4

10-July-2025 Jessica Ayre Surgery

Attachment	Attachment *Retinal Screening from Retinal Screening Service (North Yorkshire) -> Priory Medical Group*

10-July-2025 Katie Reynolds Surgery

Read Code	Diabetic retinopathy screening
Read Code	O/E - right eye no maculopathy
Read Code	O/E - left eye no maculopathy
Read Code	O/E - left eye background diabetic retinopathy
Read Code	O/E - right eye background diabetic retinopathy

08-July-2025 Andrew Severs Priory Medical Centre, Cornlands Road, Surgery

Read Code	Did not attend
Comment	Comment Did not attend for Diabetes Clinic appointment with Andrew Severs.

04-July-2025 *** **********

Free Text	*****

27-Jun-2025 *** **********

Free Text	*****

25-Jun-2025 Rosemary Wands Fulford Surgery, Surgery

25-Jun-2025 Rachel Danks Fulford Surgery, Surgery

25-Jun-2025 Helen MacDonald Tang Hall Surgery, Surgery

THIRD PARTY COPY

24-Jun-2025 Andrew Severs Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, REMINDER Please contact the practice to have your blood tests repeated in connection to the management of your diabetes - the reception team will issue you a form. The drop-in blood taking clinic is run by York Hospital at the Community Stadium. It is open Monday to Friday, 8am to 5.45pm. Alternatively you can book an appointment at the Community Diagnostic Centre at Askham Bar by phoning 01904 943690. When result are known we will be in touch. Andrew, Lead Diabetes Specialist Nurse Priory Medical Group Sent on 24/06/2025 at 15:54
Read Code	Patient telephone number +447851306734

24-Jun-2025 Andrew Severs Surgery

Comment	History SMS reminder sent to repeat bloods FU 2.52 for results
Comment	Diagnosis Type II diabetes mellitus - poor control
Comment	Plan SMS reminder sent to repeat bloods FU 2.52 for results
Read Code	Type II diabetes mellitus - poor control

24-Jun-2025 *** **********

Free Text *****

20-Jun-2025 *** **********

Free Text *****

20-Jun-2025 *** **********

Free Text *****

13-Jun-2025 *** **********

Free Text *****

11-Jun-2025 Rachel Danks Fulford Surgery, Surgery

10-Jun-2025 Andrew Severs Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Please contact the practice to have your blood tests repeated in connection to the management of your diabetes - the reception team will issue you a form. The drop-in blood taking clinic is run by York Hospital at the Community Stadium. It is open Monday to Friday, 8am to 5.45pm. Alternatively you can book an appointment at the Community Diagnostic Centre at Askham Bar by phoning 01904 943690. When result are known we will be in touch. Andrew, Lead Diabetes Specialist Nurse Priory Medical Group Sent on 10/06/2025 at 16:51
Read Code	Patient telephone number +447851306734

10-Jun-2025 Rachel Danks Surgery

Read Code	Patient telephone number +447851306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Your medication will be issued but if you require laxido again please arrange contact with a clinician before putting in further a request. You can request online using the prioryCARE form at https://access.klinik.co.uk/contact/priory-medical-group Use ONGOING HEALTH PROBLEM (Follow Up) tile or call us on 01904 404100. Thank you Prescription admin team Priory Medical Group Sent on 10/06/2025 at 15:24

10-Jun-2025 Rachel Danks Fulford Surgery, Surgery

10-Jun-2025 Rosemary Wands Fulford Surgery, Surgery

06-Jun-2025 *** **********

Free Text *****

30-May-2025 *** **********

Free Text *****

THIRD PARTY COPY

23-May-2025 Scott Hellowell Surgery

Comment Comment Online questionnaire not completed by patient
Link expired on: 22/05/2025 at 08:26

23-May-2025 *** **********

Free Text *****

19-May-2025 Jill Bargate Surgery

19-May-2025 Jill Bargate Surgery

19-May-2025 Sophie Heginbotham Tang Hall Surgery, Surgery

16-May-2025 *** **********

Free Text *****

15-May-2025 Scott Hellowell Surgery

Read Code Short message service text message sent to patient
Dear John, Identifying carers is really important to us. A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid. https://www.priorymedical.com/referrals-resources/carers/ Please complete this questionnaire: https://accurx.nhs.uk/c/p-47zp3j5fh8 Priory Medical Group SMS sent on 15/05/2025 09:01:36
Read Code Message given to patient
Read Code Patient telephone number +447851306734

09-May-2025 *** **********

Free Text *****

08-May-2025 Matthew Barker Surgery

Read Code Short message service text message sent to patient
Dear John, We'd like you to make a face to face appointment for you COPD review. Please use the following link to book, alternatively call the surgery on 01904 404100. To book: https://accurx.nhs.uk/c/p-5c3pvkcyg3 (Expires in 7 days) Priory Medical Group SMS sent on 08/05/2025 09:20:02
Read Code COPD monitring short message service text message invitation
Read Code Patient telephone number +447851306734

07-May-2025 Katie Reynolds Surgery

Read Code Did not attend

07-May-2025 Joanne Williams Surgery

Attachment Attachment
DNA Letter from General/ Upper GI Surgeon, General Surgeon, York Hospital -> Priory Medical Group

02-May-2025 *** **********

Free Text *****

28-Apr-2025 Belinda Sampson Fulford Surgery, Surgery

Comment Comment no green slots for review

25-Apr-2025 *** **********

Free Text *****

23-Apr-2025 *** **********

Free Text *****

23-Apr-2025 Helen MacDonald Tang Hall Surgery, Surgery

THIRD PARTY COPY

23-Apr-2025 *** **********

Free Text *****

17-Apr-2025 *** **********

Free Text *****

15-Apr-2025 Stephanie Pack Park View Surgery, Surgery

Comment Comment Please forward to GP after prescribing, thanks

15-Apr-2025 Stephanie Pack Surgery

Comment Comment Please forward to GP after prescribing, thanks

15-Apr-2025 Janani Chandrasekaran Surgery

Read Code CSHA (Canadian Study of Health and Aging) Clinical Frailty Scale level 2 - well
Read Code Computed tomography
Read Code US scan of gallbladder

15-Apr-2025 Stephanie Pack Surgery

Comment Comment Please forward to GP after prescribing, thanks

15-Apr-2025 Emily Sidebottom Surgery

Attachment Attachment
Discharge summary from York Hospital -> Priory Medical Group

11-Apr-2025 Dr Christopher Bennett Tang Hall Surgery, Surgery

Read Code	Clinical history and observations Dr J Bedford See consult above	
Read Code	Consultation	
Read Code	O/E - Systolic BP reading	158.0 mmHg
Read Code	O/E - Diastolic BP reading	99.0 mmHg
Read Code	Temperature	36.2 C
Read Code	Plan Discussed with Surgical Reg on call, agrees needs urgent CTAP- suggested send to ED and they will assess and arrange CT scan- patient happy with plan and will get wife to take him to ED now	
Read Code	Pulse rate	112.0 bpm
Attachment	Attachment *Request Form from Dr C Bennett, Priory Medical Group -> York Hospital*	
Read Code	Oxygen saturation at periphery	99.0 %
Read Code	Admit surgical emergency unspecified	
Read Code	Respiratory rate	17.0 breath/min
Read Code	Clinical examination upper abdomen peritonitic, BS +ve	

11-Apr-2025 Dr Christopher Bennett Tang Hall Surgery, Surgery

Read Code Plan F2F review
Read Code Telephone consultation Notes by J Bedford 61M abdominal pain about 8/7, across stomach Been to hospital 3x and ambulance 2x - ended up leaving a+e this morning as told 9 hour wait Paracetamol not touching pain , was previously addicted to codeine No vomiting, BO last 4-5/7 ago, using movicol and lactulose, not sure about stools Ate sandwich yesterday PUing ok Suffered with pancreatitis but feels worse than this

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11-Apr-2025 Dr Deepti Alla Park View Surgery, Surgery

Comment History NHS NUMBER: 4000794191 CASE IDENTIFIER: ca5ad752 SENT TIME: Friday, 11 April 2025 09:11 LOCATION OF THE AILMENT: Abdomen SYMPTOM DURATION: 1 weeks PAIN, VAS 10 (STOMACH ACHE): - SUDDENLY WORSENED GENERAL CONDITION: - SEVERITY SYMPTOMS: Self-care is not helping NO SIGNS OF: Ache during the night, Constant or frequently recurring intense pain, Continuous or recurring chest pain, Difficulty breathing, either constant or worsening, Difficulty standing or severe weakness, High fever (> 38°C), Immunosuppressive medication or illness (e.g. cancer), Insulin-treated diabetes, Multiple bruises without a cause, New ongoing confusion or decline in consciousness, Painkiller does not help, Restlessness, Severe difficulty walking or with balance, Sudden ongoing weakness, Sudden widespread rash, Unable to eat, Unable to poo for several days, Worsening abdominal pain HAS THERE BEEN A SIMILAR CONDITION PREVIOUSLY? IF SO, WHEN AND IN WHAT WAY?: No DO YOU HAVE ANY LONGTERM ILLNESSES? IF SO, WHAT?: No HAS THERE BEEN ANY USE OF MEDICATION OR OTHER TREATMENT FOR THE AILMENT? IF SO, WHAT?: No HAS SOMEONE ALREADY EXAMINED OR TREATED THE AILMENT? HOW?: No OTHER RELEVANT INFORMATION OR CONCERNS: No Copied from Klinik Access

11-Apr-2025 Stephanie Pack Surgery

Read Code CSHA (Canadian Study of Health and Aging) Clinical Frailty Scale level 3 - managing well

11-Apr-2025 Stephanie Pack Surgery

Read Code Admit medical emergency unspecified

11-Apr-2025 Stephanie Pack Surgery

Read Code Left care setting after initial assessment

11-Apr-2025 Emily Sidebottom Surgery

Attachment Attachment
Ambulance Notification from Yorkshire Ambulance Service NHS Trust - Hospital Letters -> Priory Medical Group

11-Apr-2025 Janani Chandrasekaran Surgery

Read Code	O/E - weight	86.0 Kg
Read Code	Body mass index - observation	32.8 Kg/m²

11-Apr-2025 Lucie Smith Surgery

Attachment Attachment
Accident and Emergency Letter from York Hospital -> Priory Medical Group

11-Apr-2025 Henry Lanfranchi Surgery

Attachment Attachment
Out of Hours from Yorkshire Ambulance Service NHS Trust -> Priory Medical Group

11-Apr-2025 Emily Sidebottom Surgery

Attachment Attachment
Accident and Emergency Letter from York Hospital -> Priory Medical Group

10-Apr-2025 Stephanie Pack Surgery

Read Code Left care setting before treatment completed

10-Apr-2025 Joanne Williams Surgery

Attachment Attachment
Accident and Emergency Letter from York Hospital -> Priory Medical Group

09-Apr-2025 Stephanie Pack Surgery

Read Code Left care setting before treatment completed

09-Apr-2025 Emily Sidebottom Surgery

Attachment Attachment
Accident and Emergency Letter from York Hospital -> Priory Medical Group

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09-Apr-2025 Callum McNeill Surgery

Attachment Attachment
Accident and Emergency Letter from York Hospital -> Priory Medical Group

08-Apr-2025 *** **********

Free Text *****

06-Apr-2025 Katie Reynolds Tang Hall Surgery, Surgery

Read Code Suicidal thoughts
Read Code CSHA (Canadian Study of Health and Aging) Clinical Frailty Scale level 3 - managing well

06-Apr-2025 Emma Dyball Surgery

Attachment Attachment
Out of Hours from Yorkshire Ambulance Service NHS Trust -> Priory Medical Group

06-Apr-2025 Emily Sidebottom Surgery

Attachment Attachment
Ambulance Notification from Yorkshire Ambulance Service NHS Trust - Hospital Letters -> Priory Medical Group

02-Apr-2025 Dr Emma Dickinson Surgery

Comment Comment Online questionnaire completed by patient Dear Mr Cavanagh, I was trying to call regrading your blood tests Please can you let me know when you are free to talk Thanks Dr Emma Dickinson Priory Medical Group Response: Iâ€™m free to talk now Received on: 02/04/2025 at 15:39

02-Apr-2025 Dr Emma Dickinson Fulford Surgery, Surgery

Comment History Phoned re bloods - slightly raised wbc and crp. Has ben 2ww to YDH. pt feels pain same as was. no sign of infection. no temp. e and d ok. not vomiting, puing ok. bowels open - taken lactulose
Comment Examination chatty on phone
Comment Plan plan - repeat bloods in a few days to see trend. drop in urine sample await reveiw from ydh. see sooner if unwell

02-Apr-2025 Dr Emma Dickinson Surgery

Read Code Short message service text message sent to patient Dear Mr Cavanagh, I was trying to call regrading your blood tests Please can you let me know when you are free to talk TO RESPOND, please follow this link: (link will autogenerate here) Thanks Dr Emma Dickinson Priory Medical Group
Read Code Patient telephone number 07851 306734

02-Apr-2025 Dr Emma Dickinson Fulford Surgery, Surgery

Comment History tried to call re bloods - no reply. text sent to contact us

02-Apr-2025 Auto-filed Surgery

Read Code	Serum transferrin level	2.02 g/L
Read Code	Serum iron level	7.3 umol/l
Read Code	Transferrin saturation index Below low reference limit	14.0 %

Iron & %Saturation Iron & % Saturation: **Borderline**

02-Apr-2025 Auto-filed Surgery

Read Code Serum ferritin level Note raised CRP. The Ferritin value may be lower than this once the acute phase response is over. Interpretation of haematinics: https://tinyurl.com/BiochemInfo Iron studies have been added to ferritin as CRP is raised 109.0 ng/ml
Serum ferritin level: **Abnormal**

02-Apr-2025 Auto-filed Surgery

Read Code eGFR using creatinine (CKD-EPI) per 1.73 square metres 88.0 mL/min
eGFR calculated using CKD-EPI equation eGFR less accurate when >60 ml/min/1.73m2. Interpret with caution Do not diagnose CKD if no other evidence/markers of kidney damage
eGFR using creatinine (CKD-EPI) per 1.73 square metres: **Abnormal**

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02-Apr-2025 Auto-filed Surgery

Read Code	Serum CA 19-9 (cancer antigen 19-9) level Above high reference limit; CA199 assay standardised against the Enzymun-Test CA19-9 method	165.0 u/mL

Serum CA 19-9 (cancer antigen 19-9) level: **Abnormal**

02-Apr-2025 Auto-filed Surgery

Read Code	Serum total protein level	64.0 g/L
Read Code	Serum total bilirubin level	3.0 umol/L
Read Code	Serum alanine aminotransferase level	13.0 iu/L
Read Code	Serum alkaline phosphatase level	107.0 iu/L
Read Code	Liver function tests	
Read Code	Serum albumin level	37.0 g/L

Liver function tests: **Abnormal**

02-Apr-2025 Auto-filed Surgery

Read Code	Fibrinogen level Above high reference limit	4.5 g/L
Read Code	One stage prothrombin time	10.3 s
Read Code	Partial thromboplastin time activated Above high reference limit	28.3 s

Coagulation screen Coagulation screen: This test is not currently UKAS accredited.: **Abnormal**

02-Apr-2025 Auto-filed Surgery

Read Code	Serum sodium level Below low reference limit	132.0 mmol/L
Read Code	Serum creatinine level	83.0 umol/L
Read Code	Serum urea level Above high reference limit	9.0 mmol/L
Read Code	Serum potassium level	5.2 mmol/L
Read Code	Urea and electrolytes	

Urea and electrolytes: **Abnormal**

02-Apr-2025 Auto-filed Surgery

Read Code	Serum alpha-fetoprotein level Please refer to https://tinyurl.com/TumourMarkerRequesting for information about tumour marker requesting. AFP assay standardised against 1st IRP WHO Reference Std 72/225	2.3 ku/L

Serum alpha-fetoprotein level: **Abnormal**

02-Apr-2025 Auto-filed Surgery

Read Code	Full blood count	
Read Code	Monocyte count - observation	1.12 10^9/L
Read Code	Neutrophil count Above high reference limit	9.4 10^9/L
Read Code	Lymphocyte count	3.03 10^9/L
Read Code	Red blood cell count	5.01 10^12/L
Read Code	Platelet count - observation	310.0 10^9/L
Read Code	Haematocrit	0.436
Read Code	Mean cell volume	87.0 fL
Read Code	Mean cell haemoglobin level	29.3 pg
Read Code	Total white blood count Above high reference limit	14.1 10^9/L
Read Code	Basophil count	0.08 10^9/L
Read Code	Eosinophil count - observation	0.37 10^9/L
Read Code	Haemoglobin concentration	147.0 g/L

Full blood count Immature granulocyte: 0.05 x10^9/L [0.0 - 0.2]: **Abnormal**

02-Apr-2025 Auto-filed Surgery

Read Code	Serum C reactive protein level Above high reference limit	15.0 mg/L

Serum C reactive protein level: **Abnormal**

02-Apr-2025 Angela Mackay Surgery

Attachment	Attachment *Accenda Gateway*	
Comment	Comment eReferral Service Patient Letter - UBRN: 000451224225	

01-Apr-2025 Angela Mackay Surgery

Comment	History call back discussed analgesia with Dr McNay, limited options could increase patch, add in short term opiates (he already rejected this) try amitrip or buscopan he does not want TCA, thinks patch is only realistic option so increased to 20 microgrammes to remove old patch once new ones delivered.	

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01-Apr-2025 Angela Mackay Surgery

Read Code	Professional narrative Dear Colleague, thanks for seeing Mr Cavanagh who presents with gradually increasing pain in the upper abdomen, pain on eating and feeling food getting stuck around sternal notch as well as weight loss. he is known to have chronic pancreatitis but to him this does not feel similar. he tends to constipation which he manages with laxido and lactulose but this is not new for him. On examination he is tender epigastric with a fullness ? mass in the right epigastrium this is dull on percussion. BS+. He has tried paracetamol in addition to his usual Butec patch for the pain with no improvement. I'm concerned he may have pancreatic mass, I've requested all the bloods as per pathway. many thanks Yours sincerely Angela Mackay
Read Code	Fast track referral for suspected upper GI cancer Gateway - GN-002293668 - Two Week Wait - 2WW - 2WW Upper GI
Comment	Comment 2WW - 2WW Upper GI Two Week Wait 01 April 2025 - 05:11PM Gateway Referral (GN-002293668)
Attachment	Attachment *Accenda Gateway*

01-Apr-2025 Angela Mackay Tang Hall Surgery, Surgery

Comment	Examination Dear Colleague, thanks for seeing Mr Cavanagh who presents with gradually increasing pain in the upper abdomen, pain on eating and feeling food getting stuck around sternal notch as well as weight loss. he is known to have chronic pancreatitis but to him this does not feel similar. he tends to constipation which he manages with laxido and lactulose but this is not new for him. On examination he is tender epigastric with a fullness ? mass in the right epigastrium this is dull on percussion. BS+. He has tried paracetamol in addition to his usual Butec patch for the pain with no improvement. no jaundice I'm concerned he may have pancreatic mass, I've requested all the bloods as per pathway. many thanks Yours sincerely Angela Mackay
Comment	Plan 2ww upper GI but with FIT considering recent wt change he is aware this is to assess for cancer. he is needing pain mmt, has been addicted to codeine in the past so not keen on opioid, ? increase patch - I'll dw Dr at end of clinic

01-Apr-2025 Angela Mackay Surgery

Read Code	Patient telephone number 07851 306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, following your request for assessment I've added you to the urgent clinic at tang Hall lane surgery this afternoon at 15.45 please use the link to let me know if you are not able to attend and I will call instead TO RESPOND, please follow this link: (link will autogenerate here) Thanks, Angela Mackay Priory Medical Group

01-Apr-2025 Dr Samantha Plummer Surgery

Comment	History NHS NUMBER: 4000794191 CASE IDENTIFIER: 522f5cb7 SENT TIME: Tuesday, 1 April 2025 10:24 LOCATION OF THE AILMENT: Abdomen SYMPTOM DURATION: 6 weeks PAIN, VAS 9 (STOMACH ACHE): - CONSTIPATION: - DIFFICULTY SLEEPING: - TIREDNESS: - SUDDENLY WORSENED GENERAL CONDITION: - SEVERITY SYMPTOMS: Constant or frequently recurring intense pain NO SIGNS OF: Ache during the night, Always feeling thirsty, Continuous or recurring chest pain, Difficulty breathing, either constant or worsening, Difficulty standing or severe weakness, High fever (> 38°C), Impaired vision, speech or muscle function, Lips have turned blue, Multiple bruises without a cause, New ongoing confusion or decline in consciousness, Painkiller does not help, Self-care is not helping, Severe difficulty walking or with balance, Sudden widespread rash, Unable to eat, Unable to poo for several days, Worsening abdominal pain HAS THERE BEEN A SIMILAR CONDITION PREVIOUSLY? IF SO, WHEN AND IN WHAT WAY?: No DO YOU HAVE ANY LONGTERM ILLNESSES? IF SO, WHAT?: Acute pancreatitis HAS THERE BEEN ANY USE OF MEDICATION OR OTHER TREATMENT FOR THE AILMENT? IF SO, WHAT?: No HAS SOMEONE ALREADY EXAMINED OR TREATED THE AILMENT? HOW?: No OTHER RELEVANT INFORMATION OR CONCERNS: pain in stomach is getting worse Copied from Klinik Access

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01-Apr-2025 Joanne Williams Surgery

Read Code Ultrasound scan

28-Mar-2025 Scott Hellowell Surgery

Read Code O/E - weight 1.0 Kg
Comment Comment Online questionnaire completed by patient Questionnaire: Core 20 plus 5 questionnaire To help us better understand you and your needs please let us know, how you identify?: Male Do you or have you ever smoked?: Ex-smoker Do you or have you ever used a vape/electronic cigarette.: never How many units containing alcohol do you drink on a typical day when you were drinking?: I dont drink Have you experienced a time of living without housing security (period of homelessness/ sofa-surfing) in the last 10 years?: no Is your gender the same as when you where born?: yes what is your sexuality?: heterosexual/straight Were you in foster care at any point?: no Please enter your weight in kilograms.: 1 Received on: 22/03/2025 at 15:40
Read Code Ex-smoker

28-Mar-2025 *** **********

Free Text *****

27-Mar-2025 Matthew Barker Surgery

Read Code Short message service text message sent to patient Dear Mr Cavanagh, PMG are working alongside Panthera Research Ltd to identify patients at risk of a common condition called fatty liver disease. The trial seeks to explore how best to diagnose and manage the condition, for which health checks may be offered to participants. PMG are offering this trial out to patients with identified risk factors for the condition, such as diabetes. To find out more; Panthera are looking for volunteers for fatty liver disease treatments. Visit: https://pantheraclinic.co.uk/liver_disease_clinical_trial/?source=PrioryMedicalGroup Priory Medical Group SMS sent on 27/03/2025 13:17:01
Read Code Patient telephone number +447851306734

26-Mar-2025 Belinda Sampson Fulford Surgery, Surgery

25-Mar-2025 Sharon Fahey Surgery

20-Mar-2025 *** **********

Free Text *****

13-Mar-2025 *** **********

Free Text *****

12-Mar-2025 Belinda Sampson Fulford Surgery, Surgery

11-Mar-2025 Helen MacDonald Tang Hall Surgery, Surgery

11-Mar-2025 Liyana Hay Tang Hall Surgery, Surgery

06-Mar-2025 *** **********

Free Text *****

05-Mar-2025 Henry Brown Surgery

Read Code Short message service text message sent to patient Dear Mr Cavanagh, Did you know veterans get priority under the NHS covenant. Did you serve in the armed forces, please let us know by completing the questionnaire. Please complete this questionnaire: https://accurx.nhs.uk/c/p-y7smux592k Priory Medical Group SMS sent on 28/02/2025 11:00:32
Read Code Patient telephone number +447851306734

04-Mar-2025 Dr Nicholas Knight Surgery

Read Code Aspirin not indicated
Read Code Clopidogrel not indicated
Read Code Anticoagulation not indicated

THIRD PARTY COPY

27-Feb-2025 *** **********

Free Text *****

21-Feb-2025 Olivia Bester Fulford Surgery, Surgery

20-Feb-2025 *** **********

Free Text *****

14-Feb-2025 Jill Bargate Fulford Surgery, Surgery

14-Feb-2025 Sophie Heginbotham Tang Hall Surgery, Surgery

13-Feb-2025 *** **********

Free Text *****

13-Feb-2025 *** **********

Free Text *****

07-Feb-2025 Dr Vickash Jankee Surgery

Read Code Patient on maximal tolerated therapy for diabetes
Read Code Statin declined

07-Feb-2025 Mr Simon Daglish Surgery

Read Code Telephone follow-up
Read Code Overview Notes T/C with John, currently not actively working together but has confirmed succesfully in reciept of UC, John informed me that he is currently under review for PIP, we agreed to end work together, but John has the option of re-referral if any isuues with PIP.

06-Feb-2025 Mr Simon Daglish Surgery

Read Code Patient telephone number 07851 306734
Read Code Short message service text message sent to patient Dear Mr Cavanagh, Unfortunately, I have been unable to contact you, I will call tomorrow if convenient, or please feel free to contact me on 01904 437911 and leave a message regarding a more convenient time to call and I will respond as soon as I can. Thanks, Mr Simon Daglish Priory Medical Group

06-Feb-2025 *** **********

Free Text *****

31-Jan-2025 *** **********

Free Text *****

28-Jan-2025 *** **********

Free Text *****

24-Jan-2025 *** **********

Free Text *****

22-Jan-2025 Mrs Yasmin Harrison Surgery

Read Code Structured medication review
Read Code Structured medication review
Read Code Repeat medication check
Read Code Medication review done by clinical pharmacist
Read Code Medication review of medical notes

THIRD PARTY COPY

22-Jan-2025 Mrs Yasmin Harrison Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, The Priory Medical Group pharmacist team have reviewed your butec and lactulose medications today and have no concerns about the medications that you are being prescribed on repeat. Your medications have therefore been reauthorised so that you can continue to request these. If you have any concerns about any of the medications that you have been receiving on repeat please contact the practice through the usual routes Thanks, Yasmin Harrison Priory Medical Group
Read Code	Patient telephone number 07851 306734
Read Code	Medication review due

22-Jan-2025 Mrs Yasmin Harrison Surgery

20-Jan-2025 *** **********

Free Text *****

17-Jan-2025 Rosemary Wands Fulford Surgery, Surgery

16-Jan-2025 *** **********

Free Text *****

09-Jan-2025 *** **********

Free Text *****

07-Jan-2025 Lucie Smith Surgery

Read Code Diabetic retinopathy screening offered

07-Jan-2025 Henry Lanfranchi Surgery

Attachment Attachment
Retinal Screening from Retinal Screening Service (North Yorkshire) -> Priory Medical Group

31-Dec-2024 *** **********

Free Text *****

30-Dec-2024 *** **********

Free Text *****

19-Dec-2024 *** **********

Free Text *****

17-Dec-2024 Rosemary Wands Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, As requested, your prescription has been issued and will be sent to your nominated pharmacy once signed. Please allow 48 hours for your pharmacy to process this prescription. Thank you Prescription Admin Team Priory Medical Group
Read Code	Patient telephone number 07851 306734

17-Dec-2024 Rosemary Wands Fulford Surgery, Surgery

17-Dec-2024 Liyana Hay Tang Hall Surgery, Surgery

11-Dec-2024 *** **********

Free Text *****

03-Dec-2024 *** **********

Free Text *****

28-Nov-2024 *** **********

Free Text *****

28-Nov-2024 *** **********

Free Text *****

THIRD PARTY COPY

22-Nov-2024 *** **********

Free Text *****

15-Nov-2024 *** **********

Free Text *****

14-Nov-2024 Mr Simon Daglish Surgery

Read Code Telephone follow-up
Read Code Failed encounter - message left on answer machine

13-Nov-2024 Dr Abigail Brooks Park View Surgery, Surgery

Comment Plan Discussed at debrief Management plan agreed Y Additional recommendations: as expected IECOPD, for Rx as prescribed Safety net/follow up in place Y Actions for debriefee: Actions for supervising clinician: QOF actioned appropriately:

13-Nov-2024 Miss Rossana Piccolo Surgery

Read Code Short message service text message sent to patient Dear Mr Cavanagh, Your acute medication request has been issued today and sent to your nominated pharmacy. Please allow up to 48 hours for it to be processed at the pharmacy. Thanks, Rossana Piccolo Priory Medical Group
Read Code Patient telephone number 07851 306734
Read Code Medication requested

13-Nov-2024 Miss Rossana Piccolo Surgery

Comment History LAXIDO AND PARACETAMOL REQUESTED HAD BOTH BEFORE AS acute SEE NOTES APRIL 2024 RE LAXIDO REGIME-is also on lactulose uses laxido for disimpation regime-last issued in sept 2024 weight up to date
Comment Plan issued

13-Nov-2024 Olivia Kirkham Priory Medical Centre, Cornlands Road, Surgery

Read Code Oxygen saturation at periphery 97.0 %
Read Code O/E - heart sounds normal
Read Code O/E - rate of respiration 20.0 Resp/min
Read Code O/E - temperature 36.4 degC
Read Code O/E - pulse rhythm regular
Comment History 2/52 chesty cough Started off with cold, then thinks gone to chest History of COPD. Says usually well controlled. Compliant with inhalers More SOB than usual No fever Appetite fine
Comment Examination Alert and orientated Breathless after walking to consultation room, but soon recovered Oxygen saturation at periphery (X770D) 97 % O/E - pulse rate (242..) 85 bpm O/E - temperature (XaBzA) 36.4 degC O/E - pulse rhythm regular (2431.) O/E - rate of respiration (235..) 20 Resp/min O/E - heart sounds normal (24B1.) Chest widespread wheeze Faint creps bilaterally Equal air entry
Comment Diagnosis Chest infection
Comment Plan For course of prednisolone and amoxicillin If symptoms not improving after the course will get in touch If symptoms worsen or systemically unwell - consider 111 / A+E
Read Code O/E - pulse rate 85.0 bpm

13-Nov-2024 Belinda Page Park View Surgery, Surgery

Read Code Consent given to receive test results by SMS text messaging
Read Code Consent given to receive test results by SMS text messaging
Comment History Consent given to receive test results by SMS text messaging

THIRD PARTY COPY

13-Nov-2024 Dr Abigail Brooks Park View Surgery, Surgery

Comment	History NHS NUMBER: 4000794191 CASE IDENTIFIER: ddc28ef5 SENT TIME: Wednesday, 13 November 2024 09:58 LOCATION OF THE AILMENT: Chest SYMPTOM DURATION: 1 weeks RUNNY OR CONGESTED NOSE: - DIFFICULTY SLEEPING (WAKING UP AT NIGHT): - COUGH (PHLEGM, COUGHING AT NIGHT): - SORE THROAT: - SYMPTOMS WORSEN WITH EXERTION (FEELS LIKE WEIGHT OR TIGHTNESS ACROSS CHEST): - DIFFICULTY BREATHING OR SHORTNESS OF BREATH: - SEVERITY SYMPTOMS: Existing lung disease (asthma, COPD or other), Difficulty breathing in daily activities such as walking or talking NO SIGNS OF: Constant or frequently recurring intense pain, Continuous or recurring chest pain, Cough for over 2 weeks, Difficulty breathing at rest or during even slight physical exertion, Difficulty breathing only in more intense activities such as walking uphill, Difficulty breathing, either constant or worsening, Difficulty standing or severe weakness, Heart failure as existing condition, History of blood clot or tendency for clots, Immunosuppressive medication or illness (e.g. cancer), Insufficient or missing corona vaccination, Insulin-treated diabetes, Lips have turned blue, New ongoing confusion or decline in consciousness, Painkiller does not help, Restlessness, Self-care is not helping, Severe difficulty opening the mouth, Severe kidney failure as existing condition, Sudden ongoing weakness HAS THERE BEEN A SIMILAR CONDITION PREVIOUSLY? IF SO, WHEN AND IN WHAT WAY?: No DO YOU HAVE ANY LONGTERM ILLNESSES? IF SO, WHAT?: COPD. HAS THERE BEEN ANY USE OF MEDICATION OR OTHER TREATMENT FOR THE AILMENT? IF SO, WHAT?: No HAS SOMEONE ALREADY EXAMINED OR TREATED THE AILMENT? HOW?: No OTHER RELEVANT INFORMATION OR CONCERNS: Pt has chest infection. Pt coughing, sore throat, runny nose and tightness across chest. HAVE YOU RECENTLY BEEN IN DIRECT CONTACT WITH A CONFIRMED CASE OF CORONAVIRUS?: No HAVE YOU DONE A LATERAL FLOW TEST IF YOU HAVE A FEVER, COUGH, CHANGE IN TASTE/SMELL OR ANY SYMPTOMS OF AN INFECTION I.E. SORE THROAT, RUNNY NOSE.: No HAVE YOU BEEN VACCINATED FOR COVID-19 AND/OR PREVIOUSLY CAUGHT THE INFECTION?: No Copied from Klinik Access
Comment	Plan . . Spoke to pt Thought was a cold but not improving after 2 weeks. Likely exac of COPD, f2f booked

07-Nov-2024 Dr Vickash Jankee Surgery

Read Code	Medication review done

07-Nov-2024 Alison Kinsella Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Prescription Admin are unable to process your prescription request for Laxido and Paracetamol and we have sent it onto our Pharmacy team for them to review. This will be in the next week and you may not need to be contacted for this. Should they have any questions they will be in touch to discuss. Thank you Prescription Admin Team Priory Medical Group
Read Code	Patient telephone number 07851 306734

07-Nov-2024 Alison Kinsella Surgery

07-Nov-2024 Helen MacDonald Tang Hall Surgery, Surgery

07-Nov-2024 *** **********

Free Text	*****

31-Oct-2024 *** **********

Free Text	*****

28-Oct-2024 Mr Simon Daglish Surgery

Read Code	Overview Notes Attended community visit with support for completing PIP review, John consented to me sending thru application with medical summary.
Read Code	Follow-up visit

THIRD PARTY COPY

25-Oct-2024 ***** **********

Free Text *****

24-Oct-2024 Helen Thompson Other

Read Code COPD self-management plan given
Read Code Medication review done by nurse
Read Code Chronic obstructive pulmonary disease annual review
Read Code Smoker
Read Code Number of COPD exacerbations in past year
Read Code Inhaler technique - moderate
Comment History Annual copd review, main problem his diabetic control and ongoing foot management
Read Code MRC Breathlessness Scale: grade 4
Read Code Unsuitable for pulmonary rehabilitation
Read Code Advice on pneumococcal vaccination
Read Code Smoking cessation advice
Read Code Advice on flu vaccination

22-Oct-2024 Mr Simon Daglish Surgery

Read Code Patient telephone number 07851 306734
Read Code Short message service text message sent to patient Dear Mr Cavanagh, Thank you for your time today, I can confirm our visit to Priory street centre on Monday the 28th of October at 14:30 , if you are unable to attend, please call 01904 437911 and leave your name, surgery and message, and I will respond as soon as I can. Thanks, Mr Simon Daglish Priory Medical Group

21-Oct-2024 Helen Thompson Surgery

Read Code Ex-light cigarette smoker (1-9/day)
Read Code Number of COPD exacerbations in past year 75.0
Read Code MRC Breathlessness Scale: grade 5
Read Code Chronic obstructive pulmonary disease assessment test 38.0
Read Code Ex-smoker
Comment Comment Online questionnaire completed by patient Questionnaire: COPD Questionnaire - CAT, MRC Frequency of cough: 5 Phlegm on chest: 4 Tightness of chest: 5 When out of breath: 5 Limited by COPD at home: 5 Confidence leaving home: 4 Quality of sleep: 5 Level of energy: 5 Admissions due to exacerbations: No How many years smoked: 50 Cigarette pack-years: 25 Received on: 19/10/2024 at 15:23

18-Oct-2024 ***** **********

Free Text *****

16-Oct-2024 Olivia Bester Surgery

Read Code Short message service text message sent to patient Dear Mr Cavanagh, You are due a blood test as part of monitoring your medication & a form has been added to your notes . Please collect the form from any of our surgeries and attend the community drop-in blood taking clinic at the Community Stadium, YO32 9AF open Monday to Friday, 8.00am to 5.45pm. Alternatively you can book an appointment at the Community Diagnostic Centre at Askham Bar by phoning 01904 943690. Thank you Prescription admin team Priory Medical Group
Read Code Patient telephone number 07851 306734

16-Oct-2024 Olivia Bester Surgery

Read Code COPD monitring short message service text message invitation
Read Code Patient telephone number 07851 306734
Read Code Short message service text message sent to patient Dear Mr Cavanagh, I'd like you to complete some questions about your breathing condition (COPD). Please complete this questionnaire: (link will autogenerate here) Prescription admin team Priory Medical Group

16-Oct-2024 Olivia Bester Surgery

11-Oct-2024 ***** **********

Free Text *****

THIRD PARTY COPY

08-Oct-2024 Scott Hellowell Surgery

Read Code	Short message service text message sent to patient Dear John, You are due your Flu and Covid booster vaccination. If your preference is to only have a Flu vaccine, please let a marshal know on the day, use the following link to book. To respond: https://accurx.nhs.uk/c/p-7afep5pj6t (Expires in 7 days) Priory Medical Group SMS sent on 08/10/2024 16:04:03
Read Code	Influenza vaccination invitation second short message service text message sent
Read Code	Patient telephone number +447851306734

07-Oct-2024 *** **********

Free Text	*****

07-Oct-2024 Anu Viji Fulford Surgery, Surgery

Read Code	Smoker	
Read Code	Body mass index - observation	34.3 Kg/m²

07-Oct-2024 Pierre Nkoa Ateba Surgery

Attachment	Attachment *Podiatry Service from Joint Podiatry/Vascular Clinic, York Hospital -> Priory Medical Group*

01-Oct-2024 Scott Hellowell Surgery

Read Code	Short message service text message sent to patient Dear John, You are due a fasting blood test to check your cholesterol. Please collect a form for a 'full lipid profile' from the surgery. You can have your bloods done at the community drop-in blood taking clinic at the Community Stadium - Huntington, YO32 9AF, Opening times: Monday to Friday, 8.00am to 5.45pm. No appointment required, you will need to take a blood form with you. Alternatively you can book an appointment at the Community Diagnostic Centre at Askham Bar by phoning 01904 943690 Priory Medical Group SMS sent on 01/10/2024 09:35:03
Read Code	Patient telephone number +447851306734

01-Oct-2024 Scott Hellowell Surgery

Read Code	Blood test requested

30-Sept-2024 *** **********

Free Text	*****

25-Sept-2024 *** **********

Free Text	*****

25-Sept-2024 *** **********

Free Text	*****

25-Sept-2024 *** **********

Free Text	*****

25-Sept-2024 *** **********

Free Text	*****

25-Sept-2024 *** **********

Free Text	*****

24-Sept-2024 Scott Hellowell Surgery

Read Code	Patient telephone number +447851306734
Read Code	Influenza vaccination invitation first short message service text message sent
Read Code	Short message service text message sent to patient Dear John, You are due your Flu and Covid booster vaccination. If your preference is to only have a Flu vaccine, please let a marshal know on the day, use the following link to book. To respond: https://accurx.nhs.uk/c/p-93e76v4dak (Expires in 7 days) Priory Medical Group SMS sent on 24/09/2024 14:59:00

24-Sept-2024 *** **********

Free Text	*****

THIRD PARTY COPY

24-Sept-2024 *** **********

Free Text *****

24-Sept-2024 *** **********

Free Text *****

23-Sept-2024 Mr Simon Daglish Surgery

Read Code Overview Notes Phone support regarding UC application
Read Code Telephone follow-up

19-Sept-2024 *** **********

Free Text *****

19-Sept-2024 *** **********

Free Text *****

18-Sept-2024 Mr Simon Daglish Surgery

Read Code Failed encounter - message left on answer machine
Read Code Telephone consultation

18-Sept-2024 Dr Victoria Middleton Surgery

Read Code Has authorisation for medication under PSD Having confirmed that influenza vaccination is indicated, this instruction is a patient specific directive that an influenza vaccine may be administered by any suitably trained health care professional to this patient in line with BNF dose recommendations

15-Sept-2024 Stephanie Pack Park View Surgery, Surgery

Read Code O/E - visual acuity R-eye =6/5
Read Code O/E - visual acuity L-eye =6/5

15-Sept-2024 Mrs Sharon Shaw Surgery

Attachment Attachment
Ophthalmic Services from Specsavers -> Priory Medical Group

13-Sept-2024 *** **********

Free Text *****

10-Sept-2024 Scott Hellowell Surgery

Read Code COPD monitring short message service text message invitation
Read Code Short message service text message sent to patient Dear Mr Cavanagh, We'd like you to make a face to face appointment for you COPD review. Please use the following link to book, alternatively call the surgery on 01904 404100. To book: https://accurx.nhs.uk/c/p-8y7zk5vd32 (Expires in 7 days) Priory Medical Group SMS sent on 10/09/2024 09:28:03
Read Code Patient telephone number +447851306734

09-Sept-2024 Christian Tanghe Surgery

Read Code Patient telephone number 07851 306734
Read Code Short message service text message sent to patient Dear Mr Cavanagh, Your acute medication request has been issued today and sent to your nominated pharmacy. Please allow up to 48 hours for it to be processed at the pharmacy. Thanks, Christian Alexander Tanghe Priory Medical Group
Read Code Medication requested

09-Sept-2024 Christian Tanghe Priory Medical Centre, Cornlands Road, Surgery

06-Sept-2024 *** **********

Free Text *****

THIRD PARTY COPY

04-Sept-2024 Alison Kinsella Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Prescription Admin are unable to process your prescription request for Laxido and Paracetamol and we have sent it onto our Pharmacy team for them to review. This will be in the next week and you may not need to be contacted for this. Should they have any questions they will be in touch to discuss. Thank you Prescription Admin Team Priory Medical Group
Read Code	Patient telephone number 07851 306734

04-Sept-2024 Alison Kinsella Surgery

03-Sept-2024 Helen MacDonald Tang Hall Surgery, Surgery

30-Aug-2024 *** **********

Free Text	*****

28-Aug-2024 Mr Simon Daglish Surgery

Read Code	Follow-up visit
Read Code	Overview Notes John and wife katie attended community visit at YorkCVS SC, engaged well in visit and discussed smoking cessation etc, Joint claim for UC completed and submitted with consent.

22-Aug-2024 *** **********

Free Text	*****

19-Aug-2024 Mr Simon Daglish Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, I can confirm our visit for 3pm on Wednesday the 28/08 at the priory street centre York, Yo1 6et, if you are unable to attend, please contact 01904 437911 and leave your name, surgery and message, and I will respond as soon as I can to book a more convenient date. Thanks, Mr Simon Daglish Priory Medical Group
Read Code	Patient telephone number 07851 306734

19-Aug-2024 Mr Simon Daglish Surgery

Read Code	Administration note
Read Code	Overview Notes John gave verbal consent for me to send text with community visit details on.

19-Aug-2024 Mr Simon Daglish Surgery

Read Code	Overview Notes T/C with John, he reports a number of health issues currently and is concerned regarding his benfits, as he is being moved over to UC but is not digitally confident, he has agreed to work with SP and an initial visit to PSC on wednesday the 28/08 to support withb UC application.
Read Code	Telephone triage encounter

19-Aug-2024 *** **********

Free Text	*****

19-Aug-2024 *** **********

Free Text	*****

19-Aug-2024 Anu Viji Surgery

Read Code	Smoker

19-Aug-2024 Lucie Smith Surgery

Attachment	Attachment *Clinic Letter from Y, York Hospital -> Priory Medical Group*

16-Aug-2024 Scott Hellowell Surgery

Read Code	Stop smoking invitation short message service text message

15-Aug-2024 *** **********

Free Text	*****

THIRD PARTY COPY

15-Aug-2024 *** **********

Free Text *****

14-Aug-2024 *** **********

Free Text *****

13-Aug-2024 Mr Simon Daglish Surgery

Read Code Failed encounter - message left on answer machine
Read Code Administration note

08-Aug-2024 *** **********

Free Text *****

06-Aug-2024 Olivia Bester Fulford Surgery, Surgery

06-Aug-2024 Liyana Hay Tang Hall Surgery, Surgery

01-Aug-2024 Mr Simon Daglish Surgery

Read Code Short message service text message sent to patient Dear Mr Cavanagh, My name is Simon and I am a social prescriber working with your Surgery. I support people with respiratory conditions, to ensure they receive the right help and support to improve their health and wellbeing. I am hoping to call (Phone) next week to discuss possibly working together, if you would like to speak to me before then or you are interested to learn about social prescribing and the work that we do, then please leave your name, surgery and message on the referral line on 01904 437911, and I will respond as soon as I can. Thanks, Mr Simon Daglish Priory Medical Group
Read Code Patient telephone number 07851 306734

01-Aug-2024 *** **********

Free Text *****

31-July-2024 *** **********

Free Text *****

30-July-2024 *** **********

Free Text *****

25-July-2024 Scott Hellowell Surgery

Read Code Patient telephone number +447851306734
Read Code Short message service text message sent to patient Dear John, We are updating our communication preferences within the practice, please complete the following questionnaire to update you choice. If we do not receive a response by 31st July we will take this as your consent. Please complete this questionnaire: https://accurx.nhs.uk/c/p-4fyjv5pn88 Priory Medical Group SMS sent on 25/07/2024 11:07:05
Read Code Patient contact administration

25-July-2024 Scott Hellowell Surgery

Read Code Consent given for communication by SMS text messaging

Comment Comment Online questionnaire completed by patient Questionnaire: Communication preferences We are updating our communication preferences within the practice do you consent to:: I consent to receiving the above but not to personalised medical information such as blood, test and scan results. Received on: 25/07/2024 at 10:07

25-July-2024 *** **********

Free Text *****

24-July-2024 *** **********

Free Text *****

18-July-2024 *** **********

Free Text *****

THIRD PARTY COPY

17-July-2024 ***** **********

Free Text *****

10-July-2024 ***** **********

Free Text *****

09-July-2024 Alison Kinsella Surgery

03-July-2024 ***** **********

Free Text *****

02-July-2024 Dr Pmc Locum Surgery

Comment Comment Did not attend for Interface Diabetes appointment with Dr Pmc Locum.
Read Code Did not attend

01-July-2024 ***** **********

Free Text *****

01-July-2024 ***** **********

Free Text *****

26-Jun-2024 ***** **********

Free Text *****

26-Jun-2024 Mrs Sharon Shaw Surgery

Read Code O/E - weight 92.8 Kg
Read Code Suspected deep vein thrombosis
Read Code Cellulitis of leg

26-Jun-2024 Mrs Sharon Shaw Surgery

Attachment Attachment
Discharge summary from Accident & Emergency, York Hospital -> Priory Medical Group

25-Jun-2024 ***** **********

Free Text *****

25-Jun-2024 ***** **********

Free Text *****

25-Jun-2024 ***** **********

Free Text *****

25-Jun-2024 ***** **********

Free Text *****

24-Jun-2024 Dr Lucy Terry Surgery

Read Code Short message service text message sent to patient Dear Mr Cavanagh, Smoking damages your health in several ways. There is support to help you quit. Some top tips are available here; www.nhs.uk/livewell/smoking/Pages/stopsmokingnewhome.aspx More focused support is also available here; https://www.york.gov.uk/StopSmoking or by calling 01904 55 33 77. Thanks, GP Priory Medical Group Scheduled to send on 25/06/2024 08:00:00
Read Code Patient telephone number 07851 306734
Read Code Health education - smoking

20-Jun-2024 Megan Thresh Fulford Surgery, Surgery

19-Jun-2024 ***** **********

Free Text *****

14-Jun-2024 Jill Bargate Fulford Surgery, Surgery

THIRD PARTY COPY

14-Jun-2024 Matthew Barker Surgery

Read Code Short message service text message sent to patient Dear John, Did you know you can order repeat medication using the NHS app? You can trial our new Digital Assistant (which is available for the next 2 weeks) to help create your NHS account. Visit https://www.surgeryassist.co.uk/chat/priorymedical (or www.priorymedical.com) and select 'Help Downloading the NHS App' to get started. Priory Medical Group SMS sent on 14/06/2024 10:39:06
Read Code Patient telephone number +447851306734

12-Jun-2024 Priory Kynoby Surgery

Comment Comment -ID: fd131b298abb405482a044c84f8d4ccc

12-Jun-2024 Priory Kynoby Surgery

Comment Comment K-ID: 18127f9b201843349d348ffea571128f

12-Jun-2024 Priory Kynoby Surgery

Attachment Attachment
Vascular Surgery from York Teaching Hospital -> Priory Medical Group

12-Jun-2024 Priory Kynoby Surgery

Attachment Attachment
Vascular Surgery from York Teaching Hospital -> Priory Medical Group

11-Jun-2024 Priory Kynoby Surgery

Comment Comment K-ID: e2b1b676db0843128fd73102a24a0a49

11-Jun-2024 Priory Kynoby Tang Hall Surgery, Surgery

Read Code Letter received
Comment Comment K-ID: e2b1b676db0843128fd73102a24a0a49

11-Jun-2024 Priory Kynoby Surgery

Attachment Attachment
Diabetes & Endocrine from York Teaching Hospital -> Priory Medical Group

10-Jun-2024 *** **********

Free Text *****

10-Jun-2024 Dr Lucy Terry Surgery

Comment Comment Text sent with smoking cessation advice on it. - next time seen impress need to stop smoking if possible.

10-Jun-2024 Priory Kynoby Surgery

Read Code Letter received
Comment Comment K-ID: be7a51536c2c42078e13e1b6810a349f

10-Jun-2024 Priory Kynoby Surgery

Comment Comment K-ID: be7a51536c2c42078e13e1b6810a349f

10-Jun-2024 Anu Viji Surgery

Read Code Smoker
Read Code Smoking cessation advice

10-Jun-2024 Priory Kynoby Surgery

Attachment Attachment
Diabetes & Endocrine from York Teaching Hospital -> Priory Medical Group

05-Jun-2024 *** **********

Free Text *****

31-May-2024 Sophie Heginbotham Priory Medical Centre, Cornlands Road, Surgery

THIRD PARTY COPY

30-May-2024 Scott Hellowell Surgery

Read Code	Short message service text message sent to patient Dear John, We invite you to book a phone appointment to review your glucose (sugar) monitoring equipment for consideration around Continuous Glucose Monitoring. This review is sponsored by Abbott To book: https://accurx.nhs.uk/c/p-8kkrfdpvp5 (Expires in 7 days) Priory Medical Group SMS sent on 30/05/2024 12:17:03
Read Code	Patient telephone number +447851306734

29-May-2024 *** **********

Free Text	*****

24-May-2024 Mr Oliver Munn Surgery

Attachment	Attachment *Letter to Patients from Mr O Munn, Priory Medical Group -> Mr J Cavanagh,*

23-May-2024 Alison Kinsella Surgery

23-May-2024 *** **********

Free Text	*****

23-May-2024 Whitney McAllister Surgery

Read Code	Short message service text message sent to patient Dear John, You may have recently received a message asking if you are interested in a new study for those with diabetes and on insulin. It is aimed at weight reduction to improve diabetes and general health. The possible reductions are a great opportunity if this is something that has been a previous struggle. This as a reminder to take the opportunity to reply to the previous message if this interests you as the study had a deadline soon. If this is not of interest, or you have acted already then please ignore this message and apologies for the intrusion. Thanks, Diabetic Team Priory Medical Group SMS sent on 22/05/2024 15:56:01
Read Code	Patient telephone number +447851306734

22-May-2024 *** **********

Free Text	*****

22-May-2024 *** **********

Free Text	*****

21-May-2024 *** **********

Free Text	*****

21-May-2024 *** **********

Free Text	*****

21-May-2024 Dr Charlotte Hardwick Heworth Green, Surgery

Read Code	Other note Wound dressing please
Read Code	Other note GP
Read Code	Other note Hardwick
Read Code	No
Read Code	Other note 07851306734
Read Code	Yes
Read Code	Leg ulcer
Read Code	Other note Hardiwck
Read Code	Date
Read Code	Referral to district nurse
Comment	Comment Wound dressing please
Read Code	Other note 01904 404100
Referral	Referral *. Recipient: YTHFT Adult Community Nursing; Referral Type: Community; Sender: Dr Charlotte Hardwick; Reason: District Nursing; Referral Status: No further input required; Outcome: Referred to other services*

21-May-2024 Geraldine Metcalf Surgery

Read Code	Canadian Study of Health and Aging clinical frailty scale 7.0
Read Code	Severe frailty

20-May-2024 *** **********

Free Text	*****

THIRD PARTY COPY

15-May-2024 ***** **********

Free Text *****

13-May-2024 ***** **********

Free Text *****

08-May-2024 ***** **********

Free Text *****

07-May-2024 Whitney McAllister Surgery

Read Code Short message service text message sent to patient
Dear John, You are invited to take part in a research study looking at ways to improve the health of people living with type 2 diabetes and being treated with insulin. For more information on how to take part, please see the attached invitation letter. Kind regards, To view your attachment, please follow this link: https://accurx.nhs.uk/c/p-8xzw3yx3ra Priory Medical Group SMS sent on 07/05/2024 10:23:06
Read Code Patient telephone number +447851306734

03-May-2024 Liyana Hay Tang Hall Surgery, Surgery

01-May-2024 ***** **********

Free Text *****

26-Apr-2024 ***** **********

Free Text *****

24-Apr-2024 ***** **********

Free Text *****

24-Apr-2024 Stephanie Pack Surgery

Attachment Attachment
Referral from York Hospital -> Priory Medical Group

18-Apr-2024 ***** **********

Free Text *****

18-Apr-2024 ***** **********

Free Text *****

17-Apr-2024 Mr Oliver Munn Surgery

Attachment Attachment
Letter to Patients from Mr O Munn, Priory Medical Group -> Mr J Cavanagh,

17-Apr-2024 Alison Kinsella Surgery

16-Apr-2024 Helen MacDonald Surgery

15-Apr-2024 ***** **********

Free Text *****

15-Apr-2024 Priory Kynoby Fulford Surgery, Surgery

Read Code Letter received
Comment Comment K-ID: 4f775377095a43e2950d58bc647094bc

15-Apr-2024 Priory Kynoby Surgery

Comment Comment K-ID: 4f775377095a43e2950d58bc647094bc

15-Apr-2024 Anu Viji Surgery

Read Code Possible condition Peripheral vascular disease

15-Apr-2024 Priory Kynoby Surgery

Read Code Letter received
Comment Comment K-ID: 57745bfa5ec14088860bf463aad17ebc

THIRD PARTY COPY

15-Apr-2024 Anu Viji Surgery

Read Code Varus deformities of feet

15-Apr-2024 Priory Kynoby Surgery

Attachment Attachment
Diabetes & Endocrine from YDH DIABETES CENTRE - York Teaching Hospital NHS Foundation Trust -> Priory Medical Group

15-Apr-2024 Priory Kynoby Surgery

Attachment Attachment
Podiatry Service from Diabetes Centre - York Teaching Hospital NHS Foundation Trust -> Priory Medical Group

08-Apr-2024 *** **********

Free Text *****

08-Apr-2024 *** **********

Free Text *****

08-Apr-2024 *** **********

Free Text *****

03-Apr-2024 Dr Rhiannon Doubtfire Tang Hall Surgery, Surgery

Comment History BNO 8/7 Been in hospital with osteomyelitis- on morphine in hospital but not now. vomited last night, settled today E+D passing wind. taking 1 sachet laxido and lactulose BD
Comment Examination Sounds well on phone
Comment Diagnosis constipation
Comment Plan laxido disimpaction regime- 8 sachets/day for up to 3 days RINB a&e if perisitent vomiting/ not passing wind

03-Apr-2024 Michelle Mason Surgery

Comment Comment NHS NUMBER: 4000794191 CASE IDENTIFIER: 96ce813c SENT TIME: Wednesday, 3 April 2024 13:17 LOCATION OF THE AILMENT: Abdomen SYMPTOM DURATION: 8 days PAIN, VAS 8 (STOMACH ACHE): - SWELLING: - CONSTIPATION: - SUDDENLY WORSENED GENERAL CONDITION: - LOSS OF APPETITE: - SEVERITY SYMPTOMS: Ache during the night, Constant or frequently recurring intense pain, Unable to poo for several days, Worsening abdominal pain NO SIGNS OF: Continuous or recurring chest pain, Difficulty breathing, either constant or worsening, Difficulty standing or severe weakness, High fever (> 38°C), Painkiller does not help, Self-care is not helping, Severe difficulty walking or with balance, Unable to eat HAS THERE BEEN A SIMILAR CONDITION PREVIOUSLY? IF SO, WHEN AND IN WHAT WAY?: hes had issues with his bowels in the past DO YOU HAVE ANY LONGTERM ILLNESSES? IF SO, WHAT?: No HAS THERE BEEN ANY USE OF MEDICATION OR OTHER TREATMENT FOR THE AILMENT? IF SO, WHAT?: No HAS SOMEONE ALREADY EXAMINED OR TREATED THE AILMENT? HOW?: No OTHER RELEVANT INFORMATION OR CONCERNS: No HAVE YOU RECENTLY BEEN IN DIRECT CONTACT WITH A CONFIRMED CASE OF CORONAVIRUS?: No HAVE YOU DONE A LATERAL FLOW TEST IF YOU HAVE A FEVER, COUGH, CHANGE IN TASTE/SMELL OR ANY SYMPTOMS OF AN INFECTION I.E. SORE THROAT, RUNNY NOSE.: No HAVE YOU BEEN VACCINATED FOR COVID-19 AND/OR PREVIOUSLY CAUGHT THE INFECTION?: No Copied from Klinik Access

31-Mar-2024 Priory Kynoby Surgery

Comment Comment K-ID: fa79f9db2a5b4b189c7609433eb138b6
Read Code Letter received

31-Mar-2024 Priory Kynoby Surgery

Read Code Letter received
Comment Comment K-ID: fa79f9db2a5b4b189c7609433eb138b6

31-Mar-2024 Priory Kynoby Surgery

Comment Comment K-ID: fa79f9db2a5b4b189c7609433eb138b6

THIRD PARTY COPY

31-Mar-2024 Alicia Bryan Surgery

Read Code Foot ulcer

31-Mar-2024 Priory Kynoby Surgery

Attachment Attachment
Discharge summary from General Surgery - York Hospital -> Priory Medical Group

26-Mar-2024 Priory Kynoby Surgery

Comment Comment K-ID: 40059bc7b38b4ee1aac658f33ffd3239

26-Mar-2024 Priory Kynoby Fulford Surgery, Surgery

Read Code Letter received
Comment Comment K-ID: 40059bc7b38b4ee1aac658f33ffd3239

26-Mar-2024 Priory Kynoby Surgery

Attachment Attachment
General Surgery from General Surgery - York Teaching Hospital -> Priory Medical Group

20-Mar-2024 Belinda Sampson Fulford Surgery, Surgery

18-Mar-2024 Hannah Strange Fulford Surgery, Surgery

17-Mar-2024 Alicia Bryan Surgery

Read Code Osteomyelitis

17-Mar-2024 Stephanie Pack Surgery

Attachment Attachment
Discharge summary from York Hospital -> Priory Medical Group

08-Mar-2024 *** **********

Free Text *****

08-Mar-2024 *** **********

Free Text *****

08-Mar-2024 *** **********

Free Text *****

08-Mar-2024 Alicia Bryan Surgery

Read Code O/E - weight 99.25 Kg

06-Mar-2024 *** **********

Free Text *****

06-Mar-2024 Priory Kynoby Surgery

Read Code Letter received
Comment Comment K-ID: 24e45993883447f9b7b7ded28baf6606
Read Code Out of hours patient call detail received

06-Mar-2024 Priory Kynoby Surgery

Attachment Attachment
Out of Hours from NHS111 -> Priory Medical Group

06-Mar-2024 Tracy Lumby Surgery

Attachment Attachment
Accident and Emergency Letter from Accident & Emergency, York Hospital -> Dr P Priory Medical Group, Priory Medical Group

29-Feb-2024 *** **********

Free Text *****

28-Feb-2024 Dr Nicholas Knight Surgery

Read Code Aspirin not indicated
Read Code Anticoagulation not indicated
Read Code Clopidogrel not indicated

THIRD PARTY COPY

22-Feb-2024 *** **********

Free Text *****

15-Feb-2024 Mariam Alrawi Fulford Surgery, Surgery

15-Feb-2024 Helen MacDonald Surgery

15-Feb-2024 *** **********

Free Text *****

14-Feb-2024 Scott Hellowell Surgery

Read Code Cholesterol test declined no responce to 2 blood requests

13-Feb-2024 Scott Hellowell Surgery

Read Code Short message service text message sent to patient Dear John, We wrote to you in December to invite you to make an appointment to review your COPD symptoms and current COPD Management. Further clinics have been made available. To book: https://accurx.nhs.uk/c/p-esmncvx7vq (Expires in 7 days) Priory Medical Group SMS sent on 13/02/2024 15:42:03
Read Code COPD monitring short message service text message invitation
Read Code Patient telephone number +447851306734

13-Feb-2024 Auto-filed Surgery

Read Code No response to bowel cancer screening programme invitation
Read Code Bowel cancer screening programme: faecal occult blood result FOBT Non-Response. Sent when Discharged for non-response to initial Test Kit
Bowel cancer screening programme: faecal occult blood result: Not responded to invitation

08-Feb-2024 Sheila Buck Park View Surgery, Surgery

Read Code	O/E - Systolic BP reading	129.0 mmHg
Read Code	Diabetes wellbeing questionnaire	
Read Code	Pulse rate	78.0 bpm
Read Code	O/E - Diastolic BP reading	77.0 mmHg
Read Code	O/E - pulse rhythm regular	

05-Feb-2024 Geraldine Metcalf Surgery

Read Code Canadian Study of Health and Aging clinical frailty scale 4.0

02-Feb-2024 *** **********

Free Text *****

29-Jan-2024 Hannah Strange Fulford Surgery, Surgery

29-Jan-2024 Sophie Heginbotham Tang Hall Surgery, Surgery

25-Jan-2024 *** **********

Free Text *****

25-Jan-2024 *** **********

Free Text *****

24-Jan-2024 *** **********

Free Text *****

22-Jan-2024 *** **********

Free Text *****

22-Jan-2024 Alicia Bryan Surgery

Read Code Smoker

THIRD PARTY COPY

22-Jan-2024 Stephanie Pack Surgery

Attachment Attachment
Clinic Letter from Vascular Surgeon, York Hospital -> Priory Medical Group

18-Jan-2024 *** **********

Free Text *****

17-Jan-2024 Dr James Mcnay Park View Surgery, Surgery

Read Code Referral to pulmonary rehabilitation refrerred 2021 awaiting appointment

17-Jan-2024 Scott Hellowell Surgery

Read Code Patient telephone number +447851306734
Read Code Short message service text message sent to patient Dear Mr Cavanagh, We'd like you to submit your blood pressure reading. If you don't have access to a blood pressure monitor at home, please attend Heworth Green, Fulford Surgery, Rawcliffe Surgery, Victoria Way, Cornlands Road, Park View or Lavender Grove to use a self-service BP pod in reception, no appointment required. Please complete this questionnaire: https://accurx.nhs.uk/c/p-bxzh2f7r6a Priory Medical Group SMS sent on 17/01/2024 09:29:05

12-Jan-2024 *** **********

Free Text *****

12-Jan-2024 Alicia Bryan Surgery

Read Code Neuropathic foot ulcer

12-Jan-2024 Stephanie Pack Surgery

Attachment Attachment
Clinic Letter from Orthopaedic Surgeon, York Hospital -> Priory Medical Group

11-Jan-2024 *** **********

Free Text *****

11-Jan-2024 *** **********

Free Text *****

10-Jan-2024 *** **********

Free Text *****

10-Jan-2024 Whitney McAllister Surgery

Read Code Short message service text message sent to patient Dear Mr Cavanagh, You are due your Diabetic Review with a HCA for your blood test, BP and foot check. The HCA will arrange a follow up appointment with the Diabetic Nurse. To book: https://accurx.nhs.uk/c/p-hvbswxpcdg (Expires in 7 days) Priory Medical Group SMS sent on 10/01/2024 10:10:46
Read Code Diabetes monitor invitation by SMS (short message service)
Read Code Patient telephone number +447851306734

10-Jan-2024 Lucie Smith Surgery

Comment Comment Please forward to GP after prescribing, thanks

10-Jan-2024 Lucie Smith Tang Hall Surgery, Surgery

Comment Comment Please forward to GP after prescribing, thanks

10-Jan-2024 Alicia Bryan Surgery

Read Code O/E - Diastolic BP reading 91.0 mmHg
Read Code O/E - Systolic BP reading 194.0 mmHg

10-Jan-2024 Lucie Smith Surgery

Attachment Attachment
Hospital Letter from Centre for Diabetes and Endocrionology, York Hospital -> Priory Medical Group

09-Jan-2024 Sarah Ward Surgery

THIRD PARTY COPY

09-Jan-2024 Helen MacDonald Tang Hall Surgery, Surgery

08-Jan-2024 Dr Eleanor Ridgers Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Your blood test result only showed raised markers of infection so you can start the second line antibiotic that the hospital have suggested for your foot. I have sent the script electronically to your chemist. Thanks, Dr Ridgers Priory Medical Group
Read Code	Patient telephone number 07851 306734

08-Jan-2024 Dr Eleanor Ridgers Tang Hall Surgery, Surgery

Comment	Comment FBC ok, marginally raised WBC - co-trimoxazole px as per diabetic foot team

08-Jan-2024 Scott Hellowell Surgery

Read Code	Patient telephone number +447851306734
Read Code	Short message service text message sent to patient Dear John, You are due a fasting cholesterol/lipids blood test as part of monitoring your underlying health condition. You will need to fast 10 hours before your blood sample is taken. Please collect a form from any of our surgery's before attending the drop-in blood taking clinic at the Community Stadium, it is open Monday to Friday, 8am to 5.45pm. Or at Acomb Garth Community Centre by calling 01904943690 and selecting option six to book an appointment. Priory Medical Group SMS sent on 08/01/2024 12:19:08
Read Code	Blood test requested

05-Jan-2024 Auto-filed Surgery

Read Code	Mean cell volume	90.0 fL
Read Code	Eosinophil count - observation	0.5 10^9/L
Read Code	Monocyte count - observation	1.2 10^9/L
Read Code	Lymphocyte count	3.5 10^9/L
Read Code	Red blood cell count	4.71 10^12/L
Read Code	Basophil count	0.1 10^9/L
Read Code	Haemoglobin concentration	140.0 g/L
Read Code	Neutrophil count	7.2 10^9/L
Read Code	Full blood count	
Read Code	Haematocrit	0.424
Read Code	Platelet count - observation	257.0 10^9/L
Read Code	Total white blood count Above high reference limit	12.6 10^9/L
Read Code	Mean cell haemoglobin level	29.7 pg

Full blood count Immature granulocyte: 0.1 x10^9/L [0.0 - 0.2]: **Borderline**

04-Jan-2024 *** **********

Free Text	*****

28-Dec-2023 Jill Bargate Fulford Surgery, Surgery

28-Dec-2023 *** **********

Free Text	*****

20-Dec-2023 *** **********

Free Text	*****

20-Dec-2023 *** **********

Free Text	*****

19-Dec-2023 Scott Hellowell Surgery

Read Code	Patient telephone number +447851306734
Read Code	Short message service text message sent to patient Dear John, At Priory Medical Group weâ€™re offering our patients the opportunity to be part of a nationwide research study called Discover Me. Enrolment is now open! By taking part, youâ€™ll be able to receive information about your ancestry and some of your health information through a secure online participant portal. Learn more and enroll at https://www.discovermestudy.com/dmuk/practices/B82005 Priory Medical Group SMS sent on 19/12/2023 13:59:06

18-Dec-2023 Sophie Heginbotham Tang Hall Surgery, Surgery

THIRD PARTY COPY

13-Dec-2023 *** **********

Free Text *****

06-Dec-2023 Mrs Yasmin Harrison Surgery

Read Code Patient telephone number 07851 306734
Read Code Medication requested
Read Code Short message service text message sent to patient Dear Mr Cavanagh, Your acute medication request for paracetamol and laxido has been issued today and sent to your nominated pharmacy. Please allow up to 48 hours for it to be processed at the pharmacy. Thanks, Yasmin Harrison Priory Medical Group

06-Dec-2023 Mrs Yasmin Harrison Fulford Surgery, Surgery

Read Code Medication review of medical notes
Read Code Repeat medication check
Read Code Structured medication review
Read Code Medication review done by clinical pharmacist

06-Dec-2023 *** **********

Free Text *****

05-Dec-2023 Sarah Ward Surgery

05-Dec-2023 Helen MacDonald Tang Hall Surgery, Surgery

05-Dec-2023 Sarah Ward Surgery

Read Code Short message service text message sent to patient Dear Mr Cavanagh, Prescription Admin are unable to process your prescription request and we have sent it onto our Pharmacy team for them to review. You may not need to be contacted for this. Thank you Prescription Admin Team Priory Medical Group
Read Code Patient telephone number 07851 306734

05-Dec-2023 Christian Tanghe Surgery

Read Code Short message service text message sent to patient Dear Mr Cavanagh, You are due a routine blood pressure check, please use the NHSapp, SystmOnline account or phone us to book a slot. If you have a monitor at home please can you submit an up to date reading to your designated reception or via the prioryCARE form: https://access.klinik.co.uk/contact/priory-medical-group (choose GENERAL ENQUIRIES > blood pressure readings). Thank you Thanks, Christian Alexander Tanghe Priory Medical Group
Read Code Patient telephone number 07851 306734

05-Dec-2023 Christian Tanghe Surgery

Read Code Short message service text message sent to patient Dear Mr Cavanagh, The Priory Medical Group pharmacist team have reviewed your medications today and have no concerns about the medications that you are being prescribed on repeat. Your medications have therefore been reauthorised so that you can continue to request these. If you have any concerns about any of the medications that you have been receiving on repeat please contact the practice through the usual routes Thanks, Christian Alexander Tanghe Priory Medical Group
Read Code Patient telephone number 07851 306734
Read Code Medication review due

05-Dec-2023 Christian Tanghe Priory Medical Centre, Cornlands Road, Surgery

Read Code Medication review done by clinical pharmacist
Read Code Seen by clinical pharmacist
Read Code Repeat medication check
Read Code Medication review of medical notes
Read Code Structured medication review
Read Code Overview Notes HbA1c Jan 23. Require updated BP reading. Message sent.
Read Code Medication review done by pharmacist

01-Dec-2023 Kareem Mohamed Surgery

Attachment Attachment
Letter to Patients from Mr K Mohamed, Priory Medical Group -> Mr J Cavanagh,

THIRD PARTY COPY

29-Nov-2023 *** **********

Free Text *****

23-Nov-2023 Scott Hellowell Surgery

Read Code Patient telephone number +447851306734
Read Code Short message service text message sent to patient Dear Mr Cavanagh, We'd like you to submit your blood pressure reading. If you don't have access to a blood pressure monitor at home, please attend Heworth Green, Fulford Surgery, Rawcliffe Surgery, Victoria Way, Cornlands Road, Park View or Lavender Grove to use a self-service BP pod in reception, no appointment required. Please complete this questionnaire: https://accurx.nhs.uk/c/p-xs4u7f3sah Priory Medical Group SMS sent on 23/11/2023 10:27:07

21-Nov-2023 Lucie Smith Surgery

Read Code Did not attend retinal screening

21-Nov-2023 Mrs Sharon Shaw Surgery

Attachment Attachment
Retinal Screening from North Yorkshire NHS Diabetic Eye Screening Programme -> Priory Medical Group

20-Nov-2023 *** **********

Free Text *****

20-Nov-2023 Helen Thompson Surgery

Read Code Health education - smoking
Read Code Patient telephone number 07851 306734
Read Code Short message service text message sent to patient Dear Mr Cavanagh, Are you still smoking? Want support to quit? York Health Trainers offer free advice & support. Tel: 01904 553377 or visit www.york.gov.uk/cychealthtrainers Kind regards ,Helen Thompson Priory Medical Group

20-Nov-2023 Helen Thompson Park View Surgery, Other

Read Code COPD self-management plan given
Read Code Inhaler technique - good
Read Code Medication review done by nurse
Read Code Influenza Vaccine Eligibility Criteria - Individual is eligible due to their age (Added from Questionnaire)
Read Code Productive cough clear no haemoptysis
Read Code Inhaler technique observed
Read Code Advice on pneumococcal vaccination
Read Code Oxygen saturation at periphery 97.0 %
Vaccination Cell-based quadrivalent Flu/Vac/SA inj 0.5ml pfs (Seqirus UK Ltd) *Batch: 3029487~, Dose: 0.5ml*
Read Code Chronic obstructive pulmonary disease annual review
Read Code MRC Breathlessness Scale: grade 4
Read Code Advice on flu vaccination
Read Code Smoker
Read Code Patient given information
Comment History Annual review
Comment Plan Administration of first inactivated seasonal influenza vacc
Read Code Administration of first inactivated seasonal influenza vacc
Read Code Dry powder inhaler
Read Code Number of COPD exacerbations in past year 1.0
Read Code Smoking cessation advice

17-Nov-2023 *** **********

Free Text *****

15-Nov-2023 Olivia Bester Fulford Surgery, Surgery

06-Nov-2023 *** **********

Free Text *****

06-Nov-2023 *** **********

Free Text *****

THIRD PARTY COPY

06-Nov-2023 Scott Hellowell Surgery

Read Code	Influenza vaccination invitation short message service text message sent	
Read Code	Short message service text message sent to patient Dear John, We've noticed that you haven't yet booked your free flu vaccine. Citywide Pharmacies are now offering appointments. Please visit https://www.citywidehealth.co.uk/flu/ to book your flu vaccination. Priory Medical Group SMS sent on 03/11/2023 15:23:02	
Read Code	Patient telephone number +447851306734	

26-Oct-2023 Scott Hellowell Surgery

Read Code	Blood test requested	

25-Oct-2023 *** **********

Free Text	*****	

25-Oct-2023 *** **********

Free Text	*****	

25-Oct-2023 Alison Kinsella Fulford Surgery, Surgery

23-Oct-2023 Scott Hellowell Surgery

Read Code	Patient telephone number +447851306734	
Read Code	Influenza vaccination invitation second short message service text message sent	
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, You are due your Flu and Autumn Covid booster vaccination. If your preference is to only have one of the vaccines, please let the nurse know when attending. Book via the following link To respond: https://accurx.nhs.uk/bd/hnqvunqwpy (Expires in 7 days) Priory Medical Group SMS sent on 23/10/2023 12:05:08	

19-Oct-2023 *** **********

Free Text	*****	

16-Oct-2023 Helen Thompson Surgery

Read Code	Patient telephone number +447851306734	
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, We'd like you to book an appointment. To book: (link will autogenerate here) (Expires in 7 days) Thanks, Priory Medical Group	

16-Oct-2023 Helen Thompson Park View Surgery, Other

Comment	Plan cat 38 suggested f2f ,appt link sent	

13-Oct-2023 *** **********

Free Text	*****	

12-Oct-2023 *** **********

Free Text	*****	

12-Oct-2023 *** **********

Free Text	*****	

11-Oct-2023 Helen Thompson Surgery

Read Code	Chronic obstructive pulmonary disease assessment test	38.0
Read Code	MRC Breathlessness Scale: grade 5	
Read Code	Number of COPD exacerbations in past year	5.0
Read Code	Ex-heavy cigarette smoker (20-39/day)	
Comment	Comment Online questionnaire completed by patient Questionnaire: COPD Questionnaire - CAT, MRC (sponsored by GSK) Frequency of cough: 5 Phlegm on chest: 4 Tightness of chest: 4 When out of breath: 5 Limited by COPD at home: 5 Confidence leaving home: 5 Quality of sleep: 5 Level of energy: 5 Admissions due to exacerbations: No How many years smoked: 45 Cigarette pack-years: 67.5 Received on 11/10/2023 at 14:27	
Read Code	Ex-smoker	

THIRD PARTY COPY

10-Oct-2023 Olivia Bester Surgery

Read Code	COPD monitring short message service text message invitation
Read Code	Patient telephone number 07851 306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, I'd like you to complete some questions about your breathing condition (COPD). Please complete this questionnaire: (link will autogenerate here) Prescription admin team Priory Medical Group

10-Oct-2023 Olivia Bester Fulford Surgery, Surgery

09-Oct-2023 *** **********

Free Text *****

09-Oct-2023 *** **********

Free Text *****

09-Oct-2023 *** **********

Free Text *****

09-Oct-2023 *** **********

Free Text *****

09-Oct-2023 *** **********

Free Text *****

05-Oct-2023 *** **********

Free Text *****

29-Sept-2023 *** **********

Free Text *****

29-Sept-2023 *** **********

Free Text *****

28-Sept-2023 *** **********

Free Text *****

22-Sept-2023 *** **********

Free Text *****

22-Sept-2023 *** **********

Free Text *****

21-Sept-2023 Scott Hellowell Surgery

Read Code	Influenza vaccination invitation 1st SMS text message sent
Read Code	Patient telephone number +447851306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, You are due your Flu and Autumn Covid booster vaccination, subject to vaccine delivery. If your preference is to only have one of the vaccines, please let a marshal know when you arrive To respond: https://accurx.nhs.uk/bd/fxyuhc5bgb (Expires in 7 days) Priory Medical Group SMS sent on 21/09/2023 09:38:06

20-Sept-2023 *** **********

Free Text *****

20-Sept-2023 *** **********

Free Text *****

20-Sept-2023 *** **********

Free Text *****

19-Sept-2023 Sarah Ward Surgery

THIRD PARTY COPY

19-Sept-2023 *** **********

Free Text *****

13-Sept-2023 Matthew Barker Surgery

Read Code Smoking cessation advice

13-Sept-2023 Dr Victoria Middleton Surgery

Read Code Has authorisation for medication under PSD Having confirmed that influenza vaccination is indicated, this instruction is a patient specific directive that an influenza vaccine may be administered by any suitably trained health care professional to this patient in line with BNF dose recommendations

12-Sept-2023 *** **********

Free Text *****

12-Sept-2023 Dr Charlotte Hardwick Surgery

Read Code Short message service text message sent to patient Dear Mr Cavanagh, As per the podiatrists I have issued some antibiotics to your requested pharmacy. Best wishes, Dr Charlotte Hardwick Priory Medical Group
Read Code Patient telephone number 07851 306734

12-Sept-2023 Dr Charlotte Hardwick Tang Hall Surgery, Surgery

12-Sept-2023 *** **********

Free Text *****

11-Sept-2023 *** **********

Free Text *****

08-Sept-2023 Sarah Ward Surgery

08-Sept-2023 Sophie Heginbotham Surgery

07-Sept-2023 Scott Hellowell Surgery

Read Code Short message service text message sent to patient Dear John, Save the date â€“ Flu and Covid vaccine clinics will be taking place on Saturday 7th October. There is the option to have just one of the vaccines if you prefer. We will be in further contact to book an appointment up 2 weeks before the 7th October. Priory Medical Group SMS sent on 07/09/2023 13:22:06
Read Code Patient telephone number +447851306734

29-Aug-2023 Matthew Barker Surgery

Read Code Frailty assessment

23-Aug-2023 Holly Jameson Surgery

Read Code Professional narrative
Read Code Referral to orthotics service Gateway - GN-001143727 - Routine - Orthotics and Prosthetics - Orthotics
Comment Comment Gateway Referral (GN-001143727) Orthotics and Prosthetics - Orthotics Routine 23 August 2023 - 12:54PM
Attachment Attachment
Accenda Gateway

22-Aug-2023 *** **********

Free Text *****

THIRD PARTY COPY

22-Aug-2023 Dr Vickash Jankee Surgery

Read Code	Outbound referral
Read Code	Referral to orthotics service
Comment	History Takes 26/52units insulin - blood sugars are 14-15 - hasnt had a recent hba1c- will get bloods and given insulin care may need YDH support to check levels.
Comment	Plan Outbound referral
Attachment	Attachment
	from Dr V Jankee, Park View Surgery -> Orthotics Department, Referral Forms
Referral	Referral . *Recipient: Orthotics Department, Referral Forms; Referral Type: Hospital; Sender: Dr Vickash Jankee; Referral Status: Waiting For Information*

16-Aug-2023 Scott Hellowell Surgery

Read Code	Diabetes monitoring short msg service text msg 1st invitaton

16-Aug-2023 *** **********

Free Text	*****

15-Aug-2023 Belinda Sampson Fulford Surgery, Surgery

04-Aug-2023 *** **********

Free Text	*****

04-Aug-2023 *** **********

Free Text	*****

26-July-2023 Alison Kinsella Fulford Surgery, Surgery

26-July-2023 Ms Sharon Scott Surgery

20-July-2023 Matthew Barker Surgery

Read Code	Weight management service opportunity signposted

17-July-2023 *** **********

Free Text	*****

17-July-2023 *** **********

Free Text	*****

11-July-2023 Hannah Strange Fulford Surgery, Surgery

11-July-2023 Liyana Hay Surgery

23-Jun-2023 Hannah Strange Fulford Surgery, Surgery

23-Jun-2023 Sophie Heginbotham Surgery

15-Jun-2023 *** **********

Free Text	*****

05-Jun-2023 Jill Bargate Fulford Surgery, Surgery

05-Jun-2023 Jill Bargate Fulford Surgery, Surgery

25-May-2023 Alison Kinsella Fulford Surgery, Surgery

25-May-2023 Heather Winter Surgery

THIRD PARTY COPY

24-May-2023 Scott Hellowell Surgery

Read Code Short message service text message sent to patient
Dear John, Please see the attached letter with an update on how the practice will be changing the process of annual diabetes reviews. To view your attachment, please follow this link: https://accurx.nhs.uk/c/p-ym7r8pzbn8 SMS sent on 24/05/2023 12:34:02
Read Code Patient telephone number +447851306734

18-May-2023 *** **********

Free Text *****

11-May-2023 Heather Winter Surgery

03-May-2023 Olivia Bester Fulford Surgery, Surgery

03-May-2023 Lorraine Hammerton Park View Surgery, Surgery

02-May-2023 Liyana Hay Surgery

27-Apr-2023 Mrs Sharon Shaw Fulford Surgery, Surgery

Read Code Abdominal pain

27-Apr-2023 Stephanie Pack Surgery

Comment Comment Emergency Ambulance Response for Acute Coronary Syndrome (Category 2)

27-Apr-2023 Stephanie Pack Surgery

Attachment Attachment
Out of Hours from Yorkshire Ambulance Service NHS Trust -> Priory Medical Group

27-Apr-2023 Emily Gilmore-Aherne Surgery

Attachment Attachment
Accident and Emergency Letter from York Hospital -> Priory Medical Group

27-Apr-2023 Stephanie Pack Surgery

Attachment Attachment
Ambulance Notification from Yorkshire Ambulance Service NHS Trust - Hospital Letters -> Priory Medical Group

25-Apr-2023 Olivia Bester Fulford Surgery, Surgery

25-Apr-2023 Sophie Heginbotham Tang Hall Surgery, Surgery

21-Apr-2023 Dr Abigail Brooks Tang Hall Surgery, Surgery

21-Apr-2023 Alison Kinsella Fulford Surgery, Surgery

21-Apr-2023 *** **********

Free Text *****

13-Apr-2023 Olivia Bester Fulford Surgery, Surgery

03-Apr-2023 Alison Kinsella Surgery

03-Apr-2023 Sophie Heginbotham Surgery

27-Mar-2023 Scott Hellowell Surgery

Read Code Patient telephone number +447851306734
Read Code Short message service text message sent to patient
Dear John, You were recently tested for flu and COVID 19 as part of a flu test and treat pilot. We would be grateful if you could complete the following survey about your experience to help us learn from the study https://forms.office.com/e/sYz1PTCFxS Thank you, if you have already completed this survey.

THIRD PARTY COPY

21-Mar-2023 Gillian Baxter Lavender Grove Surgery, Surgery

Attachment Attachment
Clinic Letter from G Baxter, Priory Medical Group -> Mr J Cavanagh,

20-Mar-2023 Gillian Baxter Lavender Grove Surgery, Surgery

16-Mar-2023 Scott Hellowell Surgery

Read Code Short message service text message sent to patient
Dear John, You were recently tested for flu and COVID 19 as part of a flu test and treat pilot. We would be grateful if you could complete the following survey about your experience to help us learn from the study
https://forms.office.com/e/sYz1PTCFxS
Read Code Patient telephone number +447851306734

15-Mar-2023 *** **********

Free Text *****

14-Mar-2023 Patricia Smith Fulford Surgery, Surgery

14-Mar-2023 Patricia Smith Fulford Surgery, Surgery

14-Mar-2023 Liyana Hay Tang Hall Surgery, Surgery

02-Mar-2023 Emily Gilmore-Aherne Surgery

Attachment Attachment
Clinic Letter from Anaesthesia & Pain Management Consultant, York Hospital -> Priory Medical Group

01-Mar-2023 *** **********

Free Text *****

28-Feb-2023 Dr Nicholas Knight Surgery

Read Code Aspirin not indicated
Read Code Clopidogrel not indicated
Read Code Anticoagulation not indicated

23-Feb-2023 Matthew Barker Surgery

Read Code Statin declined

23-Feb-2023 Scott Hellowell Surgery

Read Code Patient telephone number +447851306734
Read Code Short message service text message sent to patient
Dear John, For the next fortnight, PMG have access to Rapid Flu and COVID testing, with the offer of Anti-viral treatment. If you develop a new cough or fever (within 48hrs), please call 01904 404100 to arrange a test.
Please wear a face covering when attending the surgery.

22-Feb-2023 Antonia Hilton Surgery

21-Feb-2023 Sophie Heginbotham Tang Hall Surgery, Surgery

10-Feb-2023 Mohammed Abdul-Razzak Surgery

Read Code Structured medication review
Read Code Medication review done

06-Feb-2023 Olivia Bester Fulford Surgery, Surgery

06-Feb-2023 Antonia Hilton Priory Medical Centre, Cornlands Road, Surgery

03-Feb-2023 Nicola Richardson Rawcliffe Surgery, Water Lane, Surgery

Read Code Telephone consultation
Comment History Telephone consultation Rang to discuss Hba1c of 102 an increase from 83. Taking fixed amounts of insulin 29 units am 52 in the pm. FBG levels - averaging 10 -11. Email already sent to the diabetes triage - await response.

THIRD PARTY COPY

01-Feb-2023 Ms Laura White Priory Medical Centre, Cornlands Road, Surgery

Comment	History Telephone call to John following HCA diabetic check	
Comment	Examination HbA1c has risen to 102 from 83 in May 2022. Reports well in himself, has been snacking on a whole box of grapes every evening for last 1-2 months advised grapes high in sugar to limit. On max metformin and insulin states taking as prescribed. Reports tests his sugars once daily only at bedtime says they are 10-11.	
Comment	Plan Email sent to diabetic nurse triage for advise/ review. Also booked on NR list later this week as I cannot review his medication as a none prescriber.	

31-Jan-2023 *** **********

Free Text	*****	

27-Jan-2023 Dr Sarah Bruce Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, The swab was negative for flu and covid. I have sent a prescription for antibiotics to the pharmacy for you. Thanks, Dr Sarah Bruce Priory Medical Group	
Read Code	Patient telephone number 07851 306734	

27-Jan-2023 Dr Sarah Bruce Surgery

Read Code	Patient telephone number 07851 306734	
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, As part of my annual appraisal I am collecting anonymous patient feedback. Following our consultation today I would be very grateful if you could complete the following form. It should only take a couple of minutes. www.leavemyfeedback.com/438278 Many thanks, Dr Sarah Bruce Priory Medical Group	

27-Jan-2023 Dr Sarah Bruce Surgery

Read Code	Infection of lower respiratory tract	
Read Code	Sample: virology - general NOS	
Read Code	Location Heworth Green surgery	
Read Code	Dry cough	
Read Code	Sample: virology - general NOS	
Read Code	O/E - pulse rate	75.0 bpm
Read Code	O/E - temperature	36.4 degC
Comment	History Seen face to face. History as above.	
Comment	Examination O/E - temperature (XaBzA) 36.4 degC O/E - pulse rate (242..) 75 bpm Oxygen saturation at periphery (X770D) 98 % chest - creps left base, no wheeze	
Comment	Diagnosis Infection of lower respiratory tract	
Comment	Plan Agreed antibiotics for chest. No wheeze and he says doesn't usually need steroids so not for pred at the moment. Review if more unwell or not improving.	
Read Code	Test status yes	
Read Code	Time symptom lasts 2 days	
Read Code	Oxygen saturation at periphery	98.0 %

27-Jan-2023 Dr Sarah Bruce Surgery

Read Code	Productive cough	
Comment	History Thinks he has a chest infection. Started 2 days ago. Productive cough No pain in chest. Runny nose. No fevers. Covid test negative	
Comment	Plan Agreed he will come for flu swab - if negative then antibiotics likely needed. IF positive can consider tamiflu.	

THIRD PARTY COPY

27-Jan-2023 Dr Sarah Bruce Surgery

Comment	Comment NHS NUMBER: 400 079 4191 AGE: 59 years CASE IDENTIFIER: 1740cd4f SENT TIME: Friday, 27 January 2023 09:25 LOCATION OF THE AILMENT: Chest SYMPTOM DURATION: 2 days SEX: Male COUGH (PHLEGM): - CROAKY VOICE OR HOARSENESS: - SORE THROAT: - SYMPTOMS WORSEN WITH EXERTION (FEELS LIKE WEIGHT OR TIGHTNESS ACROSS CHEST): - DIFFICULTY BREATHING OR SHORTNESS OF BREATH (WHEEZING): - SEVERITY SYMPTOMS: Existing lung disease (asthma, COPD or other) HAS THERE BEEN A SIMILAR CONDITION PREVIOUSLY? IF SO, WHEN AND IN WHAT WAY?: Ongoing DO YOU HAVE ANY LONGTERM ILLNESSES? IF SO, WHAT?: COPD HAS THERE BEEN ANY USE OF MEDICATION OR OTHER TREATMENT FOR THE AILMENT? IF SO, WHAT?: No HAS SOMEONE ALREADY EXAMINED OR TREATED THE AILMENT? HOW?: No OTHER RELEVANT INFORMATION OR CONCERNS: No HAVE YOU RECENTLY BEEN IN DIRECT CONTACT WITH A CONFIRMED CASE OF CORONAVIRUS?: No HAVE YOU DONE A LATERAL FLOW TEST IF YOU HAVE A FEVER, COUGH, CHANGE IN TASTE/SMELL OR ANY SYMPTOMS OF AN INFECTION I.E. SORE THROAT, RUNNY NOSE.: No HAVE YOU BEEN VACCINATED FOR COVID-19 AND/OR PREVIOUSLY CAUGHT THE INFECTION?: No Copied from Klinik Access	

26-Jan-2023 Lucie Smith Surgery

Read Code	Serum HDL cholesterol level	1.5 mmol/L
	Serum HDL cholesterol level Clinical Information: diabetic.: **Normal**	

26-Jan-2023 Dr Abigail Brooks Surgery

Read Code	Haemoglobin A1c level - IFCC standardised Above high reference limit	102.0 mmol/mol
27-Jan-2023	**Haemoglobin A1c level - IFCC standardised**appnt this week, Clinical Information: diabetic.: **Abnormal, but expected**	

26-Jan-2023 Dr Abigail Brooks Surgery

Read Code	Serum TSH level Advice on requesting and interpreting TFTs on Lab Med website Refer to https://tinyurl.com/BiochemInfo for further information	1.7 miu/L
	Serum TSH level Clinical Information: diabetic.: **Normal**	

26-Jan-2023 Dr Abigail Brooks Surgery

Read Code	eGFR using creatinine (CKD-EPI) per 1.73 square metres eGFR calculated using CKD-EPI equation	105.0 mL/min
Read Code	Serum triglyceride levels Above high reference limit; Quoted reference range for Triglyceride is for a fasting sample.	1.8 mmol/L
Read Code	Serum creatinine level	60.0 umol/L
Read Code	Serum albumin level	43.0 g/L
Read Code	Liver function tests	
Read Code	Serum cholesterol/HDL ratio	4.3 mmol/mmol
Read Code	Serum non high density lipoprotein cholesterol level	4.9 mmol/L
Read Code	Serum LDL cholesterol level Interpretation of Triglycerides and LDL is dependant on fasting state	4.1 mmol/L
Read Code	Serum alanine aminotransferase level	19.0 iu/L
Read Code	Urea and electrolytes	
Read Code	Serum potassium level	4.8 mmol/L
Read Code	Serum alkaline phosphatase level	89.0 iu/L
Read Code	Serum total protein level	71.0 g/L
Read Code	Serum urea level	6.4 mmol/L
Read Code	Serum sodium level	134.0 mmol/L
Read Code	Serum cholesterol level For NHS lipid guidance see https://tinyurl.com/lipid-pathway	6.4 mmol/L
Read Code	Serum total bilirubin level	7.0 umol/L
	Urea and electrolytes;Liver function tests;Serum cholesterol level;Serum LDL cholesterol level;Serum triglyceride levels;Cholest./HDL ratio;eGFR using creatinine (CKD-EPI) per 1.73 square metresdiscuss statin at diabetes rev, Cholest./HDL ratio: Non-HDL cholesterol now reported as recommended in NICE CG 181 Clinical Information: diabetic.: **Borderline**	

THIRD PARTY COPY

26-Jan-2023 Sheila Buck Park View Surgery, Surgery

Read Code	10g monofilament sensation L foot abnormal	
Read Code	Body mass index - observation	38.72495 Kg/m²
Read Code	O/E - Right diabetic foot at moderate risk	
Read Code	Blood sample taken	
Read Code	O/E - height	1.67 m
Read Code	Diabetic dietary review does not eat breakfast has bacon/fried egg sandwich every day has acook meal at night no veg has grapes every night . to help him to go to the toilet does take lacatose every day .advise to drink plenty of fluid	
Read Code	Smoking cessation advice	
Read Code	Alcohol units per week	0.0 Units/Week
Read Code	O/E - weight	108.0 Kg
Read Code	O/E - Left diabetic foot at moderate risk	
Read Code	O/E - R.dorsalis pedis absent	
Read Code	O/E - L.dorsalis pedis absent	
Comment	History HCA review	
Comment	Examination 159/74 147/82 149/67 happy to borrow b/p machine from surgery	
Comment	Diagnosis not been to eye screening advise how importent this was john said he will try as he has now got sore eyes. aware has telephone appt	
Comment	Plan john told me he has two screws in right footr right side of right foot very very dry and has acrack is seeing podiatrist	
Read Code	Health education - exercise DOES NOT DO ANY FORM OF EXCERCISE JOHNS SAYS HE HAS BAG LEGS AND CAUSES HIM ALOT OF PAIN	
Read Code	10g monofilament sensation R foot abnormal	
Read Code	Smoker	

26-Jan-2023 *** **********

Free Text	*****

23-Jan-2023 Sarah Ward Surgery

17-Jan-2023 Matthew Barker Surgery

Read Code	Seen by podiatrist

17-Jan-2023 Adele Stewart Rawcliffe Surgery, Water Lane, Surgery

Read Code	Seen by podiatrist

04-Jan-2023 Scott Hellowell Surgery

Read Code	Alcohol consumption screening

04-Jan-2023 Jill Bargate Fulford Surgery, Surgery

03-Jan-2023 *** **********

Free Text	*****

17-Dec-2022 Helen Thompson Surgery

Read Code	Ex-smoker	
Read Code	Chronic obstructive pulmonary disease assessment test	33.0
Read Code	MRC Breathlessness Scale: grade 5	
Read Code	Ex-heavy cigarette smoker (20-39/day)	
Comment	Comment Online questionnaire completed by patient Questionnaire: COPD Questionnaire - CAT, MRC (sponsored by GSK) Frequency of cough: 4 Phlegm on chest: 3 Tightness of chest: 4 When out of breath: 5 Limited by COPD at home: 4 Confidence leaving home: 4 Quality of sleep: 5 Level of energy: 4 Admissions due to exacerbations: No How many years smoked: 45 Cigarette pack-years: 67.5	
Read Code	Number of COPD exacerbations in past year	6.0

15-Dec-2022 Helen Thompson Surgery

Read Code	COPD monitring short message service text message invitation
Read Code	Patient telephone number 07851 306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, I'd like you to complete some questions about your breathing condition (COPD) via the link below. Please complete this questionnaire: (link will autogenerate here) Kind regards ,Helen Thompson Priory Medical Group

THIRD PARTY COPY

14-Dec-2022 Hannah Strange Fulford Surgery, Surgery

14-Dec-2022 Antonia Hilton Surgery

08-Dec-2022 Donna Kelly Surgery

Read Code	Patient telephone number 07851 306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, 15 Dec 2022 11:05 with Sheila Buck at Park View Surgery: diabetic review Thanks Donna Priory Medical Group

05-Dec-2022 *** **********

Free Text *****

05-Dec-2022 *** **********

Free Text *****

24-Nov-2022 Patricia Smith Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, You are now due your annual Diabetic review please contact the Practice and book into a HCA diabetic review clinic. Thank you. Prescription Admin Team Priory Medical Group
Read Code	Patient telephone number 07851 306734

24-Nov-2022 Patricia Smith Fulford Surgery, Surgery

24-Nov-2022 Amanda Halder Tang Hall Surgery, Surgery

22-Nov-2022 *** **********

Free Text *****

22-Nov-2022 *** **********

Free Text *****

09-Nov-2022 Dr Abigail Brooks Surgery

Read Code Medication review done

03-Nov-2022 Sarah Ward Surgery

21-Oct-2022 Sarah Ward Surgery

21-Oct-2022 Sophie Heginbotham Surgery

19-Oct-2022 Scott Hellowell Surgery

Read Code Influenza vaccination invitation 2nd SMS text message sent

19-Oct-2022 *** **********

Free Text *****

18-Oct-2022 Olivia Bester Fulford Surgery, Surgery

18-Oct-2022 Liyana Hay Surgery

13-Oct-2022 *** **********

Free Text *****

11-Oct-2022 Scott Hellowell Surgery

Read Code Influenza vaccination invitation 1st SMS text message sent

05-Oct-2022 Amanda Wilkinson Surgery

Read Code Declined diabetic retinopathy screening

THIRD PARTY COPY

05-Oct-2022 Emily Gilmore-Aherne Surgery

Attachment	Attachment *Diabetic Eye Screening Scheme from North Yorkshire NHS Diabetic Eye Screening Programme -> Priory Medical Group*

04-Oct-2022 Anna Zamczyk Surgery

Read Code	Medication requested
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Your acute medication request has been issued today and sent to your nominated pharmacy. Please allow up to 48 hours for it to be processed at the pharmacy. Kind regards, Anna Zamczyk Pharmacist Priory Medical Group
Read Code	Patient telephone number 07851 306734

04-Oct-2022 Anna Zamczyk Surgery

04-Oct-2022 Hannah Strange Surgery

Read Code	Patient telephone number 07851 306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Prescription Admin are unable to process your prescription request for Paracetamol and we have sent it onto our Pharmacy team for them to review. Thank you Prescription Admin Team Priory Medical Group

03-Oct-2022 Antonia Hilton Tang Hall Surgery, Surgery

03-Oct-2022 Antonia Hilton Tang Hall Surgery, Surgery

20-Sept-2022 Olivia Bester Fulford Surgery, Surgery

20-Sept-2022 Rebecca Bolton Tang Hall Surgery, Surgery

31-Aug-2022 Julie Phillips Surgery

31-Aug-2022 Amanda Halder Surgery

26-Aug-2022 Liyana Hay Surgery

25-Aug-2022 Alison Kinsella Surgery

Read Code	Patient telephone number 07851 306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, As requested, your prescription has been issued and will be sent to your nominated pharmacy once signed. Thank you Prescription Admin Team Priory Medical Group

25-Aug-2022 Alison Kinsella Fulford Surgery, Surgery

25-Aug-2022 Sophie Heginbotham Tang Hall Surgery, Surgery

25-Aug-2022 Emily Gilmore-Aherne Surgery

Attachment	Attachment *Clinic Letter from Anaesthesia & Pain Management Consultant, York Hospital -> Priory Medical Group*

23-Aug-2022 *** **********

Free Text	*****

22-Aug-2022 *** **********

Free Text	*****

17-Aug-2022 Dr Victoria Middleton Surgery

Read Code	Has authorisation for medication under PSD Having confirmed that influenza vaccination is indicated, this instruction is a patient specific directive that an influenza vaccine may be administered by any suitably trained health care assistant to this patient in line with BNF dose recommendations

THIRD PARTY COPY

12-Aug-2022 Olivia Bester Fulford Surgery, Surgery

Comment	Comment	Issued paracetamol and laxido - have been reviewed by pharmacists in the last 3/12

12-Aug-2022 Sophie Heginbotham Surgery

11-Aug-2022 Miss Smarah Hayyat Surgery

Attachment	Attachment	

10-Aug-2022 Helen Thompson Park View Surgery, Other

09-Aug-2022 Miss Smarah Hayyat Surgery

Read Code	Number of COPD exacerbations in past year	2.0
Read Code	Advice on flu vaccination	
Read Code	Light cigarette smoker (1-9 cigs/day) 3/4 a day	
Read Code	Inhaler technique not checked	
Read Code	MRC Breathlessness Scale: grade 5	
Read Code	Seen by pharmacist	
Read Code	Does not use spacer device	
Read Code	Smoker	
Read Code	Chronic obstructive pulmonary disease assessment test	28.0
Read Code	Respiratory disease medication review Maintain Current Therapy Level But Review of Formulation	
Read Code	Thinking about stopping smoking	
Read Code	FH: Respiratory disease	
Read Code	Cigarette smoker	
Read Code	Seen by pharmacist CAT 28; MRC 5; Pt is not asthmatic; 2 chest infections in the last 12m says he did not request antibiotics for these; Currently on Trelegy 1 OD + Salamol MDI (uses 5/6 times a day); explained a good technique with both inhalers ; went through the use of Salamol and technique; says the Trelegy isn't working enough as he needs more; also smokes therefore recommended to change to Trimbow Nexthaler 2 BD; patient happy with this.	
Read Code	Pulmonary rehabilitation declined	
Comment	Comment COPD therapy review completed by Smarah Hayyat (Pharmacist, Interface Clinical Services), authorised by Dr James McNay.	
Read Code	Good compliance with inhaler	
Read Code	Chronic obstructive pulmonary disease annual review	
Read Code	Advice on pneumococcal vaccination	
Read Code	Smoking cessation advice	
Read Code	Chesty cough The patient was chesty as a child	
Read Code	Inhaler technique - moderate	

08-Aug-2022 Scott Hellowell Surgery

02-Aug-2022 *** **********

Free Text	*****	

29-July-2022 Olivia Bester Fulford Surgery, Surgery

29-July-2022 Janet Black Surgery

25-July-2022 Scott Hellowell Surgery

Read Code	Patient telephone number +447851306734	
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Priory Medical Group is going green by joining the national campaign to reduce carbon dioxide produced by prescriptions. We are reviewing blue "reliever" inhalers. Some people may notice a different brand inhaler (Salamol). This has been shown to be at least as effective as other brands, has the same dose per use and the same number of doses per inhaler but has half the carbon footprint. These changes will be made from 8th August 2022. Some patients may be suitable for even lower carbon inhalers (Easyhaler) if you wish to explore this request a review with the nurse.	

THIRD PARTY COPY

19-July-2022 Sarah Ward Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, As requested, your prescription has been issued and will be printed and reay to collect from your GP surgery. Thank you Prescription Admin Team Priory Medical Group
Read Code	Patient telephone number 07851 306734

19-July-2022 Sarah Ward Surgery

Comment	Comment Nominated pharmacy confirmed OOS future dated script cancelled and returned to the spine. Alternative script issued as FP10 as per pt request

19-July-2022 Sarah Ward Surgery

Comment	Comment CASE IDENTIFIER: 977dd790 AGE: 58 years SEX: Male MEDICATION QUERIES IF YOU WISH TO ORDER A REPEAT PRESCRIPTION, CHOOSE THE "REPEAT PRESCRIPTION" TILE ON THE PREVIOUS SCREEN, THE NHS APP OR YOUR SYSTMONE ONLINE ACCOUNT. FOR URGENT MEDICATION ENQUIRIES, PLEASE CALL 01904 404100. FOR ALL OTHER NON-URGENT MEDICATION ENQUIRIES PLEASE SUBMIT YOUR REQUEST BELOW DETAILING THE REASON FOR THIS.: Pt pharamcy is out of stock of Codeine 30mg is asking if can issue a paper script and try to get from different pharmacy. Please advise pt. HAVE YOU RECENTLY BEEN IN DIRECT CONTACT WITH A CONFIRMED CASE OF CORONAVIRUS?: No HAVE YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAD A NEW CONTINUOUS COUGH, HIGH FEVER OR LOSS OR CHANGE TO SENSE OF SMELL OR TASTE DURING THE LAST 14 DAYS?: No HAVE YOU BEEN VACCINATED FOR COVID-19 AND/OR PREVIOUSLY CAUGHT THE INFECTION?: 3 Copied from Klinik Pro

13-July-2022 Julie Phillips Surgery

13-July-2022 Scott Hellowell Surgery

Read Code	Patient telephone number +447851306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, This year's flu clinics are scheduled for 15th and 22nd October, we will contact you nearer the date with information about how to book your appointment. Catch up dates will be added for those unable to make these dates.

28-Jun-2022 Jill Bargate Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

28-Jun-2022 Joanne Clarke Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

21-Jun-2022 *** **********

Free Text	*****

06-Jun-2022 Jill Bargate Fulford Surgery, Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

06-Jun-2022 Sophie Heginbotham Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

26-May-2022 Emily Gilmore-Aherne Surgery

Attachment	Attachment *Clinic Letter from Diabetes Clinic, York Hospital -> Priory Medical Group*

26-May-2022 Amanda Wilkinson Surgery

Read Code	Haemoglobin A1c level - IFCC standardised	83.0 mmol/mol
Read Code	O/E - weight	102.7 Kg
Read Code	O/E - Systolic BP reading	127.0 mmHg
Read Code	O/E - Diastolic BP reading	68.0 mmHg
Read Code	Body mass index - observation	35.5 Kg/m²

THIRD PARTY COPY

23-May-2022 Sophie Heginbotham Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

18-May-2022 Stephanie Pack Surgery

Attachment	Attachment *Ophthalmic Services from Specsavers, Opticians -> Priory Medical Group*

17-May-2022 *** **********

Free Text	*****

13-May-2022 Julia Bognar-Chaffer Surgery

Read Code	Repeat medication check
Read Code	Telephone consultation
Read Code	Structured medication review
Read Code	Structured medication review
Read Code	Third party consultation boots
Read Code	Seen by clinical pharmacist
Read Code	Medication review done by clinical pharmacist
Comment	History tc from Emily - Boots following yesterday-s consult. updated on plans. Pt returend the unused 3XButec patches and will collect the Butec 10-s today. Clear that patches to start from Thursday next week. no early issues.
Comment	Plan Structured medication review

12-May-2022 Julia Bognar-Chaffer Tang Hall Surgery, Surgery

Read Code	Repeat medication check
Read Code	Pain management
Read Code	Medication review done
Read Code	Structured medication review
Read Code	Opioid
Read Code	Telephone consultation
Read Code	Reducing dose prescribed
Read Code	Additional SCR dataset uploaded under COPI Regulations
Read Code	Medication review done
Read Code	Seen by clinical pharmacist
Read Code	Structured medication review
Read Code	At risk state
Read Code	Medication review done by clinical pharmacist
Read Code	Opioid
Read Code	Moderate
Comment	History Medication review done tc re pain meds chronic pancreatic pain. long hx of dependence pain team OP advice discussed. increased butec - not for early issue but aware of some scope for titration reduce codeine - agreed to go two weekly - scripts done (future-dated) - please do not issue further codeine beyond these scrpts if possible.
Read Code	Raising awareness of risks
Read Code	Follow up
Read Code	Drug interactions considered as new drugs added

12-May-2022 Julia Bognar-Chaffer Tang Hall Surgery, Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

12-May-2022 Julia Bognar-Chaffer Tang Hall Surgery, Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

09-May-2022 Hannah Strange Fulford Surgery, Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

09-May-2022 Sophie Heginbotham Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

THIRD PARTY COPY

27-Apr-2022 Jennifer Jackson Priory Medical Centre, Cornlands Road, Surgery

Read Code	Seen by clinical pharmacist
Read Code	Repeat medication check
Comment	History TC re medication review Has diabetes review at hospital 27th May COPD review done Sept 21 Saw pain team earlier this month - to start butec and then wean down codeine Has been using patches for 2 weeks now, tried reducing codeine for a couple of days but felt anxiety returning so has stayed on 8 Asked me several times what the butec patches were for, kept saying he didn't know Explained will help with pain and also with withdrawal symptoms from codeine Discussed re importance of weaning codeine Suggested trialing alternate day wean - 8 tablets/7tablets for a week and then go to 7 tablets each day - liked that plan, said will give it a go
Comment	Plan Structured medication review
Read Code	Telephone consultation
Read Code	Medication review done by clinical pharmacist
Read Code	Structured medication review
Read Code	Additional SCR dataset uploaded under COPI Regulations

27-Apr-2022 Alison Kinsella Surgery

Read Code	Patient telephone number 07851 306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Our in-house Pharmacist will review your details. It may be that your request can be dealt with without a telephone appointment. Should they have any questions they will be in touch to discuss. Thank you Prescription Admin Team Priory Medical Group

27-Apr-2022 Alison Kinsella Fulford Surgery, Surgery

Comment	Comment CASE IDENTIFIER: c1896825 NHS NUMBER: 400 079 4191 AGE: 58 years SEX: Male I NEED A MEDICATION REVIEW PLEASE PROVIDE DETAILS OF THE MEDICATION REVIEW THAT IS DUE TO HELP OUR TEAM UNDERSTAND THE NATURE OF YOUR REQUEST. YOU SHOULD WHERE POSSIBLE NAME THE MEDICATION AND DOSAGE THAT IT CONCERNS.: Meds review please. HAVE YOU RECENTLY BEEN IN DIRECT CONTACT WITH A CONFIRMED CASE OF CORONAVIRUS?: No HAVE YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAD A NEW CONTINUOUS COUGH, HIGH FEVER OR LOSS OR CHANGE TO SENSE OF SMELL OR TASTE DURING THE LAST 14 DAYS?: No HAVE YOU BEEN VACCINATED FOR COVID-19 AND/OR PREVIOUSLY CAUGHT THE INFECTION?: Yes. Copied from Klinik Pro

26-Apr-2022 Christian Tanghe Surgery

Read Code	Patient telephone number 07851 306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Thank you for your recent medication request. This has been issued, but you are due a telephone review with the pharmacist before we can process your next request. Please contact the surgery by phone on 01904 404100 or use our online form at www.priorymedical.com to arrange this. Thanks, Christian Alexander Tanghe Priory Medical Group

25-Apr-2022 Olivia Bester Fulford Surgery, Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

25-Apr-2022 Sophie Heginbotham Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

21-Apr-2022 Scott Hellowell Surgery

Read Code	Patient telephone number +447851306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Priory Medical invites you to use the NHS App. A simple & secure way to access a range of NHS services, like ordering your repeat medication. Find out more at www.nhs.uk/nhsapp Alternatively visit https://access.klinik.co.uk/contact/priory-medical-group to submit online requests without using the NHS App.

THIRD PARTY COPY

19-Apr-2022 *** **********

Free Text *****

12-Apr-2022 Dr James Mcnay Tang Hall Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

12-Apr-2022 Gemma Eason Surgery

Read Code Current non-drinker

12-Apr-2022 Emily Gilmore-Aherne Surgery

Attachment Attachment
Clinic Letter from Anaesthesia & Pain Management Consultant, York Hospital -> Priory Medical Group

12-Apr-2022 Dominique Docker Surgery

Attachment Attachment
Outpatient Treatment Recommendation from Chronic Pain -> Priory Medical Group

11-Apr-2022 Jill Bargate Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

11-Apr-2022 Sophie Heginbotham Tang Hall Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

28-Mar-2022 Peter Baker Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

28-Mar-2022 Sophie Heginbotham Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

25-Mar-2022 Dr Nicholas Knight Surgery

Read Code Anticoagulation not indicated

22-Mar-2022 *** **********

Free Text *****

21-Mar-2022 Dr Nicholas Knight Surgery

Read Code Clopidogrel declined
Read Code Aspirin declined

18-Mar-2022 Abigail Hurrell Surgery

Attachment Attachment
Advice Request from Pain Clinic, Multi-Disciplinary Pain Clinic, Anaesthesia & Pain Management Consultant, York Hospital -> Priory Medical Group

16-Mar-2022 Rachel Bampton-Stuart Surgery

Referral Referral . *Referral Type: Hospital; Sender: Dr Lucy Terry; Referral Status: Waiting For Information*
Read Code Referral to pain management service
Read Code Choice and booking enhanced services administration

15-Mar-2022 Dr Helen Ward Surgery

Attachment Attachment
Accenda Gateway
Comment Comment Gateway Referral (GN-000165812) Orthotics and Prosthetics - Orthotics Routine 15 March 2022 - 10:34PM
Read Code Referral to orthotics service Gateway - GN-000165812 - Routine - Orthotics and Prosthetics - Orthotics

15-Mar-2022 Dr Helen Ward Surgery

Read Code Reason for referral Orthotics
Comment Plan Outbound referral
Read Code Outbound referral

THIRD PARTY COPY

15-Mar-2022 Dr Lucy Terry Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

15-Mar-2022 *** **********

Free Text *****

15-Mar-2022 *** **********

Free Text *****

15-Mar-2022 *** **********

Free Text *****

14-Mar-2022 Hannah Strange Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

14-Mar-2022 Sophie Heginbotham Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

08-Mar-2022 Dr Lucy Terry Surgery

Read Code Short message service text message sent to patient Dear Mr Cavanagh, I hope you are Ok today. I am going to write for some advice from the pain team regarding your abdominal pain and the need for more pain relief as we are a bit stuck for options at this stage. I hope this is OK. Thanks, Dr Terry Priory Medical Group

Read Code Patient telephone number 07851 306734

08-Mar-2022 *** **********

Free Text *****

07-Mar-2022 Dr Lucy Terry Park View Surgery, Surgery

Comment History GE 58 years SEX Male LOCATION OF THE AILMENT Tummy SYMPTOM DURATION 2 weeks SYMPTOMS Pain (Tummy ache), VAS 9 SEVERITY SYMPTOMS Constant or frequently recurring intense pain Self-care is not helping Painkiller does not help HAS THERE BEEN A SIMILAR CONDITION PREVIOUSLY? IF SO, WHEN AND IN WHAT WAY? No DO YOU HAVE ANY LONGTERM ILLNESSES? IF SO, WHAT? has chronic pancreatitis HAS THERE BEEN ANY USE OF MEDICATION OR OTHER TREATMENT FOR THE AILMENT? IF SO, WHAT? current pain relief is codeine 30mg 8 per day but this isnt working HAS SOMEONE ALREADY EXAMINED OR TREATED THE AILMENT? HOW? No OTHER RELEVANT INFORMATION No HAVE YOU RECENTLY BEEN IN DIRECT CONTACT WITH A CONFIRMED CASE OF CORONAVIRUS? No HAVE YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAD A NEW CONTINUOUS COUGH, HIGH FEVER OR LOSS OR CHANGE TO SENSE OF SMELL OR TASTE DURING THE LAST 14 DAYS? No HAVE YOU BEEN VACCINATED FOR COVID-19? .

Comment History Known chronic pancreatitis, recently seen by A&E on 3/3 bloods and CXR NAD. struggling to come of codeine now is an issue - anxiety and come down is terrible. taking 8 30mg codeine tablets now. not working for the abdo pain. no bowel sx, no vomiting, is OK in self. just pain. steady no worse.

Comment Plan Write to pain team re advice going forward as am stuck wrt to his pain management. Tried to call to let John know after thinking about it but no answer. try again tomorrow.

THIRD PARTY COPY

07-Mar-2022 Whitney McAllister Surgery

Comment Comment CASE IDENTIFIER: 2719c464 NHS NUMBER: 400 079 4191 AGE: 58 years SEX: Male LOCATION OF THE AILMENT: Tummy SYMPTOM DURATION: 2 weeks SYMPTOMS: Pain (Tummy ache), VAS 9 SEVERITY SYMPTOMS Constant or frequently recurring intense pain Self-care is not helping Painkiller does not help HAS THERE BEEN A SIMILAR CONDITION PREVIOUSLY? IF SO, WHEN AND IN WHAT WAY?: No DO YOU HAVE ANY LONGTERM ILLNESSES? IF SO, WHAT?: has chronic pancreatitis HAS THERE BEEN ANY USE OF MEDICATION OR OTHER TREATMENT FOR THE AILMENT? IF SO, WHAT?: current pain relief is codeine 30mg 8 per day but this isnt working HAS SOMEONE ALREADY EXAMINED OR TREATED THE AILMENT? HOW?: No OTHER RELEVANT INFORMATION: No HAVE YOU RECENTLY BEEN IN DIRECT CONTACT WITH A CONFIRMED CASE OF CORONAVIRUS?: No HAVE YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAD A NEW CONTINUOUS COUGH, HIGH FEVER OR LOSS OR CHANGE TO SENSE OF SMELL OR TASTE DURING THE LAST 14 DAYS?: No HAVE YOU BEEN VACCINATED FOR COVID-19?: . Copied from Klinik Pro

04-Mar-2022 *** **********

Free Text *****

04-Mar-2022 *** **********

Free Text *****

04-Mar-2022 Gemma Eason Surgery

Read Code Reduction of callus

04-Mar-2022 Stephanie Pack Surgery

Attachment Attachment
Clinic Letter from Dept of Podiatry -> Priory Medical Group

03-Mar-2022 Emily Gilmore-Aherne Surgery

Attachment Attachment
Accident and Emergency Letter from York Hospital -> Priory Medical Group

01-Mar-2022 Miss Hira Malik Surgery

Read Code eConsultation via online application
Read Code Plan laxido requested - last issued oct 2021 recently issued codeine see notes above laxido will help with any constipation associated - s/t use
Read Code eConsultation via online application
Read Code Additional SCR dataset uploaded under COPI Regulations

Comment History eConsultation via online application
Read Code Seen by clinical pharmacist
Read Code Prescription of drug

28-Feb-2022 Hannah Strange Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

28-Feb-2022 Heather Winter Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

16-Feb-2022 Daniel Cottingham Heworth Green, Surgery

Comment History Went to A&E yesterday spent 7 hours. FBC showed raised wcc 13.6 and CRP 14 seen on path links. I think self discharged as no letter He says they told him infection but not clear what and he needs antibiotics. only symptoms is abdo pain and amylase was normal. Bowels waterworks and chest are fine so I see no indication for antibiotics for just pain alone. Await A&E letter

THIRD PARTY COPY

16-Feb-2022 Whitney McAllister Surgery

Comment Comment CASE IDENTIFIER: 793ea4ab NHS NUMBER: 400 079 4191 AGE: 58 years SEX: Male LOCATION OF THE AILMENT: Tummy SYMPTOM DURATION: 1 days SYMPTOMS Sweating Pain (Tummy ache), VAS 7 Fever (Intermittent fever) Difficulty sleeping Tiredness (Feeling sleepy) Suddenly worsened general condition Symptoms worsen with exertion (Having to walk slower) SEVERITY SYMPTOMS Ache during the night Constant or frequently recurring intense pain Restlessness Self-care is not helping HAS THERE BEEN A SIMILAR CONDITION PREVIOUSLY? IF SO, WHEN AND IN WHAT WAY?: Pancreatitis DO YOU HAVE ANY LONGTERM ILLNESSES? IF SO, WHAT?: Pancreatitis COPD HAS THERE BEEN ANY USE OF MEDICATION OR OTHER TREATMENT FOR THE AILMENT? IF SO, WHAT?: Morphine in A&E last night HAS SOMEONE ALREADY EXAMINED OR TREATED THE AILMENT? HOW?: A&E but no letter? OTHER RELEVANT INFORMATION: Was told it was a stomach infection? HAVE YOU RECENTLY BEEN IN DIRECT CONTACT WITH A CONFIRMED CASE OF CORONAVIRUS?: No HAVE YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAD A NEW CONTINUOUS COUGH, HIGH FEVER OR LOSS OR CHANGE TO SENSE OF SMELL OR TASTE DURING THE LAST 14 DAYS?: No HAVE YOU BEEN VACCINATED FOR COVID-19?: Fully Copied from Klinik Pro

16-Feb-2022 Lynn Pearson Surgery

Read Code Short message service text message sent to patient Dear Mr Cavanagh, On this occasion you have contacted us by phone but next time please consider using our prioryCARE online form which you can access here: https://access.klinik.co.uk/contact/priory-medical-group Thanks Lynn Priory Medical Group

Read Code Patient telephone number 07851 306734

15-Feb-2022 Dominique Docker Surgery

Attachment Attachment
Accident and Emergency Letter from York Hospital -> Priory Medical Group

14-Feb-2022 Jill Bargate Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

04-Feb-2022 *** **********

Free Text *****

02-Feb-2022 Mohammed Abdul-Razzak Surgery

Read Code Patient telephone number 07851 306734

Read Code Short message service text message sent to patient Dear Mr Cavanagh, As requested, your prescription has been issued and will be sent to your nominated pharmacy once signed. Thank you Thanks, Mohammed Abdul-Razzak Priory Medical Group

02-Feb-2022 Mohammed Abdul-Razzak Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

Read Code Seen by clinical pharmacist

01-Feb-2022 Jill Bargate Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

01-Feb-2022 Katy Greenwood Tang Hall Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

17-Jan-2022 Hannah Strange Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

17-Jan-2022 Sophie Heginbotham Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

THIRD PARTY COPY

13-Jan-2022 Matthew Barker Surgery

Read Code Statin declined

07-Jan-2022 *** **********

Free Text *****

04-Jan-2022 Jill Bargate Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

20-Dec-2021 Belinda Sampson Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

20-Dec-2021 Belinda Sampson Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

20-Dec-2021 Sophie Heginbotham Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

15-Dec-2021 Unknown Staff Member Surgery

Read Code Unable to automatically file a third-party immunisation message

15-Dec-2021 Abigail Hurrell Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

14-Dec-2021 *** **********

Free Text *****

14-Dec-2021 Gavin Stewart Surgery

Attachment Attachment
Vaccination from York Askham Bar -> Priory Medical Group

06-Dec-2021 Patricia Smith Surgery

Read Code Short message service text message sent to patient Dear Mr Cavanagh, You have submitted a medication request for Laxido through the prioryCARE system. This is a problem that needs clinical review as advised previously by our Pharmacist. Please can you resubmit your query using the online form at www.priorymedical.com and the NEW/ONGOING HEALTH PROBLEM tile and this will be addressed appropriately. Thank you Prescription Admin Team Priory Medical Group
Read Code Patient telephone number 07851 306734

06-Dec-2021 Patricia Smith Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

06-Dec-2021 Sophie Heginbotham Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

03-Dec-2021 *** **********

Free Text *****

26-Nov-2021 Gemma Eason Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

25-Nov-2021 Hannah Strange Fulford Surgery, Surgery

23-Nov-2021 *** **********

Free Text *****

THIRD PARTY COPY

23-Nov-2021 *** **********

Free Text *****

22-Nov-2021 Sophie Heginbotham Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

15-Nov-2021 Amanda Halder Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

09-Nov-2021 Hannah Strange Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

08-Nov-2021 Miss Georgina Wood Heworth Green, Surgery

Read Code Administration of first inactivated seasonal influenza vacc
Read Code Additional SCR dataset uploaded under COPI Regulations

Comment History Well today No allergies Given with consent Discussed side effects and management of these
Comment Plan Administration of first inactivated seasonal influenza vacc
Vaccination Flucelvax Tetra (Seqirus UK) *Batch: P100368867~, Dose: 0.5ml*

08-Nov-2021 Heather Winter Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

04-Nov-2021 Helen Thompson Park View Surgery, Other

Read Code Additional SCR dataset uploaded under COPI Regulations

Comment History follow up -states not aware of PR letter will ring the rehab team,
Comment Plan follow up if any problems /111

04-Nov-2021 Miss Emma Lawson Surgery

Attachment Attachment
DNA Letter from Diabetes Specialist Nurse, Diabetes Clinic, York Hospital -> Priory Medical Group

03-Nov-2021 Matthew Barker Surgery

Read Code Influenza vaccination invitation 2nd SMS text message sent

30-Oct-2021 Aisha Majothi Surgery

Read Code Plan meds reviewed- no issues diabetes review done July
Read Code Medication review of medical notes
Read Code Additional SCR dataset uploaded under COPI Regulations

Read Code Medication review done by clinical pharmacist
Read Code Medication review done
Read Code Seen by clinical pharmacist
Read Code Repeat medication check
Read Code Structured medication review

29-Oct-2021 Aisha Majothi Surgery

Read Code Short message service text message sent to patient Dear Mr Cavanagh, I have issued the laxido for you. If you are still constipated after using this medication please book an appointment with a GP. Thanks, Aisha Majothi Priory Medical Group
Read Code Patient telephone number 07851 306734

29-Oct-2021 Aisha Majothi Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

Comment History laxido issued- SMS sent

28-Oct-2021 Karina Blackburn Surgery

Comment History Laxido Orange oral powder sachets sugar free (Galen Ltd) ok to isuse ?
Comment Plan Has lactulose on repeat No allergies See consult 07 Oct 21-Prescriber to review.

THIRD PARTY COPY

26-Oct-2021 *** **********

Free Text *****

25-Oct-2021 Olivia Bester Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

22-Oct-2021 Miss Charlotte Hellowell Surgery

Attachment Attachment
Hospital Letter from COPD Pulmonary Rehabilitation, Physiotherapy Department, York Hospital -> Priory Medical Group

21-Oct-2021 Helen Thompson Park View Surgery, Other

Read Code Additional SCR dataset uploaded under COPI Regulations

Comment History follow up call just awoken from a lunchtime sleep. Unsure if any improvement with trelegy.
Comment Plan agreed follow up in 2wks when more awake declined a call later today .

13-Oct-2021 Helen Thompson Surgery

Read Code Patient telephone number 07851 306734
Read Code Short message service text message sent to patient Dear Mr Cavanagh, I will ring you next thursday pm TO RESPOND, please follow this link: (link will autogenerate here) Kind regards ,Helen Thompson Priory Medical Group Scheduled to send on 13/10/2021

13-Oct-2021 Helen Thompson Surgery

Comment Comment Online questionnaire completed by patient Dear Mr Cavanagh, just a follow up message after switching to a trelegy inhaler, How are you and your copd ? Kind regards ,Helen Thompson Priory Medical Group Response: Not sure I just feel the same Helen

13-Oct-2021 Helen Thompson Surgery

Read Code Patient telephone number 07851 306734
Read Code Short message service text message sent to patient Dear Mr Cavanagh, just a follow up message after switching to a trelegy inhaler, How are you and your copd ? TO RESPOND, please follow this link: (link will autogenerate here) Kind regards ,Helen Thompson Priory Medical Group Scheduled to send on 13/10/2021

11-Oct-2021 Jill Bargate Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

11-Oct-2021 Jill Bargate Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

07-Oct-2021 Dr Ranamukage Waidyaratne Park View Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

Comment History Has not opened bowels for 3 days and thinks he is constipated. Passing wind through the back passage. On codeine for pain. No abdominal pain, no abdominal distension
Comment Examination Alert Tel consultation
Comment Diagnosis Codeine causing constipation
Comment Plan Encouraged to eat fruits & vegetables and drink fluids. 1. Informed him that the Codeine is likely causing the constipation, but the patient insists that he has to take the Codeine for pain. 2. Requesting laxido and therefore, prescribed laxido sachets for constipation. Advised to contact Gp surgery/111 if new/worsening symptoms, feeling unwell or any problem/concern. Safety netted - Advised to attend A&E/call 999 if any sudden severe persistent pain in abdomen.

THIRD PARTY COPY

07-Oct-2021 Dr Christopher Bennett Tang Hall Surgery, Surgery

Comment	Comment CASE IDENTIFIER: 20e83dea NHS NUMBER: 4000794191 AGE: 58 years SEX: Male LOCATION OF THE AILMENT: Tummy SYMPTOM DURATION: 3 days SYMPTOMS Constipation Suddenly worsened general condition (Severe lethargy/sluggishness) SEVERITY SYMPTOMS Existing lung disease (asthma, COPD or other) Self-care is not helping Unable to poo for several days HAS THERE BEEN A SIMILAR CONDITION PREVIOUSLY? IF SO, WHEN AND IN WHAT WAY?: Constipation, on lactulose, also wanting laxido DO YOU HAVE ANY LONGTERM ILLNESSES? IF SO, WHAT?: copd , patcreatitis diabetes HAS THERE BEEN ANY USE OF MEDICATION OR OTHER TREATMENT FOR THE AILMENT? IF SO, WHAT?: Is on lacutlose HAS SOMEONE ALREADY EXAMINED OR TREATED THE AILMENT? HOW?: No OTHER RELEVANT INFORMATION: Not had a motion for three days HAVE YOU RECENTLY BEEN IN DIRECT CONTACT WITH A CONFIRMED CASE OF CORONAVIRUS?: No HAVE YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAD A NEW CONTINUOUS COUGH, HIGH FEVER OR LOSS OR CHANGE TO SENSE OF SMELL OR TASTE DURING THE LAST 14 DAYS?: No HAVE YOU BEEN VACCINATED FOR COVID-19?: 2 Copied from Klinik Pro

28-Sept-2021 *** **********

Free Text	*****

27-Sept-2021 Olivia Bester Fulford Surgery, Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

21-Sept-2021 Abigail Hurrell Surgery

Read Code	O/E - no right diabetic retinopathy
Read Code	O/E - left eye no maculopathy
Read Code	O/E - right eye no maculopathy
Read Code	O/E - no left diabetic retinopathy
Read Code	Diabetic retinopathy screening

21-Sept-2021 Miya Hukins Surgery

Attachment	Attachment *Retinal Screening to Priory Medical Group*

15-Sept-2021 Dr Emma Broughton Surgery

Read Code	Has authorisation for medication under PSD Having confirmed that influenza vaccination is indicated, this instruction is a patient specific directive that an influenza vaccine may be administered by any suitably trained health care assistant to this patient in line with BNF dose recommendations

13-Sept-2021 Belinda Sampson Fulford Surgery, Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

08-Sept-2021 Jill Bargate Fulford Surgery, Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

THIRD PARTY COPY

06-Sept-2021 Helen Thompson Park View Surgery, Other

Read Code	MRC Breathlessness Scale: grade 5
Read Code	Chronic obstructive pulmonary disease assessment test 32.0
Attachment	Attachment *from H Thompson, Park View Surgery -> Physiotherapy - Hospital*
Read Code	Inhaler technique - moderate
Read Code	Chronic obstructive pulmonary disease annual review
Read Code	Advice on pneumococcal vaccination
Read Code	Advice on flu vaccination
Read Code	Ex-smoker
Read Code	Referral to pulmonary rehabilitation
Read Code	Number of COPD exacerbations in past year
Read Code	Medication review done by nurse
Read Code	Smoking cessation advice
Comment	History cat score 32 -follow up call.ex smoker, takes his wife shopping but sits in the car.Explored pulmonary rehab ,agreed referal .
Comment	Plan plan 1) change to triple therapy as johns request . 2) refer to pulmonary rehab. 3) follow up in 4kw unless any problems /111
Referral	Referral . *Recipient: Physiotherapy - Hospital; Referral Type: Hospital; Sender: Helen Thompson; Referral Status: Waiting For Information*
Read Code	Additional SCR dataset uploaded under COPI Regulations

02-Sept-2021 Matthew Barker Surgery

Read Code	Influenza vaccination invitation 1st SMS text message sent

31-Aug-2021 *** **********

Free Text	*****

31-Aug-2021 Olivia Bester Fulford Surgery, Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

27-Aug-2021 Helen Thompson Surgery

Read Code	Chronic obstructive pulmonary disease assessment test 32.0
Read Code	Cigarette pack-years 52.5
Read Code	Ex-smoker
Read Code	Number of COPD exacerbations in past year
Read Code	Ex-heavy cigarette smoker (20-39/day)
Comment	Comment Online questionnaire completed by patient Questionnaire: COPD Questionnaire - CAT, MRC (sponsored by GSK) Frequency of cough: 4 Phlegm on chest: 4 Tightness of chest: 4 When out of breath: 5 Limited by COPD at home: 4 Confidence leaving home: 4 Quality of sleep: 3 Level of energy: 4 Admissions due to exacerbations: No How many years smoked: 35
Read Code	MRC Breathlessness Scale: grade 5

27-Aug-2021 Helen Thompson Surgery

Read Code	Patient telephone number 07851 306734
Read Code	COPD monitring short message service text message invitation
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, I'd like you to complete some questions about your breathing condition (COPD) via the link below. Kind regards ,Helen Thompson Please follow this link: (link will autogenerate here) You'll need internet on your phone (or you can open the link on a computer). If you cannot open it, please contact us. Priory Medical Group

27-Aug-2021 Helen Thompson Surgery

Read Code	COPD monitring short message service text message invitation
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Your annual COPD review will shortly be due. In the COVID-19 restrictions we aim to do this remotely. If you could answer some questions on how your COPD affects you this will give us the necessary information. The questions will follow on a separate message and it may take up to 28 days to reply to you. If you are unwell with COPD please contact us directly at priorymedical.com or 01904 404100 Kind regards ,Helen Thompson Priory Medical Group
Read Code	Patient telephone number 07851 306734

THIRD PARTY COPY

16-Aug-2021 Alexandra Collins Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

10-Aug-2021 *** **********

Free Text *****

02-Aug-2021 Jill Bargate Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

29-July-2021 Hannah Strange Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

28-July-2021 Mrs Amrita Hill Surgery

Read Code Haemoglobin A1c level - IFCC standardised 76.0 mmol/mol

28-July-2021 Sophie Burder Surgery

Attachment Attachment
Clinic Letter from Diabetes Clinic, York Hospital -> Priory Medical Group

27-July-2021 Miss Mary Georgiou Surgery

Referral Referral . *Recipient: Referral Support Services; Referral Type: Hospital; Sender: Adele Stewart; Referral Status: Waiting For Information*
Read Code Referral to dietetics service
Attachment Attachment
from A Stewart, Park View Surgery -> Referral Support Services

23-July-2021 Adele Stewart Priory Medical Centre, Cornlands Road, Surgery

Referral Referral . *Recipient: Diabetes Service; Referral Type: Community; Sender: Adele Stewart; Referral Status: Waiting For Information*
Read Code Diabetes medication review
Read Code Seen by podiatrist
Read Code Education : Treatment and prevention of hypoglycaemia
Read Code Medication review done
Read Code Additional SCR dataset uploaded under COPI Regulations

Read Code Self-monitoring of blood glucose
Read Code Diabetic annual review
Read Code Patient on maximal tolerated therapy for diabetes
Read Code Referral to community diabetes service
Read Code Diabetic on insulin and oral treatment
Comment History TC - spoke with after bloods . HbA1c reducing and patient feeling better - waiting for annual r/v with YDH team. I will send referral. Patient happy to continue with medications.
Read Code Education : Signs and symptoms of hypoglycaemia
Read Code Diabetic monitoring - injection sites normal
Attachment Attachment
from A Stewart, Park View Surgery -> Diabetes Service
Read Code HbA1c target level - IFCC standardised 58.0 mmol/mol

19-July-2021 Jill Bargate Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

16-July-2021 Mrs Gillian Scott Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

16-July-2021 *** **********

Free Text *****

THIRD PARTY COPY

14-July-2021 Helen Thompson Surgery

Read Code	Cigarette pack-years	67.5
Read Code	Number of COPD exacerbations in past year	8.0
Read Code	Ex-heavy cigarette smoker (20-39/day)	
Comment	Comment Online questionnaire completed by patient Questionnaire: COPD Questionnaire - CAT, MRC (sponsored by GSK) Frequency of cough: 5 Phlegm on chest: 5 Tightness of chest: 4 When out of breath: 5 Limited by COPD at home: 5 Confidence leaving home: 3 Quality of sleep: 4 Level of energy: 5 Admissions due to exacerbations: No How many years smoked: 45	
Read Code	MRC Breathlessness Scale: grade 5	
Read Code	Ex-smoker	
Read Code	Chronic obstructive pulmonary disease assessment test	36.0

14-July-2021 Helen Thompson Surgery

Read Code	COPD monitring short message service text message invitation	
Read Code	Patient telephone number 07851 306734	
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, I'd like you to complete some questions about your breathing condition (COPD) via the link below. Kind regards ,Helen Thompson Please follow this link: (link will autogenerate here) You'll need internet on your phone (or you can open the link on a computer). If you cannot open it, please contact us. Priory Medical Group	

14-July-2021 Helen Thompson Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Your annual COPD review will shortly be due. In the COVID-19 restrictions we aim to do this remotely. If you could answer some questions on how your COPD affects you this will give us the necessary information. The questions will follow on a separate message and it may take up to 28 days to reply to you. If you are unwell with COPD please contact us directly at priorymedical.com or 01904 404100 Kind regards ,Helen Thompson Priory Medical Group	
Read Code	Patient telephone number 07851 306734	
Read Code	COPD monitring short message service text message invitation	

14-July-2021 Catherine Crossley Surgery

Read Code	Serum cholesterol level For national lipid guidance see https://tinyurl.com/lipid-guidance	5.4 mmol/L
Read Code	Serum TSH level Advice on requesting and interpreting TFTs on Lab Med website Refer to https://tinyurl.com/BiochemInfo for further information	1.2 miu/L
Read Code	Serum alkaline phosphatase level	95.0 iu/L
Read Code	eGFR using creatinine (CKD-EPI) per 1.73 square metres eGFR calculated using CKD-EPI equation	108.0 mL/min
Read Code	Serum total protein level	73.0 g/L
Read Code	Liver function tests	
Read Code	Serum alanine aminotransferase level	16.0 iu/L
Read Code	Serum albumin level	42.0 g/L
Read Code	Serum total bilirubin level	5.0 umol/L
	Liver function tests;Serum cholesterol level;eGFR using creatinine (CKD-EPI) per 1.73 square metres;Serum TSH levelhas FU TC: **Normal**	

14-July-2021 Catherine Crossley Surgery

Read Code	Serum potassium level	4.6 mmol/L
Read Code	Serum sodium level Below low reference limit	132.0 mmol/L
Read Code	Serum urea level	4.8 mmol/L
Read Code	Urea and electrolytes	
Read Code	Serum creatinine level Below low reference limit	58.0 umol/L
	Urea and electrolytes: **Abnormal, but expected**	

14-July-2021 Catherine Crossley Surgery

Read Code	Haemoglobin A1c level - IFCC standardised Above high reference limit From 1/7/20 HBA1c requests for screening/diagnosis are reported using a HbA1c level (diagnostic reference range) read code	76.0 mmol/mol
15-July-2021	**Haemoglobin A1c level - IFCC standardised**has appt to discuss: **Abnormal, but expected**	

THIRD PARTY COPY

14-July-2021 Sheila Buck Tang Hall Surgery, Surgery

Read Code	Diabetic dietary review has alot of take ways john told me wife does not cook much dos not have breakfast , slice of toast for lunch eats quite late .	
Read Code	O/E - Systolic BP reading	129.0 mmHg
Read Code	O/E - Diastolic BP reading	78.0 mmHg
Read Code	Ex-smoker stop smoking about a year ago now has ecig	
Read Code	Health education - exercise struggle with excercise has copd ankle , feet and knee causes john alot of pain	
Read Code	10g monofilament sensation R foot normal	
Read Code	O/E - L.dorsalis pedis present	
Read Code	O/E - weight	100.0 Kg
Read Code	Pulse rate	74.0 bpm
Read Code	O/E - pulse rhythm regular	
Read Code	O/E - Right diabetic foot at moderate risk	
Read Code	Body mass index - observation	35.856434 Kg/m²
Read Code	Blood sample taken	
Read Code	O/E - R.dorsalis pedis present	
Read Code	O/E - Left diabetic foot at moderate risk	
Read Code	10g monofilament sensation L foot normal	
Read Code	O/E - height	1.67 m
Comment	History whilst checking johns feet his right foot has quite a big gash dry does not no how he did it feet are unkempt does see podiatrist has appt on the 16/7 explain how it is important to check feet and keep them dry and clean	
Read Code	Alcohol units per week	0.0 Units/Week

12-July-2021 Alexandra Collins Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

05-July-2021 Jill Bargate Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

28-Jun-2021 Belinda Sampson Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

24-Jun-2021 Hannah Strange Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

21-Jun-2021 *** **********

Free Text *****

18-Jun-2021 *** **********

Free Text *****

17-Jun-2021 Patricia Smith Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

Comment Comment Needles issued as per nurse task

10-Jun-2021 Hannah Strange Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

02-Jun-2021 Belinda Sampson Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

24-May-2021 Alexandra Collins Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

24-May-2021 *** **********

Free Text *****

19-May-2021 Lyn Spreadborough-Park Priory Medical Centre, Cornlands Road, Surgery

Attachment Attachment
DNA Letter from NYDESP -> Priory Medical Centre, Acomb

THIRD PARTY COPY

18-May-2021 ***** **********

Free Text *****

18-May-2021 ***** **********

Free Text *****

18-May-2021 ***** **********

Free Text *****

10-May-2021 Patricia Smith Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

06-May-2021 Mrs Amrita Hill Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

05-May-2021 ***** **********

Free Text *****

04-May-2021 Olivia Bester Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

28-Apr-2021 Gemma Eason Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

22-Apr-2021 Olivia Bester Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

22-Apr-2021 ***** **********

Free Text *****

15-Apr-2021 Jill Bargate Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

14-Apr-2021 Julia Bognar-Chaffer Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

Read Code Medication review done

09-Apr-2021 Olivia Bester Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

01-Apr-2021 Julia Bognar-Chaffer Tang Hall Surgery, Surgery

Read Code Medication review done
Read Code Additional SCR dataset uploaded under COPI Regulations

THIRD PARTY COPY

01-Apr-2021 Dr Ranamukage Waidyaratne Park View Surgery, Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations
Comment	History History of chronic pancreatitis, non-specific abdominal pain and arthritis. See notes from Dr TR above. Patient says the abdominal pain has reduced since increasing the dose of Codeine to 8 tablets per day. D/c letter from August 2020 from surgeons says give regular codeine if it helps with non-specific abdominal pain.
Comment	Examination Alert Looks well O2 sats 95% HR 94 Temp 37.1 C RR 16 BP 130/80 Abdomen soft, non-tender. Bowel sounds present
Comment	Diagnosis Longstanding non-specific abdominal pain - has had an increase in the pain recently, on trying to reduce the dose of Codeine being taken. Patient has increased the amount of Codeine 30mg tablets to 8 times a day and the pain has reduced. Not an acute abdomen
Comment	Plan 1. Continue Codeine 30mg tablets, upto a total of 8 tablets a day. Prescribed further 100 tablets, to get him past the weekend. Aware that he had Codeine prescribed already enough to last him only up to Monday, 05/04/2021. 2. Safety netted - Advised to get medical attention asap if he gets any sudden severe persisting pain in abdomen or any new/worsening symptoms.

01-Apr-2021 Dr Theresa Rutter Surgery

Comment	History TC to pt - history as above - wrosening abdo pain (known chronic pancreatitis) - pt attributes this to his codeine being reduced - note eDN from surgeons last year suggesting he would need regular codeine for his pancreatitis - we have recenely been trying to reduce this down without much joy - have been a few probelmes with requesting scripts early too.
Comment	Plan see f2f to check abdo pain. if ok, i think reasonable to keep on regular codeine with managed scripts as not on anything else - JB happy to set this up.

01-Apr-2021 Dr Theresa Rutter Surgery

Read Code	Patient telephone number 07851 306734
Read Code	Short message service text message sent to patient Dear Mr Cavanagh, I'm sorry I couldn't reach you on the phone this morning. I will try you again in a few hours. Kind regards, Dr Theresa Rutter Priory Medical Group

01-Apr-2021 Dr Theresa Rutter Surgery

Comment	Comment NA 08:35

31-Mar-2021 Julia Bognar-Chaffer Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations
Comment	History Medication review done asking for codeine on codeine for chronic back pain, GP suggested trying to reduce in the past also has chronic pancreatitis difficult call Currently reducing codeine, was supposed be on 7/day hx of dependence, in fact tells me 'I am an addict' thinks his pancreatitisis is flaring again. Ongoing for the past 5-6 days. says 8 tabs can barely control. No fever, no rigors, no sickness, BO ok and looks normal Unable to score pain level, in fact severity changes during the consultation. not keen on hopsital but aware of signs to look out for and says 'I would if things got that much worse' When I suggest further review of pain meds by one of the doctors he became more agitted - says 'I want my codeine right now!'
Comment	Plan 1. not keen, but given situation and BH coming - agreed for codeine as has no analgesia currently. strong safety netting and reiterated when to visit A&E or to call 999 2. I think this pt needs GP r/w to assess pancreatic pain, task sent for urgent appt.
Read Code	Medication review done

30-Mar-2021 Miss Hira Malik Surgery

Comment	History Medication requested - codiene f/u with JB 31/03/2021 to r/v prior to issuing more
Comment	Plan 1. Not keen to issue rx as reduction dose needed - a/w f/u with JB

25-Mar-2021 *** **********

Free Text	*****

THIRD PARTY COPY

18-Mar-2021 Dr Thomas France Heworth Green, Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations
Read Code	Sore throat symptom
Read Code	Chronic obstructive pulmonary disease finding
Comment	History Triaged in the context of COVID - 19 Pandemic couple of days started with Sore throat symptom (XE0sE) nil discharge on tonsils no temp feels ok inself E+d ok not SOB - breathing normal for him no chest pains cough - bit of mucous with it, feels has LRTI with Chronic obstructive pulmonary disease finding (XaK8Q) SPEAKING IN sentences, nil CCF, nil SOB and can lie flat
Comment	Plan 1. As per request, offered review but declined, feels just needs Abx. Advised also needs COVID swab. Any worsening or concerns 111 OOH PRN or 999 as needs

18-Mar-2021 Julia Bognar-Chaffer Tang Hall Surgery, Surgery

Read Code	Medication review done
Comment	History Medication review done wishes to continue on 7tabs/day - but agrees will have to get down to 6/day at next r/w

17-Mar-2021 Miss Hira Malik Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations
Read Code	Medication requested
Comment	History urgent task - will run out of codeine - see task acute request Medication requested - codeine has a reducing dose but would like to remain on 7/day = 14day supply last issue 26/02/2021
Comment	Plan 1. rx issued - post dated for friday - seems sensible to prevent any overuse

17-Mar-2021 Mrs Gillian Scott Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

04-Mar-2021 *** **********

Free Text	*****

01-Mar-2021 Matthew Barker Surgery

Read Code	NHS Health Check invitation

01-Mar-2021 Matthew Barker Surgery

01-Mar-2021 Matthew Barker Surgery

Read Code	Smoking cessation advice

26-Feb-2021 Julia Bognar-Chaffer Tang Hall Surgery, Surgery

Comment	History Medication review done finally dropped down to the 7tabs/day this week. would like to stay on this dose for another 2/52. ok.
Read Code	Additional SCR dataset uploaded under COPI Regulations
Read Code	Medication review done

25-Feb-2021 *** **********

Free Text	*****

22-Feb-2021 Lucie Smith Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

22-Feb-2021 Matthew Barker Surgery

22-Feb-2021 Matthew Barker Surgery

Read Code	NHS Health Check invitation

21-Feb-2021 *** **********

Free Text	*****

THIRD PARTY COPY

19-Feb-2021 Matthew Barker Surgery

Read Code Severe acute respiratory syndrome coronavirus 2 vaccination invitation short message service text message sent (situation)

18-Feb-2021 Kathryn Gibson Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

16-Feb-2021 Julia Bognar-Chaffer Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

Read Code Medication review done
Comment History Medication review done asking for codeine would like to stay on 7/day for another 2/52 script done, r/w in 2/52

15-Feb-2021 Unknown Staff Member Surgery

Read Code High risk category for developing complication from coronavirus disease 19 caused by severe acute respiratory syndrome coronavirus 2 infection (finding) Added by COVID-19 Population Risk Assessment run on 2021-02-09.

09-Feb-2021 Sharon Yates Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

05-Feb-2021 *** **********

Free Text *****

02-Feb-2021 Patricia Smith Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

29-Jan-2021 Julia Bognar-Chaffer Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

Comment History Medication review done asking for codeine reducing - currently on 7/day with 2 weekly scripts future-dated script done
Read Code Medication review done

28-Jan-2021 *** **********

Free Text *****

28-Jan-2021 *** **********

Free Text *****

28-Jan-2021 *** **********

Free Text *****

27-Jan-2021 Belinda Sampson Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

27-Jan-2021 Donna Kelly Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

Read Code Requires contact by telephone
Comment History Requires contact by telephone

20-Jan-2021 Julia Bognar-Chaffer Surgery

Read Code Medication requested
Read Code Short message service text message sent to patient Dear Mr Cavanagh, Your acute medication request has been issued and sent to your nominated pharmacy. I have post-dated this script so it will reach the chemist tomorrow. Thanks, Julia Bognar Priory Medical Group
Read Code Patient telephone number 07851 306734

THIRD PARTY COPY

20-Jan-2021 Julia Bognar-Chaffer Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

18-Jan-2021 Belinda Sampson Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

18-Jan-2021 *** **********

Free Text *****

15-Jan-2021 Unknown Staff Member Surgery

Read Code SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative PHE informed. No notifiable disease notification needed.

14-Jan-2021 **SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative**: **Unknown**

12-Jan-2021 *** **********

Free Text *****

12-Jan-2021 *** **********

Free Text *****

07-Jan-2021 Julia Bognar-Chaffer Tang Hall Surgery, Surgery

Read Code Medication review done
Read Code Medication review done
Read Code Additional SCR dataset uploaded under COPI Regulations

Comment History Medication review done as per Dr AE - suggest to start weaning off codeine agree for a slower plan 7tabs / day - for a month then reduce by 1 tablet each month Pt will let us know if any issues or withdrawal symptoms Please continue to issue two weekly scripts and no early issues without review Will catch-up with John in 6/52
Comment Plan 1. as above - pt is in agreemenmt with the plan

06-Jan-2021 Mr James Dourandish Surgery

Attachment Attachment
Letter to Patients from Mr J Dourandish, Priory Medical Group -> Mr J Cavanagh,

06-Jan-2021 Mr James Dourandish Surgery

Read Code Medication changed Pen needles changed to GlucoRx CarePoint 4mm/31g (practice preferred needle) following a review of pen needle prescribing as authorised by Dr Jankee. Patient informed via letter. Completed by James Dourandish (Clinical Pharmacist - Interface Clinical Services).

06-Jan-2021 Belinda Sampson Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

04-Jan-2021 Mr James Dourandish Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

24-Dec-2020 Sarah Durham Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

Comment History Telephone call to patient Request for codeine, taking 8 tablets daily Last prescrition issued 7.12.20 (112 tabs) noted entry from Dr AE - patient has agreed to start to reduce dose after christmas due to bank holidays- prescrition cancelled from 29.12.20 and issued today- not for early issue again

23-Dec-2020 Jill Bargate Fulford Surgery, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

Comment Comment marked in error the post dated insulin pen script as needs early as some destroyed

THIRD PARTY COPY

21-Dec-2020 Jill Bargate Fulford Surgery, Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

21-Dec-2020 Jill Bargate Fulford Surgery, Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

17-Dec-2020 *** **********

Free Text	*****

07-Dec-2020 Julia Bognar-Chaffer Tang Hall Surgery, Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

07-Dec-2020 Jill Bargate Fulford Surgery, Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

04-Dec-2020 Mr James Dourandish Surgery

Read Code	New medication added GlucoRx Nexus test strips added to patient medication list following a clinical review of blood glucose test strips; as authorised by Dr Jankee . Completed by James Dourandish (Clinical Pharmacist - Interface Clinical Services). Patient will be contacted remotely to provide an educational session with the pharmacist to discuss - meter provision, meter usage and self-testing.

04-Dec-2020 Mr James Dourandish Surgery

Attachment	Attachment *Letter to Patients from Mr J Dourandish, Priory Medical Group -> Mr J Cavanagh,*

03-Dec-2020 Mr James Dourandish Surgery

Read Code	Education : Signs and symptoms of hypoglycaemia	
Read Code	Blood glucose monitoring equipment Feels like current meter is broken. Welcomes new meter and strips to go on repeat for BG. Has some surplus nexus strips at home so will use those before requesting more. DVLA requirements discussed	
Read Code	Hypoglycaemic management discussed	
Read Code	Blood glucose check: frequency 4+ times daily and before driving	
Read Code	Type II diabetes mellitus	
Read Code	Has driving licence	
Read Code	Blood glucose check: frequency	1.0 times/day
Read Code	Hypoglycaemic agent	
Read Code	Patient advised about driving	
Read Code	Does drive a car	
Read Code	Health education given	
Read Code	Additional SCR dataset uploaded under COPI Regulations	
Read Code	Self-monitoring of blood glucose Interface Clinical Services: self-monitoring of blood glucose review completed by James Dourandish, Interface Clinical Services Pharmacist, as authorised by Dr Jankee	

02-Dec-2020 Belinda Sampson Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

25-Nov-2020 Alexandra Collins Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

25-Nov-2020 Dr Ahmed Emara Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

THIRD PARTY COPY

23-Nov-2020 Dr Ahmed Emara Park View Surgery, Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations
Comment	History triaged in the context of covid 19 pandmeic I spoke with the patient as per appt to discuss the codeine tabelts. The patient is currently using almost 8 tablets a day, he is complaining of the back pain, knee pain and ankle pain. It has been ongoing for long time, he was prescribed codeine while in the hospital 2-3 months ago, and he says it is the best pain killers he ever had to help his pain problems. He tried physiotherapy in the past, not keen on trying it again. he says it didn't help. he says he would like to have another referral to the diabetes nurse, he was discharged this month as they were not able to reach him after he changed his phone number.
Comment	Plan I explained to him the addictive nature of the codeine and that it will lose its effect with time, he understands that, he will try to reduce using it one tablet every 1-2 weeks, to aim for 4 tablets after 1-2 months, but he wishes to start doing this after christmas. I advised him to use 2 tab of paracetamol and 1 tablet of codein with voltarol gel and see the difefernce, he will try doing that. I will write to the Diabetes nurse for rerefrral.
Read Code	Appointment administration

19-Nov-2020 Patricia Smith Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

19-Nov-2020 *** **********

Free Text	*****

10-Nov-2020 Miss Marie Sayer Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations
Read Code	Medication requested
Comment	History Medication requested codeine Tells me he's taking for back pain and generalised pain, best tablets hes had, pain virtually goes away when he uses Taking 8 x day Discused long term effects and reiterated advice given in consultation 16th Oct with Dr Brooks, when he had agreed to try to reduce (usage has actually gone up)
Comment	Plan 1. Further 1 script issued, he agrees to make another GP appt and understands we cannot issue anymore codeine until this is done

09-Nov-2020 Samantha Rafton Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

05-Nov-2020 Louisa Royds-Tree Surgery

Attachment	Attachment *DNA Letter from Diabetes and Endocrinology, York Hospital -> Priory Medical Group*

30-Oct-2020 Jill Bargate Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

29-Oct-2020 *** **********

Free Text	*****

28-Oct-2020 Dr Abigail Brooks Park View Surgery, Surgery

Read Code	Neutrophil count	5.9 10^9/L
Read Code	Basophil count	0.1 10^9/L
Read Code	Haematocrit Above high reference limit	0.504
Read Code	Haemoglobin concentration	158.0 g/L
Read Code	Full blood count	
Read Code	Lymphocyte count	3.3 10^9/L
Read Code	Mean cell haemoglobin level	28.6 pg
Read Code	Monocyte count - observation	1.2 10^9/L
Read Code	Eosinophil count - observation	0.5 10^9/L
Read Code	Red blood cell count	5.53 10^12/L
Read Code	Mean cell volume	91.0 fL
Read Code	Total white blood count	10.9 10^9/L
Read Code	Platelet count - observation	287.0 10^9/L
29-Oct-2020	**Full blood count**Clinical Information: t2DM.: **Satisfactory**	

THIRD PARTY COPY

28-Oct-2020 Dr Abigail Brooks Park View Surgery, Surgery

	Read Code	Haemoglobin A1c level - IFCC standardised Above high reference limit From 1/7/20 HBA1c requests for screening/diagnosis are reported using a HbA1c level (diagnostic reference range) read code	87.0 mmol/mol
29-Oct-2020		**Haemoglobin A1c level - IFCC standardised**Clinical Information: t2DM.: **Abnormal, but expected**	

28-Oct-2020 Dr Abigail Brooks Park View Surgery, Surgery

	Read Code	Serum total bilirubin level	3.0 umol/L
	Read Code	Serum urea level	5.7 mmol/L
	Read Code	Serum creatinine level	60.0 umol/L
	Read Code	Serum albumin level	43.0 g/L
	Read Code	eGFR using creatinine (CKD-EPI) per 1.73 square metres eGFR calculated using CKD-EPI equation	106.0 mL/min
	Read Code	Serum total protein level	73.0 g/L
	Read Code	Serum potassium level	4.6 mmol/L
	Read Code	Serum alanine aminotransferase level	18.0 iu/L
	Read Code	Serum alkaline phosphatase level	85.0 iu/L
	Read Code	Serum TSH level Advice on requesting and interpreting TFTs on Lab Med website Refer to https://tinyurl.com/BiochemInfo for further information	1.8 miu/L
	Read Code	Serum sodium level	134.0 mmol/L
	Read Code	Serum cholesterol level For national lipid guidance see https://tinyurl.com/lipid-guidance	5.6 mmol/L
	Read Code	Liver function tests	
	Read Code	Urea and electrolytes	
29-Oct-2020		**Urea and electrolytes;Liver function tests;Serum cholesterol level;eGFR using creatinine (CKD-EPI) per 1.73 square metres;Serum TSH level**Clinical Information: t2DM.: **Normal**	

28-Oct-2020 Sheila Buck Park View Surgery, Surgery

	Read Code	Advice about investigation results information given: results of standard tests (FBC, ESR, CRP, U+Es, calcium, LFTs, TFTs, ferritin) are normally processed in 48 hours. Communicating these results by SMS is our preferred method. Other, less commonly requested, tests may take longer.
	Read Code	Blood sample taken
	Comment	History Blood sample taken
	Comment	Plan Advice about investigation results - information given: results of standard tests (FBC, ESR, CRP, U+Es, calcium, LFTs, TFTs, ferritin) are normally processed in 48 hours. Communicating these results by SMS is our preferred method. Other, less commonly requested, tests may take longer.

27-Oct-2020 *** **********

Free Text	*****

22-Oct-2020 *** **********

Free Text	*****

22-Oct-2020 *** **********

Free Text	*****

21-Oct-2020 Helen Thompson Park View Surgery, Other

Read Code	Failed encounter
Comment	Plan Failed encounter

21-Oct-2020 Helen Thompson Surgery

Read Code	Short message service text message sent to patient Dear Mr Cavanagh, Sorry to have missed you please can you contact surgery for your breathing telephone review Kind regards ,Helen Thompson Priory Medical Group
Read Code	Patient telephone number 07851 306734

21-Oct-2020 Helen Thompson Park View Surgery, Other

Comment	History Annual review

21-Oct-2020 Jill Bargate Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

21-Oct-2020 Abigail Hurrell Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

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20-Oct-2020 Unknown Staff Member Surgery

	Read Code	SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detection result negative PHE informed. No notifiable disease notification needed.
21-Oct-2020		**SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative: Unknown**

17-Oct-2020 Dr James Mcnay Heworth Green, Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations
Read Code	Administration of first inactivated seasonal influenza vacc
Comment	Plan Administration of first inactivated seasonal influenza vacc
Vaccination	Flucelvax Tetra (Seqirus UK) *Batch: P100254623~, Dose: 0.5ml*

16-Oct-2020 Dr Abigail Brooks Park View Surgery, Surgery

Read Code	Appointment administration
Read Code	Medication review done
Read Code	Signposting to general practice based pharmacist
Read Code	Telephoned report
Comment	History Spoke to patient as per tasks, he has new phone and now his details are updated. Requested codeine, uses for his arthritis and pancreatitis. Looks like 56 tabs lasting a couple of weeks. Explained risk of dependence and although it is helping the pain now, if we use long term there is a risk of dependence which is not in his best interest. He never got flu invite text - discussed. Says unable to get to RS on saturday but can attend HG. He is high risk so agreed he could attend HG. Has COPD and finds it flares at this time of year, not unwell with it. Using inhalers, due annual reviews. get diabetes bloods etc.
Comment	Plan Agreed to issue for next 1-2 months and then important he reduces/stops. Taking 4 per day in general. Added to repeats so we can keep a better eye on numbers.
Read Code	Additional SCR dataset uploaded under COPI Regulations

14-Oct-2020 Sarah Durham Virtual Surgery, Surgery

Read Code	Did not attend
Comment	Comment Did not attend for Pharmacist appointment with Sarah Durham.

12-Oct-2020 Alexandra Collins Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

01-Oct-2020 Ian Reeves Surgery

Read Code	Via internal post:letter to Checked paper records. None fall within the past 10 years. Printed S1 record and redacted for data held by 3rd parties or which identifies family and friends by name. Sent records to Premier by 1st class recorded delivery - to be posted tomorrow.

30-Sept-2020 Dr Abigail Brooks Park View Surgery, Surgery

Comment	Comment 56 codeine issued on 11th Sept. Needs discussion re ongoing Px - have added a note to px. Please do not issue further without clinical review.
Read Code	Additional SCR dataset uploaded under COPI Regulations

29-Sept-2020 Samantha Rafton Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

23-Sept-2020 Dr Victoria Middleton Surgery

Read Code	Has authorisation for medication under PSD Having confirmed that influenza vaccination is indicated, this instruction is a patient specific directive that an influenza vaccine may be administered by any suitably trained health care assistant to this patient in line with BNF dose recommendations

22-Sept-2020 *** **********

Free Text	*****

THIRD PARTY COPY

21-Sept-2020 Ian Reeves Surgery

Read Code Via internal post:letter to Premier request for med records from the past *10* years put straight in blue box to print/redact S1 records (in date order), as patient has been with PMG for all this time and all relevant paper records for this period should already be on S1.

21-Sept-2020 Sophie Heginbotham Tang Hall Surgery, Surgery

Read Code Communication from: Insurance request for Medical records

17-Sept-2020 Ian Reeves Surgery

Attachment Attachment
Request Form from Premier Medical, -> Priory Medical Group

11-Sept-2020 Dr James Mcnay Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

11-Sept-2020 Matthew Barker Surgery

Read Code Influenza vaccination invitation 1st SMS text message sent

11-Sept-2020 Steven Butler Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

03-Sept-2020 Margaret Rus Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

24-Aug-2020 Dr James Mcnay Heworth Green, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

20-Aug-2020 Margaret Rus Fulford Surgery, Surgery

Comment Comment Please forward to GP after Prescribing. Thank you.

20-Aug-2020 Kathryn Gibson Surgery

Attachment Attachment
Discharge summary from York Hospital -> Dr P Priory Medical Group, Priory Medical Group

19-Aug-2020 Margaret Rus Surgery

Read Code Admit medical emergency unspecified
Read Code Plain film

19-Aug-2020 Kathryn Gibson Surgery

Attachment Attachment
Accident and Emergency Letter from York Hospital -> Dr P Priory Medical Group, Priory Medical Group

18-Aug-2020 Olivia Bester Priory Medical Centre, Cornlands Road, Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

18-Aug-2020 Patricia Smith Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

18-Aug-2020 Mrs Gillian Scott Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

THIRD PARTY COPY

18-Aug-2020 Mr James Dourandish Fulford Surgery, Surgery

Read Code	Rolls own cigarettes	
Read Code	Smoking cessation advice	
Read Code	Job details Has been exposed to paint fumes as a decorator	
Read Code	FH: Respiratory disease	
Read Code	Good compliance with inhaler	
Read Code	Pulmonary rehabilitation declined	
Read Code	Chesty cough No	
Read Code	Light cigarette smoker (1-9 cigs/day)	
Read Code	Smoker	
Read Code	Thinking about stopping smoking	
Read Code	Number of COPD exacerbations in past year	
Read Code	Seen by pharmacist	
Read Code	Chronic obstructive pulmonary disease assessment test	31.0
Comment	Comment COPD therapy review completed by James Dourandish (Pharmacist, Interface Clinical Services), authorised by Dr McNay	
Read Code	Chronic obstructive pulmonary disease annual review	
Read Code	MRC Breathlessness Scale: grade 4	
Read Code	Seen by pharmacist Telephone consultation: Symptomatic but not clear if he has had any exacerbations in last 12 months or not. No recorded chest infections in new journal since July 2019, but he has had various hospital admissions (not related to chest) where he has been on continuous antibiotics. He feels he may have had some chest infections, green phlegm etc. but I do not feel warranted in stepping him up to triple therapy based on this. His eosinophil counts have been very raised in the past, but this could also be due to inflammation elsewhere. Remain on current therapy as happy with inhalers.	

18-Aug-2020 Peter Marsland Surgery

Attachment	Attachment *Assessments from Priory Medical Group -> Priory Medical Group*

14-Aug-2020 Lucie Smith Surgery

Read Code	Additional SCR dataset uploaded under COPI Regulations

14-Aug-2020 Rebecca Starkey Surgery

Attachment	Attachment *Clinic Letter from T KADIS, Diabetes York Hospital -> Priory Medical Group*

13-Aug-2020 Jill Bargate Surgery

12-Aug-2020 Rebecca Starkey Surgery

Attachment	Attachment *Discharge summary from Mr A Krishnan, General Surgery York Hospital -> Priory Medical Group*

10-Aug-2020 Margaret Rus Surgery

Read Code	Admit medical emergency unspecified
Read Code	Plain film

10-Aug-2020 Rebecca Starkey Surgery

Attachment	Attachment *Out of Hours from Nduc Northumberland Ooh -> Priory Medical Group*

10-Aug-2020 Toby Sefton Surgery

Attachment	Attachment *Accident and Emergency Letter from York Hospital -> Priory Medical Group*

10-Aug-2020 Alexander Hugill Surgery

Read Code	O/E - weight	99.2 Kg
Read Code	Body mass index - observation	34.3 Kg/m²

06-Aug-2020 Kathryn Gibson Surgery

Read Code	Plain film
Read Code	Admit medical emergency unspecified

06-Aug-2020 Jordan Cook Surgery

Comment	Comment Emergency Ambulance Response for Acute Coronary Syndrome.

THIRD PARTY COPY

06-Aug-2020 Jordan Cook Surgery

Attachment Attachment
Out of Hours from Yorkshire Ambulance Service NHS Trust -> Priory Medical Group

06-Aug-2020 Kathryn Gibson Surgery

Attachment Attachment
Accident and Emergency Letter from York Hospital -> Dr P Priory Medical Group, Priory Medical Group

05-Aug-2020 Mrs Gillian Scott Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

28-July-2020 Belinda Sampson Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

17-July-2020 Adele Stewart Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

15-July-2020 Hannah Strange Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

10-July-2020 Matthew Barker Surgery

Read Code COPD monitoring check due

03-July-2020 Jordan Cook Surgery

Comment Comment Emergency ambulance required.

03-July-2020 Jordan Cook Surgery

Attachment Attachment
Out of Hours from Yorkshire Ambulance Service NHS Trust -> Priory Medical Group

03-July-2020 Jordan Cook Surgery

Attachment Attachment
Out of Hours from Yorkshire Ambulance Service NHS Trust -> Priory Medical Group

29-Jun-2020 Julia Bognar-Chaffer Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

29-Jun-2020 Julia Bognar-Chaffer Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

Read Code Medication review done
Comment History see task - issued PRN peptac to trial

24-Jun-2020 Catherine Crossley Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

Comment History Triaged in the context of COVID - 19 Pandemic called pt in view of recent discharge following pancreatitis. Reports has been given metformin on discharge, although hospital letter states it has been stopped ?why, eGFR fine. Reports he never started his victoza, advised to not start this now as cannot have due to pancreatitis. Diabetes team at the hospital are FU re: insulin titration

Comment Plan -will send task to pharmacists to review whether oterh CI for metformin ?to clarify with the hosptial. WIll also ask them to stop victoza on repeats and review other medications in light of this admission. pt requesting px for lactulose, gaviscon and sildenafil - will ask pharmacists to prescribe

22-Jun-2020 Abigail Hurrell Surgery

Read Code Diagnostic fibreoptic endoscopic exam of upper GI tract
Read Code Gastritis

22-Jun-2020 Abigail Hurrell Surgery

Comment Comment Please forward onto GP.

THIRD PARTY COPY

22-Jun-2020 Abigail Hurrell Surgery

Read Code Histology

22-Jun-2020 Kathryn Gibson Surgery

Attachment Attachment
Gastroscopy Report from York Hospital -> Dr P Priory Medical Group, Priory Medical Group

22-Jun-2020 Kathryn Gibson Surgery

Attachment Attachment
Gastroscopy Report from York Hospital -> Dr P Priory Medical Group, Priory Medical Group

22-Jun-2020 Toby Sefton Surgery

Attachment Attachment
Discharge summary from York Hospital -> Priory Medical Group

22-Jun-2020 Kathryn Gibson Surgery

Attachment Attachment
Discharge Letter from General Surgeon, York Hospital -> Priory Medical Group

22-Jun-2020 Kathryn Gibson Surgery

Attachment Attachment
Gastroscopy Report from York Hospital -> Dr P Priory Medical Group, Priory Medical Group

18-Jun-2020 Margaret Rus Surgery

Read Code Admit medical emergency unspecified

18-Jun-2020 Jordan Cook Surgery

Attachment Attachment
Accident and Emergency Letter from York Hospital -> Priory Medical Group

15-Jun-2020 Lucie Smith Surgery

Read Code Ultrasound scan
Read Code Nonspecific abdominal pain
Read Code Acute pancreatitis

15-Jun-2020 Peter Marsland Surgery

Attachment Attachment
Discharge summary from General Surgery, York Hospital -> Priory Medical Group

13-Jun-2020 Alexander Hugill Surgery

Read Code Admit medical emergency unspecified
Read Code Computed tomography

13-Jun-2020 Lucie Smith Surgery

Read Code CT (computed tomography) of abdomen and pelvis
Read Code Body mass index - observation 39.0 Kg/m²
Read Code O/E - weight 105.0 Kg

13-Jun-2020 Peter Marsland Surgery

Attachment Attachment
Accident and Emergency Letter from York Hospital -> Priory Medical Group

10-Jun-2020 Jordan Cook Surgery

Attachment Attachment
Clinic Letter from York Hospital -> Priory Medical Group

02-Jun-2020 Patricia Smith Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

23-May-2020 Unknown Staff Member Surgery

Read Code Additional SCR dataset uploaded under COPI Regulations

14-May-2020 *** **********

Free Text *****

30-Apr-2020 Olivia Bester Priory Medical Centre, Cornlands Road, Surgery

THIRD PARTY COPY

16-Apr-2020 Joanne Anderson Heworth Green, Surgery

Comment	History Triaged in the context of COVID - 19 Pandemic Under C/O diabets centre. Recently commenced Victoza and under tel review with them.

15-Apr-2020 Matthew Barker Surgery

Read Code	Short message service text message sent to patient

07-Apr-2020 Matthew Barker Surgery

Read Code	Short message service text message sent to patient For up to date information about the practice please follow us on social media: facebook.com/priorymedical and Twitter @priorymedicalgp

01-Apr-2020 *** **********

Free Text	*****

01-Apr-2020 Tracey Frankish Surgery

31-Mar-2020 *** **********

Free Text	*****

26-Mar-2020 *** **********

Free Text	*****

23-Mar-2020 Olivia Bester Priory Medical Centre, Cornlands Road, Surgery

12-Mar-2020 *** **********

Free Text	*****

12-Mar-2020 *** **********

Free Text	*****

06-Mar-2020 Abigail Hurrell Surgery

Read Code	O/E - weight	103.7 Kg
Read Code	Baseline body mass index	36.7 Kg/m²

06-Mar-2020 Abigail Hurrell Surgery

Read Code	O/E - Systolic BP reading	119.0 mmHg
Read Code	O/E - Diastolic BP reading	65.0 mmHg

06-Mar-2020 Peter Marsland Surgery

Attachment	Attachment *Clinic Letter from H Briggs, York Hospital -> Priory Medical Group*

04-Mar-2020 Steven Butler Surgery

19-Feb-2020 Julie Gothard Surgery

19-Feb-2020 Matthew Barker Surgery

Read Code	Short message service text message sent to patient Priory Medical invite you to use the NHS App, a simple & secure way to access a range of NHS services. Find out more at www.nhs.uk/nhsapp

14-Feb-2020 Danielle Arundale Surgery

Comment	Comment Task to ring, no answer message left inhalers added to repeats

12-Feb-2020 Matthew Barker Surgery

Read Code	Short message service text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 15:30 on Thu 13 of Feb at Park View Surgery. Please text CANCEL to 07800000199 if you can't attend.

30-Jan-2020 Mrs Kelly Rollinson Surgery

THIRD PARTY COPY

17-Jan-2020 Ms Gillian Baigrie Surgery

Attachment	Attachment *Appointment Letter from G Baigrie, -> Mr J Cavanagh,*

17-Jan-2020 Ms Gillian Baigrie Surgery

Attachment	Attachment *Letter to Patients from Priory Medical Group -> Mr J Cavanagh,*

17-Jan-2020 Danielle Arundale Surgery

Read Code	FEV1/FVC ratio after bronchodilator	0.6367
Read Code	Forced expired volume in 1 second	1.498 L
Read Code	FEV1/FVC percent	68.0 %
Read Code	O/E - height	1.66 m
Read Code	Expected FEV1	3.024 Litres
Read Code	Expected FVC	3.765 L
Read Code	Percentage of best ever peak expiratory flow rate	37.67 %
Read Code	Expected peak expiratory flow rate	476.1 L/min
Read Code	Spirometry screening	
Read Code	Peak expiratory flow rate	179.3 L/min
Read Code	Respiratory flow rate measured	
Read Code	Expected FEV1/FVC ratio	0.771
Read Code	FVC/Expected FVC percent	58.5 %
Read Code	FVC after bronchodilation	2.032 L
Read Code	Lung function testing done	
Read Code	FEV1 after bronchodilation	1.294 L
Read Code	Forced vital capacity	2.203 L
Read Code	Peak expiratory flow rate after bronchodilation	193.4 L/min
Read Code	Percent predicted FEV1	49.53 %

17-Jan-2020 Danielle Arundale Surgery

Attachment	Attachment *A test file attachment*

17-Jan-2020 Danielle Arundale Surgery

Read Code	O/E - height	1.66 m
Read Code	Vital capacity	2.247 L
Read Code	Lung function testing done	
Read Code	Percentage of predicted vital capacity	57.51 %
Read Code	Spirometry screening	

17-Jan-2020 Danielle Arundale Surgery

Attachment	Attachment *A test file attachment*

THIRD PARTY COPY

17-Jan-2020 Danielle Arundale Surgery

Read Code	O/E - L.dorsalis pedis present	
Read Code	FVC after bronchodilation	2.03 L
Read Code	Airways obstructn irreversible	
Read Code	Percent predicted FEV1	50.0 %
Read Code	Smoker	
Read Code	Pack years	68.0 pack years
Read Code	10g monofilament sensation L foot normal	
Read Code	MRC Breathlessness Scale: grade 4	
Read Code	FEV1 after bronchodilation	1.29 L
Read Code	O/E - Left diabetic foot at moderate risk	
Read Code	Forced expired volume in 1 second	1.5 L
Read Code	Body mass index - observation	36.289738 Kg/m²
Read Code	Smoking cessation advice	
Read Code	MRC Breathlessness Scale: grade 4	
Read Code	FEV1/FVC ratio after bronchodilator	0.64
Read Code	Chronic obstructive lung disease	
Read Code	Pulmonary rehabilitation declined	
Read Code	Oxygen saturation at periphery	98.0 %
Read Code	O/E - R.dorsalis pedis present	
Read Code	Post bronchodilator spirometry	
Read Code	Forced vital capacity	2.2 L
Read Code	Chronic obstructive pulmonary disease annual review	
Read Code	O/E - Right diabetic foot at moderate risk	
Comment	History Came for COPD review however has never formally diagnosed saw HYT in Oct but unsure of outcome as nothing documented. Admitted in Sept 19 with CAP and asked for diagnostic spirometry, remains very SOB states get SOB going to the toilet, very SOB getting up the stairs. productive cough mainly white sputum, states has a wheeze and chest tightness. Continues to smoke now down to 3-4 per day but smoked for 45 years averaging 30 per day 68 pack year history. No atopy, no red flags, currently not working did work as a painter and decorator.	
Comment	Examination Reversibility preformed using 4 puffs salbutamol via a volumatic, BNafd89a exp 10/2020	
Comment	Diagnosis Chronic obstructive lung disease	
Comment	Plan Start LABA/LAMA and SABA and review by phone call in 4 weeks	
Read Code	Severe chronic obstructive pulmonary disease	
Read Code	10g monofilament sensation R foot normal	
Read Code	O/E - height	1.66 m

16-Jan-2020 Matthew Barker Surgery

Read Code	Short message service text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 14:30 on Fri 17 of Jan at Heworth Green. Please text CANCEL to 07800000199 if you can't attend.

15-Jan-2020 Mrs Gillian Scott Surgery

15-Jan-2020 Hannah Strange Fulford Surgery, Surgery

31-Dec-2019 Matthew Barker Surgery

Read Code	Patient on maximal tolerated therapy for diabetes

27-Dec-2019 Julie Gothard Surgery

02-Dec-2019 Colette Kelly Surgery

01-Nov-2019 Mrs Gillian Scott Priory Medical Centre, Cornlands Road, Surgery

01-Nov-2019 Andrea Cayton Surgery

28-Oct-2019 Helen Thompson Surgery

Comment	Plan follow up call no answer

24-Oct-2019 Jacqueline Cartledge Park View Surgery, Surgery

24-Oct-2019 Helen Thompson Park View Surgery, Surgery

22-Oct-2019 Kathryn Gibson Surgery

Read Code	Seasonal influenza vaccination given by pharmacist

THIRD PARTY COPY

22-Oct-2019 Amanda Cameron Surgery

Attachment	Attachment *Vaccination from Boots -> Priory Medical Group*

10-Oct-2019 Dr Helen Mason Surgery

Read Code	Smoker	
Comment	History Came to discuss statin therapy as considering starting it, recent bloods show raised cholesterol steadily on the incline. T2DM under Endocrine at YDH, sturggles with weight and awaiting right ankle operation has arthritis left knee and right ankle. Reduced mobility secondary to this. Diet poor- wife worksm he "doesn't have the motibvation" to prepare meals, says take aways are cheaper has most days. Smoker (New Episode)10/day cut down from 40, Declines smoking cessation advice.	
Comment	Plan Discussed statin therapy, benefits- reduction risk CVD, common side effects eg gi upset, cramps, risks eg liver inflammation. Discussed hwo to take and monitoring, bloods at 3months and 12 months. Any concerns see sooner.	

09-Oct-2019 Niall McKeary Surgery

Read Code	Short message service text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 09:00 on Thu 10 of Oct at Park View Surgery. Please text CANCEL to 07800000199 if you can't attend.	

25-Sept-2019 Dr Christopher Bennett Surgery

Read Code	QRISK2 cardiovascular disease 10 year risk score	23.5 %

25-Sept-2019 Miss Chloe Preece Park View Surgery, Surgery

Read Code	Blood sample taken	
Read Code	Advice about investigation results information given: results of standard tests (FBC, ESR, CRP, U+Es, calcium, LFTs, TFTs, ferritin) are normally processed in 48 hours. Communicating these results by SMS is our preferred method. Other, less commonly requested, tests may take longer.	
Comment	History Blood sample taken	
Comment	Plan Advice about investigation results - information given: results of standard tests (FBC, ESR, CRP, U+Es, calcium, LFTs, TFTs, ferritin) are normally processed in 48 hours. Communicating these results by SMS is our preferred method. Other, less commonly requested, tests may take longer.	

25-Sept-2019 Dr Christopher Bennett Surgery

Read Code	Haemoglobin A1c level - IFCC standardised Above high reference limit	95.0 mmol/mol
	Haemoglobin A1c level - IFCC standardised Clinical Information: annual review.: **Abnormal, but expected**	

25-Sept-2019 Dr Christopher Bennett Surgery

Read Code	Serum TSH level Further info at: http://www.british-thyroid-association.org/	1.8 miu/L
	Serum TSH level Clinical Information: annual review.: **Normal**	

25-Sept-2019 Dr Christopher Bennett Surgery

Read Code	Serum creatinine level Below low reference limit	51.0 umol/L
Read Code	Serum sodium level	134.0 mmol/L
Read Code	Serum potassium level	4.2 mmol/L
Read Code	Serum alanine aminotransferase level	18.0 iu/L
Read Code	Urea and electrolytes	
Read Code	Serum alkaline phosphatase level	87.0 iu/L
Read Code	Serum albumin level	43.0 g/L
Read Code	Liver function tests	
Read Code	Serum total protein level	72.0 g/L
Read Code	Serum cholesterol level	6.5 mmol/L
Read Code	eGFR using creatinine (CKD-EPI) per 1.73 square metres From 23/4/19 eGFR calculated using CKD-EPI equation Refer to https://tinyurl.com/BiochemInfo for further information	114.0 mL/min
Read Code	Serum total bilirubin level	7.0 umol/L
Read Code	Serum urea level	6.0 mmol/L
	Urea and electrolytes;Liver function tests;Serum cholesterol level;eGFR using creatinine (CKD-EPI) per 1.73 square metres Clinical Information: annual review.: **Abnormal**	

THIRD PARTY COPY

24-Sept-2019 Matthew Barker Surgery

Read Code	Influenza vaccination invitation 2nd SMS text message sent

24-Sept-2019 Niall McKeary Surgery

Read Code	Short message service text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Don't forget your appointment at 09:15 on Wed 25 of Sep at Park View Surgery. Please text CANCEL to 07800000199 if you can't attend.

18-Sept-2019 Dr Victoria Middleton Surgery

Read Code	Has authorisation for medication under PSD Having confirmed that influenza vaccination is indicated, this instruction is a patient specific directive that an influenza vaccine may be administered by any suitably trained health care assistant to this patient in line with BNF dose recommendations

16-Sept-2019 Paul Gibbons Surgery

11-Sept-2019 Matthew Barker Surgery

Read Code	Influenza vaccination invitation 1st SMS text message sent

10-Sept-2019 Kathryn Gibson Surgery

10-Sept-2019 Kathryn Gibson Surgery

Attachment	Attachment *Letter to Patients from K Gibson, Priory Medical Group -> Mr J Cavanagh,*

10-Sept-2019 Kathryn Gibson Surgery

Attachment	Attachment *Letter to Patients from K Gibson, Priory Medical Group -> Mr J Cavanagh,*

03-Sept-2019 Mrs Gillian Scott Priory Medical Centre, Cornlands Road, Surgery

02-Sept-2019 Kathryn Gibson Surgery

Read Code	Chest X-ray

02-Sept-2019 Julia Pittock Surgery

Attachment	Attachment *Hospital Letter from Dr V Robins, Renal Department, York Hospital -> Priory Medical Group*

16-Aug-2019 Ingrid Griffin Surgery

Attachment	Attachment *Letter to Patients from Priory Medical Group -> Mr J Cavanagh,*

15-Aug-2019 Aimee Baker Surgery

Read Code	Smoker

15-Aug-2019 Niall McKeary Surgery

Attachment	Attachment *Clinic Letter from Dr J Thow, Endocrinology Clinic, York Hospital -> Priory Medical Group*

15-Aug-2019 Aimee Baker Surgery

Read Code	O/E - Systolic BP reading	117.0 mmHg
Read Code	Haemoglobin A1c level - IFCC standardised	102.0 mmol/mol
Read Code	O/E - weight	100.0 Kg
Read Code	Body mass index - observation	35.4 Kg/m²
Read Code	O/E - Diastolic BP reading	87.0 mmHg

13-Aug-2019 Colette Kelly Surgery

THIRD PARTY COPY

17-July-2019 Angela Mackay Surgery

Read Code	Outbound referral
Read Code	Referral to smoking cessation service
Referral	Referral . *Recipient: Specialist Stop Smoking Service, Referral Forms; Referral Type: Hospital; Sender: Angela Mackay; Referral Status: Waiting For Information*
Attachment	Attachment *from Mrs A Mackay, Park View Surgery -> Specialist Stop Smoking Service, Referral Forms*
Comment	Plan Outbound referral

17-July-2019 Angela Mackay Surgery

Read Code	Respiratory microscopy, culture and sensitivities Final Report: Specimen: Sputum Authorised by: Sharon Madziva 19.07.19 09:28 Lab No: R,41631 Clin. Details: - ONGOING C.INF,RECENT PNEUMONIA Antibiotic Rx: Nil Culture: 1)Upper resp. flora +++
19-July-2019	**Respiratory microscopy, culture and sensitivities**Clinical Information: -: **Normal**

17-July-2019 Angela Mackay Heworth Green, Surgery

Read Code	O/E - coarse crepitations
Read Code	Infection of lower respiratory tract
Comment	History UC worsening chest product again prolific clear to yellow not feeling any better at all exhausted some SOBOE BMs in the teens but has improved whern admitted in the 20s. no fever.
Comment	Examination T36.7 HR80reg SPO2 97% on AIR no SOBAR talking full scentences. CHEST good AE all over right base O/E - coarse crepitations
Comment	Diagnosis Infection of lower respiratory tract
Comment	Plan has had >1 w amoxicillin so try doxycycline, likley background of COPD, keen to stop smoking says tried alone lots fo times and failed requests support - explained service limited now I'll find out

16-July-2019 Dr Helen Williamson Surgery

Comment	History UCTC recent admission with pneumonia. in a shop when took a call. given abx but still feels like has infection. feesl sob, coughing, phlegm white. no haemoptysis advised to have repeat CXR in 5 further weeks
Comment	Diagnosis ? ongoing chest infection
Comment	Plan offered f2f today, declined as cheildcare issues. prefers tomorrow, safety net overnight 111/999 and when to call each

16-July-2019 Jill Bargate Fulford Surgery, Surgery

16-July-2019 Lynn Pearson Surgery

05-July-2019 Aimee Baker Fulford Surgery, Surgery

Read Code	Intravenous antibiotic therapy
Read Code	Community acquired pneumonia

05-July-2019 Peter Marsland Surgery

Attachment	Attachment *Discharge summary from Dr N Pantzaris, York Hospital, Nephrology -> Priory Medical Group*

04-July-2019 Aimee Baker Fulford Surgery, Surgery

Read Code	Baseline body mass index	38.3 Kg/m²

04-July-2019 Aimee Baker Surgery

Read Code	GFR calculated abbreviated MDRD	115.0 mL/min/1.73m*2
Read Code	Serum creatinine level	51.0 umol/L

02-July-2019 Amanda Cameron Surgery

Attachment	Attachment *Retinal Screening from North Yorkshire Retinal Screening Service -> Priory Medical Group*

02-July-2019 Kathryn Gibson Surgery

Read Code	O/E - no right diabetic retinopathy
Read Code	Diabetic retinopathy screening
Read Code	O/E - left eye no maculopathy
Read Code	O/E - right eye no maculopathy
Read Code	O/E - no left diabetic retinopathy

THIRD PARTY COPY

01-July-2019 Angela Mackay Heworth Green, Home

Comment	History HOME VISIT as not able to come in , Hx 2-3 days ago started with chills headache and feeling genrally unwell, put it down to sunstroke as had been out in it all day, I note he also has a cough says he tends to a cough as smokes is a bit worse. aching all over in all joints vomiting sat and sunday not today tolerating fluids not food, has PU, says BMs ok bit low today but not sure on numbers - hasnt eaten today at all. not had any paracetamol so far	
Comment	Examination looks unwell T40.0 HR112, SPO2 93% 140 / 80mmHg BM 12.8mmol alert and talking normally, no SOBAR, sat for chest examination and SOB after effort of siiitng up and laying down again CHEST poor AE both bases, widespread fine crackle no rashes	
Comment	Diagnosis imp pneumonia, possible influenza, possible sepsis	
Comment	Plan own paracetamol 1g given STAT PO at 1350 spoke to bed manager but agreed 999 to ED as possible signs sepsis partner present, given her ambulance reference number and escalate again to 999 if deteriorating at all	
Read Code	O/E - Diastolic BP reading	80.0 mmHg
Read Code	O/E - Systolic BP reading	140.0 mmHg

01-July-2019 Alexander Hugill Surgery

Read Code	Plain film	
Read Code	Admit medical emergency unspecified	
Read Code	Standard ECG	

01-July-2019 Peter Marsland Surgery

Attachment	Attachment *Accident and Emergency Letter from York Hospital -> Priory Medical Group*	

14-Jun-2019 Dr Abigail Brooks Park View Surgery, Surgery

13-Jun-2019 Alexandra Collins Priory Medical Centre, Cornlands Road, Surgery

22-May-2019 Amanda Cameron Surgery

Attachment	Attachment *Clinic Letter from Mr W General Surgeon, York Hospital -> Dr P Priory Medical Group, Priory Medical Group*	

20-May-2019 Paul Gibbons Surgery

15-May-2019 Alexander Hugill Surgery

Read Code	Haemoglobin A1c level - IFCC standardised	98.0 mmol/mol

14-May-2019 Alexander Hugill Surgery

Read Code	O/E - Systolic BP reading	108.0 mmHg
Read Code	Smoking cessation advice	
Read Code	O/E - Diastolic BP reading	76.0 mmHg
Read Code	Smoker	
Read Code	O/E - weight	100.5 Kg
Read Code	Body mass index - observation	35.6 Kg/m²

14-May-2019 Ian Blackburn Surgery

Attachment	Attachment *Clinic Letter from H Briggs, York Health Services Trust - Diabetes CDT Clinic -> Priory Medical Group*	

29-Apr-2019 Steven Butler Surgery

25-Apr-2019 Denise Macmillan Surgery

Attachment	Attachment *Letter to Patients from Priory Medical Group -> Mr J Cavanagh,*	

18-Apr-2019 Lucie Smith Surgery

Read Code	Declined diabetic retinopathy screening	

18-Apr-2019 Niall McKeary Surgery

Attachment	Attachment *Hospital Letter from North Yorkshire Retinal Screening Service -> Priory Medical Group*	

THIRD PARTY COPY

09-Apr-2019 Jill Bargate Fulford Surgery, Surgery

20-Mar-2019 Adam Dobbs Surgery

08-Mar-2019 Dr Katrina Davies Heworth Green, Surgery

Comment Comment Listed OGD.

08-Mar-2019 Amanda Cameron Surgery

Attachment Attachment
Advice Request from Mr W, York Hospital -> Dr P Priory Medical Group, Priory Medical Group

27-Feb-2019 Helen Walmsley Surgery

Read Code Referral to colorectal surgery service
Read Code Choice and booking enhanced services administration
Referral Referral . *Referral Type: Hospital; Sender: Dr James D B Rutter; Referral Status: Waiting For Information*

26-Feb-2019 Dr James Rutter Park View Surgery, Surgery

Comment History patient here as requested ibuprofen and declined - wants to know why - because he has hx of peptic ulcers and is currently undergoing ix for epigastric pain though letters state DNA'd 4 appointments so discharged - he tells me he cancelled the appointments and couldnt come to a suitable appointment time to pick daughter up from school - may need to come to some other childcare arrangement. agreed to write back as sounds like should have the test done - pain and smoker and ex etoh excess plus long term nsaid use. there after what to do about knee pain if cant have nsaid - wont take opioids as constipating. - try gabapentin.
Comment Plan write to surgeons re ogd.

25-Feb-2019 Niall McKeary Surgery

Read Code Short message service text message sent to patient Appt reminder: Feb 26 at 10:15am with Dr James Rutter at Park View Surgery. If you can't attend text back CANCEL.

11-Feb-2019 *** **********

Free Text *****

11-Feb-2019 Andrea Cayton Surgery

11-Feb-2019 *** **********

Free Text *****

28-Jan-2019 Jill Bargate Fulford Surgery, Surgery

25-Jan-2019 Adam Dobbs Surgery

16-Jan-2019 Jill Bargate Surgery

16-Jan-2019 Przemyslaw Kral Surgery

Attachment Attachment
Hospital Letter from Mr W Wong, General Surgeon, York Hospital -> Priory Medical Group

14-Jan-2019 Dr Eleanor Ridgers Surgery

Read Code Medication review done

14-Jan-2019 *** **********

Free Text *****

14-Jan-2019 *** **********

Free Text *****

09-Jan-2019 Amanda Cameron Surgery

Attachment Attachment
Clinic Letter from Diabetes Clinic, York Hospital -> Priory Medical Group

THIRD PARTY COPY

09-Jan-2019 Sam Gilbert Surgery

Read Code	O/E - Systolic BP reading	110.0 mmHg
Read Code	Haemoglobin A1c level - IFCC standardised	97.0 mmol/mol
Read Code	Body mass index - observation	35.0 Kg/m²
Read Code	O/E - weight	98.8 Kg
Read Code	O/E - Diastolic BP reading	81.0 mmHg

03-Jan-2019 Dr Thomas France Surgery

02-Jan-2019 Jill Bargate Fulford Surgery, Surgery

02-Jan-2019 Samantha Rafton Surgery

24-Dec-2018 Kathryn Gibson Fulford Surgery, Surgery

Read Code	Ultrasound scan
Read Code	Nonspecific abdominal pain

24-Dec-2018 Amanda Cameron Surgery

Attachment Attachment
Preliminary Discharge Letter from York Hospital -> Dr P Priory Medical Group, Priory Medical Group

24-Dec-2018 Niall McKeary Surgery

Attachment Attachment
Discharge summary from Mr W Wong, General Surgery, York Hospital -> Priory Medical Group

24-Dec-2018 Kathryn Gibson Surgery

Read Code Smoker

23-Dec-2018 Mr Gavin Dickinson Surgery

Read Code	Plain film
Read Code	Admit medical emergency unspecified

23-Dec-2018 Fabio Mattison Surgery

Attachment Attachment
Accident and Emergency Letter from York Hospital -> Dr P Priory Medical Group, Priory Medical Group

17-Dec-2018 *** **********

Free Text *****

17-Dec-2018 *** **********

Free Text *****

30-Nov-2018 *** **********

Free Text *****

27-Nov-2018 Alexandra Collins Priory Medical Centre, Cornlands Road, Surgery

19-Nov-2018 *** **********

Free Text *****

15-Nov-2018 *** **********

Free Text *****

12-Nov-2018 *** **********

Free Text *****

12-Nov-2018 *** **********

Free Text *****

THIRD PARTY COPY

12-Nov-2018 Ms Carol Suchecki Park View Surgery, Surgery

Read Code	O/E - R.dorsalis pedis absent	
Read Code	Medication review done	
Read Code	O/E - height	1.66 m
Read Code	O/E - Right diabetic foot at moderate risk	
Read Code	Diabetic dietary review	
Read Code	Ex-smoker	
Read Code	Statin declined	
Read Code	Education : Signs and symptoms of hypoglycaemia	
Read Code	O/E - L.dorsalis pedis absent	
Read Code	Depression screening using questions	
Read Code	Chronic dis. monitoring NOS	
Read Code	Smoking cessation advice	
Read Code	Patient advised to inform DVLA	
Read Code	Patient advised to inform insurance company	
Read Code	O/E - weight	102.0 Kg
Read Code	Body mass index - observation	37.015533 Kg/m²
Read Code	Diabetic on insulin and oral treatment	
Read Code	10g monofilament sensation R foot abnormal	
Read Code	Alcohol units per week	0.0 Units/Week
Read Code	Education : Treatment and prevention of hypoglycaemia	
Read Code	Seen by podiatrist	
Comment	History Missed retinal screening and podiatry appointment. has new date for podiatry.	
Comment	Examination BS's slowly coming down, has appointment in DC in a few weeks	
Comment	Plan Did not bring urine - discussed.	
Read Code	Health education - alcohol	
Read Code	Self-monitoring of blood glucose	
Read Code	Patient on maximal tolerated therapy for diabetes	
Read Code	Diabetic 6 month review	
Read Code	O/E - Systolic BP reading	134.0 mmHg
Read Code	O/E - Diastolic BP reading	78.0 mmHg
Read Code	10g monofilament sensation L foot abnormal	
Read Code	O/E - Left diabetic foot at moderate risk	

24-Oct-2018 Dr Katrina Davies Surgery

22-Oct-2018 Jacqueline Cartledge Surgery

Attachment	Attachment *Appointment Letter from Mrs J Cartledge, -> Mr J Cavanagh,*

22-Oct-2018 Carol Hare Park View Surgery, Surgery

Read Code	Blood sample taken
Read Code	Advice about investigation results information given: results of standard tests (FBC, ESR, CRP, U+Es, calcium, LFTs, TFTs, ferritin) are normally processed in 48 hours. Communicating these results by SMS is our preferred method. Other, less commonly requested, tests may take longer.
Comment	History Blood sample taken
Comment	Plan Advice about investigation results - information given: results of standard tests (FBC, ESR, CRP, U+Es, calcium, LFTs, TFTs, ferritin) are normally processed in 48 hours. Communicating these results by SMS is our preferred method. Other, less commonly requested, tests may take longer.

22-Oct-2018 Dr James Rutter Park View Surgery, Surgery

Read Code	Haemoglobin A1c level - IFCC standardised Above high reference limit 111.0 mmol/mol **Haemoglobin A1c level - IFCC standardised**invte for diabetes review as control is awful!: **Abnormal, but expected**

THIRD PARTY COPY

22-Oct-2018 Dr James Rutter Park View Surgery, Surgery

Read Code	Serum albumin level	41.0 g/L
Read Code	Urea and electrolytes	
Read Code	Serum total protein level	68.0 g/L
Read Code	Serum non high density lipoprotein cholesterol level	4.8 mmol/L
Read Code	Serum total bilirubin level	7.0 umol/L
Read Code	Serum sodium level	134.0 mmol/L
Read Code	Serum alkaline phosphatase level	93.0 iu/L
Read Code	Serum urea level	6.2 mmol/L
Read Code	Liver function tests	
Read Code	Serum cholesterol level	6.3 mmol/L
Read Code	Serum alanine aminotransferase level	19.0 iu/L
Read Code	Serum creatinine level	67.0 umol/L
Read Code	Serum HDL cholesterol level	1.5 mmol/L
Read Code	Serum cholesterol/HDL ratio	4.2 mmol/mmol
Read Code	Serum potassium level	4.8 mmol/L
Read Code	GFR calculated abbreviated MDRD	90.0 mL/min/1.73m*2

Urea and electrolytes;Liver function tests;Serum cholesterol level;Serum HDL cholesterol level;Cholest./HDL ratio Cholest./HDL ratio: Non-HDL cholesterol now reported as recommended in NICE CG 181: **Normal**

22-Oct-2018 *** **********

Free Text *****

22-Oct-2018 Aimee Baker Surgery

Read Code Serum cholesterol level 6.3 mmol/L

18-Oct-2018 Dr Richard Thompson Heworth Green, Surgery

Read Code	Explanation of illness given
Read Code	Thrombosed haemorrhoids NOS
Read Code	Medication review done
Comment	History painful piles in last 2 weeks, see above
Comment	Examination thrombosed haemorrhoid at 6 o'clock, anal skin tags
Comment	Diagnosis Thrombosed haemorrhoids NOS
Comment	Plan Explanation of illness given not abcess or infection, keep stools soft and simple analgesia whilst settling

18-Oct-2018 Mrs Stacey Middlemass Tang Hall Surgery, Surgery

Read Code	Medication review done
Comment	History Medication review done Patient reports having haemorrhoids and needing lactulose to soften stools and help with symptoms. Has had this problem for a long time and lactulose manages his symptoms. Patient reports that there is always blood and mucus in the stools, describes blood as bright as in from cut from haemorrhoids. Sildenafil - PRN (usually once per week) - all managed, no issues. Omeprazole - patient does not take anymore - no stomach symptoms. Patient has not ordered Laxido for a while because the constipation is usually managed by lactulose, he adds in laxido when particularly bad. Patient explains that he is in so much pain that he can't sit down, he is having to lay on his side. Explains the pain has been getting worse over the last few weeks. I have booked him into UC today at HG so that he acn be exmained to check whether the haemorrhoids have developed into abcesses.
Comment	Plan 1. Reauthorised meds we spoke about 2. Patient to attend Uc at HG for examination 3. Patient to attend diabetic review with nurse.

16-Oct-2018 Alexandra Collins Priory Medical Centre, Cornlands Road, Surgery

15-Oct-2018 *** **********

Free Text *****

15-Oct-2018 *** **********

Free Text *****

11-Oct-2018 Jill Bargate Fulford Surgery, Surgery

02-Oct-2018 Adam Dobbs Surgery

02-Oct-2018 Niall McKeary Surgery

Attachment Attachment
DNA Letter from North Yorkshire Retinal Screening Service -> Priory Medical Group

THIRD PARTY COPY

01-Oct-2018 *** **********

Free Text *****

01-Oct-2018 *** **********

Free Text *****

01-Oct-2018 *** **********

Free Text *****

01-Oct-2018 Niall McKeary Surgery

Attachment Attachment
Clinic Letter from H Briggs, York Hospital -> Priory Medical Group

01-Oct-2018 Mr Oliver Harrison Surgery

Read Code	O/E - Diastolic BP reading	77.0 mmHg
Read Code	Body mass index - observation	35.8 Kg/m²
Read Code	Haemoglobin A1c level - IFCC standardised	105.0 mmol/mol
Read Code	O/E - weight	101.0 Kg
Read Code	O/E - Systolic BP reading	199.0 mmHg

21-Sept-2018 Mrs Jane Knaggs Other

Read Code Seasonal influenza vaccin given by other healthcare provider

21-Sept-2018 Victoria Miles Surgery

Attachment Attachment
Vaccination from Boots -> Priory Medical Group

14-Sept-2018 Adam Dobbs Surgery

14-Sept-2018 Adam Dobbs Surgery

12-Sept-2018 Dr Emma Broughton Surgery

Read Code Has authorisation for medication under PSD Having confirmed that influenza vaccination is indicated, this instruction is a patient specific directive that an influenza vaccine may be administered by any suitably trained health care assistant to this patient in line with BNF dose recommendations

10-Sept-2018 Mrs Jane Knaggs Surgery

10-Sept-2018 Mrs Jane Knaggs Other

Attachment Attachment
Letter to Patients from Mrs J Knaggs, Priory Medical Group -> Mr J Cavanagh,

07-Sept-2018 Matthew Barker Surgery

Read Code Influenza vaccination invitation 1st SMS text message sent

31-Aug-2018 Alexandra Collins Fulford Surgery, Surgery

07-Aug-2018 Jill Bargate Fulford Surgery, Surgery

07-Aug-2018 Scott Hellowell Surgery

19-July-2018 Annaliese Shishodia Surgery

Read Code	O/E - weight	102.3 Kg
Read Code	Body mass index - observation	36.2 Kg/m²
Read Code	Alcohol consumption NOS	

19-July-2018 Miss Rachel Allinson Surgery

Attachment Attachment
Clinic Letter from Diabetes Clinic, York Hospital -> Priory Medical Group

THIRD PARTY COPY

19-July-2018 Annaliese Shishodia Surgery

Read Code	O/E - Systolic BP reading	118.0 mmHg
Read Code	Smoker	
Read Code	O/E - Diastolic BP reading	78.0 mmHg

16-July-2018 Samantha Rafton Surgery

27-Jun-2018 Samantha Woodhouse Surgery

07-Jun-2018 Dr Christopher Bennett Park View Surgery, Surgery

Read Code	Medication review done
Comment	History Was on Tresiba and Trulicity (weekly) together. Later was new, caused him to feel unwell so has spoken to the diabetic nurse and they have stopped. Continues on the Tresiba insulin daily- currently 52U a day

07-Jun-2018 Julie Gothard Surgery

22-May-2018 Adam Dobbs Surgery

16-May-2018 Jill Bargate Fulford Surgery, Surgery

16-May-2018 Samantha Rafton Surgery

03-May-2018 Alexandra Collins Priory Medical Centre, Cornlands Road, Surgery

30-Apr-2018 Annaliese Shishodia Surgery

Read Code	Alcohol consumption NOS	
Read Code	Body mass index - observation	36.2 Kg/m²
Read Code	O/E - weight	102.2 Kg

30-Apr-2018 Annaliese Shishodia Surgery

Read Code	O/E - Diastolic BP reading	85.0 mmHg
Read Code	Smoker	
Read Code	O/E - Systolic BP reading	132.0 mmHg

30-Apr-2018 Fabio Mattison Surgery

Attachment	Attachment
	Clinic Letter from Diabetes Clinic, York Hospital -> Priory Medical Group

30-Apr-2018 Miss Rachel Allinson Surgery

Attachment	Attachment
	Outpatient Treatment Recommendation from York Hospital -> Priory Medical Group

11-Apr-2018 Dr Anna Morris Surgery

27-Mar-2018 Elizabeth Douglas Surgery

08-Mar-2018 Colette Kelly Surgery

02-Mar-2018 Joann Beanland Priory Medical Centre, Cornlands Road, Surgery

Read Code	Did not attend

02-Mar-2018 Fabio Mattison Surgery

Attachment	Attachment
	Hospital Letter from Mr G Miller, General Surgeon, Nuffield Hospital York -> Priory Medical Group

23-Feb-2018 Elizabeth Douglas Surgery

30-Jan-2018 Mrs Jane Knaggs Other

Read Code	Haemoglobin A1c level - IFCC standardised	113.0 mmol/mol

THIRD PARTY COPY

29-Jan-2018 Fabio Mattison Surgery

Attachment	Attachment *Clinic Letter from Rachael Bealey (Diabetes Specialist Nurse), Diabetes Clinic, York Hospital -> Priory Medical Group*

29-Jan-2018 Mrs Jane Knaggs Other

Read Code	O/E - weight	99.5 Kg
Read Code	Smoker	
Read Code	Body mass index - observation	35.3 Kg/m²
Read Code	O/E - Systolic BP reading	124.0 mmHg
Read Code	O/E - Diastolic BP reading	73.0 mmHg

24-Jan-2018 Samantha Rafton Surgery

24-Jan-2018 Dr Christine Johnston Surgery

Comment	History postponed appt with the colorectal team as had flu, appt will be adjusted

10-Jan-2018 Adam Dobbs Priory Medical Centre, Cornlands Road, Surgery

28-Dec-2017 Dr Christine Johnston Heworth Green, Surgery

Referral	Referral . *Recipient: Upper GI 2WW Suspected Cancer, FAST TRACK REFERRAL FORMS, Referral Forms; Referral Type: Hospital; Sender: Dr Christine Johnston; Referral Status: Waiting For Information*
Read Code	Outbound referral
Comment	History 2m of abdominal pain, getting worse. feels progressively that his upper abdomen swells after eating food. no change in bowel habit. no sickness. no reflux pain. Diabetic man-HBA1c 119, on tresiba no acid pain. feels full quickly. no wt loss-has been putting on weight since sept
Comment	Examination abdominal examination- firmness felt in upper abdomen
Comment	Diagnosis ?pancreatic cancer
Comment	Plan Outbound referral
Read Code	Fast track referral for suspected upper GI cancer
Attachment	Attachment *from Dr C Johnston, Park View Surgery -> Upper GI 2WW Suspected Cancer, FAST TRACK REFERRAL FORMS, Referral Forms*

22-Dec-2017 Craig Charlesworth Surgery

05-Dec-2017 Dr Iqbal Hussain Park View Surgery, Surgery

Read Code	Medication review done

05-Dec-2017 Dr Anna Morris Surgery

01-Dec-2017 Kerry Redhead Surgery

Attachment	Attachment *Clinic Letter from Diabetes Clinic, York Hospital -> Priory Medical Group*

01-Dec-2017 Joann Beanland Other

Read Code	O/E - Systolic BP reading	121.0 mmHg
Read Code	Body mass index - observation	34.4 Kg/m²
Read Code	O/E - Diastolic BP reading	77.0 mmHg
Read Code	O/E - weight	97.0 Kg
Read Code	Haemoglobin A1c level - IFCC standardised	119.0 mmol/mol

15-Nov-2017 Colette Kelly Surgery

06-Nov-2017 Fabio Mattison Surgery

Attachment	Attachment *Accident and Emergency Letter from York Hospital -> Priory Medical Group*

26-Oct-2017 Colette Kelly Surgery

23-Oct-2017 Fabio Mattison Surgery

Attachment	Attachment *Retinal Screening from North Yorkshire Retinal Screening Service -> Priory Medical Group*

THIRD PARTY COPY

03-Oct-2017 Mrs Helen Mizon Priory Medical Centre, Cornlands Road, Surgery

26-Sept-2017 Ms Jennifer Formstone Park View Surgery, Surgery

Read Code	Diabetic dietary review	
Read Code	O/E - Left diabetic foot at moderate risk	
Read Code	Smoker smokes 2 per day	
Read Code	Diabetic monitoring - injection sites normal	
Vaccination	Enzira *Batch: 35149411A~, Dose: 0.5ml*	
Read Code	Health education - exercise excercise restricted due to arthitis in both knees and unable to walk far	
Read Code	Self-monitoring of blood glucose generally in the 20 s	
Read Code	O/E - Diastolic BP reading	78.0 mmHg
Read Code	O/E - weight	94.0 Kg
Read Code	Body mass index - observation	34.112354 Kg/m²
Read Code	Patient on maximal tolerated therapy for diabetes is under care of diabetes centre	
Read Code	Chronic dis. monitoring NOS	
Read Code	10g monofilament sensation L foot normal	
Read Code	O/E - height	1.66 m
Read Code	O/E - Right diabetic foot at moderate risk	
Read Code	O/E - L.dorsalis pedis present	
Read Code	Alcohol units per week	0.0 Units/Week
Read Code	O/E - R.dorsalis pedis present	
Read Code	Seasonal influenza vaccination	
Read Code	Smoking cessation advice	
Read Code	Diabetic on insulin and oral treatment	
Comment	History under care of diabetes centre for long standing poor diabetes control, was commenced on insulin and metformin and has struggled to reduce HbA1c to below 100mmol/mol. was at diabetes centre 22/9/27, no letter as yet on the system but said he thought his Hba1c was 127mmol/mol they have commenced john on a new daily insulin regime still taking metformin x2 tablets twice a day	
Comment	Plan Seasonal influenza vaccination as HbA1c is being managed at diabetes centre routine diabetes template completed has follow up appt at diabetes centre 1/12/17.has refused retinal screening since 2013, tried to discuss the importance of regular screening but says 'i can t see after they have put drops in my eyes for hours after, so can t drive' review in surgery next year	
Read Code	10g monofilament sensation R foot abnormal	
Read Code	O/E - Systolic BP reading	112.0 mmHg

26-Sept-2017 Lynne Wootton Park View Surgery, Surgery

22-Sept-2017 Mrs Debbie Kennedy Other

Read Code	O/E - weight	90.8 Kg
Read Code	Body mass index - observation	32.2 Kg/m²
Read Code	O/E - Systolic BP reading	114.0 mmHg
Read Code	O/E - Diastolic BP reading	72.0 mmHg
Read Code	Haemoglobin A1c level - IFCC standardised	127.0 mmol/mol

22-Sept-2017 Qasib Nazir Surgery

Attachment	Attachment *Clinic Letter from Diabetes Clinic, York Hospital -> Priory Medical Group*

13-Sept-2017 Dr Victoria Middleton Surgery

Read Code	Has authorisation for medication under PSD Having confirmed that influenza vaccination is indicated, this instruction is a patient specific directive that inactivated influenza vaccine may be administered by intramuscular injection by any suitably trained health care assistant to this patient in line with BNF dose recommendations.

11-Sept-2017 Mrs Jane Knaggs Surgery

11-Sept-2017 Mrs Jane Knaggs Other

Attachment	Attachment *Letter to Patients from Mrs J Knaggs, Priory Medical Group -> Mr J Cavanagh,*

08-Sept-2017 Mrs Helen Mizon Priory Medical Centre, Cornlands Road, Surgery

29-Aug-2017 Matthew Barker Surgery

10-Aug-2017 Dr Anna Morris Surgery

THIRD PARTY COPY

28-July-2017 Craig Charlesworth Surgery

27-July-2017 Scott Hellowell Surgery

13-July-2017 Mrs Susan Kenyon Surgery

20-Jun-2017 Jill Bargate Surgery

15-Jun-2017 Elizabeth Douglas Surgery

15-Jun-2017 Tracy Lumby Victoria Way Surgery, Surgery

Read Code	Alcohol consumption NOS	

15-Jun-2017 Tracy Lumby Other

Read Code	Smoker	
Read Code	O/E - weight	93.0 Kg
Read Code	O/E - Diastolic BP reading	80.0 mmHg
Read Code	Body mass index - observation	33.0 Kg/m²
Read Code	Haemoglobin A1c level - IFCC standardised	119.0 mmol/mol
Read Code	O/E - Systolic BP reading	123.0 mmHg

15-Jun-2017 Kerry Redhead Surgery

Attachment Attachment
Clinic Letter from Diabetes Clinic, York Hospital -> Priory Medical Group

18-May-2017 Samantha Rafton Surgery

03-May-2017 Jill Bargate Surgery

05-Apr-2017 Scott Hellowell Surgery

22-Mar-2017 Lindsey Potts Surgery

06-Mar-2017 Victoria Stott Surgery

21-Feb-2017 Dr Andrew Dent Surgery

Read Code	Patient on maximal tolerated therapy for diabetes	

21-Feb-2017 Jill Bargate Surgery

21-Feb-2017 Colette Kelly Surgery

20-Feb-2017 Mrs Pauline Harper Surgery

Attachment Attachment
Clinic Letter from Consultant Diabetologist, Diabetes Clinic, York Hospital -> Priory Medical Group

20-Feb-2017 Mrs Sue Austin Other

Read Code	O/E - Diastolic BP reading	84.0 mmHg
Read Code	Body mass index - observation	33.5 Kg/m²
Read Code	O/E - Systolic BP reading	135.0 mmHg
Read Code	Haemoglobin A1c level - IFCC standardised	125.0 mmol/mol
Read Code	O/E - weight	94.5 Kg
Read Code	GFR calculated abbreviated MDRD	90.0 mL/min/1.73m*2

15-Feb-2017 Joanne Anderson Tang Hall Surgery, Surgery

Comment Plan Has an appt at YDH for Diabetes review on 20.2.17

THIRD PARTY COPY

14-Feb-2017 Joanne Anderson Heworth Green, Surgery

Read Code	Serum urea level	5.9 mmol/L
Read Code	Serum creatinine level Below low reference limit	52.0 umol/L
Read Code	Liver function tests	
Read Code	Serum total bilirubin level	8.0 umol/L
Read Code	Serum total protein level	80.0 g/L
Read Code	Serum sodium level	138.0 mmol/L
Read Code	Serum cholesterol level	4.8 mmol/L
Read Code	Urea and electrolytes	
Read Code	Serum potassium level	4.1 mmol/L
Read Code	Serum albumin level	44.0 g/L
Read Code	GFR calculated abbreviated MDRD	90.0 mL/min/1.73m*2
Read Code	Serum alkaline phosphatase level Above high reference limit	131.0 iu/L
Read Code	Serum alanine aminotransferase level	18.0 iu/L

Urea and electrolytes;Liver function tests;Serum cholesterol level: **Abnormal, but expected**

14-Feb-2017 Joanne Anderson Heworth Green, Surgery

Read Code	Haemoglobin A1c level - IFCC standardised Above high reference limit	125.0 mmol/mol

Haemoglobin A1c level - IFCC standardised: **Abnormal**

14-Feb-2017 Claire Bell Tang Hall Surgery, Surgery

Read Code	Blood sample taken
Read Code	Advice about investigation results information given: results of standard tests (FBC, ESR, CRP, U+Es, calcium, LFTs, TFTs, ferritin) are normally processed in 48 hours. Communicating these results by SMS is our preferred method. Other, less commonly requested, tests may take longer.
Comment	History Blood sample taken
Comment	Plan Advice about investigation results - information given: results of standard tests (FBC, ESR, CRP, U+Es, calcium, LFTs, TFTs, ferritin) are normally processed in 48 hours. Communicating these results by SMS is our preferred method. Other, less commonly requested, tests may take longer.

14-Feb-2017 Mrs Sue Austin Other

Read Code	Serum creatinine level	52.0 umol/L

08-Feb-2017 Scott Hellowell Surgery

30-Jan-2017 Lindsey Potts Surgery

Comment	Comment Call received from Diabetic nurse at YDH to advise Mr Cavanagh was meant to have surgery on his ankle but his HbA1c level too high. The diabetic team has attempted follow up to improve HbA1c for surgery but patient has not answered the numerous calls or messages left. The diabetic team has alerted the surgical team

24-Jan-2017 Colette Kelly Surgery

19-Jan-2017 Kathryn Gibson Surgery

Attachment	Attachment *Hospital Letter from Mr Stanley, York Hospital (Orthopaedic Surgeon), Express re-referral -> Priory Medical Group*

17-Jan-2017 *** **********

Free Text	*****

17-Jan-2017 *** **********

Free Text	*****

11-Jan-2017 John Sheeran Surgery

Attachment	Attachment *Clinic Letter from York Hospital -> Dr P Priory Medical Group, Priory Medical Group*

09-Jan-2017 Elizabeth Douglas Surgery

28-Dec-2016 Mrs Tracy Steel Surgery

THIRD PARTY COPY

16-Dec-2016 Dr Iqbal Hussain Surgery

Read Code	Medication review done
Comment	Comment see letter 6/12/16- meds list updated (stop gliclazide and insulin lantus, and start humulin m3)

12-Dec-2016 Mrs Joanne Robinson Surgery

06-Dec-2016 Ms Jennifer Formstone Tang Hall Surgery, Surgery

Comment	History U/C has been treated for oral thrush following a course of antibiotics. diabetes not well controlled at the moment, has been to hospital and advised to stop glipizide and lixentide and has been commenced on humlin m3 to try to control diabetes, says finished nystatin for oral thrush and it did feel better intially but now very painful to swallow
Comment	Plan s/b dr mcnay for fluconazole, also says brufen not helping with pain in foot to try co-codamol

06-Dec-2016 *** **********

Free Text	*****

06-Dec-2016 *** **********

Free Text	*****

05-Dec-2016 *** **********

Free Text	*****

05-Dec-2016 *** **********

Free Text	*****

05-Dec-2016 Mrs Debbie Kennedy Other

Read Code	Smoker
Read Code	Smoking cessation advice

05-Dec-2016 Kathryn Gibson Surgery

Attachment	Attachment *Clinic Letter from Mr A Thompson, Vascular Surgeon, York Hospital -> Dr P Priory Medical Group, Priory Medical Group*

01-Dec-2016 *** **********

Free Text	*****

29-Nov-2016 *** **********

Free Text	*****

28-Nov-2016 *** **********

Free Text	*****

25-Nov-2016 *** **********

Free Text	*****

24-Nov-2016 Joanne Anderson Tang Hall Surgery, Surgery

Read Code	Seasonal influenza vaccination
Read Code	Foot callus
Read Code	Antibiotic therapy
Vaccination	Inactivated Influenza Vaccine (Split Virion) BP (Sanofi Pasteur MSD) *Batch: n4a31~, Dose: 0.5 ml*
Comment	History UC. Recent course of antibiotics for ? infected corn R foot and has now developed oral thrush. Foot remains painful. BG at home around 10 throughout the day.
Comment	Examination Thrush seen on tongue. R foot - area of callous to lateral aspect , tender to touch and foot inflammed and swollen beneath callous. Looks infected.
Comment	Diagnosis Foot callus
Comment	Plan Seasonal influenza vaccination (XaZ0d) Has podiatry appt tomorrow at 3.20pm so must keep this. May develop into a foot ulcer. For alternative Antibiotic therapy (Xa1sV)(nka) and aware to stop statin for 2 weeks. Advised re use of ibuprofen (prn only) Nystan for oral thrush. Review 1 week.

THIRD PARTY COPY

17-Nov-2016 *** **********

Free Text *****

09-Nov-2016 Bethany Hoggarth-Hall Surgery

03-Nov-2016 *** **********

Free Text *****

03-Nov-2016 *** **********

Free Text *****

03-Nov-2016 John Sheeran Surgery

Attachment Attachment
DNA Letter from Dr L Munro, Haematology Consultant, York Hospital -> Dr P Priory Medical Group, Priory Medical Group

27-Oct-2016 Lauren Kelly Surgery

19-Oct-2016 *** **********

Free Text *****

19-Oct-2016 *** **********

Free Text *****

19-Oct-2016 *** **********

Free Text *****

17-Oct-2016 Dr Iqbal Hussain Surgery

Referral Referral . *Recipient: Podiatry (YHFT), Referral Forms; Referral Type: Hospital; Sender: Dr Iqbal Hussain; Referral Status: Waiting For Information*
Read Code Outbound referral
Read Code Referral to podiatry service
Comment History right foot swelling and pain for several weeks no injuries to the foot pain on walking
Comment Examination right foot- sole of foot dry , on lateral aspect of the foot- has a large callous formation with redness and swelling around it, tender ?infected good pedal pulses feet- warm
Comment Diagnosis Callosity
Comment Plan analgesia advice couirse of antibiotics to treat any infection footwear advised needs podiatry review given that he's a diabetic Outbound referral
Read Code Callosity
Attachment Attachment
from Dr I Hussain, Park View Surgery -> Podiatry (YHFT), Referral Forms

14-Oct-2016 Julie Smithies Park View Surgery, Surgery

Comment History Patient complaining of bilateral foot pain worse on a night and a year plus problem with a swollen area to right foot outer aspect Right foot screwed and patient not fully weight bearing walks with crutch. Has walked with limp since age 9 after RTA presented today as worried he may have gangrene.
Comment Examination Right foot limited range of movement due to ankle being screwed, pedal pulse present, good cap refil to toes, soft lump to outer aspect of foot, left foot fair range of movement at ankle, good pedal pulses, good cap refil to all toes O/E - tympanic temperature 36.6
Comment Diagnosis Pain ful feet
Comment Plan Add paracetamol to pain relief review by Gp on Monday any sign infection call Gp OOH's over weekend
Read Code O/E - tympanic temperature

06-Oct-2016 Dr Richard Thompson Surgery

Read Code Has authorisation for medication under PSD Having confirmed that influenza vaccination is indicated, this instruction is a patient specific directive that inactivated influenza vaccine may be administered by intramuscular injection by any suitably trained health care assistant to this patient in line with BNF dose recommendations.

THIRD PARTY COPY

21-Sept-2016 Miss Emma Harris Priory Medical Centre, Cornlands Road, Surgery

Comment	History Phonecall re medication for constipation. Asking if senna can be removed from repeat and lactulose added on. Constipation has improved over the past 2 weeks as has increased his fruit and veg intake. Now managing with prn lactulose and prn laxido. Aware of red flag symptoms- none present at the moment.
Comment	Plan Senna removed from repeat. Lactulose added to repeat and issued. push fluids. Review as needed

15-Sept-2016 Ms Gillian Baigrie Tang Hall Surgery, Surgery

15-Sept-2016 Georgina Simms Surgery

Read Code	Advice about investigation results information given: results of standard tests (FBC, ESR, CRP, U+Es, calcium, LFTs, TFTs, ferritin) are normally processed in 48 hours. Communicating these results by SMS is our preferred method. Other, less commonly requested, tests may take longer.
Comment	History Blood sample taken
Comment	Plan Advice about investigation results - information given: results of standard tests (FBC, ESR, CRP, U+Es, calcium, LFTs, TFTs, ferritin) are normally processed in 48 hours. Communicating these results by SMS is our preferred method. Other, less commonly requested, tests may take longer.
Attachment	Attachment *Request Form from Dr A Brooks, Doctors, Priory Medical Group -> Dr A Brooks, Doctors, Priory Medical Group*
Read Code	Blood sample taken

15-Sept-2016 Matthew Barker Surgery

15-Sept-2016 Dr James Mcnay Tang Hall Surgery, Surgery

Read Code	Haemoglobin A1c level - IFCC standardised Above high 53.0 mmol/mol reference limit
16-Sept-2016	**Haemoglobin A1c level - IFCC standardised**Clinical Information: No clinical details given: **Abnormal, but expected**

14-Sept-2016 Joanne Anderson Heworth Green, Surgery

Attachment	Attachment *Request Form from Mrs J Anderson (code: PN1), Nurses, Priory Medical Group -> Biochem form, Pathology Department, York Hospital*

12-Sept-2016 Mrs Jane Knaggs Surgery

12-Sept-2016 Mrs Jane Knaggs Surgery

Attachment	Attachment *Letter to Patients from Mrs J Knaggs, Priory Medical Group -> Mr J Cavanagh,*

09-Sept-2016 Dr Christopher Bennett Surgery

Comment	History Pre arranged callback: Started on setraline few months back, feels have helped with mood. Getting out more, brighter. No s/e. No risks issues- no TOSH/suicide.
Comment	Plan Already on omperazole, cover aspirin/sertraline and ibuprofen. If any problems with gastric issues then will speak to Dr- aware of risk of ulcers/GI bleed. Further 1m given

02-Sept-2016 Chloe Naismith Surgery

Attachment	Attachment *Appointment Letter from Miss C Naismith, -> Mr J Cavanagh,*

30-Aug-2016 Dr John Robinson Victoria Way Surgery, Surgery

Comment	Comment Note - recent letter from Dr Pye, Cardiology - chest pain atypical for cardiac cause - stop clopidogrel but continue aspirin and statin for risk prevention.

25-Aug-2016 Jill Bargate Surgery

24-Aug-2016 Mrs Pauline Harper Surgery

Attachment	Attachment *Clinic Letter from Dr M Pye, Cardiology Consultant, York Hospital -> Dr P Priory Medical Group, Priory Medical Group*

THIRD PARTY COPY

10-Aug-2016 Mrs Debbie Kennedy Surgery

Read Code Smoker
Read Code Smoking cessation advice

10-Aug-2016 Cristiana Frasina Surgery

Attachment Attachment
Clinic Letter from Dr L Munro, Haematology Consultant, York Hospital -> Dr P Priory Medical Group, Priory Medical Group

05-Aug-2016 Hannah Holland Surgery

Read Code Coronary angiography

05-Aug-2016 Kathryn Gibson Surgery

Attachment Attachment
Hospital Letter from Dr M Pye, Cardiology Consultant, York Hospital -> Dr P Priory Medical Group, Priory Medical Group

01-Aug-2016 Mrs Karen Turner Surgery

Read Code Coronary angiography

01-Aug-2016 Gemma Eason Surgery

Read Code Ischaemic heart disease

01-Aug-2016 Kathryn Gibson Surgery

Attachment Attachment
Discharge summary from York Hospital -> Dr P Priory Medical Group, Priory Medical Group

28-July-2016 Mrs Debbie Kennedy Surgery

Read Code Opioid drug dependence NOS

28-July-2016 Cristiana Frasina Surgery

Attachment Attachment
Clinic Letter from Lifeline Project -> Priory Medical Group

27-July-2016 Mrs Susan Kenyon Surgery

27-July-2016 Scott Hellowell Surgery

22-July-2016 Dr Jane Maloney Surgery

Comment History R/V mood - no side effects from sertraline. Happy to C/T and R/V in 4w.
Comment History Bowels open x 8 yesterday will miss laxido for a day then start bd.

22-July-2016 Mrs Karen Turner Surgery

Read Code Abnormal weight loss
Read Code Eosinophil count raised

22-July-2016 Kathryn Gibson Surgery

Attachment Attachment
Clinic Letter from Dr L Munro, Haematology Consultant, York Hospital -> Dr P Priory Medical Group, Priory Medical Group

22-July-2016 Mrs Ann Gibson Surgery

Read Code Depression interim review

20-July-2016 Joanne Anderson Park View Surgery, Surgery

Comment History Recent HbA1c 48. Rushing for a bus so not able to talk for long. Denies any hypo's. Has lost weight.
Comment Plan Reduce glipizide to one daily and check Hba1c 2 months.

20-July-2016 Mrs Karen Turner Surgery

Read Code Smoker

THIRD PARTY COPY

19-July-2016 Dr Jane Maloney Tang Hall Surgery, Surgery

	Read Code	Medication review done
	Comment	History Constipation - BNO 11 days passing flatus no vomiting. In agony with anus,. Went to A&E. 2 weeks ago - had a manual evac. Seen last night in A&E. Aware of laxido regime but hasn't taken any this morning.
	Comment	Examination Abdo NAD Pr large piles hard stool high up in rectum.
	Comment	Diagnosis Constipation
	Comment	Plan Disimpaction regime explained told 4 per day then ? 6, fluids and I will refer DN. Asking for an ambulance to A&E.

18-July-2016 Georgina Simms Park View Surgery, Surgery

	Comment	History Blood sample taken
	Comment	Plan Advice about investigation results - information given: results of standard tests (FBC, ESR, CRP, U+Es, calcium, LFTs, TFTs, ferritin) are normally processed in 48 hours. Communicating these results by SMS is our preferred method. Other, less commonly requested, tests may take longer.
	Read Code	Advice about investigation results information given: results of standard tests (FBC, ESR, CRP, U+Es, calcium, LFTs, TFTs, ferritin) are normally processed in 48 hours. Communicating these results by SMS is our preferred method. Other, less commonly requested, tests may take longer.
	Read Code	Blood sample taken
	Attachment	Attachment *Request Form from Dr J Maloney, Doctors, Priory Medical Group -> Dr J Maloney, Doctors, Priory Medical Group*

18-July-2016 Dr Jane Maloney Surgery

	Read Code	Serum total bilirubin level	7.0 umol/L
	Read Code	Urea and electrolytes	
	Read Code	Serum total protein level	73.0 g/L
	Read Code	Serum creatinine level	67.0 umol/L
	Read Code	Serum alanine aminotransferase level	15.0 iu/L
	Read Code	Liver function tests	
	Read Code	Serum potassium level	4.4 mmol/L
	Read Code	Serum sodium level	140.0 mmol/L
	Read Code	Serum urea level	5.4 mmol/L
	Read Code	Serum cholesterol level	4.3 mmol/L
	Read Code	Serum alkaline phosphatase level	107.0 iu/L
	Read Code	GFR calculated abbreviated MDRD	90.0 mL/min/1.73m*2
	Read Code	Serum albumin level	43.0 g/L
19-July-2016		**Urea and electrolytes;Liver function tests;Serum cholesterol level**Clinical Information: Diabetes mellitus: **Normal**	

18-July-2016 Qasib Nazir Surgery

	Attachment	Attachment *Accident and Emergency Letter from York Hospital -> Dr P Priory Medical Group, Priory Medical Group*

18-July-2016 Dr Jane Maloney Surgery

	Read Code	Haemoglobin A1c level - IFCC standardised Above high reference limit 48.0 mmol/mol
19-July-2016		**Haemoglobin A1c level - IFCC standardised**Rapd drop in HbA1c - has lost a lot of weight. Should he change meds?, Clinical Information: Diabetes mellitus: **Borderline**

08-July-2016 Lynne Wootton Surgery

	Attachment	Attachment *Appointment Letter from Mrs L Wootton, -> Mr J Cavanagh,*

08-July-2016 Lynne Wootton Surgery

	Attachment	Attachment *Appointment Letter from Mrs L Wootton, -> Mr J Cavanagh,*

THIRD PARTY COPY

08-July-2016 Dr Jane Maloney Surgery

Read Code	[X]Depressive episode, unspecified
Read Code	Patient health questionnaire (PHQ-9) score 12.0
Comment	History UC low mood. poor mobility with knees. Sleeps 5 hours a night eating OK. Weight loss 3 stone in 2 months. Started smoking heroin 6 months ago, saw lifeline yesterday about coming off it - was on it many years ago. Diabetic on insulin. Mood - low as doesn't get out, sits watching telly all day. In pain. Thoughts of DSH but wou;ldn't act on them as has a wife and daughter.
Comment	Plan 1. Start SSRI although told i think this could be becuse of his situation. 2. C/T seeing lifeline re heroin 3. See diabetic nurse - may need to change dose of insulin as he has lost weight 4. I am assuming the weight loss is due to the eheroin - may need adressing at some point 5. R/V by phone 2w.6. Take PPI if on aspirin ibuprofen and SSRI
Read Code	Medication review done

04-July-2016 Dr James Mcnay Surgery

Comment	History UC Says to me he has a 6 month addiction to heroin wants tocome off iot asking for some diaze's to help him off it.
Comment	Plan directed to lifeline - given their phone number

23-Jun-2016 Mrs Susan Kenyon Surgery

19-Jun-2016 Kathryn Gibson Surgery

Comment	Comment Emergency Ambulance Response

19-Jun-2016 Kathryn Gibson Surgery

Attachment	Attachment *Accident and Emergency Letter from York Hospital -> Dr P Priory Medical Group, Priory Medical Group*

19-Jun-2016 Kathryn Gibson Surgery

Attachment	Attachment *Out of Hours from Yorkshire Ambulance Service NHS Trust -> Dr P Priory Medical Group, Priory Medical Group*

17-Jun-2016 Dr Julianne Hewitson Tang Hall Surgery, Surgery

Comment	Comment Did not attend for Urgent Care appointment with Dr Julianne D Hewitson
Read Code	Did not attend

17-Jun-2016 Dr Christopher Bennett Tang Hall Surgery, Surgery

Comment	History Under cardiology- awaiting angiogram now. Needs to be on aspirin, has GTn spray and used. 5days before angio to start clopidogrel. Explained re rasied WCC and eosinophilia, lymphocytosis- haematology have arranged to see him and further Ix.
Comment	Plan As finishing mentioning worsening rectal bleeding from last week- painful ++. Felt to be a fissure??- needs assessing- appt given in UC this pm

16-Jun-2016 Stephanie Holloway Surgery

Comment	Comment Advice & Guidance Response: Dear Dr Bennett Mr John Cavanagh DOB: 22-SEP-1963 15, Etty Avenue, YORK, YO10 3TJ Casenote: 99/39862 NHS Number: 400 079 4191 ADVICE & GUIDANCE LETTER ONLY Thank you for your letter regarding this gentleman who has a persistently raised white cell count and eosinophilia. This is most likely reactive particularly in view of his slight lymphocytosis as well. However, I am concerned with the fact that he has been getting chest pain and being investigated by the cardiologists. I therefore feel that we should see him and send his blood for a JAK2 PCR and to look for evidence of a myeloproliferative condition. I have therefore taken the liberty of arranging an appointment for him and if you have any objection to this please let me know. Yours sincerely DR L MUNRO Consultant Haematologist

THIRD PARTY COPY

09-Jun-2016 Dr John Robinson Surgery

Read Code	Medication review done
Comment	History haemorrhoid pain, consitpation worse last couple of days. tried laxido 4 scahets a day for some time wants to change this, been using anusol
Comment	Examination obvious haemorrhoid externally, PR not performed as would be painful
Comment	Diagnosis haemorrhoid, possible fissure, constipation.
Comment	Plan change laxido to lactyulose, add senna, can use supps that has at home as well if needed. uniroid ointment. if not settling might need microenema at home or consider docusate.

09-Jun-2016 Joanne Anderson Surgery

Comment	History UC. Painful haemorrhoids.
Comment	Plan TCI for review later today.

09-Jun-2016 Mrs Pauline Harper Surgery

Attachment	Attachment *Hospital Letter from Dr L Munro, Haematology Consultant, York Hospital -> Dr P Priory Medical Group, Priory Medical Group*

08-Jun-2016 Mrs Kelly Riley Surgery

Read Code	Choice and booking enhanced services administration
Referral	Referral . *Referral Type: Hospital; Sender: Dr Christopher Bennett; Referral Status: Waiting For Information*
Read Code	Referral to haematology service

06-Jun-2016 Georgina Simms Surgery

Comment	History Blood sample taken
Attachment	Attachment *Request Form from Dr C Bennett, Doctors, Priory Medical Group -> Dr C Bennett, Doctors, Priory Medical Group*
Read Code	Blood sample taken

06-Jun-2016 Dr John Robinson Surgery

Film/Manual WBC Diff Film/Manual WBC Diff: Results reviewed and reported by PB Clinical Information: No clinical details given: **Normal**

06-Jun-2016 Dr John Robinson Surgery

Read Code	Red blood cell count	4.96 10^12/L
Read Code	Eosinophil count - observation Above high reference limit	1.0 10^9/L
Read Code	Haemoglobin concentration	152.0 g/L
Read Code	Neutrophil count	7.3 10^9/L
Read Code	Mean cell volume	90.0 fL
Read Code	Total white blood count Above high reference limit	13.7 10^9/L
Read Code	Haematocrit	0.444
Read Code	Mean cell haemoglobin level	30.6 pg
Read Code	Monocyte count - observation	1.2 10^9/L
Read Code	Basophil count	0.1 10^9/L
Read Code	Full blood count	
Read Code	Lymphocyte count	4.2 10^9/L
Read Code	Platelet count - observation	247.0 10^9/L

Full blood countraised white cells similar to previous tests, raised eosinophils, Clinical Information: No clinical details given: **Abnormal, but expected**

17-May-2016 Mrs Susan Kenyon Surgery

10-May-2016 Bethany Hoggarth-Hall Surgery

10-May-2016 Dr John Robinson Surgery

Read Code	Medication review done

28-Apr-2016 Mrs Jane Knaggs Surgery

Read Code	Diabetic retinopathy screening refused

28-Apr-2016 Cristiana Frasina Surgery

Attachment	Attachment *Retinal Screening from North Yorkshire Retinal Screening Service -> Priory Medical Group*

26-Apr-2016 *** **********

Free Text	*****

THIRD PARTY COPY

26-Apr-2016 *** **********

Free Text *****

26-Apr-2016 Kathryn Gibson Surgery

Attachment Attachment
DNA Letter from Podiatry, Tang Hall Clinic -> Priory Medical Group

25-Apr-2016 Georgina Simms Surgery

Comment History Blood sample taken
Read Code Blood sample taken

22-Apr-2016 Joanne Anderson Park View Surgery, Surgery

Attachment Attachment
Request Form from Mrs J Anderson (code: PN1), Nurses, Priory Medical Group -> Biochem form, Pathology Department, York Hospital

19-Apr-2016 Mrs Karen Turner Surgery

Read Code ECG normal
Read Code Chest pain

19-Apr-2016 Mrs Susan Lumb Surgery

Attachment Attachment
Clinic Letter from Dr M Pye, Cardiology Consultant, York Hospital -> Dr P Priory Medical Group, Priory Medical Group

19-Apr-2016 Mrs Karen Turner Surgery

Read Code	O/E - weight	100.0 Kg
Read Code	O/E - Diastolic BP reading	76.0 mmHg
Read Code	Pulse rate	88.0 bpm
Read Code	Ex-smoker	
Read Code	O/E - Systolic BP reading	128.0 mmHg

18-Apr-2016 *** **********

Free Text *****

18-Apr-2016 *** **********

Free Text *****

18-Apr-2016 *** **********

Free Text *****

14-Apr-2016 Lauren Kelly Surgery

11-Apr-2016 Mrs Pauline Harper Surgery

Read Code Short message service text message received from patient Type: Appointment Reminder Status: Reply Received Message: Cancel.

01-Apr-2016 *** **********

Free Text *****

29-Mar-2016 *** **********

Free Text *****

15-Mar-2016 Jill Bargate Surgery

08-Mar-2016 Katy Maskell-Edwards Surgery

Read Code Referral to cardiology service
Referral Referral . *Recipient: Referral Support Services; Referral Type: Hospital; Sender: Dr Christopher Bennett; Referral Status: Waiting For Information*
Attachment Attachment
from Dr C Bennett, Park View Surgery -> Referral Support Services

07-Mar-2016 Dr Christopher Bennett Tang Hall Surgery, Surgery

Read Code Ex-smoker
Read Code Reason for referral cardiology- ischaemic heart disease
Comment Plan Outbound referral
Read Code Outbound referral

THIRD PARTY COPY

04-Mar-2016 Dr Christopher Bennett Tang Hall Surgery, Surgery

Read Code	Ex-smoker
Read Code	[D]Chest pain
Attachment	Attachment *Request Form from Dr C Bennett, Doctors, Priory Medical Group -> Biochem form, Pathology Department, York Hospital*
Comment	History CXR normal. FBC- raised WCC and lymphocytes- appears to be slowly creeping up. Chol 47., HBA1c 86 (under diabetic nurse and improving- was 116) Hasnt come in as worried re crutches and rain. Revisited hx- no change, brother Mis in late 40's/early 50's
Comment	Diagnosis [D]Chest pain
Comment	Plan I will refer cardiology given R Factors- smoker 30/day for 25yrs, stopped 4yrs, T2Dm, Fhx, male , middle age. If persist or change then will seek review/advice. NOTE FBC and raised lymphocytes- rpt first, if still I will speak to haematology
Read Code	Smoking cessation advice

04-Mar-2016 *** **********

Free Text *****

04-Mar-2016 *** **********

Free Text *****

25-Feb-2016 *** **********

Free Text *****

25-Feb-2016 *** **********

Free Text *****

24-Feb-2016 Joanne Anderson Surgery

Read Code	Daily seizures
Comment	Examination Improvement in Hba1c since restarted glipizide(HbA1c now 86 from 116).
Comment	Plan Happy to increase glipizide to 5mg twice Daily seizures Check HbA1c 2 months

23-Feb-2016 Dr James Mcnay Surgery

Read Code QRISK2 cardiovascular disease 10 year risk score 15.14 %

23-Feb-2016 Dr Christine Johnston Surgery

Comment Comment normal no action

23-Feb-2016 Mrs Jane Knaggs Surgery

Read Code Standard chest X-ray

23-Feb-2016 Mrs Valerie Howlett Surgery

Attachment Attachment
Radiology from York Hospital -> Dr P Priory Medical Group, Priory Medical Group

22-Feb-2016 Sylvia Barlow Surgery

Attachment Attachment
Appointment Letter from Mrs S Barlow, -> Mr J Cavanagh,

22-Feb-2016 Georgina Simms Surgery

Read Code	Blood sample taken
Comment	History Blood sample taken

THIRD PARTY COPY

22-Feb-2016 Dr Christopher Bennett Tang Hall Surgery, Surgery

	Read Code	Smoking cessation advice	
	Read Code	Referral to podiatry service	
	Attachment	Attachment *Request Form from Dr C Bennett, Doctors, Priory Medical Group -> X-Ray, Referral Forms*	
	Attachment	Attachment *Request Form from Dr C Bennett, Doctors, Priory Medical Group -> Biochem form, Pathology Department, York Hospital*	
	Attachment	Attachment *from Dr C Bennett, Park View Surgery -> Podiatry (YHFT), Referral Forms*	
	Read Code	[D]Chest pain	
	Referral	Referral . *Recipient: Podiatry (YHFT), Referral Forms; Referral Type: Hospital; Sender: Dr Christopher Bennett; Referral Status: Waiting For Information*	
	Read Code	Outbound referral	
	Read Code	O/E - heart sounds normal	
	Read Code	O/E - Diastolic BP reading	76.0 mmHg
	Read Code	Alcohol intake	0.0 Units/Week
	Read Code	O/E - Systolic BP reading	120.0 mmHg
	Read Code	Callosity	
	Comment	History Past 8-9m getting sharp pains in chest, central and to the left. Like he is being poked. everyday, can be several times a day. Feels like pressure thing. Noticed when resting, can also get when exertes himself. Moves arm and then after a few minutes settle. Moves down chest. Not indigestion type pain. No heartburn. No new SOB (ongoing for years)/light headedness, just has to stretch himself. 7/10. No previous heart problems. FHx- dad died age MI 62, brother had few Mis. No new chest symptoms- ongoing cough, no blood. Some weight loss with diabetic meds	
	Comment	Examination 120 / 76mmHgPulse 82 regular. No chest wall tenderness. O/E - heart sounds normal (24B1.)Resp. system examined - NAD (XE1hE)	
	Comment	Diagnosis [D]Chest pain	
	Comment	Plan Atypical pains BUT enough R Factors that i feel this needs ix. CXR first and bloods- needs FBC/chol. ?refer cardiology for assessment afterwards.	
	Comment	History Diabetic pt. Not under podiatry. Sore outer right foot.	
	Comment	Examination hard skin ++++ outer right foot. Not infected but inflammed. Pedal pulses felt, warm feet	
	Comment	Diagnosis Callosity	
	Comment	Plan Needs to be under podiatry- will refer before this breaks down Outbound referral	
	Read Code	Ex-smoker	
	Read Code	Resp. system examined - NAD	

22-Feb-2016 Georgina Simms Surgery

	Comment	History Blood sample taken
	Read Code	Blood sample taken

22-Feb-2016 Dr James Mcnay Surgery

	Read Code	Serum cholesterol level Chol is adequate for monitoring treatment,if HDL&Trigs are normal	4.7 mmol/L
	Read Code	Serum HDL cholesterol level	1.1 mmol/L
	Read Code	Haemoglobin concentration	160.0 g/L
	Read Code	Serum non high density lipoprotein cholesterol level	3.6 mmol/L
	Read Code	Mean cell volume	89.0 fL
	Read Code	Monocyte count - observation	1.2 10^9/L
	Read Code	Red blood cell count	5.18 10^12/L
	Read Code	Neutrophil count	7.1 10^9/L
	Read Code	Basophil count	0.1 10^9/L
	Read Code	Serum cholesterol/HDL ratio	4.3 mmol/mmol
	Read Code	Platelet count - observation	261.0 10^9/L
	Read Code	Eosinophil count - observation Above high reference limit	1.0 10^9/L
	Read Code	Mean cell haemoglobin level	30.9 pg
	Read Code	Full blood count	
	Read Code	Total white blood count Above high reference limit	14.4 10^9/L
	Read Code	Lymphocyte count Above high reference limit	5.0 10^9/L
	Read Code	Haematocrit	0.463
23-Feb-2016		**Serum cholesterol level;Serum HDL cholesterol level;Cholest./HDL ratio;Full blood count**Has f/u with you - WCC slighttly up cholesterol borderline, Cholest./HDL ratio: Non-HDL cholesterol now reported as recommended in NICE CG 181 Clinical Information: Chest pain: **Unknown**	

22-Feb-2016 Joanne Anderson Surgery

	Read Code	Haemoglobin A1c level - IFCC standardised Above high reference limit	86.0 mmol/mol
23-Feb-2016		**Haemoglobin A1c level - IFCC standardised**improving ?further increase SU, Clinical Information: RESTARTED GLIPIZIDE: **Abnormal, but expected**	

THIRD PARTY COPY

22-Feb-2016 Dr Christopher Bennett Tang Hall Surgery, Surgery

24-Feb-2016 **Film/Manual WBC Diff**Film/Manual WBC Diff: Neutrophils show a left shift in nuclear segmentation Slight lymphocytosis A few activated lymphocytes Eosinophils + Blood Film reviewed and reported by DR Clinical Information: Chest pain: **Abnormal**

19-Feb-2016 Joanne Anderson Surgery

Attachment Attachment
Request Form from Mrs J Anderson (code: PN1), Nurses, Priory Medical Group -> Biochem form, Pathology Department, York Hospital

01-Feb-2016 Sarah Eden Surgery

01-Feb-2016 Sarah Eden Surgery

25-Jan-2016 Lindsey Potts Surgery

05-Jan-2016 Asha Reilly Surgery

30-Dec-2015 Sarah Eden Surgery

18-Dec-2015 Joanne Anderson Surgery

Read Code Medication review done
Comment History HbA1c remains elevated on repeat Hba1c. Looking back through note had stopped glipizide when started lixisenatide.
Comment Plan Restart glipizide at 5mg once daily. Recheck Hba1c 2 months.

17-Dec-2015 Georgina Simms Surgery

Read Code Blood sample taken
Comment History Blood sample taken

17-Dec-2015 Joanne Anderson Surgery

Read Code Haemoglobin A1c level - IFCC standardised Above high 116.0 mmol/mol reference limit
Haemoglobin A1c level - IFCC standardised Clinical Information: Diabetes mellitus: **Abnormal, but expected**

17-Dec-2015 Joanne Anderson Surgery

Read Code	Mean cell volume	86.0 fL
Read Code	Haematocrit	0.448
Read Code	Neutrophil count	6.9 10^9/L
Read Code	Full blood count	
Read Code	Red blood cell count	5.21 10^12/L
Read Code	Basophil count	0.1 10^9/L
Read Code	Platelet count - observation	226.0 10^9/L
Read Code	Eosinophil count - observation	0.6 10^9/L
Read Code	Total white blood count Above high reference limit	13.2 10^9/L
Read Code	Monocyte count - observation	1.0 10^9/L
Read Code	Mean cell haemoglobin level	30.3 pg
Read Code	Haemoglobin concentration	158.0 g/L
Read Code	Lymphocyte count Above high reference limit	4.6 10^9/L

Full blood count Clinical Information: Diabetes mellitus: **Abnormal**

17-Dec-2015 Joanne Anderson Surgery

Film/Manual WBC Diff Film/Manual WBC Diff: Results reviewed and authorised by BMS Clinical Information: Diabetes mellitus: **Unknown**

16-Dec-2015 Joanne Anderson Surgery

Attachment Attachment
Request Form from Mrs J Anderson (code: PN1), Nurses, Priory Medical Group -> Biochem form, Pathology Department, York Hospital
Comment Examination Recent deterioration in Hba1c despite weight loss and taking all meds.
Comment Plan Needs HbA1c repeating and also check FBC to make sure no anaemia.

16-Dec-2015 Mrs Valerie Howlett Surgery

Read Code Short message service text message sent to patient
Type: Appointment Reminder Status: Message Delivered
Message: This is to remind you of your appointment at 11:02 on Thu 17 Dec at Tang Hall Lane Surgery. If you cannot attend text CANCEL to 07800008113.

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11-Dec-2015 Joanne Anderson Surgery

Attachment	Attachment *Request Form from Mrs J Anderson (code: PN1), Nurses, Priory Medical Group -> Biochem form, Pathology Department, York Hospital*

11-Dec-2015 Joanne Anderson Surgery

Read Code	Seasonal influenza vaccination	
Read Code	O/E - L.dorsalis pedis present	
Read Code	Depression screening using questions	
Read Code	O/E - Left diabetic foot at moderate risk	
Read Code	O/E - weight	98.0 Kg
Vaccination	Enzira Inactivated Influenza Vaccine (WYETH/CSL) *Batch: 30349421A~, Dose: 0.5ml*	
Read Code	Body mass index - observation	35.563946 Kg/m²
Read Code	Medication review done	
Read Code	Diabetic on diet only	
Comment	Examination Commenced lixisenatide in september. managing injections daily, has lost a lot of weight. Bloods taken. Bp below target.	
Comment	Plan Seasonal influenza vaccination Will bring urine for ACR. Await bloods and i will phone next week.	
Read Code	10g monofilament sensation L foot abnormal	
Read Code	Diabetic 6 month review	
Read Code	O/E - R.dorsalis pedis present	
Read Code	10g monofilament sensation R foot abnormal	
Read Code	O/E - Right diabetic foot at moderate risk due to old traumatic foot injury	
Read Code	Diabetic on subcutaneous treatment	
Read Code	Assessment for dementia	

11-Dec-2015 Adele Stewart Surgery

Read Code	Haemoglobin A1c level - IFCC standardised Above high reference limit	117.0 mmol/mol

Haemoglobin A1c level - IFCC standardised Large increase - needs reviewing appointment with Jo Anderson 16/12/2015, Clinical Information: Diabetes mellitus: **Abnormal, but expected**

11-Dec-2015 Adele Stewart Surgery

Read Code	Serum alkaline phosphatase level Above high reference limit	131.0 iu/L
Read Code	Liver function tests	
Read Code	Serum total bilirubin level	8.0 umol/L
Read Code	Serum albumin level	46.0 g/L
Read Code	Serum alanine aminotransferase level	19.0 iu/L
Read Code	Serum total protein level	74.0 g/L
Read Code	Serum cholesterol level	4.4 mmol/L

Liver function tests;Serum cholesterol level Clinical Information: Diabetes mellitus: **Satisfactory**

11-Dec-2015 Adele Stewart Surgery

Read Code	Serum potassium level	4.8 mmol/L
Read Code	Urea and electrolytes	
Read Code	Serum sodium level	133.0 mmol/L
Read Code	Serum urea level	6.0 mmol/L
Read Code	GFR calculated abbreviated MDRD	90.0 mL/min/1.73m*2
Read Code	Serum creatinine level Below low reference limit	54.0 umol/L

Urea and electrolytes Please discuss in review, Clinical Information: Diabetes mellitus: **Abnormal**

10-Dec-2015 Mrs Pauline Harper Surgery

Read Code	Short message service text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: This is to remind you of your appointment at 10:35 on Fri 11 Dec at Tang Hall Lane Surgery. If you cannot attend text CANCEL to 07800008113.

01-Dec-2015 Jill Bargate Surgery

26-Nov-2015 Mrs Joanne Robinson Surgery

26-Nov-2015 Mrs Joanne Robinson Surgery

11-Nov-2015 Ms Gillian Baigrie Surgery

Attachment	Attachment *Letter to Patients from Priory Medical Group -> Mr J Cavanagh,*

11-Nov-2015 Joanne Anderson Surgery

Comment	Plan Tried phoning as per task. No reply - text sent asking to contact the surgery so we can make an appointment.

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05-Nov-2015 Cristiana Frasina Surgery

Read Code	Short message service text message received from patient Type: Appointment Reminder Status: Reply Received Message: Cancel.

05-Nov-2015 Cristiana Frasina Surgery

Read Code	Short message service text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: This is to remind you of your appointment at 14:45 on Fri 06 Nov at Park View Surgery. If you cannot attend text CANCEL to 07800008113.

30-Oct-2015 Dr Iqbal Hussain Surgery

27-Oct-2015 Charlotte Genever Surgery

Attachment	Attachment *Letter to Patients from Priory Medical Group -> Mr J Cavanagh,*

13-Oct-2015 Cristiana Frasina Surgery

Attachment	Attachment *GOS18 report from Specsavers -> Priory Medical Group*

08-Oct-2015 Joanne Anderson Park View Surgery, Surgery

Read Code	Medication review done
Comment	History Telephone call - running out of lixisenatide and not on repeat.
Comment	Plan Added to repeat and has an appt for review soon.

08-Oct-2015 Mrs Susan Kenyon Surgery

08-Oct-2015 Samantha Rafton Surgery

22-Sept-2015 Adele Stewart Surgery

Comment	History Telephone call Patient coping well with injection no side effects reported. Feeling well.
Comment	Plan to see in 1 month - appointment made.

21-Sept-2015 Adele Stewart Surgery

Comment	History telephone call to patient - no answer on mobile@ 14:50.

18-Sept-2015 Adele Stewart Surgery

Comment	History Telephone call to patient Started on lixisenatide 2 days ago. Patient coping with injections well - no side-effects noted. Happy to continue.
Comment	Plan for telephone call on Monday.

18-Sept-2015 Matthew Barker Surgery

16-Sept-2015 Adele Stewart Surgery

Read Code	Body mass index - observation	39.918713 Kg/m²
Read Code	Smoker	
Read Code	Education : Treatment and prevention of hypoglycaemia	
Read Code	O/E - Diastolic BP reading	78.0 mmHg
Read Code	C/O erectile dysfunction	
Read Code	Alcohol units per week	0.0 Units/Week
Read Code	Diabetic dietary review	
Read Code	O/E - weight	110.0 Kg
Read Code	Diabetic on subcutaneous treatment	
Read Code	O/E - Systolic BP reading	134.0 mmHg
Read Code	Pulse rate	82.0 bpm
Read Code	Haemoglobin A1c level - IFCC standardised	78.0 mmol/mol
Read Code	O/E - pulse rhythm regular	
Read Code	Serum cholesterol level	4.0 mmol/L

THIRD PARTY COPY

16-Sept-2015 Adele Stewart Surgery

Read Code	GFR calculated abbreviated MDRD	90.0 mL/min/1.73m*2
Read Code	Education : The importance of diet	
Read Code	Patient medication advice	
Read Code	Education : Insulin injection technique	
Read Code	Education : Sharps disposal	
Read Code	Education : Rationale of treatment and use of tablets/insulin (diabetes)	
Read Code	Diabetic drug side effects	
Comment	History stopped sitagliptin and glipizide (patient only taking 1 once daily).	
Comment	Examination Injection technique demonstrated and patient happy to commence. Written information given on Lixisenatide - injection technique and Diabetes.	
Comment	Plan to start on 10mcg injection - patient happy to commence. Stopped meds accordingly. For phone call in 4 days - task sent. Review with bloods in 3 months.	
Read Code	Education : Hypoglycaemia	
Read Code	Patient advised to inform DVLA	

15-Sept-2015 Kathryn Gibson Surgery

Read Code	Short message service text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Patient, this is to remind you of your appointment at 10:30 on Wednesday 16 September at Tang Hall Lane Surgery. If you cannot attend, please text CANCEL to 07800008113..

09-Sept-2015 Mrs Jane Knaggs Surgery

09-Sept-2015 Mrs Jane Knaggs

Attachment	Attachment *Letter to Patients from Mrs J Knaggs, Priory Medical Group -> Mr J Cavanagh,*

09-Sept-2015 Mrs Pauline Harper Surgery

Read Code	Short message service text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Patient, this is confirmation of your appointment at 10:30 on Wed, 16 Sep at Tang Hall Lane Surgery. If unable to attend please send CANCEL to 07800008113.

08-Sept-2015 Dr Richard Thompson Surgery

Read Code	Has authorisation for medication under PSD Having confirmed that influenza vaccination is indicated, this instruction is a patient specific directive that inactivated influenza vaccine may be administered by intramuscular injection by any suitably trained health care assistant to this patient in line with BNF dose recommendations.

04-Sept-2015 Dr Christopher Bennett Surgery

Attachment	Attachment *Letter to Patients from Priory Medical Group -> Mr J Cavanagh,*

03-Sept-2015 Lauren Kelly Surgery

02-Sept-2015 Kathryn Gibson Surgery

Read Code	Short message service text message sent to patient Type: Appointment Reminder Status: Message Delivery Failed Message: Dear Patient, this is to remind you of your appointment at 15:30 on Tuesday 18 August at Tang Hall Lane Surgery. If you cannot attend, please text CANCEL to 07800008113..

02-Sept-2015 Kathryn Gibson Surgery

Read Code	Short message service text message sent to patient Type: Appointment Reminder Status: Message Delivery Failed Message: Dear Patient, this is confirmation of your appointment at 15:30 on Tue, 18 Aug at Tang Hall Lane Surgery. If unable to attend please send CANCEL to 07800008113.

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05-Aug-2015 Joanne Anderson Clementhorpe, Cherry Street, Surgery

Comment	History Telephoned me as concerned re rise in BG readings. Is taking almost max oral treatment. We have discussed GLP1 in the past and is keen to try.Is overweight and awaiting foot op so further increase in sulphonylurea will not aid this.Renal function good.
Comment	Plan Appt made to discuss further/start GLP1. Will continue current meds until then.

04-Aug-2015 Lauren Kelly Surgery

04-Aug-2015 Matthew Barker Surgery

Read Code	Patient allocated named accountable general practitioner Added in bulk

04-Aug-2015 Matthew Barker Surgery

23-July-2015 Cristiana Frasina Surgery

Attachment	Attachment *Hospital Letter from Mr A Budgen, York Hospital (Orthopaedic Surgeon) -> Priory Medical Group*

23-July-2015 Mrs Sue Austin Surgery

Read Code	Removed from waiting list

20-July-2015 Mrs Karen Turner Surgery

Read Code	Haemoglobin A1c level - IFCC standardised	78.0 mmol/mol

20-July-2015 Ms Linda Cook Surgery

Attachment	Attachment *Clinic Letter from S, Orthopaedic Surgeon, York Hospital -> Priory Medical Group*

16-July-2015 Dr Iqbal Hussain Surgery

Read Code	Cyst of epididymis
Comment	History UC noted small lump around left testicle for past 2 weeks non tender lump no change in lump in past 2 weeks wants to be checked over
Comment	Examination testticles-normal, no lumps small (1-2mm) epidiydmal cyst on left side; non tender
Comment	Diagnosis Cyst of epididymis
Comment	Plan reassured, benign pathology if increase in size or develops pain from area then for further review- organise scrotal USS

15-July-2015 Keelin O'Connell Surgery

07-July-2015 Michelle Smith Surgery

Attachment	Attachment *Letter to Patients from Priory Medical Group -> Mr J Cavanagh,*

07-July-2015 Jill Bargate Surgery

Attachment	Attachment *Letter to Patients from Priory Medical Group -> Mr J Cavanagh,*

07-July-2015 Asha Reilly Surgery

22-Jun-2015 Dr Christopher Bennett Surgery

Comment	History Now diabetes much better controlled wants referral back to Mr Budgeon
Comment	Plan Express re referal form completed

22-Jun-2015 Caroline Wright Surgery

18-Jun-2015 Joanne Anderson Surgery

Read Code	Patient on maximal tolerated therapy for diabetes

18-Jun-2015 Joanne Anderson Surgery

Comment	History HbA1c and chol improving.
Comment	Plan Increase glipizide to 2 tablets daily, see again 3 months at annual review.

THIRD PARTY COPY

12-Jun-2015 Joanne Anderson Surgery

Read Code	Haemoglobin A1c level - IFCC standardised reference limit	Above high 63.0 mmol/mol
13-Jun-2015	**Haemoglobin A1c level - IFCC standardised**Clinical Information: Diabetes mellitus: **Abnormal, but expected**	

12-Jun-2015 Joanne Anderson Surgery

Read Code	Serum alkaline phosphatase level	101.0 iu/L
Read Code	Serum cholesterol level	4.0 mmol/L
Read Code	Serum potassium level	4.2 mmol/L
Read Code	Serum sodium level	137.0 mmol/L
Read Code	Serum creatinine level	73.0 umol/L
Read Code	Serum alanine aminotransferase level	24.0 iu/L
Read Code	Urea and electrolytes	
Read Code	Serum urea level	4.9 mmol/L
Read Code	Serum total protein level	75.0 g/L
Read Code	Serum total bilirubin level	7.0 umol/L
Read Code	GFR calculated abbreviated MDRD	90.0 mL/min/1.73m*2
Read Code	Liver function tests	
Read Code	Serum albumin level	43.0 g/L
	Serum cholesterol level;Glom.Filt.Rate MDRD;Liver function tests;Urea and electrolytes Glom.Filt.Rate MDRD: Clinical Information: Diabetes mellitus: **Satisfactory**	

12-Jun-2015 Joanne Anderson Surgery

Read Code	Alcohol units per week	0.0 Units/Week
Read Code	Free prescriptions	
Read Code	Health education - alcohol	
Read Code	Health education - exercise difficult due to mobility	
Read Code	Patient advised to inform insurance company non driver	
Read Code	O/E - weight	108.0 Kg
Read Code	Diabetic on oral treatment	
Read Code	Smoking cessation advice	
Read Code	O/E - Diastolic BP reading	76.0 mmHg
Read Code	Education : Treatment and prevention of hypoglycaemia	
Comment	Examination No recent diabetes bloods - same taken. BP good. Hasn't attended retinal screening as says difficult to get to hospital - aware that can have transport but not keen.	
Comment	Plan Await bloods and i will phone next week. Will drop in urine sample for ACR.	
Read Code	Education : Signs and symptoms of hypoglycaemia	
Read Code	Diabetic dietary review	
Read Code	Body mass index - observation	39.192917 Kg/m²
Read Code	Smoker occasional	
Read Code	Medication review done	
Read Code	O/E - Systolic BP reading	130.0 mmHg
Read Code	Diabetic retinopathy screening refused due to transport	

11-Jun-2015 Joanne Anderson Surgery

Attachment	Attachment *Request Form from Mrs J Anderson (code: PN1), Nurses, Priory Medical Group -> Biochem form, Pathology Department, York Hospital*

11-Jun-2015 Kathryn Gibson Surgery

Read Code	Short message service text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Patient, this is to remind you of your appointment at 10:35 on Friday 12 June at Tang Hall Lane Surgery. If you cannot attend, please text CANCEL to 07800008113..

05-Jun-2015 Cristiana Frasina Surgery

Read Code	Short message service text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Patient, this is confirmation of your appointment at 10:35 on Fri, 12 Jun at Tang Hall Lane Surgery. If unable to attend please send CANCEL to 07800008113.

20-May-2015 Charlotte Genever Surgery

Attachment	Attachment *Letter to Patients from Priory Medical Group -> Mr J Cavanagh,*

19-May-2015 Jill Bargate Surgery

Attachment	Attachment *Letter to Patients from Priory Medical Group -> Mr J Cavanagh,*

19-May-2015 Lynne Richardson Surgery

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13-May-2015 Cristiana Frasina Surgery

Read Code — Short message service text message received from patient Type: Appointment Reminder Status: Reply Received Message: I have appointment at 10 20 I'm sorry I can't make it thank you.

13-May-2015 Kathryn Gibson Surgery

Read Code — Short message service text message received from patient Type: Appointment Reminder Status: Reply Received Message: Cancel.

12-May-2015 Kathryn Gibson Surgery

Read Code — Short message service text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Patient, this is to remind you of your appointment at 10:22 on Wednesday 13 May at Tang Hall Lane Surgery. If you cannot attend, please text CANCEL to 07800008113..

06-May-2015 Kathryn Gibson Surgery

Read Code — Short message service text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Patient, this is confirmation of your appointment at 10:22 on Wed, 13 May at Tang Hall Lane Surgery. If unable to attend please send CANCEL to 07800008113.

29-Apr-2015 Mrs Jane Knaggs

Read Code — Diabetic retinopathy screening refused

29-Apr-2015 Kathryn Gibson Surgery

Attachment — Attachment
Retinal Screening from North Yorkshire Retinal Screening Service -> Priory Medical Group

23-Apr-2015 Jill Bargate Surgery

Attachment — Attachment
Letter to Patients from Priory Medical Group -> Mr J Cavanagh,

23-Apr-2015 Asia Pickup Surgery

11-Mar-2015 Dr Christopher Bennett Tang Hall Surgery, Surgery

Attachment — Attachment
Letter to Patients from Priory Medical Group -> Mr J Cavanagh,

Comment — History Mainly left medial knee pain. X-ray shows OA in this area. Since right ankle operation putting more weight in left leg.

Comment — Examination Crepitus ++ L knee. ROM ok. tender medial joint line L knee.

Comment — Plan Declines physio input. Plans in place for repeat HBA1C and chol end of the month. pain is the main issue and limiting factor- cant have NSAIds orally due to ulcers, already on pcm and topical NSAID. Codeine constipates him ++ and already on laxatives- declines upping these. Try tramadol with pcm initially. if any problems then change to a patch- will let me know

10-Mar-2015 Kathryn Gibson Surgery

Read Code — Short message service text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Patient, this is to remind you of your appointment at 15:00 on Wednesday 11 March at Tang Hall Lane Surgery. If you cannot attend, please text CANCEL to 07800008113..

04-Mar-2015 Kathryn Gibson Surgery

Read Code — Short message service text message sent to patient Type: Appointment Reminder Status: Message Delivered Message: Dear Patient, this is confirmation of your appointment at 15:00 on Wed, 11 Mar at Tang Hall Lane Surgery. If unable to attend please send CANCEL to 07800008113.

10-Feb-2015 Sarah Paylor Surgery

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30-Jan-2015 Dr Christopher Bennett Tang Hall Surgery, Surgery

Comment	History Pre arranged callback: Explained x-ray result. Slight more pronounced than 2012
Comment	Plan Advised needs appt to reassess if things no better

16-Jan-2015 Dr Julianne Hewitson Surgery

Comment	Comment XRAY LEFT KNEE- little loss joint space medially - poss sl more pronounced than in 2012. no other lesion

16-Jan-2015 Mrs Jane Knaggs Surgery

Read Code	Knee X-ray

16-Jan-2015 Mrs Valerie Howlett Surgery

Attachment	Attachment *Radiology from York Hospital -> Dr P Priory Medical Group, Priory Medical Group*

09-Jan-2015 Joanne Anderson Surgery

Read Code	Depression screening using questions	
Read Code	O/E - R.dorsalis pedis present	
Read Code	Self-monitoring of blood glucose	
Read Code	Health education - exercise	
Read Code	O/E - L.dorsalis pedis present	
Read Code	O/E - weight	108.0 Kg
Read Code	O/E - Left diabetic foot at low risk	
Vaccination	Enzira Inactivated Influenza Vaccine (WYETH/CSL) *Batch: 27849421A~, Dose: 0.5ml*	
Read Code	Assessment for dementia	
Read Code	O/E - Right diabetic foot at moderate risk	
Read Code	Education : Treatment and prevention of hypoglycaemia	
Read Code	10g monofilament sensation R foot abnormal	
Attachment	Attachment *Request Form from Mrs J Anderson (code: PN1), Nurses, Priory Medical Group -> Biochem form, Pathology Department, York Hospital*	
Read Code	Diabetic 6 month review	
Attachment	Attachment *Request Form from Mrs J Anderson (code: PN1), Nurses, Priory Medical Group -> Biochem form, Pathology Department, York Hospital*	
Read Code	10g monofilament sensation L foot normal	
Read Code	Health education - alcohol	
Read Code	Diabetic dietary review	
Read Code	Medication review done	
Read Code	Smoking cessation advice	
Read Code	Free prescriptions	
Comment	Examination Diabetes control poor. Commenced sitagliptin in October but only took for 1 month! Chat re importance of gaining control over diabetes as has been refused foot surgery because of poor control. Takes 1 tsp sugar in at least 15 cups of tea/day eats biscuits. Some neuropathy R foot but has had since foot injury in 1970's. Chol above target - is taking statin.	
Comment	Plan Try and reduce sugar content of diet. Happy to increase dose of atorvastatin to 40mg daily. Commence sitagliptin and recheck HbA1c, Chol and LFT's 3 months.	
Read Code	Education : Signs and symptoms of hypoglycaemia	
Read Code	Alcohol units per week	0.0 Units/Week
Read Code	Diabetic on oral treatment	
Read Code	Patient advised to inform insurance company non driver	
Read Code	Ex-smoker	
Read Code	Body mass index - observation	39.192917 Kg/m²

09-Jan-2015 Dr Christopher Bennett Tang Hall Surgery, Surgery

Read Code	Knee pain
Comment	History Several years ago had x-ray on L knee which showed OA. Since then operation on R ankle, using L leg more so and now L knee more painful. No swelling, feels like giving way, not locking. Grinding, cracking ++
Comment	Examination L knee : No significant swelling. Marked crepitus retropatellar. Reasonable ROM. Ligaments intact, Mcmurrays negative.
Comment	Diagnosis Knee pain
Comment	Plan Likely flared OA given stress been putting on his left leg. X-ray knee, try pcm with NSAId gel- not oral NSAIds as says pevious ulcers. review with results.
Attachment	Attachment *Request Form from Dr C Bennett, Doctors, Priory Medical Group -> X-Ray, Referral Forms*

02-Dec-2014 Dr Jane Maloney Surgery

Read Code	Medication review done

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02-Dec-2014 Charlotte Genever Surgery

06-Nov-2014 Mrs Elaine Harrison Surgery

Comment	History Telephoned to discuss results of recent blood tests, review blood sugars and check that sitagliptin was suiting him. Unfortunately he reports difficulty in using new machine. Appears has been putting blood on the top of the stick rather than at end. Will try further attempts.	
Comment	Plan Need some home monitoring before invreasing meds. Unable to offer a review appointment with me. Mr Cavanagh says he will contact reception to try to arrange a review at the sametime as his GP appointment	

28-Oct-2014 Mrs Elaine Harrison Surgery

Read Code	Body mass index - observation	39.192917 Kg/m²
Attachment	Attachment *Request Form from Mrs E Harrison, Priory Medical Group -> Biochem form, Pathology Department, York Hospital*	
Read Code	Depression screening using questions	
Read Code	Education : Signs and symptoms of hypoglycaemia	
Read Code	Ex-smoker	
Read Code	Assessment for dementia	
Read Code	Free prescriptions	
Read Code	Diabetic 6 month review	
Read Code	Chronic dis. monitoring NOS	
Read Code	O/E - weight	108.0 Kg
Read Code	Health education - alcohol	
Read Code	Diabetic on oral treatment	
Read Code	Brief intervention for physical activity completed	
Read Code	Self-monitoring of blood glucose	
Read Code	GPPAQ physical activity index: inactive	
Read Code	Diabetic dietary review	
Read Code	Pulse rate	78.0 bpm
Read Code	O/E - pulse rhythm regular	
Read Code	O/E - Diastolic BP reading	70.0 mmHg
Read Code	O/E - Systolic BP reading	124.0 mmHg
Read Code	C/O erectile dysfunction	
Comment	History See previous consultation. Hasn't had diabetes review for over a year and HbA1c is so high hospital have declined surgery. Discussed diet still taking suger in tea and drinks 20+ cups per day. Sweet tooth! Occasionally misses medication. Difficult consultation as upset re delay in surgery and his difficulty in attending appointments. No recent bloods so taken today	
Comment	Plan Agreed start sitagliptin. Measure blood glucose drop book into surgery next week and will telephone him next Thursday with results of bloods today and advice following review of home readings. May need referral to diabetes centre but need to maximise current therapy and address diet too meantime. Will need foot assessment, microalbumin and flu at next appointment.	
Read Code	Alcohol units per week	0.0 Units/Week

28-Oct-2014 Mrs Jackie Darlison Surgery

Read Code	Haemoglobin A1c level - IFCC standardised Above high reference limit	78.0 mmol/mol
29-Oct-2014	**Haemoglobin A1c level - IFCC standardised**Clinical Information: Type 2 diabetes mellitus: **Abnormal**	

28-Oct-2014 Dr Julianne Hewitson Surgery

Read Code	Liver function tests	
Read Code	Serum urea level	4.3 mmol/L
Read Code	Serum creatinine level Below low reference limit	63.0 umol/L
Read Code	Serum potassium level	4.4 mmol/L
Read Code	Serum sodium level	136.0 mmol/L
Read Code	Serum total bilirubin level	6.0 umol/L
Read Code	Serum total protein level	74.0 g/L
Read Code	Serum alanine aminotransferase level	23.0 iu/L
Read Code	Serum alkaline phosphatase level	101.0 iu/L
Read Code	Urea and electrolytes	
Read Code	Serum albumin level	43.0 g/L
Read Code	Serum cholesterol level	5.5 mmol/L
	Serum cholesterol level;Indices;Liver function tests;Urea and electrolyteson a statin - do we need to increasee to 40mg you are seeing 6/11 elaine, Indices: Sample slightly haemolysed - interpret results with caution Clinical Information: Type 2 diabetes mellitus: **Abnormal, but expected**	

28-Oct-2014 Dr Julianne Hewitson Surgery

Read Code	GFR calculated abbreviated MDRD	90.0 mL/min/1.73m*2
Read Code	Serum creatinine level Below low reference limit	63.0 umol/L
29-Oct-2014	**Glom.Filt.Rate MDRD**Glom.Filt.Rate MDRD: Clinical Information: Type 2 diabetes mellitus: **Normal**	

THIRD PARTY COPY

09-Oct-2014 Dr Julianne Hewitson Surgery

Comment History went for pre op assessment 2-3 weeks ago. was phoned 2 days ago and told cannot do op as blood sugars too high.says there has been discussion re starting him on injections. takes metformin and glipizide. Hba1c was 86 at pre op assessment .

Comment Plan has not had diabetic nurse assessment for a long time. needs to see diabetic nurse adn discuss treatment and then she can d/w doctor if necessary. he can let orthopaedics know he would be prepared to atay in hospital overnight if this means they will do surgery

09-Oct-2014 Cristiana Frasina Surgery

Attachment Attachment
Hospital Letter from Trauma & Orthopaedics, York Hospital -> Dr P Priory Medical Group, Priory Medical Group

23-Sept-2014 Mrs Jane Knaggs Surgery

23-Sept-2014 Mrs Jane Knaggs

Attachment Attachment
Letter to Patients from Mrs J Knaggs, Priory Medical Group -> Mr J Cavanagh,

19-Sept-2014 Cristiana Frasina Surgery

Attachment Attachment
Clinic Letter from Pre-Op assessment clinic, Orthopaedic Surgeon, York Hospital -> Dr P Priory Medical Group, Priory Medical Group

19-Sept-2014 Mrs Karen Turner Surgery

Read Code Haemoglobin A1c level - IFCC standardised 86.0 mmol/mol

17-Sept-2014 Matthew Barker Surgery

15-Sept-2014 Dr Julianne Hewitson Surgery

15-Sept-2014 Jacqueline Cartledge Surgery

10-Sept-2014 Mrs Janet Dobson Surgery

Read Code Drug changed to cost effective alternative Movical / macrogol switched to Laxido. NYHCSU Medicines Optimisation Technician.

Attachment Attachment
Miscellaneous from Priory Medical Group -> Mr J Cavanagh,

18-Aug-2014 Ms Linda Cook Surgery

Attachment Attachment
Clinic Letter from Mr Z, Orthopaedic Surgeon, York Hospital -> Dr P Priory Medical Group, Priory Medical Group

07-Aug-2014 Mrs Deborah Arthur Surgery

16-July-2014 Mr Amritpal Kalyan Surgery

16-July-2014 Mr Amritpal Kalyan Surgery

16-July-2014 Mr Amritpal Kalyan Surgery

Attachment Attachment
Letter to Patients from Mr A Kalyan, Priory Medical Group -> Mr J Cavanagh,

27-Jun-2014 Lynne Wootton Surgery

26-Jun-2014 Mrs Janice Bosworth Surgery

09-Jun-2014 Ms Linda Cook Surgery

Attachment Attachment
Clinic Letter from Mr A Budgen, Orthopaedic Surgeon, York Hospital -> Dr P Priory Medical Group, Priory Medical Group

THIRD PARTY COPY

06-Jun-2014 Dr Jane Maloney Surgery

Comment	History Epigastric pain 2 - 2 1/2 weeks. Constant, radiates to the back. Worse on laying on the back. Worse after eating, BO every 4d normal for him, BO 2 days ago eased the pain for a bit. Ex heavy alcohol user stopped 7 years ago. On PPI for 3 years. On ibuprofen 600mg takes not every day but takes 2 at a time. paracetamol has taken 4 tablets qds yesterday and the day before - then 4 today. He is worried aboutstomach cancer.
Comment	Examination Tender epigastrium murphy's sign negative.
Comment	Diagnosis Needs to exclude pancreatitis and cholecystitis - needs bloods. Probably is gastritis.
Comment	Plan Needs to go to A&E for paracetamol levels - as accidental overdose. See 10 days or so re stomach.
Read Code	Medication review done

06-Jun-2014 Dr Jane Maloney Surgery

Comment	History Pain still bad probably needs bloods to look for choelcystsitis.

06-Jun-2014 Ms Linda Cook Surgery

Attachment	Attachment *Accident and Emergency Letter from York Hospital -> Dr P Priory Medical Group, Priory Medical Group*

06-Jun-2014 Mrs Sue Austin Surgery

Read Code	Epigastric pain

02-Jun-2014 Dr Iqbal Hussain Home

Read Code	O/E - tympanic temperature 36.4 C
Comment	History 1 week hx of upper abdo pains: right and central "hollow sensation" no associated nausea/vomiting/fevers opens bowels 2-3 times a week doesnt drink alcohol no urinary symptoms not like usual indigestion symptoms bone marrow biopsy from right hip feb 2014 appendicectomy 2-3 years ago
Comment	Examination O/E - tympanic temperature 36.4 C not jaundiced abdo-snt, no masses, active bowel sounds comfortable
Comment	Diagnosis abdominal pain ?sluggish bowels ??HPB pathology
Comment	Plan advised rest, fluids, paracetamol increase movicol to 2 sachets daily for a week if no better in a weeks time or more unwell then for further review- consider bloods

02-Jun-2014 Dr Christopher Bennett Tang Hall Surgery, Surgery

Comment	History bone marrow aspirate 2m ago for ankle fusion. Pain in stomach 2wks now, no vomiting/dysphagia, bowels/urine no change. Been taking ibuprofen 600mg PRN. Hurts when he moves. Appetite fine, weight fine. No heartburn, more sharp pains.
Comment	Plan ? all gastric. pt cant get to surgery at all despite multiple attempts to get him to do so and much discussion on the phone- for HV

15-May-2014 Lorraine Hammerton Surgery

14-Apr-2014 Cristiana Frasina Surgery

Attachment	Attachment *Clinic Letter from Mr A Budgen, Orthopaedic Surgeon, York Hospital -> Dr P Priory Medical Group, Priory Medical Group*

14-Apr-2014 Mrs Sue Austin Surgery

Read Code	Ankle X-ray

02-Apr-2014 Dr Abigail Brooks Surgery

Read Code	Medication review done

02-Apr-2014 Dr Abigail Brooks Surgery

19-Mar-2014 Susan Whitfield Surgery

19-Mar-2014 Susan Whitfield Surgery

THIRD PARTY COPY

13-Mar-2014 Debbie Walker Surgery

Comment Comment Heather Mould Nurse on Ward 29 rang to advise us Mr Cavanagh had an operation carried out under general anaesthetic and discharged himself against medical advice at 13.45

13-Mar-2014 Mrs Lynn Coupland Surgery

Read Code Bone marrow aspiration
Read Code Injection of therapeutic substance

13-Mar-2014 Kathryn Gibson Surgery

Attachment Attachment
Discharge summary from York Hospital -> Priory Medical Group

26-Feb-2014 Kay Todd Surgery

Comment Comment urine sample requested re diab check

17-Feb-2014 Matthew Barker Surgery

17-Feb-2014 Matthew Barker Surgery

05-Feb-2014 Dr Kirsten Coe Park View Surgery, Surgery

Read Code Medication review done

05-Feb-2014 Dr Kirsten Coe Park View Surgery, Surgery

Comment Comment needs to make appnt for review please

04-Feb-2014 Georgina Simms Tang Hall Surgery, Surgery

21-Jan-2014 Mrs Debbie Ritchie Fulford Surgery, Home of Patient

Vaccination Enzira Inactivated Influenza Vaccine (WYETH/CSL) *Batch: 25549411a~, Dose: 0.5ml*

20-Jan-2014 Mrs Lynn Coupland Surgery

Read Code Computed tomography

20-Jan-2014 Kathryn Gibson Surgery

Attachment Attachment
Clinic Letter from Mr A Budgen, Orthopaedic Surgeon, York Hospital -> Dr P Priory Medical Group, Priory Medical Group

27-Dec-2013 Dr Iqbal Hussain Surgery

Read Code Haemorrhoid
Comment History UC 1 week hx of bleeding painful pile has been using preparation HC for it-ineffective; anusol usually more effective
Comment Examination PR exam-large pile at 3' o clock poisition
Comment Diagnosis Haemorrhoid (New Episode)
Comment Plan advised rest,comfortable seating position, fluids, fibre, analgesia trial with anusol HC cream if no better in 5 days or more unwell/large bleeds then may need to consider admission

17-Dec-2013 Mrs Lynn Coupland Surgery

Read Code Fundus photography

17-Dec-2013 Deborah Shipley Surgery

Attachment Attachment
Retinal Screening from North Yorkshire Retinal Screening Service -> Priory Medical Group

10-Dec-2013 Jill Bargate Home

THIRD PARTY COPY

06-Nov-2013 Gyles Morrison Surgery

Read Code	Heart rate	80.0 BPM
Read Code	Respiratory rate	15.0 breath/min
Read Code	O/E - tympanic membrane normal	
Read Code	Community acquired pneumonia	
Read Code	Wax in ear canal	
Read Code	Blood oxygen saturation	98.0 %
Read Code	O/E - tympanic membrane normal	
Read Code	Hearing loss	
Read Code	Productive cough-yellow sputum	
Comment	History Blocked left ear for 3months with Hearing loss left ear hearing difficulty.	
Comment	Examination Bilateral O/E - tympanic membrane normal Minimal ear wax in right ear. Ear wax in left ear. Reduced hearing in left ear. Can hear tuning fork much greater in right ear than left.	
Comment	Diagnosis Wax in ear canal	
Comment	Plan Use olive oil ear drops for at least 1month. If no improvement to hearing, to come back for a hearing test	
Comment	History For past few months, feels wheezy. Productive cough-yellow sputum throughout the day. Reduced mobility already present due to fused right ankle and pain.	
Comment	Examination O/E patient feels well (XM10u)Coughing during consultation. Minimal wheeze on chest, cleared when coughed. No basal crackles. Blood oxygen saturation (X7708) 98 %Heart rate (X773r) 80 BPMRespiratory rate (X774f) 15 breath/min	
Comment	Diagnosis Community acquired pneumonia	
Comment	Plan Course of 7 days amoxicillin 50mmg TDS, 5 days prednisolone 40mg OD	
Read Code	O/E patient feels well	

28-Oct-2013 Mrs Lynn Coupland Surgery

Read Code	Ankle X-ray

28-Oct-2013 Deborah Shipley Surgery

Attachment	Attachment *Clinic Letter from Orthopaedic Surgery, York Hospital -> Dr P Priory Medical Group, Priory Medical Group*

25-Sept-2013 Debbie Walker Surgery

13-Sept-2013 Susan Whitfield Surgery

13-Sept-2013 Susan Whitfield Surgery

13-Sept-2013 Susan Whitfield Surgery

Attachment	Attachment *Chronic Disease Annual Review Letter from Mrs S Whitfield, -> Mr J Cavanagh,*

10-Sept-2013 Matthew Barker Surgery

Read Code	Short message service text message sent to patient Flu Clinic 2013

19-Aug-2013 Mrs Karen Turner Surgery

Read Code	Ankle X-ray

19-Aug-2013 Mrs Karen Turner Surgery

Read Code	Ex-smoker

19-Aug-2013 Deborah Shipley Surgery

Attachment	Attachment *Clinic Letter from Trauma and Orthopaedic Surgery, York Hospital -> Dr P Priory Medical Group, Priory Medical Group*

07-Aug-2013 Mrs Janet Dobson Surgery

Comment	Comment Review of Phosphodiesterase Type-5 Inhibitors. NYHCSU Medicines Optimisation Technician. Patient fulfils SLS criteria for NHS supply.

18-July-2013 Jill Bargate Home

THIRD PARTY COPY

24-Jun-2013 Mrs Patricia Winning Surgery

Attachment	Attachment *Clinic Letter from Mr A Budgen, Orthopaedic Surgeon, York Hospital -> Dr P Priory Medical Group, Priory Medical Group*

24-Jun-2013 Mrs Valerie Howlett Surgery

Attachment	Attachment *Insurance Report from ATOS Healthcare -> Priory Medical Group*

17-Jun-2013 Dr James Mcnay Surgery

Read Code	Fitness for work assessed	
Read Code	MED3 - Specified conditions 14.6.13 to 31.7.13 Leg operation	
Read Code	Duration of sickness certificate (Weeks)	6.0 weeks
Read Code	Unfit to return to work	

21-May-2013 Dr Jamie MacLeod Surgery

Comment	History small amt and small amt in urine this am. Nil since. adv if recurs will need clotting screen at elast
Comment	Diagnosis Bleeding from anus
Read Code	Bleeding from anus

20-May-2013 Mrs Karen Turner Surgery

Read Code	Ex-smoker

20-May-2013 Hannah Sharp Surgery

Attachment	Attachment *Clinic Letter from Mr A Budgen, Orthopaedic Surgeon, York Hospital -> Dr P Priory Medical Group, Priory Medical Group*

14-May-2013 Dr Tracy McArdle Tang Hall Surgery, Surgery

Read Code	MED3 (2010) issued by hand, not fit for work ankle surgery 9/5/13-9/6/13

09-May-2013 Mrs Karen Turner Surgery

Read Code	Diagnostic arthroscopy of ankle joint

09-May-2013 Mrs Valerie Howlett Surgery

Attachment	Attachment *Discharge summary from York Hospital -> Dr P Priory Medical Group, Priory Medical Group*

30-Apr-2013 Mrs Joanne Topping Surgery

Comment	Plan discussed Hba1c result , will stop adding sugar to tea etc, will increase metformin to 2 BD > Hba1c has shot up to94 , cannot come to surgery as having a operation on his foot , asked to attend in three months for repeat Hba1c , cholesterol and ACR
Read Code	Medication review done

29-Apr-2013 Jacqueline Cartledge Tang Hall Surgery, Surgery

29-Apr-2013 Jacqueline Cartledge Tang Hall Surgery, Surgery

29-Apr-2013 Mrs Joanne Topping Surgery

Comment	Plan m/b , need lancet pen , will pick up from reception

29-Apr-2013 Mrs Joanne Topping Surgery

Read Code	Medication review done

THIRD PARTY COPY

29-Apr-2013 Mrs Joanne Topping Surgery

Read Code	Patient advised to inform DVLA	
Attachment	Attachment *Request Form from Mrs J Topping (Code: PN10), Nurses, Priory Medical Group -> Mrs J Topping (Code: PN10), Nurses, Priory Medical Group*	
Read Code	Body mass index - observation	38.83002 Kg/m²
Read Code	Alcohol units per week	0.0 Units/Week
Read Code	Diabetic on oral treatment	
Read Code	Education : Treatment and prevention of hypoglycaemia given blood glucometer	
Read Code	Education : Signs and symptoms of hypoglycaemia	
Read Code	Patient advised to inform insurance company	
Read Code	Seen in community diabetic specialist nurse clinic	
Read Code	O/E - weight	107.0 Kg
Read Code	Medication review done	
Comment	Plan need meter , but none working , will sort for him. Only taking two metformin at night , still having sugar in his tea. will see what Hba1c result is and ? may ned to increase metformin, asked to take diabetes meds in morning.	
Read Code	O/E - height	1.66 m
Read Code	Chronic dis. monitoring NOS	
Read Code	Diabetic dietary review	

29-Apr-2013 Mrs Joanne Topping Surgery

Read Code	Haemoglobin A1c level - IFCC standardised Above high reference limit	92.0 mmol/mol
	Haemoglobin A1c level - IFCC standardised Clinical Information: No clinical details given: **Abnormal**	

22-Mar-2013 Dr R Jaishanker Park View Surgery, Surgery

Read Code	O/E - coarse crepitations	
Read Code	Chesty cough	
Read Code	O/E -cervical lymphadenopathy	
Read Code	Infection of lower respiratory tract	
Comment	History 1/12 hx of cough productive of thick green sputum. also mild exertional dyspnoea, intermittent temp, anorexia but drinking well. no haemoptysis, no chest pain, no PND/no orthopnoea. says still not smoking.	
Comment	Examination looks unwell. rr 16 speaking in full sentences, sats 98%, O/E - pulse rhythm regular (2431.)80reg, non tender O/E -cervical lymphadenopathy (2C32.), chest - equal ae bilat, O/E - coarse crepitations (23D3.)and polyphonic wheeze throughout.	
Comment	Diagnosis Infection of lower respiratory tract	
Comment	Plan abx, steroids, prn paracetamol, to keep well hydrated. see if not getting better.	
Read Code	O/E - pulse rhythm regular	

14-Feb-2013 Lynne Wootton Park View Surgery, Surgery

07-Feb-2013 Jennifer Steel Park View Surgery, Surgery

28-Jan-2013 Dr Julianne Hewitson GP Surgery

Read Code	Fitness for work assessed	
Read Code	Duration of sickness certificate (Months) 25/02/13	1.0 months
Read Code	Unfit to return to work	
Read Code	MED3 - Specified conditions awaits surgery poorly controlled diabetes	

25-Jan-2013 Dr Julianne Hewitson GP Surgery

Read Code	Fitness for work statement issued	
Read Code	MED3 - doctor's statement	

10-Jan-2013 Dr R Jaishanker GP Surgery

Comment	History express re-referral form faxed back to YDH at 1435 on 10.1.13. patient informed.	

10-Jan-2013 Dr R Jaishanker GP Surgery

Comment	History spoke to pre-op at YDH. need me to fax express re-referral form back to ortho unit, will do this afternoon.	

THIRD PARTY COPY

08-Jan-2013 Dr R Jaishanker Park View Surgery, GP Surgery

Read Code	Medication requested	
Comment	History right leg. due for op under Mr. Budgen but cancelled at pre-op as poorly controlled DM, poor general health. advised to contact again when biochemical markers improved. stopped smoking now, HBa1c 57. no new sx. will contact Mr. Budgen secretary mane and get back to me, if referral etc needed. also req viagra (diabetic so on NHS)	

08-Jan-2013 Dr R Jaishanker Park View Surgery, GP Surgery

14-Dec-2012 Dr James Mcnay GP Surgery

Read Code	Medication review done	

14-Dec-2012 Jennifer Steel Surgery

Read Code	10g monofilament sensation R foot abnormal	
Read Code	O/E - pulse rhythm regular	
Read Code	O/E - Right diabetic foot at moderate risk	
Read Code	Depression screening using questions	
Read Code	Body mass index - observation	39.918713 Kg/m²
Read Code	O/E - height	1.66 m
Read Code	Chronic dis. monitoring NOS	
Read Code	Pulse rate	72.0 bpm
Read Code	Diabetic annual review	
Read Code	O/E - Diastolic BP reading	70.0 mmHg
Read Code	O/E - R.dorsalis pedis present	
Read Code	Smoking cessation advice	
Read Code	Diabetic on oral treatment	
Read Code	O/E - Systolic BP reading	120.0 mmHg
Read Code	Free prescriptions	
Read Code	O/E - weight	110.0 Kg
Read Code	O/E - Left diabetic foot at low risk	
Comment	Plan Wanting to know why stopped omeprazole?why. Given px again, as on regular ibuprofen and says has dyspepsia.	
Read Code	Alcohol units per week	0.0 Units/Week
Read Code	10g monofilament sensation L foot normal	
Read Code	Education : Signs and symptoms of hypoglycaemia	
Read Code	Smoker Smokes 10/day	
Read Code	Health education - exercise	
Read Code	Diabetic dietary review	
Read Code	O/E - L.dorsalis pedis present	

14-Dec-2012 Dr Mohammed Ali Khan Victoria Way Surgery, Surgery

	Read Code	Serum cholesterol level	5.4 mmol/L
	Read Code	Serum total bilirubin level	8.0 umol/L
	Read Code	Serum albumin level	46.0 g/L
	Read Code	Liver function tests	
	Read Code	Serum alanine aminotransferase level	32.0 iu/L
	Read Code	Serum total protein level	83.0 g/L
	Read Code	Serum alkaline phosphatase level	93.0 iu/L
17-Dec-2012		**Serum cholesterol level;Liver function tests**to follow up diabetes as routine, Clinical Information: Diabetic Review: **Satisfactory**	

14-Dec-2012 Jennifer Steel Surgery

	Read Code	Serum sodium level	138.0 mmol/L
	Read Code	Serum urea level	3.5 mmol/L
	Read Code	Urea and electrolytes	
	Read Code	Serum potassium level	5.0 mmol/L
17-Dec-2012		**Urea and electrolytes**Clinical Information: Diabetic Review: **Normal**	

14-Dec-2012 Jennifer Steel Surgery

	Read Code	Haemoglobin A1c level - IFCC standardised	57.0 mmol/mol
17-Dec-2012		**Haemoglobin A1c level - IFCC standardised**Clinical Information: Diabetic Review: **Satisfactory**	

14-Dec-2012 Jennifer Steel Surgery

	Read Code	GFR calculated abbreviated MDRD	90.0 mL/min/1.73m*2
	Read Code	Serum creatinine level	73.0 umol/L
17-Dec-2012		**Glom.Filt.Rate MDRD**Glom.Filt.Rate MDRD: Clinical Information: Diabetic Review: **Normal**	

12-Dec-2012 Mrs Jacqueline Clayton Park View Surgery, Surgery

30-Nov-2012 Mrs Joanne Topping Park View Surgery, Surgery

Read Code	Did not attend	
Comment	Comment Did not attend for Senior Nurse Clinic appointment with Mrs Joanne Topping	

THIRD PARTY COPY

29-Nov-2012 Mrs Carol Whitaker Surgery

Read Code	Diabetes monitoring first letter Added in bulk

29-Nov-2012 Mrs Carol Whitaker Surgery

20-Nov-2012 Dr James Mcnay Park View Surgery, GP Surgery

Read Code	Smoker	
Read Code	MED3 - Specified conditions Ankle injury Awaiting appeal	
Read Code	Cigarette consumption	5.0 Cigs/day
Read Code	Duration of sickness certificate (Months)	2.0 months
Read Code	Fitness for work: Requires further assessment	
Read Code	Fitness for work assessed	
Read Code	Smoking cessation advice	
Comment	History right Ankle and left knee pain, Ongoing as previous. Unft for surgery as smoking/diabetes. asking about MRI of left knee. Note recent Xray showed minor OA changes only so MRI unlikely to be helpful. The underlying issue is his left ankle which he was unfit for surgery on. Need to a get diabetes under control and b stop smoking. So get HBA1c this week and get into smoking cess clinic.	
Comment	Examination Left knee generally a bit tender no swelling from.	
Comment	Plan aSKING FOR SICK NOTE , AWAITING APPEAL. Done this time but please some evidence of what is happening with appeal before any more notes.	
Read Code	MED3 - doctor's statement	
Read Code	Unfit to return to work	

07-Nov-2012 Mrs Lisa Dawson Surgery

07-Nov-2012 Mrs Lisa Dawson Surgery

23-Oct-2012 Dr Rachel Woolley Externally Entered, Externally entered

Read Code	Ankle pain
Comment	Comment Problem title: Ankle pain Additional: MED3 issued to patient 19/10-19/11/12
Read Code	MED3 issued to patient

23-Oct-2012 Mrs Victoria Laird

19-Oct-2012

Comment	Comment Cancellation for drug Omeprazole Capsules (Gastro-Resistant) 20 mg, od 28 capsule. Reason for cancellation not specified (AUTO)

12-Oct-2012 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code	Diabetic retinopathy screening refused

12-Oct-2012 Pcti Docman Docman

Read Code	Discharge summary report
Comment	Comment Additional: *RA40 Clinical Letter York District Hospital Ophthalmology Discharge summary report

12-Oct-2012 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment	Attachment *Ophthalmic Services*

30-Sept-2012 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Vaccination	Influenza Vaccine *Batch: , Dose:*

26-Sept-2012 Jill Bargate

25-Sept-2012 Mrs Michelle Phillips Surgery, G.P.Surgery

Vaccination	Influenza Vaccine *G.P.Surgery, Batch: , Dose:*
Comment	Comment Additional: Influenza vaccination, G.P.Surgery Batch Aventis J7162 6/13 Rt arm Consent given.

THIRD PARTY COPY

25-Sept-2012 Dr Rachel Woolley Externally Entered, Externally entered

Read Code Ankle pain
Read Code MED3 issued to patient
Comment Comment Problem title: Ankle pain Additional: MED3 issued to patient Ankle Pain ("pending benefits Agency Appeal Outcome")

20-Sept-2012 Dr Charlotte Monument Surgery, Parkview Surgery

Comment Comment Problem title: Knee pain History: Ongoing pain, really bothering him. ALready has a longstanding ankle pain which makes it difficult to walk (RTA as a child). Had x-ray of left knee late AUgust - show mild OA, nil else. Discussed this and analgesia on at the moment. On high dose ibuprofen BD (no PPI though and history of DU and oesophagitis..) Does help but doesn't take regularly, already on reg paracetamol. Alcohol intake much less than it was. Feels as though knee may give way - though it hasn't done. Examination: Pain on stressing MCL - no history of fall/trauma though. Tender medial anterior joint line. No effusion. Medication: Omeprazole Capsules (Gastro-Resistant) 20 mg Comment: Discussed extra stress on knee due to ankle injury right leg. Only mild OA. Wanting an MRI - may be helpful...said I would discuss with partner first. Will try regular omeprazole with regular ibuprofen to manage pain in meantime.

20-Sept-2012 Dr Charlotte Monument Parkview Surgery

Read Code Knee pain

20-Sept-2012 Dr Charlotte Monument

08-Sept-2012 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Influenza vaccination invitation SMS text message sent
FLU INVITE BY TEXT.

06-Sept-2012 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Influenza vaccination invitation first letter sent

05-Sept-2012 Dr Tracy McArdle Telephone, Telephone

Comment Comment History: attempted to return call x 2 but line engaged - 11.50 11.53

03-Sept-2012 Jacqueline Cartledge

23-Aug-2012 Pcti Docman Docman

Read Code Result
Comment Comment Additional: *RA39 Radiology Report York Hospitals NHS Trust RADIOLOGY Result

23-Aug-2012 Dr Tracy McArdle Tang Hall Lane Surgery

Comment Comment Problem title: Type 2 diabetes mellitus History: HBA1C rising. admits diet poor as cant afford to eat healthy. also cant exercise due to ankle, and they wont operate until diabetes under control, so he feels catch22. brings letter confirming has 2nd appeal for ESA. also left knee painful & swollen 6/12 ?as compensating for right he feels. Examination: left knee; nil to see, FROM Comment: For XR ?OA. Agreed to continue notes until result of 2nd appeal as he's produced evidence today. advised if 2nd appeal turned down no more notes and to start planning what he might do. double up metformin, rpt bloods 6/52 ? dietician input Additional: MED3 (2010) issued by hand NFW 4/52 ankle injury
Read Code Type II diabetes mellitus
Read Code MED3 (2010) issued by hand, not fit for work

23-Aug-2012 Dr Tracy McArdle Surgery, G.P.Surgery

Comment Comment Additional: *RL12 Biochemistry Haematology Sept 2011 Patient 11462_1.rtf

23-Aug-2012 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Osteoarthritis NOS left knee.
Read Code Knee X-ray
Attachment Attachment

THIRD PARTY COPY

23-Aug-2012 Dr Tracy McArdle

23-Aug-2012 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment
Radiology

15-Aug-2012 Dr Tracy McArdle Tang Hall Lane Surgery

Read Code Ankle pain
Comment Comment Problem title: Ankle pain History: apparently has been off sick for 6yrs. trained as painter & decorator & unable to go up & down ladders due to pain. has arthritis & been offered surgery but failed pre-op assessment as still smoking (he denies this) and poor control diabetes. says has had initial appeal turned down so has been sent for independant appeal.says pains affects him daily & struggles to walk, no recent change. Comment: long discussion. explained if under appeal we can give Med3 but if turned down again no more notes. i need to see letter confirming his appeal prior to next appt otherwise no further note. discussed switching to JSA and they will have to retrain in other areas of work as no quick solution with foot, he says would struggle to get to jobcentre every day due to mobility. r/w 2/52.

14-Aug-2012 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

HbA1c levl - IFCC standardisedsee practice note The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Abnormal**

14-Aug-2012 Dr Jamie MacLeod Externally Entered, Externally entered

Read Code MED3 not issued to patient
Comment Comment Problem title: MED3 not issued to patient History: requested but has not seen a doc for ages, see RAW last entry. MUST SEE A DOCTOR

13-Aug-2012 Mrs Joanne Topping Pathology Lab, Path. Lab.

Read Code Haemoglobin A1c level - IFCC standardised 88.0 mmol/mol
Comment Comment Lab results: !HbA1c levl - IFCC standardised, Abnormal see practice note (*R20)

13-Aug-2012 Valerie Atkinson Surgery, G.P.Surgery

Comment Comment Additional: *RL11 Biochemistry Haematology Sept 2011 Patient 11462.rtf

13-Aug-2012 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment

13-Aug-2012 Valerie Atkinson Surgery, G.P.Surgery

Read Code Blood sample taken
Comment Comment Template entry: Blood sample taken for HBA1C.

13-Aug-2012 Dr Rachel Woolley Externally Entered, Externally entered

Read Code Ankle pain
Comment Comment Problem title: Ankle pain Comment: Really should be seen prior to more med 3s. Additional: MED3 issued to patient 1-15/8/12
Read Code MED3 issued to patient

13-Aug-2012 Ms Gillian Baigrie

09-Aug-2012 Pcti Docman Docman

Read Code Scanned document
Comment Comment Additional: *RA38 Admin Letter Benefits Agency Scanned document

09-Aug-2012 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment

03-Aug-2012 Mrs Joanne Topping Parkview Surgery

Read Code Alcohol intake 0.0 Units/Week
Read Code Smoking cessation advice
Read Code Medication review
Read Code Cigarette smoker value:5 /day

THIRD PARTY COPY

03-Aug-2012 Mrs Joanne Topping Surgery, Parkview Surgery

Comment Comment Template entry: Smokes 5 /day Smoking cessation advice Alcohol 0 units/week Medication Review Comment: Needs to have Hba1c taken to see if improving. also cut down on smoking. Advised to ring stop smoking number.

03-Aug-2012 Mrs Joanne Topping

01-Aug-2012

Comment Comment Cancellation for drug Lansoprazole Capsules (Gastro-Resistant) 15 mg, 1 -2 daily as needed 2*28 capsule. Reason for cancellation not specified (AUTO)

24-July-2012 Mrs Victoria Laird

16-July-2012 Dr Rachel Woolley Externally Entered, Externally entered

Read Code MED3 issued to patient
Comment Comment Problem title: Ankle pain Additional: MED3 issued to patient 16-31/7/12
Read Code Ankle pain

09-July-2012 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Referral to physiotherapist MSK. Dr J C Hamilton. Non Urgent. Nhs, Referred by: Mrs Deborah Arthur

09-July-2012 Mrs Deborah Arthur

Referral Referral *Refer to physiotherapist. Referral Type: Other; Sender: Mrs Deborah Arthur; Referral Status: Care/Input Completed; Outcome: Other*
Attachment Attachment

05-July-2012 Dr John Hamilton Surgery, Parkview Surgery

Comment Comment Problem title: Ankle pain History: they refused op until he: a) stops smoking b) has improved diabetes control Realisitcally this is not going to happen soon. Jo is dealing with the Diabetes, needs to attend the smoking cessation clinic with his girlfriend who also smokes. Chest pain is non-exrtional, worse with movement and has been intermittent for 2-3 years. Physio. Additional: Letter/report awaited Additional: *RL10 MSK Clinical Assessment JCH

05-July-2012 Dr John Hamilton Parkview Surgery

Read Code Ankle pain

05-July-2012 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment

05-July-2012 Dr John Hamilton

03-July-2012 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Medication review

03-July-2012 Mrs Joanne Topping Tang Hall Lane Surgery

Read Code Diabetes mellitus
Read Code Indigestion symptoms
Comment Comment Problem title: Diabetes mellitus , has not been taking metformin, will only take 2 a day, so will start glipazide 5 mg od and review in 4 weeks. Additional: Indigestion symptoms , also a=having problem which makes him stop taking meds, did not like omprazole as he felt made him constipated, try lansoprazole. also having chest pains so appointment booked with Dr Hamilton. No pain at present. above all discussed with Dr Guion./

03-July-2012 Mrs Joanne Topping

THIRD PARTY COPY

25-Jun-2012 Dr Robert Guion Telephone, Telephone

Read Code	Has tingling sensation
Comment	Comment Problem title: Has tingling sensation History: in right 4th and fifth fingers this am, no pain no weakness, no colour changes. never had before. note DM, poor control recently, had op for ankle postponed as BM 14 at pre op. note rectn HBa1c 72. Comment: advised book in with nurse to review DM meds, see how goes with fingers if worse or not settlgin in 2-3 days see doc, sounds like poss ulnar neuritis

20-Jun-2012

Comment	Comment Cancellation for drug Sildenafil Citrate Tablets 100 mg, asd 4 tablet. Reason for cancellation not specified (AUTO)

20-Jun-2012 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code	Implied consent for core Summary Care Record dataset upload Added by computer system (SCR).

20-Jun-2012 Dr Alison Turner-Parry

19-Jun-2012 Dr Jamie MacLeod Externally Entered, Externally entered

Read Code	MED3 issued to patient
Comment	Comment Problem title: MED3 issued to patient History: 18.6.12 "ankle pain" 4/52

14-Jun-2012 Pcti Docman Docman

Comment	Comment Additional: *RA37 Clinical Letter York Hospitals NHS Trust TRAUMA AND ORTHOPAEDIC SURGERY MR A BUDGENS CONS FIRM Letter from consultant
Read Code	Letter from consultant

14-Jun-2012 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment	Attachment

14-Jun-2012 Charlotte Genever Park View Surgery, Hospital

Attachment	Attachment *Clinic Letter from York Hospital -> Abbey Medical Group - Park View Surgery*

24-May-2012 *** **********

Free Text	*****

23-May-2012 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

HbA1c levl - IFCC standardised Dealt with The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Unknown**

22-May-2012 Susan Herring Pathology Lab, Path. Lab.

Read Code	Haemoglobin A1c level - IFCC standardised	71.0 mmol/mol
Comment	Comment Lab results: !HbA1c levl - IFCC standardised, Dealt with (*R19) Comment: Metformin doubled to 1G BD	

22-May-2012 Susan Herring Surgery, Parkview Surgery

Comment	Comment Problem title: Diabetes mellitus Medication: Atorvastatin Tablets 20 mg Template entry: Diabetic 6 month review Wt. 11 Kg BP 114 / 70 mm Hg Follow up: Diabetic annual review on 22.11.2012 Diabetic 6 month review on 22.5.2013 Comment: Simvastatin made him sick so stopped, try Atorvastatin.

22-May-2012 Susan Herring Parkview Surgery

Read Code	O/E - weight	11.0 Kg
Read Code	O/E - Systolic BP reading	114.0 mmHg
Read Code	Diabetes mellitus	
Read Code	O/E - Diastolic BP reading	70.0 mmHg
Read Code	Diabetic 6 month review	

22-May-2012 Susan Herring

THIRD PARTY COPY

14-May-2012 Pcti Docman Docman

Comment Comment Additional: *RA36 Clinical Letter York Hospitals NHS Trust TRAUMA AND ORTHOPAEDIC SURGERY MR A BUDGENS CONS FIRM Discharge summary report
Read Code Discharge summary report

14-May-2012 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment
General Document

08-May-2012 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Diabetes monitoring first letter

30-Apr-2012 Dr John Hamilton Surgery, Parkview Surgery

Comment Comment Problem title: Ankle pain History: repeat scripts.

30-Apr-2012 Dr John Hamilton Parkview Surgery

Read Code Ankle pain

30-Apr-2012 Dr John Hamilton

25-Apr-2012 Dr Jamie MacLeod Surgery, Parkview Surgery

Comment Comment Problem title: MED3 issued to patient History: 23.4.12 4/52 "ankle pain" sees budgen in may Medication: Sildenafil Citrate Tablets 100 mg asd 4 tablet

25-Apr-2012 Dr Jamie MacLeod Parkview Surgery

Read Code MED3 issued to patient

25-Apr-2012 Dr Jane Maloney Externally Entered, Externally entered

Comment Comment History: Req cert - see Dr

25-Apr-2012 Dr Jamie MacLeod

27-Mar-2012 Dr A Sweeney Externally Entered, Externally entered

Read Code [V]Issue of medical certificate
Comment Comment Problem title: [V]Issue of medical certific. cert23/3 1 month ankle prob

01-Mar-2012 Dr Rachel Woolley Telephone, Telephone

Read Code Ankle pain
Comment Comment Problem title: Ankle pain History: Pt has appeal against losing benefits, been told to get sick note pending appeal. Additional: MED3 issued to patient 24/02/12-24/03/12
Read Code MED3 issued to patient

14-Feb-2012

Comment Comment Cancellation for drug Macrogol Compound Oral Powder (Sachets) NPF Sugar Free, 1 bd 56 sachet. Reason for cancellation not specified (AUTO)

07-Feb-2012 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Referral to orthopaedic service Dr A Sweeney. Orthopaedics. York District Hospital. Non Urgent. Nhs, Referred by: Mrs Marcia Greenaway

07-Feb-2012 Dr A Sweeney Tang Hall Lane Surgery

Read Code Ankle pain
Comment Comment Problem title: Ankle pain see AB letter he misssed appt note reduced smoking from 20/ day to 3 so refere Additional: Letter/report awaited Additional: *RL9 Mr Budgen Orthopaedics AMS

07-Feb-2012 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment

THIRD PARTY COPY

07-Feb-2012 Mrs Marcia Greenaway

Referral — Referral *Orthopaedic referral. Referral Type: Other; Sender: Mrs Marcia Greenaway; Referral Status: Care/Input Completed; Outcome: Other*
Attachment — Attachment

16-Jan-2012 Dr John Hamilton Parkview Surgery

Read Code — Type II diabetes mellitus
Read Code — Cough

16-Jan-2012 Dr John Hamilton Surgery, Parkview Surgery

Comment — Comment Problem title: Cough History: dry for more than 6 wks with momentary sharp anterior chest pains at rest for 4-6 months. Examination: chest: clear. CXR. Problem title: Type 2 diabetes mellitus History: Poor control. As Catriona says above, takes tabs intermittently because they give him nausea. Discussed alternastives. Will consider this and perhaps start on Gliclazide next time.

16-Jan-2012 Dr John Hamilton

20-Dec-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Comment — Comment Previous registered GP: JCH

15-Dec-2011

Comment — Comment Cancellation for drug Macrogol Compound Oral Powder (Sachets) NPF Sugar Free, 1 bd 56 sachet. Reason for cancellation not specified (AUTO)

14-Dec-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code — Imported notes HAMILDR5 Dr Hamilton Ex Pts.

01-Dec-2011 Sister Catriona Clark

Comment — Comment Cancellation for drug Simvastatin Tablets 40 mg, 1 nocte 3*28 tablet. Reason for cancellation: FOR LOWER DOSE (CCL)

01-Dec-2011 Sister Catriona Clark Telephone, Telephone

Comment — Comment History: asked why he's stopped statin, no real reason but doesn't like tablets, admits only take metformin intermitantly, advised to take regualerly, try lower dose Medication: Simvastatin Tablets 20 mg

01-Dec-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

01-Dec-2011 Sister Catriona Clark

29-Nov-2011 Sister Catriona Clark

Comment — Comment Cancellation for drug Omeprazole Capsules (Gastro-Resistant) 20 mg, 1 od 84 capsule. Reason for cancellation: Reason for cancellation not specified (CCL)

26-Nov-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

HbA1c levl - IFCC standardisedsee practice note The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Abnormal**

25-Nov-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Serum cholesterolsee practice note The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Abnormal**

25-Nov-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code — Medication review

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25-Nov-2011 Dr John Hamilton Pathology Lab, Path. Lab.

Read Code	Urea and electrolytes	
Read Code	GFR calculated abbreviated MDRD NA If the patient is of Afro-Caribbean origin multiply eGFR by 1.212	
Read Code	GFR calculated abbreviated MDRD	
Read Code	Serum HDL cholesterol level	1.3 mmol/L
Read Code	Serum creatinine level	75.0 umol/L
Read Code	Serum sodium level	138.0 mmol/L
Read Code	Serum urea level Converted from 4.2 mmol/L	4.2 mmol/L
Read Code	Liver function tests	
Read Code	Serum cholesterol/HDL ratio	5.3 mmol/mmol
Read Code	Haemoglobin A1c level - IFCC standardised	58.0 mmol/mol
Read Code	Serum cholesterol level	6.9 mmol/L
Read Code	Serum alkaline phosphatase level	76.0 iu/L
Read Code	Serum TSH level Converted from 1.3 mu/L	1.3 miu/L
Comment	Comment Lab results: Serum cholesterol, Abnormal see practice note, Serum HDL cholesterol level, Serum cholesterol/HDL ratio, Serum creatinine, Normal, no action, GFR calculated abbreviated MDRD, Liver function test, Normal, no action, Serum TSH level, Normal, no action, Urea and electrolytes, Normal, no action (*R17) Lab results: !HbA1c levl - IFCC standardised, Abnormal see practice note (*R18)	
Read Code	Serum total bilirubin level	6.0 umol/L
Read Code	Serum total protein level	79.0 g/L
Read Code	Serum albumin level	44.0 g/L
Read Code	Serum potassium level	4.6 mmol/L
Read Code	Serum alanine aminotransferase level Converted from 30 u/L	30.0 iu/L

25-Nov-2011 Ms Jennifer Herd Tang Hall Lane Surgery

Read Code	O/E - Right diabetic foot at high risk	
Read Code	Smoking cessation advice	
Read Code	Alcohol intake	0.0 Units/Week
Read Code	O/E - weight	111.0 Kg
Read Code	Diabetic foot examination	
Read Code	Cigarette smoker value:10 /day	
Read Code	10g monofilament sensation R foot abnormal very poor sensation.	
Read Code	O/E - right foot pulses present good pulse.	
Read Code	Diabetic peripheral neuropathy screening surg.	
Read Code	O/E - left foot pulses present good pulse, warm well perfused.	
Read Code	Diabetic dietary review	
Read Code	Blood sample taken	
Read Code	O/E - height Converted from 166 cm	1.66 m
Read Code	Patient advised about low salt diet	
Read Code	O/E - Left diabetic foot at low risk	
Read Code	10g monofilament sensation L foot normal	
Comment	Comment Template entry: Diabetic monitoring Diabetic foot examination O/E - left foot pulses present (good pulse, warm well perfused) O/E - right foot pulses present (good pulse) Diabetic periph neurop screen (surg) 10g monofil sens R foot abnorm (very poor sensation) 10g monofil sens L foot normal O/E - R diab foot at high risk O/E - L diab foot at low risk Blood sample taken Pt advised re diabetic diet Pt advised re low fat diet Pt advised re wt reducing diet Pt advised re low salt diet Wt. 111 Kg Height 166 cm B.M.I. 40.3 BP 114 / 72 mm Hg Smokes 10 /day Smoking cessation advice Alcohol 0 units/week Follow up: Diabetic annual review on 25.11.2012 Diabetic 6 month review on 25.5.2012 Comment: Has not been taking statin, "does not like taking tablets". advised importance. Will bring in emu for microalb.	
Read Code	O/E - Diastolic BP reading	72.0 mmHg
Read Code	Body mass index - observation	40.3 Kg/m²
Read Code	O/E - Systolic BP reading	114.0 mmHg
Read Code	Patient advised about low fat diet	
Read Code	Patient advised about weight-reducing diet	
Read Code	Diabetic monitoring	

17-Nov-2011 Claire Bell Surgery, G.P.Surgery

Vaccination	Influenza Vaccine *G.P.Surgery, Batch: , Dose:*	
Comment	Comment Additional: Influenza vaccination, G.P.Surgery Batch Aventis H8225-1 exp 5/12 Lt arm Consent given	

16-Nov-2011 Jill Bargate

08-Nov-2011 t4651 Abbey Medical GroupAbbey Medical Group

Read Code	Letter from outside agency	
Comment	Comment Additional: *RA35 Clinical Letter specsavers Ophthalmology Letter from outside agency	

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08-Nov-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment
Ophthalmic Services

01-Nov-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Diabetes monitoring first letter

19-Oct-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Influenza vaccination invitation letter sent

15-Oct-2011

Comment Comment Cancellation for drug Macrogol Compound Oral Powder (Sachets) NPF Sugar Free, 1 bd 30 sachet. Reason for cancellation not specified (AUTO)

10-Oct-2011 Dr John Hamilton Parkview Surgery

Read Code Ankle pain

10-Oct-2011 Dr John Hamilton Surgery, Parkview Surgery

Comment Comment Problem title: Ankle pain History: needed help with info for DLA form.

10-Oct-2011 Dr John Hamilton

03-Oct-2011 t4651 Abbey Medical GroupAbbey Medical Group

Read Code Letter from consultant
Comment Comment Additional: *RA34 Clinical Letter York Hospitals NHS Trust TRAUMA AND ORTHOPAEDIC SURGERY MR A BUDGENS CONS FIRM Letter from consultant

03-Oct-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment

29-Sept-2011 Jill Bargate

19-Sept-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Declined diabetic retinopathy screening

19-Sept-2011 t4651 Abbey Medical GroupAbbey Medical Group

Read Code Letter from consultant
Comment Comment Additional: *RA33 Clinical Letter York District Hospital Ophthalmology Letter from consultant

19-Sept-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment
Ophthalmic Services

14-Sept-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Influenza vaccination telephone invite

18-Aug-2011 Ms Gillian Baigrie Tang Hall Lane Surgery

Comment Comment Additional: Shredded script 5.30pm dated 24.06.11 as not collected

25-July-2011

Comment Comment Cancellation for drug Macrogol Compound Oral Powder (Sachets) NPF Sugar Free, 1 bd 60 sachet. Reason for cancellation not specified (AUTO)

13-July-2011

Comment Comment Cancellation for drug Macrogol Compound Oral Powder (Sachets) NPF Sugar Free, 1 bd 30 sachet. Reason for cancellation not specified (AUTO)

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08-July-2011

Comment	Comment Cancellation for drug Penicillin V Tablets 250 mg, 1 qds 40 tablet. Reason for cancellation not specified (AUTO) Cancellation for drug Flucloxacillin Capsules 500 mg, 1 qds 40 capsule. Reason for cancellation not specified (AUTO)

27-Jun-2011 Dr John Hamilton

24-Jun-2011 Dr Jane Maloney

20-May-2011 Dr Nisha Prasad Tang Hall Lane Surgery

Comment	Comment Problem title: stitch removal History: had lap appendicectomy, had abscess fomration has been on abx. well in self at present. had stitches removed 2w ago, had plaster on- took off last night and noticed a remnant stritch. not painful, not red, no dischargem no temps Examination: sticth, not infected Comment: removed with Jo.

18-May-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Haemoglobin A1crecheck next review as not been taking Metformin# The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Unknown**

18-May-2011 Susan Herring Pathology Lab, Path. Lab.

Read Code	HbA1c level (DCCT aligned)	7.5 %
Read Code	Haemoglobin A1c level - IFCC standardised	58.0 mmol/mol
Comment	Comment Lab results: !Haemoglobin A1c, recheck next review as not been taking Metformin# (*R16)	

17-May-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code	Medication review

17-May-2011 Susan Herring Surgery, Parkview Surgery

Comment	Comment Problem title: Diabetes mellitus Template entry: Diabetic 6 month review Wt. 106.5 Kg BP 130 / 80 mm Hg Nursing care - dressing (laparoscopy) Removal of suture skin NEC (3 from drain sites) Follow up: Diabetic annual review on 17.11.2011 Comment: takes Metformin on and off, not taking statin.

17-May-2011 Susan Herring Parkview Surgery

Read Code	Removal of suture from skin NEC 3 from drain sites.	
Read Code	Diabetic 6 month review	
Read Code	O/E - weight	106.5 Kg
Read Code	O/E - Systolic BP reading	130.0 mmHg
Read Code	Nursing care - dressing laparoscopy.	
Read Code	Diabetes mellitus	
Read Code	O/E - Diastolic BP reading	80.0 mmHg

17-May-2011 Susan Herring

16-May-2011 Pcti Docman Docman

Read Code	Letter from consultant
Comment	Comment Additional: *RA30 Clinical Letter York Hospitals NHS Trust TRAUMA AND ORTHOPAEDIC SURGERY MR A BUDGENS CONS FIRM Letter from consultant

16-May-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment	Attachment *Orthopaedics*

13-May-2011 Pcti Docman Docman

Read Code	Letter from consultant
Comment	Comment Additional: *RA32 Clinical Letter York Hospitals NHS Trust GENERAL SURGERY MR G MILLERS CONSULTANT FIRM Letter from consultant

THIRD PARTY COPY

13-May-2011 Pcti Docman Docman

Comment Comment Additional: *RA29 Medical Discharge Notification York Hospitals NHS Trust GENERAL SURGERY MR G MILLERS CONSULTANT FIRM Letter from consultant
Read Code Letter from consultant

13-May-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment
Attachment Attachment

12-May-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code US scan of pelvis aspiration of fluid.

07-May-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Hospital admission note

07-May-2011 Dr A Sweeney Externally Entered, Externally entered

Comment Comment Additional: *RL8 OOH Letter ref: 68695

07-May-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

05-May-2011 Pcti Docman Docman

Read Code Discharge summary report
Comment Comment Additional: *RA28 Discharge Summary/Report York District Hospital A & E Discharge summary report

05-May-2011 Pcti Docman Docman

Read Code Discharge summary report
Comment Comment Additional: *RA27 Discharge Summary/Report York District Hospital A & E Discharge summary report

05-May-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment
A&E
Attachment Attachment
A&E

04-May-2011 Pcti Docman Docman

Read Code Letter from consultant
Comment Comment Additional: *RA31 Clinical Letter York Hospitals NHS Trust GENERAL SURGERY MR D J ALEXANDER CONS FIRM Letter from consultant

04-May-2011 Pcti Docman Docman

Read Code Letter from consultant
Comment Comment Additional: *RA26 Medical Discharge Notification York Hospitals NHS Trust GENERAL SURGERY MR D J ALEXANDER CONS FIRM Letter from consultant

04-May-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment
Attachment Attachment
General Letter

03-May-2011 Dr Jonathan Tams Home, Home Visit

Read Code Lower abdominal pain
Read Code Admit surgical emergency unspecified Dr J Tams. York District Hospital. Urgent. Nhs, Referred by: Dr Jonathan Tams (DELETED)
Comment Comment Problem title: Lower abdominal pain History: 'as above any movement causes severe pain and radiates to umbilicus. started vomiting also this am' Examination: in pain P110 afebrile. tender RLQ wih asctive bowel sounds no peritonism Referral: Admit surgical emergency unsp., Dr J Tams, York District Hospital, Urgent, Nhs Comment: admit ward 14

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03-May-2011 Dr Jonathan Tams Telephone, Telephone

Comment Comment History: 'in severe pain since yesterday tea time. accross lower abdo, not cick no disrrh, drinking and PU ok but cannot move as causes pain accross lower stomach, in bed cannot move as so bad, no painkillers. not had ibuprofen, not alcohol for years dr, cannot cope like this cannot get to surgery'

03-May-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Appendicectomy NEC laparoscopic.
Read Code Hospital admission note

03-May-2011 Dr Jonathan Tams

Referral Referral *Admit surgical emergency unsp.. Referral Type: Other; Sender: Dr Jonathan Tams (DELETED); Referral Status: Care/Input Completed; Outcome: Other*
Attachment Attachment

09-Apr-2011

Comment Comment Cancellation for drug Preparation H Ointment , asd 50 gram. Reason for cancellation not specified (AUTO)

27-Mar-2011

Comment Comment Cancellation for drug Macrogol Compound Oral Powder (Sachets) NPF Sugar Free, 1 bd 30 sachet. Reason for cancellation not specified (AUTO)

11-Mar-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment

11-Mar-2011 Dr John Hamilton Parkview Surgery

Read Code Indigestion Dyspepsia

11-Mar-2011 Dr John Hamilton Surgery, Parkview Surgery

Comment Comment Problem title: Dyspepsia History: DD: and constipation for a week. Still taking ibuprofen, so told to stop.# Examination: Abdo: epigastric tenderness ++ no rebound. Obese ++ so LKKS difficult to palpate. Comment: increase Omeprazole to bd for 2 wks minimum. Fluids and Movicol. Missed last ortho appt, so we now have to write to Budgen and plead for another one. Additional: Letter/report awaited Additional: *RL7 Dr A Budgen Orthopaedics JCH

11-Mar-2011 Dr John Hamilton

07-Feb-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Diabetic retinopathy screening refused

07-Feb-2011 Pcti Docman Docman

Read Code Scanned document
Comment Comment Additional: *RA24 Clinical Letter York District Hospital retinal screening Scanned document

07-Feb-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment

02-Feb-2011 Pcti Docman Docman

Comment Comment Additional: *RA25 Clinical Letter York District Hospital appointment clerk Scanned document
Read Code Scanned document

02-Feb-2011 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment

02-Nov-2010 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Clotting screening test Acceptable for this patient The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Unknown**

THIRD PARTY COPY

02-Nov-2010 Dr Jamie MacLeod Pathology Lab, Path. Lab.

Read Code	One stage prothrombin time	10.6 s
Read Code	Clotting screening test	
Read Code	Fibrinogen level	4.0 g/L
Comment	Comment Lab results: !Clotting screening test, Acceptable for this patient (*R15)	
Read Code	Partial thromboplastin time activated Converted from 37.5 seconds	37.5 s

02-Nov-2010 Susan Herring Parkview Surgery

Read Code	Depression screening using questions feels as if stuck in house.	
Read Code	O/E - weight	110.0 Kg
Read Code	Smoking cessation advice	
Read Code	Body mass index - observation	39.9 Kg/m²
Read Code	O/E - Systolic BP reading	131.0 mmHg
Read Code	10g monofilament sensation R foot abnormal	
Read Code	Patient advised about low salt diet	
Read Code	O/E - left foot pulses present	
Read Code	Diabetic dietary review	
Read Code	10g monofilament sensation L foot normal	
Read Code	O/E - right foot pulses present	
Read Code	Blood sample taken	
Read Code	Patient given advice about suitable footwear	
Read Code	Diabetes mellitus	
Read Code	Patient advised about low fat diet	
Read Code	Cigarette smoker value:25 /day	
Read Code	Diabetic peripheral neuropathy screening surg.	
Read Code	Urine albumin/creatinine ratio Original units: %	0.9 mg/mmol
Read Code	Alcohol intake	0.0 Units/Week
Read Code	Diabetic foot examination	
Read Code	O/E - Diastolic BP reading	79.0 mmHg
Read Code	Diabetic monitoring	
Read Code	O/E - height Converted from 166 cm	1.66 m

02-Nov-2010 Susan Herring Surgery, Parkview Surgery

Comment Comment Problem title: Diabetes mellitus Template entry: BMI 39.9 Smoking cessation advice Diabetic monitoring Ht 166 cm Wt. 110 Kg B.M.I. 39.9 Smokes 25 /day Pt give adv abt suitble ftwear Alcohol 0 units/week BP 131 / 79 mm Hg Diabetic foot examination O/E - left foot pulses present O/E - right foot pulses present Diabetic periph neurop screen (surg) 10g monofil sens R foot abnorm 10g monofil sens L foot normal Blood sample taken Alb/creat ratio 0.9 % Pt advised re diabetic diet Pt advised re low fat diet Pt advised re low salt diet Depression screen using quest (feels as if stuck in house) Follow up: Diabetic annual review on 2.11.2011 Diabetic 6 month review on 2.5.2011 Comment: has plenty of tablets, will restart statin and metformin. Additional: No consent - influenza imm.

18-Oct-2010 Pcti Docman Docman

Read Code	Discharge summary report
Comment	Comment Additional: *RA23 Clinical Letter York Hospitals NHS Trust TRAUMA AND ORTHOPAEDIC SURGERY MR A BUDGENS CONS FIRM Discharge summary report

18-Oct-2010 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment
Gynaecology

14-Oct-2010 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Haemoglobin A1c Acceptable for this patient The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Unknown**

13-Oct-2010 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Clotting screening testno action The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Normal**

THIRD PARTY COPY

13-Oct-2010 Dr Jamie MacLeod Pathology Lab, Path. Lab.

Read Code	Haemoglobin A1c level - IFCC standardised	51.0 mmol/mol
Read Code	HbA1c level (DCCT aligned)	6.8 %
Read Code	Fibrinogen level	3.2 g/L
Read Code	One stage prothrombin time	10.3 s
Read Code	Partial thromboplastin time activated Converted from 34.5 seconds	34.5 s
Read Code	Clotting screening test	
Comment	Comment Lab results: Clotting screening test, Normal, no action (*R13) Lab results: !Haemoglobin A1c, Acceptable for this patient (*R14)	

13-Oct-2010 Sister Catriona Clark Surgery, Parkview Surgery

Comment Comment Comment: not taking meds, advised to restart, has f/u apt with Sue Additional: Blood sample taken

13-Oct-2010 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment

13-Oct-2010 Sister Catriona Clark Surgery, G.P.Surgery

Read Code Blood sample taken
Comment Comment Additional: *RL6 Biochemistry Haematology June 2010 Patient 11462_1.rtf

11-Oct-2010 Susan Herring Victoria Way Surgery

Comment Comment Comment: m/b reassured bt not done because insufficient sample. Appt made for 13/10 - rash improving.

08-Oct-2010 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Haemoglobin A1c Acceptable for this patient The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Unknown**

08-Oct-2010 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Manual Film/Diff Acceptable for this patient The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Unknown**

08-Oct-2010 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

07-Oct-2010 **Plasma glucose level**Acceptable for this patient The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Unknown**

THIRD PARTY COPY

07-Oct-2010 Dr Jamie MacLeod Pathology Lab, Path. Lab.

Read Code	Liver function tests	
Read Code	Packed cell volume Converted from 0.455 L/L	0.455 %
Read Code	Erythrocyte sedimentation rate Converted from 5 mm/h	5.0 mm/hr
Read Code	Serum alanine aminotransferase level Converted from 35 u/L	35.0 iu/L
Read Code	Differential white blood cell count	
Read Code	Haemoglobin concentration Converted from 157 g/L	157.0 g/L
Read Code	Basophil count Converted from 0 10*9/L	0.0 10^9/L
Read Code	Platelet count - observation Converted from 243 10*9/L	243.0 10^9/L
Read Code	Monocyte count - observation Converted from 1 10*9/L	1.0 10^9/L
Read Code	Full blood count	
Read Code	Eosinophil count - observation Converted from 0.6 10*9/L	0.6 10^9/L
Read Code	Serum alkaline phosphatase level	72.0 iu/L
Read Code	Mean cell haemoglobin level	30.8 pg
Read Code	Serum creatinine level	72.0 umol/L
Read Code	Plasma glucose level	6.7 mmol/L
Read Code	Red blood cell count Converted from 5.09 10*12/L	5.09 10^12/L
Read Code	One stage prothrombin time NA	
Read Code	Total white blood count Converted from 12.9 10*9/L	12.9 10^9/L
Read Code	Serum potassium level	4.3 mmol/L
Read Code	Serum cholesterol level	6.8 mmol/L
Read Code	HbA1c level (DCCT aligned)	6.8 %
Read Code	Serum total protein level	77.0 g/L
Read Code	Lymphocyte count Converted from 4.7 10*9/L	4.7 10^9/L
Read Code	Neutrophil count Converted from 6.5 10*9/L	6.5 10^9/L
Read Code	Serum sodium level	137.0 mmol/L
Read Code	Serum urea level Converted from 3.8 mmol/L	3.8 mmol/L
Read Code	Clotting screening test	
Read Code	Mean cell volume	89.0 fL
Read Code	Partial thromboplastin time activated NA	
Comment	Comment Lab results: !Haemoglobin A1c, Acceptable for this patient (*R10), Manual Film/Diff, Acceptable for this patient (*R11), !Plasma glucose level, Acceptable for this patient, Serum cholesterol, Abnormal see practice note, Clotting screening test, Erythrocyte sedimentation rate, Normal, no action, FBC, Liver function test, Normal, no action, Differential white cell count, Urea and electrolytes, Normal, no action (*R12)	
Read Code	Fibrinogen level NA	
Read Code	Urea and electrolytes	
Read Code	Mean cell haemoglobin concentration	34.5 g/dL
Read Code	Serum albumin level	46.0 g/L
Read Code	Haemoglobin A1c level - IFCC standardised	51.0 mmol/mol
Read Code	Serum total bilirubin level	9.0 umol/L

07-Oct-2010 Susan Herring Surgery, Parkview Surgery

Comment	Comment Problem title: Diabetes mellitus Rash History: Purpuric rash over chest, shoulders and arms - s/b JM - bloods done. Stopped taking his diabetes neds, appt made for review. Template entry: Ht 166 cm Wt. 112 Kg BMI 40.6 Smokes 30 /day Pt give adv abt suitble ftwear Alcohol 0 units/week BP 128 / 85 mm Hg Follow up: Diabetic annual review on 2.11.2010	

07-Oct-2010 Susan Herring Parkview Surgery

Read Code	Body mass index - observation	40.6 Kg/m²
Read Code	O/E - Diastolic BP reading	85.0 mmHg
Read Code	Cigarette smoker value:30 /day	
Read Code	Alcohol intake	0.0 Units/Week
Read Code	Diabetes mellitus	
Read Code	Patient given advice about suitable footwear	
Read Code	O/E - Systolic BP reading	128.0 mmHg
Read Code	O/E - weight	112.0 Kg
Read Code	O/E - height Converted from 166 cm	1.66 m

14-Sept-2010 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code	Influenza vaccination invitation first letter sent

24-Jun-2010 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code	Diabetes monitoring first letter

23-Apr-2010 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code	Referral to orthopaedic service Dr A Sweeney. Mr A Budgen. Choose And Book. Non Urgent. Nhs, Referred by: Mrs Susan Bannister

THIRD PARTY COPY

23-Apr-2010 Mrs Susan Bannister

Referral Referral *Orthopaedic referral. Referral Type: Other; Sender: Mrs Susan Bannister; Referral Status: Care/Input Completed; Outcome: Other*
Attachment Attachment

21-Apr-2010 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment

21-Apr-2010 Dr A Sweeney Home, Home Visit

Comment Comment Comment: he clearly sig probs r ankle virtually fused but pain ++ and limited rom hobbles around not been beyond gate for months wt increased not helping diabetes nor smoking advised Additional: *RL5 Mr Budgen-Orthopaedics-CAB-AMS

19-Apr-2010 Dr A Sweeney Telephone, Telephone

Read Code Medication review
Comment Comment Medication: Metformin Hydrochloride Tablets 500 mg Comment: probs with r ankle -says not been out of house months takes tabs when needed cant take other analgesia as constipates knows re risk with nsaid see letter 03 re mr budgen and opn he didnt fu ? neederd further referal also stress needs take metformin Additional: Medication review

19-Apr-2010 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

19-Apr-2010 Dr A Sweeney

19-Apr-2010 Dr Tracy McArdle

02-Mar-2010 *** **********

Free Text *****
Attachment *****
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11-Dec-2009 Mrs Joanne Topping Parkview Surgery

Read Code Did not attend - no reason

11-Dec-2009 Mrs Joanne Topping Surgery, Parkview Surgery

Comment Comment Problem title: Did not attend - no reason

01-Dec-2009

Comment Comment Cancellation for drug Metformin Hydrochloride Tablets 500 mg, 1 bd 168 tablet. Reason for cancellation not specified (AUTO)

30-Nov-2009 Pcti Docman Docman

Read Code Scanned document
Comment Comment Additional: *RA22 Admin Letter dwp Benefits Agency Scanned document

30-Nov-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment
General Document

26-Nov-2009 Ms Jennifer Herd Telephone, Telephone

Comment Comment Comment: Telephoned, to ask to collect px for statin and to explain. No reply.

20-Nov-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Type II diabetes mellitus

THIRD PARTY COPY

18-Nov-2009 Mrs Lisa Dawson

10-Nov-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Haemoglobin A1c Acceptable for this patient The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Unknown**

10-Nov-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Thyroid function testno action The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Normal**

09-Nov-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Plasma glucose levelno action The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Normal**

09-Nov-2009 Ms Jennifer Herd

Comment	Comment Cancellation for drug Canesten Hc Cream , apply three times a day sparingly 30 gram. Reason for cancellation: NOT NEEDED (JHI)	

09-Nov-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code	Alcohol intake	0.0 Units/Week

09-Nov-2009 Dr John Hamilton Pathology Lab, Path. Lab.

Read Code	Serum total protein level	76.0 g/L
Read Code	Corrected serum calcium level	2.39 mmol/L
Read Code	Serum free T4 level	14.0 pmol/L
Read Code	Urea and electrolytes	
Read Code	Plasma glucose level	5.6 mmol/L
Read Code	Haemoglobin A1c level - IFCC standardised	69.0 mmol/mol
Read Code	Serum alanine aminotransferase level Converted from 36 u/L	36.0 iu/L
Read Code	Serum calcium level	2.42 mmol/L
Read Code	Serum albumin level	44.0 g/L
Read Code	Serum cholesterol/HDL ratio	4.7 mmol/mmol
Read Code	Serum potassium level	4.5 mmol/L
Read Code	Serum alkaline phosphatase level	74.0 iu/L
Read Code	Liver function tests	
Read Code	Serum TSH level Converted from 1.5 mu/L	1.5 miu/L
Comment	Comment Lab results: Thyroid function test, Normal, no action (*R8), !Haemoglobin A1c, Acceptable for this patient (*R9), Plasma glucose level, Normal, no action, Serum cholesterol, Abnormal see practice note, Serum HDL cholesterol level, Normal, no action, Serum cholesterol/HDL ratio, Abnormal see practice note, Liver function test, Normal, no action, Urea and electrolytes, Normal, no action (*R7)	
Read Code	Thyroid function test	
Read Code	Serum total bilirubin level	7.0 umol/L
Read Code	Serum sodium level	137.0 mmol/L
Read Code	Serum urea level Converted from 5.5 mmol/L	5.5 mmol/L
Read Code	Serum HDL cholesterol level	1.4 mmol/L

09-Nov-2009 Ms Jennifer Herd Tang Hall Lane Surgery

Comment	Comment Template entry: Diabetic monitoring Ht 166 cm Wt. 107 Kg BMI 38.8 Smokes 30 /day Alcohol 0 units/week Diabetic foot examination O/E - left foot pulses present O/E - right foot pulses present Diabetic periph neurop screen (surg) 10g monofil sens R foot abnorm 10g monofil sens L foot normal Urine protein test = ++ Urine glucose test not done Urine ketone test not done Urine blood test not done Pt advised re diabetic diet Pt advised re low fat diet Pt advised re wt reducing diet Pt advised re low salt diet Depression screen using quest (no) Comment: ? should be on statin, will wait for cholesterol to come back, advised might have to increase metformin. Reduced sensation in right foot. Will bring in emu for microalb. urine today not first one. Forgot to give flu injection today, will have to come back.	

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09-Nov-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code	O/E - left foot pulses present	
Read Code	Patient advised about low salt diet	
Read Code	Urine ketone test not done	
Read Code	Diabetic dietary review	
Read Code	Diabetic foot examination	
Read Code	Diabetic peripheral neuropathy screening surg.	
Read Code	Patient advised about low fat diet	
Read Code	O/E - right foot pulses present	
Read Code	10g monofilament sensation L foot normal	
Read Code	Urine glucose test not done	
Read Code	Diabetic monitoring	
Read Code	O/E - height Converted from 166 cm	1.66 m
Read Code	O/E - weight	107.0 Kg
Read Code	Serum creatinine level Converted from 74 micmol/l	74.0 umol/L
Read Code	10g monofilament sensation R foot abnormal	
Read Code	Depression screening using questions no.	
Read Code	Urine blood test not done	
Read Code	Body mass index - observation	38.8 Kg/m²
Read Code	Cigarette smoker value:30 /day	
Read Code	Patient advised about weight-reducing diet	
Read Code	Serum cholesterol level	6.6 mmol/L
Read Code	Urine protein test = ++	
Read Code	HbA1c level (DCCT aligned)	8.5 %

06-Nov-2009 Dr John Hamilton Parkview Surgery

Read Code Ankle pain

06-Nov-2009 Dr John Hamilton Surgery, Parkview Surgery

Comment Comment Problem title: Ankle pain History: Has had DLA allowance stopped after 5 yrs. Explained system to him & he will appeal.

04-Nov-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Letter encounter to patient

04-Nov-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Letter encounter to patient

21-Oct-2009 Pcti Docman Docman

Read Code Scanned document
Comment Comment Additional: *RA21 Admin Letter dwp Benefits Agency Scanned document

21-Oct-2009 Dr Jonathan Tams Externally Entered, Externally entered

Comment Comment Comment: dwp completed

21-Oct-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment
General Document

15-Oct-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Diabetes monitoring first letter

06-Oct-2009 Pcti Docman Docman

Comment Comment Additional: *RA20 Clinical Letter York District Hospital dietics dept Scanned document
Read Code Scanned document

06-Oct-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment

01-Oct-2009

Comment Comment Cancellation for drug Allevyn Adhesive Dressing square, 7.5 cm x 7.5 cm, use asd 20 dressing. Reason for cancellation not specified (AUTO)

30-Sept-2009

Comment Comment Cancellation for drug Allevyn Adhesive Dressing square, 10 cm x 10 cm, use asd 20 dressing. Reason for cancellation not specified (AUTO)

THIRD PARTY COPY

29-Sept-2009 ***** **********

Free Text	*****

19-Sept-2009

Comment	Comment Cancellation for drug Sorbsan Packing Cavity Dressing (with probe) 30 cm/2 grams, as dir 10 dressing. Reason for cancellation not specified (AUTO)

09-Sept-2009

Comment	Comment Cancellation for drug Sodium Chloride Solution 0.9 %, 45 ml bottle, as dir 2 bottle. Reason for cancellation not specified (AUTO)

08-Sept-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Full blood count - FBCno action The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Normal**

08-Sept-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Plasma glucose level On correct treatment The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Unknown**

08-Sept-2009 Dr Jamie MacLeod Pathology Lab, Path. Lab.

Read Code	Mean cell volume	91.0 fL
Read Code	Serum cholesterol/HDL ratio	5.8 mmol/mmol
Read Code	Serum potassium level	4.6 mmol/L
Read Code	Neutrophil count Converted from 4.2 10*9/L	4.2 10^9/L
Read Code	Haemoglobin concentration Converted from 153 g/L	153.0 g/L
Read Code	Serum TSH level Converted from 1.3 mu/L	1.3 miu/L
Read Code	Serum alanine aminotransferase level Converted from 49 u/L	49.0 iu/L
Read Code	Eosinophil count - observation Converted from 0.4 10*9/L	0.4 10^9/L
Read Code	Mean cell haemoglobin level	31.2 pg
Read Code	Differential white blood cell count	
Read Code	Serum sodium level	134.0 mmol/L
Read Code	Monocyte count - observation Converted from 0.7 10*9/L	0.7 10^9/L
Read Code	Serum urea level Converted from 4.8 mmol/L	4.8 mmol/L
Read Code	Basophil count Converted from 0.1 10*9/L	0.1 10^9/L
Read Code	Serum HDL cholesterol level	1.2 mmol/L
Read Code	Plasma glucose level	14.6 mmol/L
Read Code	Packed cell volume Converted from 0.444 L/L	0.444 %
Read Code	Platelet count - observation Converted from 248 10*9/L	248.0 10^9/L
Read Code	Serum alkaline phosphatase level	92.0 iu/L
Read Code	Lymphocyte count Converted from 3.7 10*9/L	3.7 10^9/L
Read Code	Serum total protein level	76.0 g/L
Read Code	Total white blood count Converted from 9 10*9/L	9.0 10^9/L
Read Code	Full blood count	
Read Code	Red blood cell count Converted from 4.9 10*12/L	4.9 10^12/L
Read Code	Mean cell haemoglobin concentration	34.5 g/dL
Comment	Comment Lab results: FBC, Normal, no action, Differential white cell count (*R4), !Plasma glucose level, On correct treatment, Serum cholesterol, for statin soon, Serum HDL cholesterol level, Serum cholesterol/HDL ratio, Liver function test, Acceptable for this patient, Serum TSH level, Urea and electrolytes, Normal, no action (*R5)	
Read Code	Serum albumin level	46.0 g/L
Read Code	Liver function tests	
Read Code	Serum total bilirubin level	11.0 umol/L
Read Code	Serum creatinine level	84.0 umol/L
Read Code	Serum cholesterol level	6.9 mmol/L
Read Code	Urea and electrolytes	

07-Sept-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code	Diabetic retinopathy screening

07-Sept-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment	Attachment
Read Code	Referral to dietitian York District Hospital. Non Urgent. Nhs, Referred by: Mrs Marcia Greenaway

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07-Sept-2009 Sister Catriona Clark Tang Hall Lane Surgery

Read Code	Health education - diet	
Read Code	Cleaning of skin wound NEC	
Read Code	Dressing of skin or wound allevyn.	
Read Code	Body mass index - observation	38.6 Kg/m²
Read Code	O/E - weight	106.36 Kg
Read Code	Nursing care - dressing	
Comment	Comment History: HBA!c high, to start meds and see in 1/12 Examination: wound healing well, for home dressings- see us again if not settling Template entry: Wt. 106.36 Kg BMI 38.6 Health ed. - diet Nursing care - dressing Cleaning of skin wound NEC Dressing of skin or wound (allevyn) Follow up: [V]Surg. dressing/suture att. on 21.9.2009 (to do at home) Additional: *RL4 Diabetic Retinal Screening PN	

07-Sept-2009 Mrs Marcia Greenaway

Attachment	Attachment
Referral	Referral *Refer to dietician. Referral Type: Other; Sender: Mrs Marcia Greenaway; Referral Status: Care/Input Completed; Outcome: Other*

07-Sept-2009 Sister Catriona Clark

03-Sept-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

02-Sept-2009 **Microalb/Creat Ratio**no action The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Normal**

03-Sept-2009 Dr Manorama Bhattarai Parkview Surgery

Read Code	Type II diabetes mellitus

03-Sept-2009 Dr Manorama Bhattarai Surgery, Parkview Surgery

Comment	Comment Problem title: Type 2 diabetes mellitus History: has been having blood tests for ? diabetes, getting polyuric, thrush- groin area Examination: thrust around penile shaft, review of results HBA1c>11, told likely diabetes Comment: hasnt had fasting bloods done, to get it done ASAP and is coming for review again on Monday with nurse, also asking about left ankle - had xray no injury/osteoporosis for physio referral Additional: *RL2 Dietician BA FY2 Additional: *RL3 Physiotherapy MB FY2

03-Sept-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment	Attachment
Attachment	Attachment

02-Sept-2009 Dr John Hamilton Pathology Lab, Path. Lab.

Read Code	Urine albumin level	5.0 mg/L
Comment	Comment Lab results: Microalb/Creat Ratio, Normal, no action (*R3)	
Read Code	Urine albumin/creatinine ratio	0.8 mg/mmol
Read Code	Urine creatinine level	6.1 mmol/L

02-Sept-2009 Sister Catriona Clark Tang Hall Lane Surgery

Read Code	Nursing care - dressing
Read Code	Cleaning of skin wound NEC
Read Code	Dressing of skin or wound allevyn.
Comment	Comment Medication: Allevyn Adhesive Dressing square, 7.5 cm x 7.5 cm Template entry: Nursing care - dressing Cleaning of skin wound NEC Dressing of skin or wound (allevyn) Follow up: [V]Surg. dressing/suture att. on 8.9.2009

02-Sept-2009 Sister Catriona Clark

01-Sept-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Plasma glucose level The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Unknown**

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01-Sept-2009 Sister Catriona Clark Pathology Lab, Path. Lab.

Read Code	Serum cholesterol/HDL ratio	7.0 mmol/mmol
Read Code	Haemoglobin A1c level - IFCC standardised	108.0 mmol/mol
Read Code	Plasma glucose level	17.3 mmol/L
Read Code	Serum urea level Converted from 6.3 mmol/L	6.3 mmol/L
Read Code	Serum total bilirubin level	8.0 umol/L
Read Code	HbA1c level (DCCT aligned)	12.0 %
Read Code	Serum cholesterol level	7.7 mmol/L
Read Code	Serum total protein level	77.0 g/L
Read Code	Serum alkaline phosphatase level	101.0 iu/L
Read Code	Serum sodium level	137.0 mmol/L
Read Code	Liver function tests	
Read Code	Serum HDL cholesterol level	1.1 mmol/L
Read Code	Serum albumin level	45.0 g/L
Read Code	Serum potassium level	4.5 mmol/L
Read Code	Serum TSH level Converted from 1.3 mu/L	1.3 miu/L
Comment	Comment Lab results: !Plasma glucose level, Serum cholesterol, Serum HDL cholesterol level, Serum cholesterol/HDL ratio, Haemoglobin A1c, Dealt with, Liver function test, Serum TSH level, Urea and electrolytes (*R6)	
Read Code	Serum creatinine level	75.0 umol/L
Read Code	Urea and electrolytes	
Read Code	Serum alanine aminotransferase level Converted from 32 u/L	32.0 iu/L

01-Sept-2009 Sister Catriona Clark Tang Hall Lane Surgery

Read Code	Dressing of skin or wound allevyn.
Read Code	Nursing care - dressing groin abcesss.
Read Code	Cleaning of skin wound NEC
Comment	Comment Medication: Allevyn Adhesive Dressing square, 10 cm x 10 cm Template entry: Nursing care - dressing (groin abcesss) First episode Cleaning of skin wound NEC Dressing of skin or wound (allevyn) Follow up: [V]Surg. dressing/suture att. on 2.9.2009 Comment: bloods for chol. TFT, HBa1c new diabetic- quck chat- seeing Dr tomorrow Additional: PILS Leaflet L771 A Low Fat and Healthy Diet (v=33) Printed PILS Leaflet L771 A Low Fat and Healthy Diet (v=33) Printed
Read Code	First episode

01-Sept-2009 Sister Catriona Clark

28-Aug-2009 Mrs Joanne Topping Parkview Surgery

Read Code	O/E - weight	106.0 Kg
Read Code	Smoking cessation advice	
Read Code	Nursing care - dressing groin abscess.	
Read Code	Cigarette smoker value:30 /day	
Read Code	O/E - Diastolic BP reading	86.0 mmHg
Read Code	Cleaning of skin wound NEC	
Read Code	Alcohol intake	0.0 Units/Week
Read Code	Referral to retinal screener	
Read Code	Body mass index - observation	38.5 Kg/m²
Read Code	Referral to GP	
Vaccination	Pneumococcal *Left Arm. G.P.Surgery, Batch: , Dose:*	
Read Code	O/E - Systolic BP reading	153.0 mmHg
Read Code	O/E - height Converted from 166 cm	1.66 m
Read Code	Dressing of skin or wound sorbsan, allevyn adhesive.	
Read Code	Health education - diabetes	

28-Aug-2009 Mrs Joanne Topping Surgery, Parkview Surgery

Comment	Comment Template entry: Health education - diabetes Referral to G.P. Referral to retinal screener Ht 166 cm Wt. 106 Kg BMI 38.5 Smokes 30 /day Smoking cessation advice Alcohol 0 units/week BP 153 / 86 mm Hg Pneumococcal vaccination Parkview Surgery Left Arm G.P.Surgery Nursing care - dressing (groin abscess) Cleaning of skin wound NEC Dressing of skin or wound (sorbsan, allevyn adhesive) Follow up: Diabetic annual review on 28.11.2009 Diabetic 6 month review on 28.5.2010 [V]Surg. dressing/suture att. on 1.9.2009 Comment: advice re diet , diet sheet given and summary on type II, will need bloods and Bp at next visit, as coming for dressing will be able to give education a little at a time.

26-Aug-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Haemoglobin A1csee practice note The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Abnormal**

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26-Aug-2009 Dr Phillipa Rutter Pathology Lab, Path. Lab.

Read Code	Haemoglobin A1c level - IFCC standardised	103.0 mmol/mol
Comment	Comment Lab results: !Haemoglobin A1c, Abnormal see practice (*R2) note	
Read Code	HbA1c level (DCCT aligned)	11.6 %

25-Aug-2009 Dr John Hamilton

Comment Comment Repeat Tests Owned by: GE,JB,SUE,SMB,GW,CW,DAA,JVC,JD,JBA,LD,LH,LOR,MG,SWH,HA,VL,MAH,GB,MD,CBZ,MAW, Source LAB report id LV102490 NOT TESTED on 24.08.2009 HbA1c. LD 25.8.2009 10:18.3 mr cavanagh said d/n going this am and he LD 25.8.2009 10:19.2 will ask them to do it but i will ring Completed LD 25.8.2009 10:20.1 d/n refer to bleep them also just incase.

25-Aug-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

24-Aug-2009 **Not Tested**Dealt with The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.: **Unknown**

24-Aug-2009 Ms Maggie Stanley Home, Home Visit

Comment Comment Template entry: excess thirst,polyuria,tiredness,drained.bm high.msu glucose=++++.9i ronbru drunk and glucose drinks.hbaic taken.discuss with gp random or fasting glucose.he has practice appt.thurs pm.groin improving.

24-Aug-2009 Dr John Hamilton Pathology Lab, Path. Lab.

Comment Comment Lab results: Not Tested, Dealt with (*R1)

21-Aug-2009 Ms Gillian Baigrie

17-Aug-2009 Dr John Hamilton

14-Aug-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Medication review

14-Aug-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

14-Aug-2009 Dr Julianne Hewitson

14-Aug-2009 Dr John Hamilton

12-Aug-2009 Mr Mjog Mjog MJog

Read Code	Short message service text message sent to patient value:0 0
Comment	Comment Additional: Type: Campaign Message; Status: Message Delivered; Message: Hi John Michael do you know you can use our on-line service to book appointments, request prescriptions and send messages at www.abbeymedicalgroup.co.uk 0 0

11-Aug-2009 Dr Jonathan Tams Externally Entered, Externally entered

Comment Comment Medication: Sorbsan Packing Cavity Dressing (with probe) 30 cm/2 grams Sodium Chloride Solution 0.9 %, 45 ml bottle

11-Aug-2009 Dr Jonathan Tams

11-Aug-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

11-Aug-2009 Dr John Hamilton

09-Aug-2009 Pcti Docman Docman

Read Code	Letter from consultant
Comment	Comment Additional: *RA19 Clinical Letter York Hospitals NHS Trust GENERAL SURGERY MR N WOODCOCKS CONS FIRM Letter from consultant

09-Aug-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment

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07-Aug-2009 Pcti Docman Docman

Comment Comment Additional: *RA18 Discharge summary report Discharge Summary/Report York District Hospital General Surgery

07-Aug-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Drainage of abscess NEC rt groin.
Read Code Hospital admission note
Read Code Abscess NOS R THIGH.

07-Aug-2009 Dr Phillipa Rutter Surgery, Parkview Surgery

Comment Comment History: in agony with abscess groin 2 days, feels systemically unwell last 24hrs. Examination: nasty abscess r groin size of tennis ball,pointing, discoloured skin/dark/blackened, pyrexia 38.9 Comment: needs admission for I and D and iv

07-Aug-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment
General Letter

20-July-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Plain X-ray ankle joint normal

20-July-2009 Pcti Docman Docman

Comment Comment Additional: *RA17 Result Radiology Report York Hospitals NHS Trust RADIOLOGY

20-July-2009 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment
Radiology

13-July-2009 Dr John Hamilton Parkview Surgery

Read Code Ankle pain

13-July-2009 Dr John Hamilton Surgery, Parkview Surgery

Comment Comment Problem title: Ankle pain History: chronic R ankle pain for years. Now L ankle acting up for past month. No specific trauma, recent or past. Examination: swollen & tender over Lat malleolus. Limited flexion, but other planes OK. XRay & review.

10-July-2009 Mr Mjog Mjog MJog

Read Code Short message service text message sent to patient value:0 0
Comment Comment Additional: Type: Appointment Reminder; Status: Message Delivered; Message: Dear Mr Cavanagh, this is a reminder for your appointment at 10:50 AM on Mon, 13 of Jul at Abbey Medical Group (01904 411139) 0 0

01-May-2009 Dr Julianne Hewitson

Comment Comment Cancellation for drug Diclofenac And Misoprostol Tablets 50 mg + 200 micrograms, tds 90 tablet. Reason for cancellation: NOT WORKING (JDH)

01-May-2009 Dr Julianne Hewitson Telephone, Telephone

Read Code Ankle pain
Comment Comment Problem title: Ankle pain History: been on ibuprofen for years, JCH stopped as PMH of DU, gave arthrotec instead. These do not control the pain - wants ibuprofen. says ibuprofen are fine with stomach Medication: Ibuprofen Tablets 600 mg Omeprazole Capsules (Gastro-Resistant) 20 mg

01-May-2009 Dr Julianne Hewitson

01-May-2009 Dr Julianne Hewitson

THIRD PARTY COPY

20-Apr-2009

Comment Comment Cancellation for drug Diclofenac And Misoprostol Tablets 50 mg + 200 micrograms, tds 90 tablet. Reason for cancellation not specified (AUTO)

19-Mar-2009 *** **********

Free Text *****

19-Mar-2009 Dr Jonathan Tams Externally Entered, Externally entered

Comment Comment History: requ ibuprofen note DU x2. seen John before ....best ask him if ok

19-Mar-2009 Dr John Hamilton

03-Feb-2009 Dr Jamie MacLeod

04-Dec-2008 Dr Jane Flynn

03-Dec-2008 Ms Carole Donnachie Tang Hall Lane Surgery

Comment Comment Comment: Rang. Stopped taking Champix, it gave him flu and a very bad chest infection. Told to make appt in New Year if he wants to try something else.

26-Nov-2008 Ms Carole Donnachie Tang Hall Lane Surgery

Comment Comment Comment: Rang, left message to see how doing on Champix

17-Oct-2008 Pcti Docman Docman

Comment Comment Additional: *RA15 Scanned document clinical letter stop smoking service performa

17-Oct-2008 Dr John Hamilton

17-Oct-2008 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment

15-Oct-2008 Pcti Docman Docman

Comment Comment Additional: *RA16 Scanned document Clinical Letter stop smoking service performa for champix

15-Oct-2008 Pcti Docman Docman

Comment Comment Additional: *RA14 Scanned document Clinical Letter stop smoking service

15-Oct-2008 Ms Carole Donnachie Tang Hall Lane Surgery

Read Code British or mixed British - ethnic category 2001 census
Comment Comment Template entry: Smokes 30 /day Smoking cessation advice British/mixed British 2001cens Comment: Heavy smoker. CO 31. Would like to try Champix.
Read Code Cigarette smoker value:30 /day
Read Code Smoking cessation advice

15-Oct-2008 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment
Attachment Attachment

16-Sept-2008 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Referral to podiatrist Dr J C Hamilton. White Cross Court. Non Urgent. Nhs, Referred by: Mrs Barbara Cockburn (DELETED)

16-Sept-2008 Mrs Barbara Cockburn Surgery, G.P.Surgery

Comment Comment Additional: *RL1 Chiropody - JCH

16-Sept-2008 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment

THIRD PARTY COPY

16-Sept-2008 Mrs Barbara Cockburn

Attachment Attachment
Referral Referral *Refer to chiropodist. Referral Type: Other; Sender: Mrs Barbara Cockburn (DELETED); Referral Status: Care/Input Completed; Outcome: Other*

15-Sept-2008 Dr John Hamilton Surgery, Parkview Surgery

Comment Comment Problem title: plantar dermatosis. History: hard skin on R sole due to awkward gait for ankle problem. refer chiropody. Additional: Letter/report awaited

15-Sept-2008 Dr John Hamilton

29-July-2008 Dr John Hamilton Tang Hall Lane Surgery

Read Code Smoking cessation advice
Read Code Earache symptoms
Comment Comment Problem title: Earache symptoms History: upper R molar fell out yesterday - pain in face & ear since then. Also wheezy chest and SOBOE. Examination: gum swollen ++, also R otitis externa. Chest: few ronchi. Medication: Otomize Spray 1 spray tds 1 spray Ibuprofen Tablets 600 mg take one 3 times a day with food 90 tablet Template entry: BMI 37.4 Smokes 20 /day Smoking cessation advice Comment: advised re: seeing dentist.
Read Code Body mass index - observation 37.4 Kg/m²
Read Code Cigarette smoker value:20 /day

29-July-2008 Dr John Hamilton

21-Jan-2008 Dr Carmel Parry Telephone, Telephone

Comment Comment History: called to ask if needs cream as well - advosed not as per conversation with jch

21-Jan-2008 Dr John Hamilton Parkview Surgery

Read Code Haemorrhoid

21-Jan-2008 Dr John Hamilton Surgery, Parkview Surgery

Comment Comment Problem title: Haemorrhoids History: bleeding & painful, constipated. Examination: external thrombosed piles. Medication: Lactulose Solution 3.35 g/5 ml 10 ml bd 500 ml Anusol-Hc Suppositories 1 pr bd 20 suppositories Ibuprofen Tablets 600 mg take one 3 times a day with food 90 tablet Additional: wants Ibuprofen for pain. Warned re: stopping if indigestive.

21-Jan-2008 Dr John Hamilton

19-Sept-2007 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment

28-Nov-2006 Pcti Docman Docman

Comment Comment Additional: *RA13 Scanned document Admin Letter Benefits Agency

28-Nov-2006 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Attachment Attachment
General Document

11-July-2006 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Obesity

18-May-2006 Dr John Hamilton Tang Hall Lane Surgery

Read Code Human papilloma virus infection of skin
Read Code Tinea cruris
Comment Comment History: Says has been done by Police for smoking cannabis & they will be contacting us for report about his ankle problem. Problem title: Tinea cruris Problem title: Viral warts History: R groin -> cryo.

18-May-2006 Dr John Hamilton

THIRD PARTY COPY

17-Feb-2005 Any Doctor Externally Entered, Externally entered

Attachment	Attachment
Comment	Comment Additional: *RA12 incapacity benefit 17.02.05

07-Jun-2004 Any Doctor Externally Entered, Externally entered

Attachment	Attachment
Comment	Comment Additional: *RA11 mr a budgen 09.06.2004

26-Apr-2004 Any Doctor Externally Entered, Externally entered

Attachment	Attachment
Comment	Comment Additional: *RA10 j stanley 28.04.2004

04-Dec-2003 Mrs Rosemary Freeborn Surgery, G.P.Surgery

Read Code	Did not attend smoking cessation clinic	
Read Code	Seen by smoking cessation advisor	
Comment	Comment Template entry: Smoking Clinic DNA - Smoking cessation clinic	

27-Nov-2003 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code	IB113 DLS Incapacity for work form completed	

27-Nov-2003 Any Doctor Externally Entered, Externally entered

Attachment	Attachment
Comment	Comment Additional: *RA9 benifits agency 2.12.03

24-Nov-2003 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code	Negotiated date for cessation of smoking	

20-Nov-2003 Mrs Rosemary Freeborn Surgery, G.P.Surgery

Read Code	Rolls own cigarettes value:2 oz/wk	
Read Code	O/E - Systolic BP reading	139.0 mmHg
Read Code	Expired carbon monoxide concentration Original units: mmol/l	40.0 PPM
Read Code	Seen by smoking cessation advisor	
Read Code	Nicotine replacement therapy	
Comment	Comment Medication: Nicotine Transdermal Patches 21 mg/24 hrs Template entry: Smoking Clinic White Rolled tobac. 2 oz/wk Smoking started 1972 Negotiatd date cessatn smoking 24.11.2003 cm 40 mmol/l BP 139 mm Hg / 79 mm Hg Nicotine replacement therapy Follow up: 14 Days	
Read Code	O/E - Diastolic BP reading	79.0 mmHg
Read Code	White - ethnic group	

20-Nov-2003 Mrs Rosemary Freeborn

10-Nov-2003 Dr E Fathers Surgery, G.P.Surgery

Read Code	Peak expiratory flow rate Converted from 300 l/minute	300.0 L/min
Comment	Comment Problem title: O/E - expiratory wheeze History: long history this episode 3 w chronic cough prod green sputum no blood worse in ams. Mother has COPD? Wheeze mainly in ams Examination: moderate wheeze throughout no creps Medication: Becotide 100 Inhaler 100 micrograms/puff Salbutamol Cfc-Free Inhaler 100 micrograms/puff Volumatic Spacer Device Lab results: PEF 300 l/minute Comment: nurse for stop smoking advice - nicotine patches review in 1m time	
Read Code	O/E - expiratory wheeze	

10-Nov-2003 Dr E Fathers

10-Nov-2003 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

13-Oct-2003 Any Doctor Externally Entered, Externally entered

Comment	Comment Additional: *RA8 Budgen 17.10.03
Attachment	Attachment

28-May-2003 Any Doctor Externally Entered, Externally entered

Comment	Comment Additional: *RA7 Thompson orthopaedic physio 09.06.03
Attachment	Attachment

THIRD PARTY COPY

01-May-2003 Any Doctor Externally Entered, Externally entered

Attachment Attachment
Comment Comment Additional: *RA6 A&E REPORT DR PHILLIPS 28.4.03

04-Feb-2003 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Forms - miscellaneous DLA form DBD391 completed.

21-Jan-2003 Dr John Hamilton Surgery, Parkview Surgery

Comment Comment Problem title: Ankle pain History: no change. Finding life difficult on benefit. Told he must have an MRI scan next - ??April? Medication: Ibuprofen Tablets 600 mg

21-Jan-2003 Dr John Hamilton Parkview Surgery

Read Code Ankle pain

21-Jan-2003 Dr John Hamilton

17-Dec-2002 Any Doctor Externally Entered, Externally entered

Attachment Attachment
Comment Comment Additional: *RA5 kosygan ort 9.12.2002

22-Nov-2002 Dr John Hamilton Surgery, Parkview Surgery

Comment Comment Problem title: Ankle pain History: joint injection wore off - discussed further appt.

22-Nov-2002 Dr John Hamilton Parkview Surgery

Read Code Ankle pain

11-Oct-2002 Dr John Hamilton Parkview Surgery

Read Code Ankle pain

11-Oct-2002 Dr John Hamilton Surgery, Parkview Surgery

Comment Comment Problem title: Ankle pain History: due for joint injection under U/S this week. No more Med3s at present. Medication: Ibuprofen Tablets 600 mg Anusol Cream

11-Oct-2002 Dr John Hamilton

20-Sept-2002 Any Doctor Externally Entered, Externally entered

Attachment Attachment
Comment Comment Additional: *RA4 INCAPACITY BENIFIT LETTER 25.9.02

16-Sept-2002 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Notes summary on computer amf.

30-Aug-2002 Dr John Hamilton Parkview Surgery

Read Code MED3 issued to patient

30-Aug-2002 Dr John Hamilton Surgery, Parkview Surgery

Comment Comment Problem title: MED3 issued to patient History: 2 months from 28/8/02 'ankle injury'. Medication: Canesten Hc Cream

30-Aug-2002 Dr John Hamilton

19-Aug-2002 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Ankle pain Tenosynovitis.Therapeutic injection of steroid offered.

19-Aug-2002 Any Doctor Externally Entered, Externally entered

Comment Comment Additional: *RA3 MR GIBBON 23.08.02
Attachment Attachment

THIRD PARTY COPY

18-July-2002 Dr John Hamilton Surgery, Parkview Surgery

Comment Comment Problem title: Ankle pain History: has now had scan. Ortho appt mid-August. Rpt NSAID. Precautions repeated in view of dyspeptic history. Medication: Ibuprofen Tablets 600 mg

18-July-2002 Dr John Hamilton Parkview Surgery

Read Code Ankle pain

18-July-2002 Dr John Hamilton

04-July-2002 Dr John Hamilton Parkview Surgery

Read Code MED3 issued to patient

04-July-2002 Dr John Hamilton Surgery, Parkview Surgery

Comment Comment Problem title: MED3 issued to patient History: 8 wks.

25-Jun-2002 Dr John Hamilton Parkview Surgery

Read Code Ankle pain

25-Jun-2002 Dr John Hamilton Surgery, Parkview Surgery

Comment Comment Problem title: Ankle pain History: has seen Gibbon but no letter yet.

31-May-2002 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Disability DLA form completed.

30-May-2002 Dr John Hamilton Parkview Surgery

Read Code [D]Cough

30-May-2002 Dr John Hamilton Surgery, Parkview Surgery

Comment Comment Problem title: [D]Cough History: dry for 3 weeks Examination: chest : clear.

10-May-2002 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code DLA 370 Disability living allowance completed

09-May-2002 Dr John Hamilton Surgery, Parkview Surgery

Comment Comment Problem title: MED3 issued to patient History: 8 wks 'ankle injury'. Has Ortho appt in June. Medication: Aciclovir Cream 5 %

09-May-2002 Dr John Hamilton Parkview Surgery

Read Code MED3 issued to patient

09-May-2002 Dr John Hamilton

10-Apr-2002 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Allergic rhinitis

10-Apr-2002 Dr Rachel Hodgson Parkview Surgery

Read Code Allergic rhinitis
Read Code Ankle pain

10-Apr-2002 Dr Rachel Hodgson Surgery, Parkview Surgery

Comment Comment Problem title: Ankle pain History: req rpt analgesia. Sees ortho re ankle in June, not happy as appt has been put back twice. Still having lots of pain. Medication: Ibuprofen Tablets 600 mg Beconase Aqueous Nasal Spray 50 micrograms/dose Additional: Allergic rhinitis - few weeks itchy, runny nose and sneezes. Sores at end of nose from blowing it a lot, sugg vaseline

10-Apr-2002 Dr John Hamilton

THIRD PARTY COPY

18-Jan-2002 Dr John Hamilton Surgery, Parkview Surgery

Comment Comment Problem title: Ankle pain History: has seen JMII - X-rays show good joint spaces in ankles, but osteophytes may be causing pain. To see Orthopod in a few months.

18-Jan-2002 Dr John Hamilton Parkview Surgery

Read Code Ankle pain

04-Dec-2001 Any Doctor Externally Entered, Externally entered

Comment Comment Additional: *RA2 DR IVESON RHEAMAT 14.12.01
Attachment Attachment

27-Nov-2001 Any Doctor Externally Entered, Externally entered

Comment Comment Additional: *RA1 Iveson rheumatologist 6.12.2001
Attachment Attachment

16-Nov-2001 Dr John Hamilton Parkview Surgery

Read Code Ankle pain

16-Nov-2001 Dr John Hamilton Surgery, Parkview Surgery

Comment Comment Problem title: Ankle pain History: pain worse. Due at OPD (?Iveson) next week Examination: R ankle swollen & tender today. Medication: Ibuprofen Tablets 600 mg Co-Dydramol 10/500 Tablets

16-Nov-2001 Dr John Hamilton

28-Aug-2001 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

29-Jun-2001 Dr Nigel Wells Parkview Surgery

Read Code Ankle pain

29-Jun-2001 Dr Nigel Wells Surgery, Parkview Surgery

Comment Comment Problem title: Ankle pain History: persists, no better with tramadol, finds nsaids helpful but aware of risk of gi upset Medication: Gabapentin Capsules 300 mg Ibuprofen Tablets 600 mg Comment: counselled re NSAIDs, feels these do not aggravate his stomach and that he wants to keep with them, advised against and told to try gabapentin first. will do this , review if no better and if needing nsaids, chase JMI appt,

29-Jun-2001 Dr John Hamilton

13-Feb-2001 Dr John Hamilton Surgery, Parkview Surgery

Comment Comment Problem title: [D]Numbness History: in L thumb, radial border, around where tendons repaired after injury 15 yrs ago. Examination: Full ROM. Wait & see. Medication: Xyloproct Ointment

13-Feb-2001 Dr John Hamilton Parkview Surgery

Read Code [D]Numbness

13-Feb-2001 Dr John Hamilton

21-Nov-2000 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Comment Comment Previous county: N Yorkshire

THIRD PARTY COPY

10-Nov-2000 Dr Jane Maloney Surgery, G.P.Surgery

Comment Comment History: Chest pain 3/52, lasts 10 secs, x 4 or 5 usually at night plus dull ache. Eases om moving shoulder, no change on coughing or moving. Worse on eating - a few minutes after. No worse with alcohol does not eat spicy food. Gets occn "indigestion" - says it is a different sort of pain. Smokes 6 a day alcohol 2 cans/week. NB H/o perf DU. On ibuprofen. Examination: Abdo NAD chest clear PN res R = L, tender L sternum ++. Medication: Lansoprazole Capsules 15 mg Comment: On ibuprofen! Add lansoprazole, C/T til chest improves then stop.

10-Nov-2000 Dr Jane Maloney

23-Oct-2000 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Comment Comment Previous county: N Yorkshire

23-Oct-2000 Dr Jamie MacLeod Home, Home Visit

Read Code Ankle pain
Comment Comment Problem title: Ankle pain History: continues.Rpt Rx. Medication: Ibuprofen Tablets 600 mg take one 3 times a day with food 90 tablet(s)

23-Oct-2000 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

23-Oct-2000 Dr Jamie MacLeod

14-Sept-2000 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

01-Sept-2000 Dr Jane Maloney Surgery, G.P.Surgery

Comment Comment Referral: Referral for further care, Dr J M Iveson, York District Hospital, Non-Urgent, N H S
Read Code Referral for further care Dr J M Iveson. York District Hospital. Non-Urgent. N H S

28-July-2000 Dr Jane Maloney Surgery, G.P.Surgery

Comment Comment History: OA ankle - diagnosed in Chorley 6/12 ago. Says no help with analgesia. Has tried co-prox etc. Has bony fragments in ankle. Wakes up with pain in the night. Can walk for about 1/2 an hour only. Not keen on opiates plus laxatives. Medication: Tramadol Hydrochloride Capsules 50 mg Tramadol Hydrochloride Capsules 50 mg

28-July-2000 Dr Jane Maloney

15-May-2000 Dr John Hamilton Surgery, Parkview Surgery

Comment Comment Problem title: Osteoarthritis+allied disord. History: R ankle, old RTA injury. Can't take opiate related analgesics => piles. Medication: Nefopam Hydrochloride Tablets 30 mg Xyloproct Ointment Fybogel Orange Sachets 3.5 g/sachet

15-May-2000 Dr John Hamilton Parkview Surgery

Read Code Osteoarthritis

15-May-2000 Dr John Hamilton

08-May-2000 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code New registration check done and claimable

08-May-2000 Mrs Maureen Marsden Surgery, G.P.Surgery

Comment Comment Comment: has recently been released from prison, has history of drug and alcohol abuse. Is looking for work and does not substance abuse at the present time

THIRD PARTY COPY

08-May-2000 Mrs Maureen Marsden Surgery, G.P.Surgery

Read Code	Imported notes EMISNO5 No H/O: Cva/Stroke.	
Read Code	O/E - weight	103.0 Kg
Read Code	Alcohol intake	0.0 Units/Week
Read Code	No FH: Ischaemic Heart Disease <60	
Read Code	No FH: Stroke/TIA	
Read Code	O/E - height Converted from 166 cm	1.66 m
Read Code	Parent of 1.	
Read Code	Body mass index - observation	37.4 Kg/m²
Read Code	Single person	
Read Code	O/E - Diastolic BP reading	70.0 mmHg
Comment	Objective Cva/Stroke Comment: h/o arthritis in right ankle - wants to loose some weight	
Read Code	No FH: Ischaemic Heart Disease >60	
Read Code	Cigarette smoker value:15 Per Day Range: 0 - 200	
Read Code	O/E - Systolic BP reading	130.0 mmHg

05-May-2000 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Comment	Comment Previous NHS number: ZZZZ 999

15-July-1997 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code	Poor sleep pattern

17-Jun-1997 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code	Drug dependence heroin / speed..

09-Nov-1996 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code	[D]Loin pain

16-Aug-1996 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code	Vomit contains coffee grounds
Read Code	[D]Helicobac pylori-abnor microbiolog finding gastric fluid Triple therapy commenced.
Read Code	Vomit appearance
Read Code	Oesophagitis
Read Code	Problem drinker 60 u per week.
Read Code	Duodenal ulcer

01-Jan-1996 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code	Duodenal ulcer endoscopy -oesophagitis, CLO pos.
Read Code	Problem drinker

18-Sept-1995 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code	Indigestion Dyspepsia

19-Oct-1994 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code	Acute bronchitis

24-Jun-1994 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code	Tattoo Wants removal.

12-May-1992 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code	Barium meal gastritis/duodenitis..

01-Jan-1992 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code	Duodenitis on ba meal.

13-Jun-1986 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code	Digital nerve of hand Exploration digital nerve of thumb + repair..

11-Jan-1980 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code	Arrested in police custody Burglary .

13-Sept-1976 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code	Arrested in police custody

01-Jan-1973 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code	Fracture of shaft of tibia
Read Code	Bursitis of the knee NOS Traumatic.

THIRD PARTY COPY

01-Jan-1972 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Age at starting smoking

12-Sept-1971 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Dog bite Buttock.

01-Jan-1970 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

05-Nov-1963 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Read Code Gastroenteritis - presumed infectious origin

01-Jan-1900 Unknown Staff Member Abbey Medical GroupAbbey Medical Group

Comment Comment Records at PV

01-Jan-1900 Mrs Joanne Topping

01-Jan-1900 Susan Herring

Medications (inc. issues)

Acute

Repeat

Past

10-July-2026 Flexitol 25%Urea Heel Balm (Thornton & Ross Ltd) Repeat Medication (Past)
112 gram - Apply as directed by Podiatry to foot

10-July-2026 Flexitol 25%Urea Heel Balm (Thornton & Ross Ltd) Acute Medication (Past)
112 gram - Apply as directed by Podiatry to foot

10-July-2026 Flexitol 25%Urea Heel Balm (Thornton & Ross Ltd) Acute Medication (Past)
112 gram - Apply as directed by Podiatry to foot

03-Jun-2026 InVita D3 50,000unit capsules (Consilient Health Ltd) Acute Medication (Past)
6 capsule - once a week for 6 weeks then start OTC supplement

02-Jun-2026 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

02-Jun-2026 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

02-Jun-2026 Sodium picosulfate 5mg/5ml oral solution sugar free Acute Medication (Past)
300 ml - take 5-10mg once a day at night for constipation

27-May-2026 Potassium chloride 600mg / Potassium bicarbonate 400mg (total potassium 12mmol) effervescent tablets Acute Medication (Past)
18 tablet - 2 tabs To be taken Three Times Daily for 3 days then stop

19-May-2026 Sertraline 50mg tablets Acute Medication (Past)
28 tablet - take one tablet daily

23-Mar-2026 Sitagliptin 100mg tablets Acute Medication (Past)
28 tablet - Take one in the morning

23-Mar-2026 Sitagliptin 100mg tablets Repeat Medication (Past)
28 tablet - Take one in the morning

19-Mar-2026 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

19-Mar-2026 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

19-Mar-2026 Butec 20micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

16-Feb-2026 Butec 20micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

11-Feb-2026 Sodium picosulfate 5mg/5ml oral solution sugar free Acute Medication (Past)
300 ml - take 5-10mg once a day at night for constipation

11-Feb-2026 Sodium picosulfate 5mg/5ml oral solution sugar free Repeat Medication (Past)
300 ml - take 5-10mg once a day at night for constipation

03-Feb-2026 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

THIRD PARTY COPY

03-Feb-2026 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

03-Feb-2026 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

03-Feb-2026 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

03-Feb-2026 Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Repeat Medication (Past)
400 dose - inhale 2 puffs as needed

03-Feb-2026 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - TAKE ONE four times a day if required

03-Feb-2026 Metformin 500mg tablets Repeat Medication (Past)
224 tablet - take two twice a day

03-Feb-2026 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed

03-Feb-2026 Butec 20micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Repeat Medication (Past)
4 patch - apply one patch weekly

03-Feb-2026 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Repeat Medication (Past)
120 dose - two puffs twice daily

03-Feb-2026 Finetest Lite testing strips (Neon Diagnostics Ltd) Repeat Medication (Past)
100 strip - use as directed

03-Feb-2026 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

03-Feb-2026 Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray Repeat Medication (Past)
180 dose - spray 1-2 puffs As required under the tongue when needed to relieve chest pain

19-Jan-2026 Butec 20micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

19-Jan-2026 Butec 20micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Repeat Medication (Past)
4 patch - apply one patch weekly

19-Jan-2026 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

14-Jan-2026 Sodium picosulfate 5mg/5ml oral solution sugar free Acute Medication (Past)
300 ml - take 5-10mg once a day at night for constipation

17-Dec-2025 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

17-Dec-2025 Butec 20micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

28-Nov-2025 Flucloxacillin 500mg capsules Acute Medication (Past)
56 capsule - take one 4 times/day

27-Nov-2025 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

27-Nov-2025 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

27-Nov-2025 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

27-Nov-2025 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

27-Nov-2025 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - TAKE ONE four times a day if required

11-Nov-2025 Glycerol 4g suppositories Acute Medication (Past)
12 suppository - insert one as needed

05-Nov-2025 Butec 20micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

04-Nov-2025 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - TAKE ONE four times a day if required

23-Oct-2025 Butec 20micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Repeat Medication (Past)
4 patch - apply one patch weekly

22-Oct-2025 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

22-Oct-2025 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

22-Oct-2025 Dapagliflozin 10mg tablets Repeat Medication (Past)
28 tablet - Take one in the morning

08-Oct-2025 Butec 20micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

22-Sept-2025 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

THIRD PARTY COPY

22-Sept-2025 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

16-Sept-2025 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

16-Sept-2025 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

12-Sept-2025 Flucloxacillin 500mg capsules Acute Medication (Past)
56 capsule - take one 4 times/day

10-Sept-2025 Butec 20micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

09-Sept-2025 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - TAKE ONE four times a day if required

05-Sept-2025 Phenoxymethylpenicillin 250mg tablets Acute Medication (Past)
40 tablet - take two 4 times/day (5 day course UNLESS recurrent culture positive Group A Strep pharyngitis or patients at high risk of complications)

03-Sept-2025 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

03-Sept-2025 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

03-Sept-2025 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

03-Sept-2025 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

26-Aug-2025 Flucloxacillin 500mg capsules Acute Medication (Past)
56 capsule - Take Two Four Times Daily

18-Aug-2025 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) Repeat Medication (Past)
100 needle - use as directed

18-Aug-2025 Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray Repeat Medication (Past)
180 dose - spray 1-2 puffs As required under the tongue when needed to relieve chest pain

18-Aug-2025 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

18-Aug-2025 Glucofix Tech Sensor testing strips (A. Menarini Diagnostics Ltd) Repeat Medication (Past)
50 strip - use as directed

18-Aug-2025 Glucoject lancets PLUS 0.2mm/33gauge (A. Menarini Diagnostics Ltd) Repeat Medication (Past)
200 lancet - use as directed

18-Aug-2025 Finetest Lite testing strips (Neon Diagnostics Ltd) Repeat Medication (Past)
100 strip - use as directed

18-Aug-2025 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

18-Aug-2025 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

18-Aug-2025 Greenlan lancets 0.35mm/28gauge (Neon Diagnostics Ltd) Repeat Medication (Past)
200 lancet - use as directed

13-Aug-2025 Butec 20micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

04-Aug-2025 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

04-Aug-2025 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed

28-July-2025 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
30 sachet - Take 1-2 sachets daily, when required for constipation

28-July-2025 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - TAKE ONE four times a day if required

22-July-2025 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

21-July-2025 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

16-July-2025 Butec 20micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

25-Jun-2025 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Repeat Medication (Past)
120 dose - two puffs twice daily

25-Jun-2025 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Acute Medication (Past)
120 dose - two puffs twice daily

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25-Jun-2025 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

25-Jun-2025 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

25-Jun-2025 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

25-Jun-2025 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

18-Jun-2025 Butec 20micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

11-Jun-2025 Metformin 500mg tablets Repeat Medication (Past)
224 tablet - take two twice a day

11-Jun-2025 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed

11-Jun-2025 Glucoject lancets PLUS 0.2mm/33gauge (A. Menarini Diagnostics Ltd) Repeat Medication (Past)
200 lancet - use as directed

11-Jun-2025 Greenlan lancets 0.35mm/28gauge (Neon Diagnostics Ltd) Repeat Medication (Past)
200 lancet - use as directed

11-Jun-2025 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) Repeat Medication (Past)
100 needle - use as directed

11-Jun-2025 Finetest Lite testing strips (Neon Diagnostics Ltd) Repeat Medication (Past)
100 strip - use as directed

11-Jun-2025 Glucofix Tech Sensor testing strips (A. Menarini Diagnostics Ltd) Repeat Medication (Past)
50 strip - use as directed

10-Jun-2025 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - TAKE ONE four times a day if required

10-Jun-2025 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
30 sachet - Take 1-2 sachets daily, when required for constipation

10-Jun-2025 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

10-Jun-2025 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

10-Jun-2025 Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray Acute Medication (Past)
180 dose - spray 1-2 puffs As required under the tongue when needed to relieve chest pain

10-Jun-2025 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

21-May-2025 Butec 20micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

19-May-2025 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - TAKE ONE four times a day if required

19-May-2025 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

19-May-2025 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Acute Medication (Past)
120 dose - two puffs twice daily

19-May-2025 Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Acute Medication (Past)
400 dose - inhale 2 puffs as needed

19-May-2025 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

28-Apr-2025 Voltarol 1.16% Emulgel (Haleon UK Trading Ltd) Acute Medication (Past)
100 gram - apply 3 times/day

28-Apr-2025 Voltarol 1.16% Emulgel (Haleon UK Trading Ltd) Repeat Medication (Past)
100 gram - apply 3 times/day

28-Apr-2025 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - TAKE ONE four times a day if required

28-Apr-2025 Butec 20micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

23-Apr-2025 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

23-Apr-2025 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

23-Apr-2025 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

23-Apr-2025 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

THIRD PARTY COPY

01-Apr-2025 Butec 20micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Repeat Medication (Past)
4 patch - apply one patch weekly

01-Apr-2025 Butec 20micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

26-Mar-2025 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - TAKE ONE four times a day if required

26-Mar-2025 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
30 sachet - Take 1-2 sachets daily, when required for constipation

25-Mar-2025 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

19-Mar-2025 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

12-Mar-2025 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

11-Mar-2025 Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray Acute Medication (Past)
180 dose - spray 1-2 puffs As required under the tongue when needed to relieve chest pain

11-Mar-2025 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

11-Mar-2025 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

21-Feb-2025 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

14-Feb-2025 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - TAKE ONE four times a day if required

14-Feb-2025 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
30 sachet - Take 1-2 sachets daily, when required for constipation

14-Feb-2025 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

14-Feb-2025 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

14-Feb-2025 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

14-Feb-2025 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

22-Jan-2025 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Repeat Medication (Past)
4 patch - apply one patch weekly

22-Jan-2025 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

17-Jan-2025 Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray Acute Medication (Past)
180 dose - spray 1-2 puffs As required under the tongue when needed to relieve chest pain

17-Jan-2025 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

17-Jan-2025 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

17-Jan-2025 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

17-Jan-2025 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

17-Dec-2024 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Repeat Medication (Past)
4 patch - apply one patch weekly

17-Dec-2024 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

17-Dec-2024 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

17-Dec-2024 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

17-Dec-2024 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Acute Medication (Past)
120 dose - two puffs twice daily

17-Dec-2024 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

17-Dec-2024 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

13-Nov-2024 Amoxicillin 500mg capsules Acute Medication (Past)
15 capsule - take one 3 times/day (5 day course recommended)

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13-Nov-2024 Prednisolone 5mg tablets Acute Medication (Past)
42 tablet - 30mg in the morning

13-Nov-2024 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - TAKE ONE four times a day if required

13-Nov-2024 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
30 sachet - Take 1-2 sachets daily, when required for constipation

13-Nov-2024 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

13-Nov-2024 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

07-Nov-2024 Metformin 500mg tablets Repeat Medication (Past)
224 tablet - take two twice a day

07-Nov-2024 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

07-Nov-2024 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed

07-Nov-2024 Finetest Lite testing strips (Neon Diagnostics Ltd) Repeat Medication (Past)
100 strip - use as directed

07-Nov-2024 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed

07-Nov-2024 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

07-Nov-2024 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

07-Nov-2024 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

07-Nov-2024 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

07-Nov-2024 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Repeat Medication (Past)
4 patch - apply one patch weekly

07-Nov-2024 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Acute Medication (Past)
120 dose - two puffs twice daily

24-Oct-2024 Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Repeat Medication (Past)
400 dose - inhale 2 puffs as needed

24-Oct-2024 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Repeat Medication (Past)
120 dose - two puffs twice daily

16-Oct-2024 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

16-Oct-2024 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

16-Oct-2024 Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray Repeat Medication (Past)
180 dose - spray 1-2 puffs As required under the tongue when needed to relieve chest pain

16-Oct-2024 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

16-Oct-2024 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

16-Oct-2024 Sharpsafe disposal unit 7litre Yellow (Vernacare International Ltd) Repeat Medication (Past)
1 device - use as directed

16-Oct-2024 Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Acute Medication (Past)
400 dose - inhale 2 puffs as needed

16-Oct-2024 Greenlan lancets 0.35mm/28gauge (Neon Diagnostics Ltd) Repeat Medication (Past)
200 lancet - use as directed

16-Oct-2024 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) Repeat Medication (Past)
100 needle - use as directed

16-Oct-2024 Glucoject lancets PLUS 0.2mm/33gauge (A. Menarini Diagnostics Ltd) Repeat Medication (Past)
200 lancet - use as directed

16-Oct-2024 Voltarol 1.16%Emulgel (Haleon UK Trading Ltd) Acute Medication (Past)
100 gram - apply 3 times/day

16-Oct-2024 Glucofix Tech Sensor testing strips (A. Menarini Diagnostics Ltd) Repeat Medication (Past)
50 strip - use as directed

16-Oct-2024 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

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12-Sept-2024 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

09-Sept-2024 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
30 sachet - Take 1-2 sachets daily, when required for constipation

09-Sept-2024 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - TAKE ONE four times a day if required

03-Sept-2024 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

03-Sept-2024 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

03-Sept-2024 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

03-Sept-2024 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Acute Medication (Past)
120 dose - two puffs twice daily

15-Aug-2024 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

06-Aug-2024 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

06-Aug-2024 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

06-Aug-2024 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

18-July-2024 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

09-July-2024 Sharpsafe disposal unit 7litre Yellow (Vernacare International Ltd) Repeat Medication (Past)
1 device - use as directed

09-July-2024 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed

09-July-2024 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

09-July-2024 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Repeat Medication (Past)
120 dose - two puffs twice daily

09-July-2024 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

09-July-2024 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

09-July-2024 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

09-July-2024 Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray Repeat Medication (Past)
180 dose - spray 1-2 puffs As required under the tongue when needed to relieve chest pain

09-July-2024 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Repeat Medication (Past)
4 patch - apply one patch weekly

09-July-2024 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) Repeat Medication (Past)
100 needle - use as directed

09-July-2024 Voltarol 1.16% Emulgel (Haleon UK Trading Ltd) Repeat Medication (Past)
100 gram - apply 3 times/day

09-July-2024 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Repeat Medication (Past)
4 patch - apply one patch weekly

09-July-2024 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

09-July-2024 Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Repeat Medication (Past)
400 dose - inhale 2 puffs as needed

09-July-2024 Finetest Lite testing strips (Neon Diagnostics Ltd) Repeat Medication (Past)
100 strip - use as directed

09-July-2024 Metformin 500mg tablets Repeat Medication (Past)
224 tablet - take two twice a day

09-July-2024 Greenlan lancets 0.35mm/28gauge (Neon Diagnostics Ltd) Repeat Medication (Past)
200 lancet - use as directed

20-Jun-2024 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

14-Jun-2024 Glucoject lancets PLUS 0.2mm/33gauge (A. Menarini Diagnostics Ltd) Repeat Medication (Past)
200 lancet - use as directed

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14-Jun-2024 Glucofix Tech Sensor testing strips (A. Menarini Diagnostics Ltd) Repeat Medication (Past)
50 strip - use as directed

14-Jun-2024 Glucoject lancets PLUS 0.2mm/33gauge (A. Menarini Diagnostics Ltd) Acute Medication (Past)
200 lancet - use as directed

14-Jun-2024 Glucofix Tech Sensor testing strips (A. Menarini Diagnostics Ltd) Acute Medication (Past)
50 strip - use as directed

31-May-2024 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

31-May-2024 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

31-May-2024 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

23-May-2024 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

03-May-2024 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

03-May-2024 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

03-May-2024 Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Acute Medication (Past)
400 dose - inhale 2 puffs as needed

03-May-2024 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

03-May-2024 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Acute Medication (Past)
120 dose - two puffs twice daily

17-Apr-2024 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

16-Apr-2024 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

16-Apr-2024 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

16-Apr-2024 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

16-Apr-2024 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

03-Apr-2024 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
30 sachet - Take sachets a day for up to three days (disimpaction regime)

20-Mar-2024 Clopidogrel 75mg tablets Repeat Medication (Past)
28 tablet - take one on a morning

18-Mar-2024 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

18-Mar-2024 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

18-Mar-2024 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

15-Feb-2024 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

15-Feb-2024 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

15-Feb-2024 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

13-Feb-2024 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

29-Jan-2024 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

29-Jan-2024 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

29-Jan-2024 Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Acute Medication (Past)
400 dose - inhale 2 puffs as needed

29-Jan-2024 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

29-Jan-2024 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Acute Medication (Past)
120 dose - two puffs twice daily

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29-Jan-2024 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

16-Jan-2024 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

09-Jan-2024 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

09-Jan-2024 Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray Acute Medication (Past)
180 dose - spray 1-2 puffs As required under the tongue when needed to relieve chest pain

09-Jan-2024 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

09-Jan-2024 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Acute Medication (Past)
120 dose - two puffs twice daily

09-Jan-2024 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

08-Jan-2024 Co-trimoxazole 80mg/400mg tablets Acute Medication (Past)
28 tablet - Take 2 tablets twice daily

28-Dec-2023 LimbO limb protector adult half leg normal build standard MP80 (Thesis Technology Products and Services Ltd) Acute Medication (Past)
1 device - use as directed

19-Dec-2023 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

18-Dec-2023 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

18-Dec-2023 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

18-Dec-2023 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

06-Dec-2023 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - TAKE ONE four times a day if required

06-Dec-2023 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
30 sachet - Take 1-2 sachets daily, when required for constipation

05-Dec-2023 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

05-Dec-2023 Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Acute Medication (Past)
400 dose - inhale 2 puffs as needed

05-Dec-2023 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Acute Medication (Past)
120 dose - two puffs twice daily

05-Dec-2023 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

05-Dec-2023 Voltarol 1.16% Emulgel (Haleon UK Trading Ltd) Acute Medication (Past)
100 gram - apply 3 times/day

05-Dec-2023 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

05-Dec-2023 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

05-Dec-2023 Voltarol 1.16% Emulgel (Haleon UK Trading Ltd) Repeat Medication (Past)
100 gram - apply 3 times/day

05-Dec-2023 Metformin 500mg tablets Repeat Medication (Past)
224 tablet - take two twice a day

05-Dec-2023 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

05-Dec-2023 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed

05-Dec-2023 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Repeat Medication (Past)
4 patch - apply one patch weekly

21-Nov-2023 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

15-Nov-2023 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

15-Nov-2023 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Repeat Medication (Past)
4 patch - apply one patch weekly

15-Nov-2023 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Repeat Medication (Past)
120 dose - two puffs twice daily

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15-Nov-2023 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Repeat Medication (Past)
120 dose - two puffs twice daily

15-Nov-2023 Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Repeat Medication (Past)
400 dose - inhale 2 puffs as needed

15-Nov-2023 Voltarol 1.16% Emulgel (Haleon UK Trading Ltd) Acute Medication (Past)
100 gram - apply 3 times/day

15-Nov-2023 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

15-Nov-2023 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

15-Nov-2023 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

15-Nov-2023 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Acute Medication (Past)
120 dose - two puffs twice daily

15-Nov-2023 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed

15-Nov-2023 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

15-Nov-2023 Voltarol 1.16% Emulgel (Haleon UK Trading Ltd) Repeat Medication (Past)
100 gram - apply 3 times/day

25-Oct-2023 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

25-Oct-2023 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

25-Oct-2023 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

24-Oct-2023 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

10-Oct-2023 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

10-Oct-2023 Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray Repeat Medication (Past)
180 dose - spray 1-2 puffs As required under the tongue when needed to relieve chest pain

10-Oct-2023 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Repeat Medication (Past)
120 dose - two puffs twice daily

10-Oct-2023 Sharpsafe disposal unit 7litre Yellow (Vernacare International Ltd) Acute Medication (Past)
1 device - use as directed

10-Oct-2023 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

10-Oct-2023 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed

10-Oct-2023 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

10-Oct-2023 Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray Acute Medication (Past)
180 dose - spray 1-2 puffs As required under the tongue when needed to relieve chest pain

10-Oct-2023 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) Repeat Medication (Past)
100 needle - use as directed

10-Oct-2023 Greenlan lancets 0.35mm/28gauge (Neon Diagnostics Ltd) Repeat Medication (Past)
200 lancet - use as directed

10-Oct-2023 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

10-Oct-2023 Metformin 500mg tablets Repeat Medication (Past)
224 tablet - take two twice a day

10-Oct-2023 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Repeat Medication (Past)
4 patch - apply one patch weekly

10-Oct-2023 Sharpsafe disposal unit 7litre Yellow (Vernacare International Ltd) Repeat Medication (Past)
1 device - use as directed

10-Oct-2023 Finetest Lite testing strips (Neon Diagnostics Ltd) Repeat Medication (Past)
100 strip - use as directed

10-Oct-2023 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Acute Medication (Past)
120 dose - two puffs twice daily

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04-Oct-2023 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

26-Sept-2023 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

19-Sept-2023 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

19-Sept-2023 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

19-Sept-2023 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

19-Sept-2023 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

12-Sept-2023 Flucloxacillin 500mg capsules Acute Medication (Past)
28 capsule - take one 4 times/day

08-Sept-2023 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
30 sachet - Take 1-2 sachets daily, when required for constipation

08-Sept-2023 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - TAKE ONE four times a day if required

08-Sept-2023 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

08-Sept-2023 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Acute Medication (Past)
120 dose - two puffs twice daily

08-Sept-2023 Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Acute Medication (Past)
400 dose - inhale 2 puffs as needed

08-Sept-2023 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

08-Sept-2023 Voltarol 1.16% Emulgel (Haleon UK Trading Ltd) Acute Medication (Past)
100 gram - apply 3 times/day

29-Aug-2023 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

15-Aug-2023 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Acute Medication (Past)
120 dose - two puffs twice daily

15-Aug-2023 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

15-Aug-2023 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

15-Aug-2023 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

01-Aug-2023 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

26-July-2023 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

26-July-2023 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Acute Medication (Past)
120 dose - two puffs twice daily

26-July-2023 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

26-July-2023 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

11-July-2023 Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Acute Medication (Past)
400 dose - inhale 2 puffs as needed

11-July-2023 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

11-July-2023 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

11-July-2023 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

04-July-2023 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

23-Jun-2023 Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Acute Medication (Past)
400 dose - inhale 2 puffs as needed

23-Jun-2023 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

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23-Jun-2023 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Acute Medication (Past)
120 dose - two puffs twice daily

23-Jun-2023 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

23-Jun-2023 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

06-Jun-2023 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

05-Jun-2023 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
30 sachet - Take 1-2 sachets daily, when required for constipation

05-Jun-2023 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

05-Jun-2023 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Repeat Medication (Past)
120 dose - two puffs twice daily

05-Jun-2023 Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Repeat Medication (Past)
400 dose - inhale 2 puffs as needed

05-Jun-2023 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Acute Medication (Past)
120 dose - two puffs twice daily

05-Jun-2023 Sharpsafe disposal unit 7litre Yellow (Vernacare International Ltd) Repeat Medication (Past)
1 device - use as directed

05-Jun-2023 Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray Repeat Medication (Past)
180 dose - spray 1-2 puffs As required under the tongue when needed to relieve chest pain

05-Jun-2023 Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Acute Medication (Past)
400 dose - inhale 2 puffs as needed

05-Jun-2023 Greenlan lancets 0.35mm/28gauge (Neon Diagnostics Ltd) Repeat Medication (Past)
200 lancet - use as directed

05-Jun-2023 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

05-Jun-2023 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

05-Jun-2023 Voltarol 1.16% Emulgel (Haleon UK Trading Ltd) Repeat Medication (Past)
100 gram - apply 3 times/day

05-Jun-2023 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed

05-Jun-2023 Metformin 500mg tablets Repeat Medication (Past)
224 tablet - take two twice a day

05-Jun-2023 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) Repeat Medication (Past)
100 needle - use as directed

05-Jun-2023 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Repeat Medication (Past)
4 patch - apply one patch weekly

05-Jun-2023 Finetest Lite testing strips (Neon Diagnostics Ltd) Repeat Medication (Past)
100 strip - use as directed

25-May-2023 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

25-May-2023 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

25-May-2023 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

11-May-2023 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

11-May-2023 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

09-May-2023 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

03-May-2023 Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Acute Medication (Past)
400 dose - inhale 2 puffs as needed

03-May-2023 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

02-May-2023 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

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28-Apr-2023 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

25-Apr-2023 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - TAKE ONE four times a day if required

25-Apr-2023 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Acute Medication (Past)
120 dose - two puffs twice daily

25-Apr-2023 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

21-Apr-2023 Biotene Oralbalance dry mouth saliva replacement gel (Haleon UK Trading Ltd) Acute Medication (Past)
50 gram - use as directed

21-Apr-2023 Flexitol 25% Urea Heel Balm (Thornton & Ross Ltd) Acute Medication (Past)
42 gram - apply twice daily

13-Apr-2023 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

11-Apr-2023 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

03-Apr-2023 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

03-Apr-2023 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

03-Apr-2023 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

03-Apr-2023 Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray Acute Medication (Past)
180 dose - spray 1-2 puffs As required under the tongue when needed to relieve chest pain

20-Mar-2023 Finetest Lite testing strips (Neon Diagnostics Ltd) Repeat Medication (Past)
100 strip - use as directed

20-Mar-2023 Greenlan lancets 0.35mm/28gauge (Neon Diagnostics Ltd) Repeat Medication (Past)
200 lancet - use as directed

14-Mar-2023 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
30 sachet - Take 1-2 sachets daily, when required for constipation

14-Mar-2023 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - TAKE ONE four times a day if required

14-Mar-2023 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

14-Mar-2023 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Acute Medication (Past)
120 dose - two puffs twice daily

14-Mar-2023 Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Acute Medication (Past)
400 dose - inhale 2 puffs as needed

14-Mar-2023 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

14-Mar-2023 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

14-Mar-2023 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

22-Feb-2023 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

21-Feb-2023 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Acute Medication (Past)
120 dose - two puffs twice daily

21-Feb-2023 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

21-Feb-2023 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

21-Feb-2023 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

10-Feb-2023 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Repeat Medication (Past)
120 dose - two puffs twice daily

10-Feb-2023 Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Repeat Medication (Past)
400 dose - inhale 2 puffs as needed

10-Feb-2023 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Repeat Medication (Past)
4 patch - apply one patch weekly

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06-Feb-2023 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

06-Feb-2023 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

06-Feb-2023 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

27-Jan-2023 Amoxicillin 500mg capsules Acute Medication (Past)
21 capsule - take one 3 times/day

23-Jan-2023 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

23-Jan-2023 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed

23-Jan-2023 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

23-Jan-2023 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

09-Jan-2023 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

09-Jan-2023 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

09-Jan-2023 Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Acute Medication (Past)
400 dose - inhale 2 puffs as needed

09-Jan-2023 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Acute Medication (Past)
120 dose - two puffs twice daily

09-Jan-2023 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

09-Jan-2023 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

04-Jan-2023 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

04-Jan-2023 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - TAKE ONE four times a day if required

04-Jan-2023 Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Repeat Medication (Past)
400 dose - inhale 2 puffs as needed

04-Jan-2023 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Repeat Medication (Past)
120 dose - two puffs twice daily

04-Jan-2023 Metformin 500mg tablets Repeat Medication (Past)
224 tablet - take two twice a day

04-Jan-2023 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Repeat Medication (Past)
4 patch - apply one patch weekly

04-Jan-2023 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
30 sachet - Take 1-2 sachets daily, when required for constipation

04-Jan-2023 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

14-Dec-2022 Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Acute Medication (Past)
400 dose - inhale 2 puffs as needed

14-Dec-2022 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

14-Dec-2022 Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Repeat Medication (Past)
400 dose - inhale 2 puffs as needed

14-Dec-2022 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Acute Medication (Past)
120 dose - two puffs twice daily

14-Dec-2022 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

14-Dec-2022 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

14-Dec-2022 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

01-Dec-2022 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

24-Nov-2022 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

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24-Nov-2022 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

24-Nov-2022 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

24-Nov-2022 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed

24-Nov-2022 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

24-Nov-2022 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Acute Medication (Past)
120 dose - two puffs twice daily

18-Nov-2022 Butec 10micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

09-Nov-2022 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Repeat Medication (Past)
4 patch - apply one patch weekly

09-Nov-2022 Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

03-Nov-2022 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

03-Nov-2022 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

03-Nov-2022 Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Acute Medication (Past)
400 dose - inhale 2 puffs as needed

03-Nov-2022 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

21-Oct-2022 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
30 sachet - Take 1-2 sachets daily, when required for constipation

21-Oct-2022 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

21-Oct-2022 Butec 10micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

18-Oct-2022 GlucoRx Nexus testing strips (GlucoRx Ltd) Acute Medication (Past)
100 strip - use as directed

18-Oct-2022 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

18-Oct-2022 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Acute Medication (Past)
120 dose - two puffs twice daily

04-Oct-2022 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - TAKE ONE four times a day if required

03-Oct-2022 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

03-Oct-2022 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

03-Oct-2022 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

03-Oct-2022 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

23-Sept-2022 Butec 10micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

20-Sept-2022 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Acute Medication (Past)
120 dose - two puffs twice daily

20-Sept-2022 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

20-Sept-2022 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

20-Sept-2022 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

31-Aug-2022 Voltarol 1.16% Emulgel (Haleon UK Trading Ltd) Acute Medication (Past)
100 gram - apply 3 times/day

31-Aug-2022 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

26-Aug-2022 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

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26-Aug-2022 Butec 10micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

25-Aug-2022 Voltarol 1.16% Emulgel (Haleon UK Trading Ltd) Acute Medication (Past)
100 gram - apply 3 times/day

25-Aug-2022 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

15-Aug-2022 Codeine 30mg tablets Acute Medication (Past)
14 tablet - take as directed by the pain team - max 1 tablet per day - reducing

12-Aug-2022 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - TAKE ONE four times a day if required

12-Aug-2022 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
30 sachet - Take 1-2 sachets daily, when required for constipation

12-Aug-2022 Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Acute Medication (Past)
400 dose - inhale 2 puffs as needed

12-Aug-2022 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

12-Aug-2022 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

10-Aug-2022 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Repeat Medication (Past)
120 dose - two puffs twice daily

10-Aug-2022 Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) Acute Medication (Past)
120 dose - two puffs twice daily

08-Aug-2022 Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) Repeat Medication (Past)
400 dose - inhale 2 puffs as needed

01-Aug-2022 Codeine 30mg tablets Acute Medication (Past)
28 tablet - take as directed by the pain team - reducing, max two tablets per day

29-July-2022 Butec 10micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

29-July-2022 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

29-July-2022 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

29-July-2022 Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily

29-July-2022 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

29-July-2022 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

19-July-2022 Codeine 30mg tablets Acute Medication (Past)
42 tablet - take as directed by the pain team - max 3 tablets per day (reducing)

13-July-2022 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

13-July-2022 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

13-July-2022 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

04-July-2022 Codeine 30mg tablets Acute Medication (Past)
56 tablet - reducing - take as directed by the pain team, max 4 tablets per day

01-July-2022 Butec 10micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

28-Jun-2022 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
30 sachet - Take 1-2 sachets daily, when required for constipation

28-Jun-2022 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

28-Jun-2022 Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily

28-Jun-2022 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

28-Jun-2022 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

20-Jun-2022 Codeine 30mg tablets Acute Medication (Past)
70 tablet - reducing - as per pain team. max 5 tablets per day

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06-Jun-2022 Butec 10micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

06-Jun-2022 Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily

06-Jun-2022 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

06-Jun-2022 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

06-Jun-2022 Codeine 30mg tablets Acute Medication (Past)
84 tablet - take as directed by the pain team - max 6 per day - reducing

23-May-2022 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

23-May-2022 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

23-May-2022 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

23-May-2022 Codeine 30mg tablets Acute Medication (Past)
98 tablet - take as directed by the pain team - max 7 tablets per day - reducing

12-May-2022 Butec 10micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Repeat Medication (Past)
4 patch - apply one patch weekly

12-May-2022 Butec 10micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
3 patch - apply one patch weekly

09-May-2022 Codeine 30mg tablets Acute Medication (Past)
112 tablet - 8 per day reducing to 7 per day next week and reducing each week after that

09-May-2022 Butec 5micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

09-May-2022 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - inhale 2 doses as needed (for COPD)

09-May-2022 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

09-May-2022 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

09-May-2022 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

09-May-2022 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

27-Apr-2022 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

27-Apr-2022 Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray Repeat Medication (Past)
180 dose - spray 1-2 puffs As required under the tongue when needed to relieve chest pain

27-Apr-2022 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) Repeat Medication (Past)
100 needle - use as directed

27-Apr-2022 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

27-Apr-2022 Butec 5micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Repeat Medication (Past)
4 patch - apply one patch weekly

27-Apr-2022 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
200 dose - inhale 2 doses as needed (for COPD)

27-Apr-2022 Voltarol 1.16%Emulgel (Haleon UK Trading Ltd) Repeat Medication (Past)
100 gram - apply 3 times/day

27-Apr-2022 Sharpsafe disposal unit 7litre Yellow (Vernacare International Ltd) Repeat Medication (Past)
1 device - use as directed

27-Apr-2022 Codeine 30mg tablets Repeat Medication (Past)
112 tablet - 8 per day reducing to 7 per day next week and reducing each week after that

27-Apr-2022 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed

27-Apr-2022 GlucoRx lancets 0.31mm/30gauge (GlucoRx Ltd) Repeat Medication (Past)
200 lancet - use as directed

27-Apr-2022 Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Repeat Medication (Past)
30 dose - inhale 1 dose daily

27-Apr-2022 Metformin 500mg tablets Repeat Medication (Past)
224 tablet - take two twice a day

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27-Apr-2022 GlucoRx Nexus testing strips (GlucoRx Ltd) Repeat Medication (Past)
100 strip - use as directed

25-Apr-2022 Codeine 30mg tablets Acute Medication (Past)
112 tablet - 8 per day reducing to 7 per day next week and reducing each week after that

25-Apr-2022 Codeine 30mg tablets Repeat Medication (Past)
112 tablet - 8 per day reducing to 7 per day next week and reducing each week after that

25-Apr-2022 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

25-Apr-2022 Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily

25-Apr-2022 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

25-Apr-2022 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

12-Apr-2022 Butec 5micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Repeat Medication (Past)
4 patch - apply one patch weekly

12-Apr-2022 Butec 5micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) Acute Medication (Past)
4 patch - apply one patch weekly

11-Apr-2022 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - TAKE ONE four times a day if required

11-Apr-2022 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
30 sachet - Take 1-2 sachets daily, when required for constipation

11-Apr-2022 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

11-Apr-2022 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

11-Apr-2022 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

29-Mar-2022 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

28-Mar-2022 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

28-Mar-2022 Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily

28-Mar-2022 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

15-Mar-2022 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

14-Mar-2022 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

14-Mar-2022 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

14-Mar-2022 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

14-Mar-2022 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

14-Mar-2022 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

01-Mar-2022 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
30 sachet - Take 1-2 sachets daily, when required for constipation

01-Mar-2022 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

28-Feb-2022 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - inhale 2 doses as needed (for COPD)

28-Feb-2022 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

28-Feb-2022 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

28-Feb-2022 Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily

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15-Feb-2022 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

02-Feb-2022 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - take one or two tablets up to four times daily when needed for pain relief (maximum of 8 tablets in 24hrs)

01-Feb-2022 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

01-Feb-2022 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

01-Feb-2022 Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily

01-Feb-2022 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

01-Feb-2022 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

18-Jan-2022 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

17-Jan-2022 Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray Acute Medication (Past)
180 dose - spray 1-2 puffs As required under the tongue when needed to relieve chest pain

04-Jan-2022 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

04-Jan-2022 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

04-Jan-2022 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - inhale 2 doses as needed (for COPD)

04-Jan-2022 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

04-Jan-2022 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

20-Dec-2021 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

20-Dec-2021 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
30 sachet - Take 1-2 sachets daily, when required for constipation

20-Dec-2021 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

20-Dec-2021 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

20-Dec-2021 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

09-Dec-2021 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

06-Dec-2021 Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily

06-Dec-2021 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - inhale 2 doses as needed (for COPD)

06-Dec-2021 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

06-Dec-2021 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

25-Nov-2021 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

22-Nov-2021 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

22-Nov-2021 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

15-Nov-2021 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

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11-Nov-2021 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

08-Nov-2021 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

08-Nov-2021 Voltarol 1.16% Emulgel (Haleon UK Trading Ltd) Acute Medication (Past)
100 gram - apply 3 times/day

04-Nov-2021 Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Repeat Medication (Past)
30 dose - inhale 1 dose daily

04-Nov-2021 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
200 dose - inhale 2 doses as needed (for COPD)

01-Nov-2021 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

30-Oct-2021 GlucoRx Nexus testing strips (GlucoRx Ltd) Repeat Medication (Past)
100 strip - use as directed

30-Oct-2021 Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Repeat Medication (Past)
60 dose - inhale 1 dose daily

30-Oct-2021 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed

30-Oct-2021 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
200 dose - inhale 2 doses as needed (for COPD)

30-Oct-2021 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) Repeat Medication (Past)
100 needle - use as directed

30-Oct-2021 Codeine 30mg tablets Repeat Medication (Past)
112 tablet - 8 per day reducing to 7 per day next week and reducing each week after that

30-Oct-2021 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

30-Oct-2021 Voltarol 1.16% Emulgel (Haleon UK Trading Ltd) Repeat Medication (Past)
100 gram - apply 3 times/day

30-Oct-2021 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

30-Oct-2021 Sharpsafe disposal unit 7litre Yellow (Vernacare International Ltd) Repeat Medication (Past)
1 device - use as directed

30-Oct-2021 Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray Repeat Medication (Past)
180 dose - spray 1-2 puffs As required under the tongue when needed to relieve chest pain

30-Oct-2021 Metformin 500mg tablets Repeat Medication (Past)
224 tablet - take two twice a day

30-Oct-2021 GlucoRx lancets 0.31mm/30gauge (GlucoRx Ltd) Repeat Medication (Past)
200 lancet - use as directed

29-Oct-2021 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
30 sachet - Take 1-2 sachets daily, when required for constipation

28-Oct-2021 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

25-Oct-2021 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

25-Oct-2021 Codeine 30mg tablets Repeat Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

25-Oct-2021 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed

25-Oct-2021 Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
60 dose - inhale 1 dose daily

25-Oct-2021 GlucoRx lancets 0.31mm/30gauge (GlucoRx Ltd) Repeat Medication (Past)
200 lancet - use as directed

25-Oct-2021 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

25-Oct-2021 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

25-Oct-2021 Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray Repeat Medication (Past)
180 dose - spray 1-2 puffs As required under the tongue when needed to relieve chest pain

25-Oct-2021 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

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25-Oct-2021 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) Repeat Medication (Past)
100 needle - use as directed

25-Oct-2021 GlucoRx Nexus testing strips (GlucoRx Ltd) Repeat Medication (Past)
100 strip - use as directed

14-Oct-2021 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

11-Oct-2021 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - take one or two tablets up to four times daily when needed for pain relief (maximum of 8 tablets in 24hrs)

11-Oct-2021 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

11-Oct-2021 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - inhale 2 doses as needed (for COPD)

11-Oct-2021 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

11-Oct-2021 Codeine 30mg tablets Repeat Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

07-Oct-2021 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
30 sachet - Take 1-2 sachets daily, when required for constipation

30-Sept-2021 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

27-Sept-2021 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

27-Sept-2021 Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily

27-Sept-2021 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

16-Sept-2021 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

14-Sept-2021 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

13-Sept-2021 Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily

08-Sept-2021 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - take one or two tablets up to four times daily when needed for pain relief (maximum of 8 tablets in 24hrs)

08-Sept-2021 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

06-Sept-2021 Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Repeat Medication (Past)
60 dose - inhale 1 dose daily

02-Sept-2021 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

02-Sept-2021 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

31-Aug-2021 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

19-Aug-2021 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

16-Aug-2021 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

16-Aug-2021 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

09-Aug-2021 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

05-Aug-2021 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

29-July-2021 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - inhale 2 doses as needed (for COPD)

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29-July-2021 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

29-July-2021 Anoro Ellipta 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily (use as first line LABA/LAMA in COPD)

29-July-2021 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

22-July-2021 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - take one or two tablets up to four times daily when needed for pain relief (maximum of 8 tablets in 24hrs)

22-July-2021 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

16-July-2021 Flexitol 25%Urea Heel Balm (Thornton & Ross Ltd) Acute Medication (Past)
42 gram - apply twice daily

12-July-2021 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

12-July-2021 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

12-July-2021 Anoro Ellipta 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily (use as first line LABA/LAMA in COPD)

08-July-2021 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

05-July-2021 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

05-July-2021 Codeine 30mg tablets Repeat Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

28-Jun-2021 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - take one or two tablets up to four times daily when needed for pain relief (maximum of 8 tablets in 24hrs)

28-Jun-2021 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

28-Jun-2021 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed

28-Jun-2021 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

28-Jun-2021 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

24-Jun-2021 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

17-Jun-2021 GlucoRx FinePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

10-Jun-2021 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

07-Jun-2021 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

07-Jun-2021 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

02-Jun-2021 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

02-Jun-2021 Anoro Ellipta 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily (use as first line LABA/LAMA in COPD)

02-Jun-2021 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

27-May-2021 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

24-May-2021 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

24-May-2021 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - inhale 2 doses as needed (for COPD)

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24-May-2021 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

24-May-2021 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

13-May-2021 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

04-May-2021 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

04-May-2021 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

04-May-2021 Anoro Ellipta 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily (use as first line LABA/LAMA in COPD)

04-May-2021 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed

04-May-2021 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

29-Apr-2021 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

22-Apr-2021 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

22-Apr-2021 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - take one or two tablets up to four times daily when needed for pain relief (maximum of 8 tablets in 24hrs)

22-Apr-2021 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

22-Apr-2021 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

15-Apr-2021 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

09-Apr-2021 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

09-Apr-2021 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

09-Apr-2021 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - take one or two tablets up to four times daily when needed for pain relief (maximum of 8 tablets in 24hrs)

09-Apr-2021 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
60 sachet - One sachet Twice Daily

01-Apr-2021 Codeine 30mg tablets Repeat Medication (Past)
112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

01-Apr-2021 Anoro Ellipta 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily (use as first line LABA/LAMA in COPD)

01-Apr-2021 Codeine 30mg tablets Acute Medication (Past)
100 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

31-Mar-2021 Codeine 30mg tablets Acute Medication (Past)
40 tablet - take 1 or 2 as required four times daily up maximum of 8 tabs/day until pancreatic pain settles

19-Mar-2021 Codeine 30mg tablets Acute Medication (Past)
98 tablet - take 1 or 2 as required four times daily up maximum of 7 tabs/day. Reducing dose

18-Mar-2021 Doxycycline 100mg capsules Acute Medication (Past)
8 capsule - Take 2 capsules straight away and then take one each day with food

18-Mar-2021 Prednisolone 5mg tablets Acute Medication (Past)
30 tablet - 6 daily for 5 days

17-Mar-2021 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - take one or two tablets up to four times daily when needed for pain relief (maximum of 8 tablets in 24hrs)

17-Mar-2021 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed

17-Mar-2021 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

17-Mar-2021 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

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17-Mar-2021 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

04-Mar-2021 Codeine 30mg tablets Acute Medication (Past)
98 tablet - take 1 or 2 as required four times daily up maximum of 7 tabs/day. Reducing dose

26-Feb-2021 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

26-Feb-2021 Anoro Ellipta 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily (use as first line LABA/LAMA in COPD)

26-Feb-2021 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

26-Feb-2021 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - inhale 2 doses as needed (for COPD)

26-Feb-2021 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - take one or two tablets up to four times daily when needed for pain relief (maximum of 8 tablets in 24hrs)

18-Feb-2021 Codeine 30mg tablets Acute Medication (Past)
98 tablet - take 1 or 2 as required four times daily up maximum of 7 tabs/day. Reducing dose

16-Feb-2021 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

16-Feb-2021 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

04-Feb-2021 Codeine 30mg tablets Acute Medication (Past)
98 tablet - take 1 or 2 as required four times daily up maximum of 7 tabs/day. Reducing dose

02-Feb-2021 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

02-Feb-2021 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

01-Feb-2021 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

27-Jan-2021 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - take one or two tablets up to four times daily when needed for pain relief (maximum of 8 tablets in 24hrs)

27-Jan-2021 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

27-Jan-2021 Anoro Ellipta 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily (use as first line LABA/LAMA in COPD)

21-Jan-2021 Codeine 30mg tablets Acute Medication (Past)
98 tablet - take 1 or 2 as required four times daily up maximum of 7 tabs/day. Reducing dose

18-Jan-2021 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

18-Jan-2021 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

18-Jan-2021 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

07-Jan-2021 Codeine 30mg tablets Acute Medication (Past)
98 tablet - take 1 or 2 as required four times daily up maximum of 7 tabs/day. Reducing dose

06-Jan-2021 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

06-Jan-2021 Anoro Ellipta 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Repeat Medication (Past)
30 dose - inhale 1 dose daily (use as first line LABA/LAMA in COPD)

06-Jan-2021 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) Repeat Medication (Past)
100 needle - use as directed

06-Jan-2021 Anoro Ellipta 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily (use as first line LABA/LAMA in COPD)

06-Jan-2021 Sharpsafe disposal unit 7litre Yellow (Vernacare International Ltd) Repeat Medication (Past)
1 device - use as directed

06-Jan-2021 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

06-Jan-2021 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
200 dose - inhale 2 doses as needed (for COPD)

06-Jan-2021 Metformin 500mg tablets Repeat Medication (Past)
224 tablet - take two twice a day

06-Jan-2021 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

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06-Jan-2021 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

06-Jan-2021 GlucoRx lancets 0.31mm/30gauge (GlucoRx Ltd) Repeat Medication (Past)
200 lancet - use as directed

06-Jan-2021 GlucoRx Nexus testing strips (GlucoRx Ltd) Repeat Medication (Past)
100 strip - use as directed

04-Jan-2021 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) Repeat Medication (Past)
100 needle - use as directed

29-Dec-2020 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - take one or two tablets up to four times daily when needed for pain relief (maximum of 8 tablets in 24hrs)

29-Dec-2020 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

29-Dec-2020 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1 or 2 as required four times daily up maximum of8 tabs/day. Short term only

24-Dec-2020 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1 or 2 as required four times daily up maximum of8 tabs/day. Short term only

23-Dec-2020 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

21-Dec-2020 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

21-Dec-2020 Codeine 30mg tablets Repeat Medication (Past)
112 tablet - take 1 or 2 as required four times daily up maximum of8 tabs/day.

21-Dec-2020 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed

21-Dec-2020 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - inhale 2 doses as needed (for COPD)

07-Dec-2020 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1 or 2 as required four times daily up maximum of8 tabs/day. Short term only

07-Dec-2020 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
60 sachet - One sachet Twice Daily

07-Dec-2020 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

03-Dec-2020 GlucoRx Nexus testing strips (GlucoRx Ltd) Repeat Medication (Past)
100 strip - use as directed

03-Dec-2020 Sharpsguard disposal unit 1litre Yellow (Daniels Healthcare Ltd) Repeat Medication (Past)
1 device - for the disposal of sharps contaminated with medicines

03-Dec-2020 GlucoRx lancets 0.31mm/30gauge (GlucoRx Ltd) Repeat Medication (Past)
200 lancet - use as directed

03-Dec-2020 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

02-Dec-2020 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

02-Dec-2020 Anoro Ellipta 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily (use as first line LABA/LAMA in COPD)

25-Nov-2020 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1 or 2 as required four times daily up maximum of8 tabs/day. Short term only

25-Nov-2020 Codeine 30mg tablets Repeat Medication (Past)
112 tablet - take 1 or 2 as required four times daily up maximum of8 tabs/day. Short term only

23-Nov-2020 Voltarol 1.16% Emulgel (Haleon UK Trading Ltd) Repeat Medication (Past)
100 gram - apply 3 times/day

23-Nov-2020 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - take one or two tablets up to four times daily when needed for pain relief (maximum of 8 tablets in 24hrs)

23-Nov-2020 Voltarol 1.16% Emulgel (Haleon UK Trading Ltd) Acute Medication (Past)
100 gram - apply 3 times/day

23-Nov-2020 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

19-Nov-2020 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

10-Nov-2020 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1 or 2 as required four times daily up maximum of8 tabs/day. Short term only

09-Nov-2020 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

02-Nov-2020 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

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30-Oct-2020 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - inhale 2 doses as needed (for COPD)

30-Oct-2020 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1 or 2 as required four times daily up maximum of8 tabs/day. Short term only

30-Oct-2020 Anoro Ellipta 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily (use as first line LABA/LAMA in COPD)

21-Oct-2020 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

21-Oct-2020 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

21-Oct-2020 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

21-Oct-2020 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

16-Oct-2020 Codeine 30mg tablets Acute Medication (Past)
112 tablet - take 1 or 2 as required four times daily up maximum of8 tabs/day. Short term only

16-Oct-2020 Codeine 30mg tablets Repeat Medication (Past)
112 tablet - take 1 or 2 as required four times daily up maximum of8 tabs/day. Short term only

12-Oct-2020 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

30-Sept-2020 Codeine 30mg tablets Acute Medication (Past)
56 tablet - take 1 or 2 as required four times daily up maximum of8 tabs/day. Short term only

29-Sept-2020 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

29-Sept-2020 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

29-Sept-2020 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

29-Sept-2020 Anoro Ellipta 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily (use as first line LABA/LAMA in COPD)

11-Sept-2020 Codeine 30mg tablets Acute Medication (Past)
56 tablet - take 1 or 2 as required four times daily up maximum of8 tabs/day. Short term onlyfor maximum of 3 weeks

11-Sept-2020 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

11-Sept-2020 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

11-Sept-2020 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

24-Aug-2020 Codeine 30mg tablets Acute Medication (Past)
56 tablet - take 1 or 2 as required four times daily up maximum of8 tabs/day. Short term onlyfor maximum of 3 weeks

19-Aug-2020 Anoro Ellipta 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily (use as first line LABA/LAMA in COPD)

19-Aug-2020 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

19-Aug-2020 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

18-Aug-2020 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - inhale 2 doses as needed (for COPD)

18-Aug-2020 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

13-Aug-2020 Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed

05-Aug-2020 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

05-Aug-2020 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

28-July-2020 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - inhale 2 doses as needed (for COPD)

28-July-2020 Anoro Ellipta 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily (use as first line LABA/LAMA in COPD)

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17-July-2020 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

17-July-2020 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

17-July-2020 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

17-July-2020 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

15-July-2020 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

15-July-2020 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

15-July-2020 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

29-Jun-2020 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) Repeat Medication (Past)
100 needle - use as directed

29-Jun-2020 Atorvastatin 20mg tablets Repeat Medication (Past)
28 tablet - take one at night

29-Jun-2020 Anoro Ellipta 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Repeat Medication (Past)
30 dose - inhale 1 dose daily (use as first line LABA/LAMA in COPD)

29-Jun-2020 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - take one daily

29-Jun-2020 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

29-Jun-2020 Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray Repeat Medication (Past)
180 dose - spray 1-2 puffs As required under the tongue when needed to relieve chest pain

29-Jun-2020 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

29-Jun-2020 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
200 dose - inhale 2 doses as needed (for COPD)

29-Jun-2020 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

29-Jun-2020 Metformin 500mg tablets Repeat Medication (Past)
224 tablet - take two twice a day

29-Jun-2020 Sharpsafe disposal unit 7litre Yellow (Vernacare International Ltd) Repeat Medication (Past)
1 device - use as directed

29-Jun-2020 Peptac liquid aniseed (Teva UK Ltd) Acute Medication (Past)
500 ml - 2x5ml spoon 4 times/day when needed

29-Jun-2020 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

29-Jun-2020 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

02-Jun-2020 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

02-Jun-2020 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

02-Jun-2020 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

02-Jun-2020 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

02-Jun-2020 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

02-Jun-2020 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

30-Apr-2020 Victoza 6mg/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use 1.2mg daily

30-Apr-2020 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

30-Apr-2020 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

30-Apr-2020 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - inhale 2 doses as needed (for COPD)

30-Apr-2020 Anoro Ellipta 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily (use as first line LABA/LAMA in COPD)

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30-Apr-2020 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

30-Apr-2020 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

01-Apr-2020 Victoza 6mg/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use 1.2mg daily

23-Mar-2020 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

23-Mar-2020 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

23-Mar-2020 Anoro Ellipta 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily (use as first line LABA/LAMA in COPD)

23-Mar-2020 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - inhale 2 doses as needed (for COPD)

23-Mar-2020 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

04-Mar-2020 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

04-Mar-2020 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

04-Mar-2020 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

19-Feb-2020 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

19-Feb-2020 Anoro Ellipta 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily (use as first line LABA/LAMA in COPD)

19-Feb-2020 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

19-Feb-2020 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - inhale 2 doses as needed (for COPD)

14-Feb-2020 Salbutamol 100micrograms/dose inhaler CFC free Repeat Medication (Past)
200 dose - inhale 2 doses as needed (for COPD)

14-Feb-2020 Anoro Ellipta 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Repeat Medication (Past)
30 dose - inhale 1 dose daily (use as first line LABA/LAMA in COPD)

30-Jan-2020 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

30-Jan-2020 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

30-Jan-2020 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

17-Jan-2020 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - inhale 2 doses as needed (for COPD)

17-Jan-2020 Anoro Ellipta 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
30 dose - inhale 1 dose daily (use as first line LABA/LAMA in COPD)

15-Jan-2020 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

15-Jan-2020 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

15-Jan-2020 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

15-Jan-2020 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

27-Dec-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

27-Dec-2019 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

27-Dec-2019 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

02-Dec-2019 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

02-Dec-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

02-Dec-2019 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

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07-Nov-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

01-Nov-2019 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

01-Nov-2019 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

24-Oct-2019 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

24-Oct-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

24-Oct-2019 Prednisolone 5mg tablets Acute Medication (Past)
42 tablet - 6 tablets together daily

24-Oct-2019 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
200 dose - inhale 2 doses as needed

24-Oct-2019 AeroChamber Plus (Trudell Medical UK Ltd) Acute Medication (Past)
1 device - use as directed

10-Oct-2019 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

10-Oct-2019 Atorvastatin 20mg tablets Acute Medication (Past)
28 tablet - take one at night

10-Oct-2019 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

10-Oct-2019 Atorvastatin 20mg tablets Repeat Medication (Past)
28 tablet - take one at night

10-Oct-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

10-Oct-2019 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

10-Oct-2019 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

10-Oct-2019 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

16-Sept-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

16-Sept-2019 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

16-Sept-2019 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

03-Sept-2019 Gliclazide 80mg tablets Acute Medication (Past)
28 tablet - Take one daily

03-Sept-2019 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

03-Sept-2019 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

03-Sept-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

13-Aug-2019 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

13-Aug-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

13-Aug-2019 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

17-July-2019 Doxycycline 100mg capsules Acute Medication (Past)
8 capsule - Take 2 capsules straight away and then take one each day with food

16-July-2019 Peptac liquid peppermint (Teva UK Ltd) Acute Medication (Past)
500 ml - 2x5ml spoon 4 times/day

16-July-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

16-July-2019 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

16-July-2019 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

14-Jun-2019 Gabapentin 100mg capsules Acute Medication (Past)
84 capsule - take one capsule three Times Daily

13-Jun-2019 Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray Repeat Medication (Past)
180 dose - spray 1-2 puffs As required under the tongue when needed to relieve chest pain

THIRD PARTY COPY

13-Jun-2019 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

13-Jun-2019 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

13-Jun-2019 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

13-Jun-2019 Metformin 500mg tablets Repeat Medication (Past)
224 tablet - take two twice a day

13-Jun-2019 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

13-Jun-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

13-Jun-2019 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) Repeat Medication (Past)
100 needle - use as directed

13-Jun-2019 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

13-Jun-2019 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

13-Jun-2019 Sharpsafe disposal unit 7litre Yellow (Vernacare International Ltd) Repeat Medication (Past)
1 device - use as directed

13-Jun-2019 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - take one daily

13-Jun-2019 Gliclazide 80mg tablets Repeat Medication (Past)
28 tablet - Take one daily

13-Jun-2019 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

20-May-2019 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

20-May-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

20-May-2019 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

29-Apr-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

29-Apr-2019 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

29-Apr-2019 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

09-Apr-2019 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

09-Apr-2019 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

09-Apr-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

09-Apr-2019 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

20-Mar-2019 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

20-Mar-2019 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

20-Mar-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

26-Feb-2019 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

26-Feb-2019 Gabapentin 100mg capsules Acute Medication (Past)
84 capsule - take one capsule three Times Daily

26-Feb-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

11-Feb-2019 Sharpsafe disposal unit 7litre Yellow (Vernacare International Ltd) Acute Medication (Past)
1 device - use as directed

11-Feb-2019 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

28-Jan-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

28-Jan-2019 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

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25-Jan-2019 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

25-Jan-2019 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

16-Jan-2019 GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) Repeat Medication (Past)
100 needle - use as directed

14-Jan-2019 Gliclazide 80mg tablets Repeat Medication (Past)
28 tablet - Take one daily

14-Jan-2019 Gliclazide 80mg tablets Acute Medication (Past)
28 tablet - Take one daily

03-Jan-2019 Peptac liquid peppermint (Teva UK Ltd) Acute Medication (Past)
500 ml - 2x5ml spoon 4 times/day

02-Jan-2019 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - take one daily

02-Jan-2019 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - take one daily

02-Jan-2019 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

02-Jan-2019 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

02-Jan-2019 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

27-Nov-2018 GlucoRx FinePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

27-Nov-2018 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

27-Nov-2018 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

27-Nov-2018 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

27-Nov-2018 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

12-Nov-2018 GlucoRx FinePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) Repeat Medication (Past)
100 needle - use as directed

12-Nov-2018 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

12-Nov-2018 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

12-Nov-2018 Laxido Orange oral powder sachets sugar free (Galen Ltd) Repeat Medication (Past)
60 sachet - One sachet Twice Daily

12-Nov-2018 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

12-Nov-2018 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

12-Nov-2018 Sharpsafe disposal unit 7litre Yellow (Vernacare International Ltd) Repeat Medication (Past)
1 device - use as directed

12-Nov-2018 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

12-Nov-2018 Metformin 500mg tablets Repeat Medication (Past)
224 tablet - take two twice a day

12-Nov-2018 Ibuprofen 600mg tablets Repeat Medication (Past)
168 tablet - ONE TO BE TAKEN TWICE A DAY

24-Oct-2018 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
1000 ml - 20ml To be taken Twice Daily

18-Oct-2018 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
1000 ml - 20ml To be taken Twice Daily

18-Oct-2018 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

18-Oct-2018 Laxido Orange oral powder sachets sugar free (Galen Ltd) Repeat Medication (Past)
60 sachet - One sachet Twice Daily

16-Oct-2018 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

16-Oct-2018 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

16-Oct-2018 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

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16-Oct-2018 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

16-Oct-2018 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

15-Oct-2018 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

11-Oct-2018 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

02-Oct-2018 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - ONE TO BE TAKEN TWICE A DAY

02-Oct-2018 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

02-Oct-2018 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

14-Sept-2018 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

14-Sept-2018 GlucoRx FinePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) Repeat Medication (Past)
100 needle - use as directed

14-Sept-2018 Metformin 500mg tablets Repeat Medication (Past)
224 tablet - take two twice a day

14-Sept-2018 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
112 capsule - 2 od

14-Sept-2018 Ibuprofen 600mg tablets Repeat Medication (Past)
168 tablet - ONE TO BE TAKEN TWICE A DAY

14-Sept-2018 Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray Repeat Medication (Past)
180 dose - spray 1-2 puffs As required under the tongue when needed to relieve chest pain

14-Sept-2018 Laxido Orange oral powder sachets sugar free (Galen Ltd) Repeat Medication (Past)
60 sachet - One sachet Twice Daily

14-Sept-2018 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

14-Sept-2018 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

14-Sept-2018 Trulicity 1.5mg/0.5ml solution for injection pre-filled pens (Eli Lilly and Company Ltd) Repeat Medication (Past)
4 pre-filled disposable injection - use as directed

14-Sept-2018 Sharpsafe disposal unit 7litre Yellow (Vernacare International Ltd) Repeat Medication (Past)
1 device - use as directed

14-Sept-2018 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

14-Sept-2018 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

14-Sept-2018 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

31-Aug-2018 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

31-Aug-2018 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

31-Aug-2018 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

31-Aug-2018 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

31-Aug-2018 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

31-Aug-2018 Metformin 500mg tablets Repeat Medication (Past)
224 tablet - take two twice a day

07-Aug-2018 GlucoRx FinePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

07-Aug-2018 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

07-Aug-2018 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

07-Aug-2018 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

16-July-2018 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

16-July-2018 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

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16-July-2018 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

16-July-2018 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - ONE TO BE TAKEN TWICE A DAY

27-Jun-2018 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

27-Jun-2018 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

27-Jun-2018 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

07-Jun-2018 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

07-Jun-2018 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed by diabetic clinic

07-Jun-2018 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

07-Jun-2018 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

22-May-2018 Aspirin 75mg gastro-resistant tablets Repeat Medication (Past)
28 tablet - take one daily

22-May-2018 GlucoRx lancets 0.31mm/30gauge (GlucoRx Ltd) Repeat Medication (Past)
200 lancet - use as directed

22-May-2018 Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray Repeat Medication (Past)
180 dose - spray 1-2 puffs As required under the tongue when needed to relieve chest pain

22-May-2018 GlucoRx Nexus testing strips (GlucoRx Ltd) Repeat Medication (Past)
50 strip - use as directed

22-May-2018 Sharpsafe disposal unit 7litre Yellow (Vernacare International Ltd) Repeat Medication (Past)
1 device - use as directed

22-May-2018 Atorvastatin 40mg tablets Repeat Medication (Past)
56 tablet - 1 To be taken Each Night

22-May-2018 Trulicity 1.5mg/0.5ml solution for injection pre-filled pens (Eli Lilly and Company Ltd) Repeat Medication (Past)
4 pre-filled disposable injection - use as directed

22-May-2018 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

22-May-2018 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
112 capsule - 2 od

22-May-2018 Laxido Orange oral powder sachets sugar free (Galen Ltd) Repeat Medication (Past)
60 sachet - One sachet Twice Daily

22-May-2018 Metformin 500mg tablets Repeat Medication (Past)
224 tablet - take two twice a day

22-May-2018 Ibuprofen 600mg tablets Repeat Medication (Past)
168 tablet - ONE TO BE TAKEN TWICE A DAY

22-May-2018 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

22-May-2018 GlucoRx FinePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) Repeat Medication (Past)
100 needle - use as directed

16-May-2018 Sharpsafe disposal unit 7litre Yellow (Vernacare International Ltd) Repeat Medication (Past)
1 device - use as directed

16-May-2018 Trulicity 1.5mg/0.5ml solution for injection pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
4 pre-filled disposable injection - use as directed

16-May-2018 Sharpsafe disposal unit 7litre Yellow (Vernacare International Ltd) Acute Medication (Past)
1 device - use as directed

16-May-2018 Trulicity 1.5mg/0.5ml solution for injection pre-filled pens (Eli Lilly and Company Ltd) Repeat Medication (Past)
4 pre-filled disposable injection - use as directed

16-May-2018 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

16-May-2018 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

03-May-2018 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use once daily

03-May-2018 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

11-Apr-2018 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

11-Apr-2018 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use once daily

THIRD PARTY COPY

11-Apr-2018 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

27-Mar-2018 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

27-Mar-2018 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

27-Mar-2018 GlucoRx FinePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

08-Mar-2018 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

08-Mar-2018 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

08-Mar-2018 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use once daily

23-Feb-2018 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
60 sachet - One sachet Twice Daily

23-Feb-2018 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - ONE TO BE TAKEN TWICE A DAY

23-Feb-2018 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

23-Feb-2018 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

24-Jan-2018 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - ONE TO BE TAKEN TWICE A DAY

24-Jan-2018 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use once daily

24-Jan-2018 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

24-Jan-2018 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

10-Jan-2018 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

10-Jan-2018 GlucoRx FinePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

10-Jan-2018 Peptac liquid peppermint (Teva UK Ltd) Acute Medication (Past)
500 ml - 2x5ml spoon 4 times/day

28-Dec-2017 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

28-Dec-2017 Peptac liquid peppermint (Teva UK Ltd) Acute Medication (Past)
500 ml - 2x5ml spoon 4 times/day

28-Dec-2017 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

22-Dec-2017 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use once daily

05-Dec-2017 Metformin 500mg tablets Repeat Medication (Past)
224 tablet - take two twice a day

05-Dec-2017 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

05-Dec-2017 Sharpsafe disposal unit 1litre Yellow (Vernacare International Ltd) Acute Medication (Past)
1 device - use as directed

05-Dec-2017 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

05-Dec-2017 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

15-Nov-2017 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use once daily

15-Nov-2017 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

15-Nov-2017 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

26-Oct-2017 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

26-Oct-2017 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

03-Oct-2017 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - ONE TO BE TAKEN TWICE A DAY

THIRD PARTY COPY

03-Oct-2017 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use once daily

03-Oct-2017 Tresiba FlexTouch 100units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use once daily

03-Oct-2017 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

26-Sept-2017 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

08-Sept-2017 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

08-Sept-2017 GlucoRx FinePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

08-Sept-2017 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

10-Aug-2017 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

10-Aug-2017 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

28-July-2017 Humulin M3 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

27-July-2017 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

27-July-2017 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

13-July-2017 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

13-July-2017 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

13-July-2017 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

13-July-2017 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

20-Jun-2017 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

15-Jun-2017 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

18-May-2017 Humulin M3 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

18-May-2017 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

18-May-2017 Sharpsafe disposal unit 1litre Yellow (Vernacare International Ltd) Acute Medication (Past)
1 device - use as directed

18-May-2017 GlucoRx FinePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

18-May-2017 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

03-May-2017 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

03-May-2017 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

05-Apr-2017 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

05-Apr-2017 Humulin M3 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

05-Apr-2017 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

22-Mar-2017 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

22-Mar-2017 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

06-Mar-2017 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

THIRD PARTY COPY

21-Feb-2017 Humulin M3 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
5 pre-filled disposable injection - use as directed

21-Feb-2017 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

21-Feb-2017 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

08-Feb-2017 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

08-Feb-2017 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

08-Feb-2017 Humulin M3 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
1 pre-filled disposable injection - use as directed

24-Jan-2017 GlucoRx FinePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

24-Jan-2017 Humulin M3 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
1 pre-filled disposable injection - use as directed

24-Jan-2017 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

24-Jan-2017 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

24-Jan-2017 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
60 sachet - One sachet Twice Daily

09-Jan-2017 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

09-Jan-2017 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

09-Jan-2017 Humulin M3 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Acute Medication (Past)
1 pre-filled disposable injection - use as directed

28-Dec-2016 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

28-Dec-2016 Atorvastatin 40mg tablets Acute Medication (Past)
56 tablet - 1 To be taken Each Night

28-Dec-2016 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
112 capsule - 2 od

28-Dec-2016 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

16-Dec-2016 Humulin M3 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) Repeat Medication (Past)
5 pre-filled disposable injection - use as directed

12-Dec-2016 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

12-Dec-2016 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

12-Dec-2016 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

06-Dec-2016 Co-codamol 15mg/500mg capsules Acute Medication (Past)
112 capsule - take two 4 times/day

06-Dec-2016 Fluconazole 50mg capsules Acute Medication (Past)
7 capsule - take one daily

24-Nov-2016 Clarithromycin 500mg tablets Acute Medication (Past)
14 tablet - take one tablet every 12 hrs

24-Nov-2016 Nystan 100,000units/ml oral suspension (ready mixed) (Vygoris Ltd) Acute Medication (Past)
30 ml - 1ml 4 times/day

24-Nov-2016 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

24-Nov-2016 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - ONE TO BE TAKEN TWICE A DAY

24-Nov-2016 Clotrimazole 1% cream Acute Medication (Past)
50 gram - Apply 2-3 times/day

09-Nov-2016 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

09-Nov-2016 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

THIRD PARTY COPY

27-Oct-2016 Glipizide 5mg tablets Acute Medication (Past)
66 tablet - take one daily with breakfast

17-Oct-2016 Flucloxacillin 500mg capsules Acute Medication (Past)
28 capsule - take one four times a day

14-Oct-2016 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

14-Oct-2016 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

21-Sept-2016 Lactulose 3.1-3.7g/5ml oral solution Repeat Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

21-Sept-2016 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

15-Sept-2016 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - ONE TO BE TAKEN TWICE A DAY

15-Sept-2016 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
60 sachet - One sachet Twice Daily

15-Sept-2016 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

15-Sept-2016 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
28 tablet - take one daily

09-Sept-2016 Sertraline 50mg tablets Acute Medication (Past)
28 tablet - take one daily

25-Aug-2016 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

25-Aug-2016 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

25-Aug-2016 Atorvastatin 40mg tablets Acute Medication (Past)
56 tablet - 1 To be taken Each Night

27-July-2016 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

27-July-2016 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

27-July-2016 Lixisenatide 20micrograms/0.2ml solution for injection 3ml pre-filled disposable devices Acute Medication (Past)
2 pre-filled disposable injection - use as directed

27-July-2016 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
112 capsule - 2 od

22-July-2016 Sertraline 50mg tablets Acute Medication (Past)
28 tablet - take one daily

19-July-2016 Laxido Orange oral powder sachets sugar free (Galen Ltd) Repeat Medication (Past)
60 sachet - TAKE 1-2 DAILY

08-July-2016 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - ONE TO BE TAKEN TWICE A DAY

08-July-2016 Sertraline 50mg tablets Acute Medication (Past)
28 tablet - take one daily

08-July-2016 Ibuprofen 600mg tablets Repeat Medication (Past)
168 tablet - ONE TO BE TAKEN TWICE A DAY

23-Jun-2016 GlucoRx FinePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) Repeat Medication (Past)
100 needle - use as directed

23-Jun-2016 Aspirin 75mg gastro-resistant tablets Repeat Medication (Past)
28 tablet - take one daily

23-Jun-2016 GlucoRx FinePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

23-Jun-2016 Aspirin 75mg gastro-resistant tablets Acute Medication (Past)
28 tablet - take one daily

23-Jun-2016 Lixisenatide 20micrograms/0.2ml solution for injection 3ml pre-filled disposable devices Repeat Medication (Past)
2 pre-filled disposable injection - use as directed

23-Jun-2016 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

23-Jun-2016 Senna 7.5mg tablets Repeat Medication (Past)
60 tablet - take 1 or 2 at night

23-Jun-2016 Lixisenatide 20micrograms/0.2ml solution for injection 3ml pre-filled disposable devices Acute Medication (Past)
2 pre-filled disposable injection - use as directed

23-Jun-2016 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

23-Jun-2016 Senna 7.5mg tablets Acute Medication (Past)
60 tablet - take 1 or 2 at night

THIRD PARTY COPY

23-Jun-2016 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

09-Jun-2016 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 10ml twice daily - can increase to 20ml twice daily if needed

09-Jun-2016 Senna 7.5mg tablets Acute Medication (Past)
60 tablet - take 1 or 2 at night

09-Jun-2016 Uniroid HC ointment (Essential Generics Ltd) Acute Medication (Past)
30 gram - use 3 times/day

09-Jun-2016 Senna 7.5mg tablets Repeat Medication (Past)
60 tablet - take 1 or 2 at night

17-May-2016 Lixisenatide 20micrograms/0.2ml solution for injection 3ml pre-filled disposable devices Acute Medication (Past)
2 pre-filled disposable injection - use as directed

17-May-2016 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

10-May-2016 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

10-May-2016 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

10-May-2016 Atorvastatin 40mg tablets Acute Medication (Past)
56 tablet - 1 To be taken Each Night

10-May-2016 Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray Repeat Medication (Past)
180 dose - spray 1-2 puffs As required under the tongue when needed to relieve chest pain

10-May-2016 Aspirin 75mg gastro-resistant tablets Repeat Medication (Past)
28 tablet - take one daily

14-Apr-2016 Glipizide 5mg tablets Acute Medication (Past)
112 tablet - take one twice daily

14-Apr-2016 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
60 sachet - One sachet Twice Daily

14-Apr-2016 Lixisenatide 20micrograms/0.2ml solution for injection 3ml pre-filled disposable devices Acute Medication (Past)
2 pre-filled disposable injection - use as directed

14-Apr-2016 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

15-Mar-2016 GlucoRx FinePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

15-Mar-2016 Lixisenatide 20micrograms/0.2ml solution for injection 3ml pre-filled disposable devices Acute Medication (Past)
2 pre-filled disposable injection - use as directed

15-Mar-2016 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
112 capsule - 2 od

15-Mar-2016 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

22-Feb-2016 Lixisenatide 20micrograms/0.2ml solution for injection 3ml pre-filled disposable devices Acute Medication (Past)
2 pre-filled disposable injection - use as directed

01-Feb-2016 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
60 sachet - One sachet Twice Daily

01-Feb-2016 Atorvastatin 40mg tablets Acute Medication (Past)
56 tablet - 1 To be taken Each Night

25-Jan-2016 Lixisenatide 20micrograms/0.2ml solution for injection 3ml pre-filled disposable devices Acute Medication (Past)
2 pre-filled disposable injection - use as directed

25-Jan-2016 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

05-Jan-2016 Lixisenatide 20micrograms/0.2ml solution for injection 3ml pre-filled disposable devices Acute Medication (Past)
2 pre-filled disposable injection - use as directed

05-Jan-2016 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

30-Dec-2015 GlucoRx lancets 0.31mm/30gauge (GlucoRx Ltd) Acute Medication (Past)
200 lancet - use as directed

18-Dec-2015 Glipizide 5mg tablets Acute Medication (Past)
56 tablet - take one daily

18-Dec-2015 Glipizide 5mg tablets Repeat Medication (Past)
66 tablet - take one daily with breakfast

11-Dec-2015 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
60 sachet - One sachet Twice Daily

11-Dec-2015 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

11-Dec-2015 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

THIRD PARTY COPY

11-Dec-2015 Sharpsafe disposal unit 1litre Yellow (Vernacare International Ltd) Repeat Medication (Past)
1 device - use as directed

11-Dec-2015 Sharpsafe disposal unit 1litre Yellow (Vernacare International Ltd) Acute Medication (Past)
1 device - use as directed

01-Dec-2015 GlucoRx FinePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

01-Dec-2015 GlucoRx FinePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) Repeat Medication (Past)
100 needle - use as directed

26-Nov-2015 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

26-Nov-2015 Lixisenatide 20micrograms/0.2ml solution for injection 3ml pre-filled disposable devices Acute Medication (Past)
2 pre-filled disposable injection - use as directed

26-Nov-2015 GlucoRx lancets 0.31mm/30gauge (GlucoRx Ltd) Acute Medication (Past)
200 lancet - use as directed

30-Oct-2015 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - ONE TO BE TAKEN TWICE A DAY

30-Oct-2015 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

30-Oct-2015 Lixisenatide 20micrograms/0.2ml solution for injection 3ml pre-filled disposable devices Acute Medication (Past)
2 pre-filled disposable injection - use as directed

30-Oct-2015 Atorvastatin 40mg tablets Acute Medication (Past)
56 tablet - 1 To be taken Each Night

08-Oct-2015 Lixisenatide 20micrograms/0.2ml solution for injection 3ml pre-filled disposable devices Repeat Medication (Past)
2 pre-filled disposable injection - use as directed

08-Oct-2015 Lixisenatide 20micrograms/0.2ml solution for injection 3ml pre-filled disposable devices Acute Medication (Past)
2 pre-filled disposable injection - use as directed

08-Oct-2015 Tramadol 50mg capsules Acute Medication (Past)
100 capsule - take 1-2 To be taken Four Times Daily

08-Oct-2015 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

08-Oct-2015 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
60 sachet - One sachet Twice Daily

16-Sept-2015 GlucoRx FinePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) Acute Medication (Past)
100 needle - use as directed

16-Sept-2015 Lixisenatide 10micrograms/0.2ml solution for injection 3ml pre-filled disposable devices and Lixisenatide 20micrograms/0.2ml solution for injection 3ml pre-filled disposable devices Acute Medication (Past)
2 pre-filled disposable injection - once daily 1 hour before main meal

16-Sept-2015 Sharpsafe disposal unit 1litre Orange (Vernacare International Ltd) Acute Medication (Past)
1 device - use as directed

16-Sept-2015 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

04-Sept-2015 Tramadol 50mg capsules Acute Medication (Past)
100 capsule - take 1-2 To be taken Four Times Daily

03-Sept-2015 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

03-Sept-2015 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
112 capsule - 2 od

03-Sept-2015 Glipizide 5mg tablets Acute Medication (Past)
112 tablet - TWO TO BE TAKEN DAILY

03-Sept-2015 Atorvastatin 40mg tablets Acute Medication (Past)
56 tablet - 1 To be taken Each Night

04-Aug-2015 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
60 sachet - One sachet Twice Daily

04-Aug-2015 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

04-Aug-2015 Sitagliptin 100mg tablets Acute Medication (Past)
28 tablet - take one daily

15-July-2015 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

07-July-2015 Tramadol 50mg capsules Acute Medication (Past)
100 capsule - take 1-2 To be taken Four Times Daily

07-July-2015 Sitagliptin 100mg tablets Acute Medication (Past)
28 tablet - take one daily

22-Jun-2015 Glipizide 5mg tablets Acute Medication (Past)
112 tablet - TWO TO BE TAKEN DAILY

THIRD PARTY COPY

19-May-2015 Tramadol 50mg capsules Acute Medication (Past)
100 capsule - take 1-2 To be taken Four Times Daily

19-May-2015 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

19-May-2015 Atorvastatin 40mg tablets Acute Medication (Past)
56 tablet - 1 To be taken Each Night

19-May-2015 Sitagliptin 100mg tablets Acute Medication (Past)
28 tablet - take one daily

19-May-2015 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
60 sachet - One sachet Twice Daily

19-May-2015 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

23-Apr-2015 Tramadol 50mg capsules Acute Medication (Past)
100 capsule - take 1-2 To be taken Four Times Daily

23-Apr-2015 Sitagliptin 100mg tablets Acute Medication (Past)
28 tablet - take one daily

23-Apr-2015 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - ONE TO BE TAKEN TWICE A DAY

23-Apr-2015 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

23-Apr-2015 Atorvastatin 40mg tablets Acute Medication (Past)
56 tablet - 1 To be taken Each Night

11-Mar-2015 Sitagliptin 100mg tablets Acute Medication (Past)
28 tablet - take one daily

11-Mar-2015 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

11-Mar-2015 Tramadol 50mg capsules Acute Medication (Past)
100 capsule - take 1-2 To be taken Four Times Daily

10-Feb-2015 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
60 sachet - One sachet Twice Daily

10-Feb-2015 Sitagliptin 100mg tablets Acute Medication (Past)
28 tablet - take one daily

10-Feb-2015 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - ONE TO BE TAKEN TWICE A DAY

10-Feb-2015 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

09-Jan-2015 Sitagliptin 100mg tablets Acute Medication (Past)
28 tablet - take one daily

09-Jan-2015 Sitagliptin 100mg tablets Repeat Medication (Past)
28 tablet - take one daily

09-Jan-2015 Atorvastatin 40mg tablets Repeat Medication (Past)
56 tablet - 1 To be taken Each Night

09-Jan-2015 Fenbid 5%gel (Advanz Pharma) Acute Medication (Past)
100 gram - apply 3 times/day

09-Jan-2015 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

09-Jan-2015 Paracetamol 500mg tablets Acute Medication (Past)
100 tablet - take one or two tablets up to four times daily when needed for pain relief (maximum of 8 tablets in 24hrs)

02-Dec-2014 Ibuprofen 600mg tablets Repeat Medication (Past)
168 tablet - ONE TO BE TAKEN TWICE A DAY

02-Dec-2014 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - ONE TO BE TAKEN TWICE A DAY

02-Dec-2014 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
112 capsule - 2 od

02-Dec-2014 Atorvastatin 20mg tablets Acute Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

02-Dec-2014 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

02-Dec-2014 Laxido Orange oral powder sachets sugar free (Galen Ltd) Acute Medication (Past)
60 sachet - One sachet Twice Daily

02-Dec-2014 Glipizide 5mg tablets Acute Medication (Past)
56 tablet - ONE TO BE TAKEN DAILY

02-Dec-2014 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

02-Dec-2014 Sodium alginate 500mg/5ml / Potassium bicarbonate 100mg/5ml oral suspension sugar free Acute Medication (Past)
500 ml - 5ml - 10ml 4 times/day

28-Oct-2014 GlucoRx Nexus testing strips (GlucoRx Ltd) Acute Medication (Past)
50 strip - use as directed

THIRD PARTY COPY

28-Oct-2014 Sitagliptin 100mg tablets Acute Medication (Past)
28 tablet - take one daily

28-Oct-2014 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

15-Sept-2014 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - ONE TO BE TAKEN TWICE A DAY

15-Sept-2014 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
112 capsule - 2 od

15-Sept-2014 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

15-Sept-2014 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

15-Sept-2014 Glipizide 5mg tablets Acute Medication (Past)
56 tablet - ONE TO BE TAKEN DAILY

15-Sept-2014 Atorvastatin 20mg tablets Acute Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

10-Sept-2014 Laxido Orange oral powder sachets sugar free (Galen Ltd) Repeat Medication (Past)
60 sachet - One sachet Twice Daily

07-Aug-2014 Macrogol compound oral powder sachets NPF sugar free Acute Medication (Past)
56 sachet - 1 TWICE A DAY

07-Aug-2014 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

16-July-2014 GlucoRx Nexus testing strips (GlucoRx Ltd) Repeat Medication (Past)
50 strip - use as directed

16-July-2014 GlucoRx lancets 0.31mm/30gauge (GlucoRx Ltd) Repeat Medication (Past)
200 lancet - use as directed

27-Jun-2014 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

27-Jun-2014 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
84 capsule - 2 od

26-Jun-2014 Glipizide 5mg tablets Acute Medication (Past)
84 tablet - ONE TO BE TAKEN DAILY

06-Jun-2014 Sodium alginate 500mg/5ml / Potassium bicarbonate 100mg/5ml oral suspension sugar free Repeat Medication (Past)
500 ml - 5ml - 10ml 4 times/day

06-Jun-2014 Sodium alginate 500mg/5ml / Potassium bicarbonate 100mg/5ml oral suspension sugar free Acute Medication (Past)
500 ml - 5ml - 10ml 4 times/day

15-May-2014 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

15-May-2014 Macrogol compound oral powder sachets NPF sugar free Acute Medication (Past)
56 sachet - NPF Sugar Free - 1 TWICE A DAY

02-Apr-2014 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
84 capsule - OD

02-Apr-2014 Metformin 500mg tablets Acute Medication (Past)
224 tablet - take two twice a day

02-Apr-2014 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - AS DIRECTED

02-Apr-2014 Glipizide 5mg tablets Acute Medication (Past)
84 tablet - ONE TO BE TAKEN DAILY

02-Apr-2014 Atorvastatin 20mg tablets Acute Medication (Past)
84 tablet - ONE TO BE TAKEN AT NIGHT

02-Apr-2014 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - ONE TO BE TAKEN TWICE A DAY

05-Feb-2014 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 20 mg - OD

05-Feb-2014 Macrogol compound oral powder sachets NPF sugar free Acute Medication (Past)
56 sachet - NPF Sugar Free - 1 TWICE A DAY

05-Feb-2014 Macrogol compound oral powder sachets NPF sugar free Repeat Medication (Past)
56 sachet - 1 TWICE A DAY

05-Feb-2014 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
112 capsule - 2 od

05-Feb-2014 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - 600 mg - ONE TO BE TAKEN TWICE A DAY

04-Feb-2014 Sildenafil 100mg tablets Acute Medication (Past)
1 pack of 4 tablet(s) - AS DIRECTED

27-Dec-2013 Anusol HC ointment (Church & Dwight UK Ltd) Acute Medication (Past)
30 gram - apply as needed

10-Dec-2013 Sildenafil 100mg tablets Acute Medication (Past)
1 pack of 4 tablet(s) - AS DIRECTED

THIRD PARTY COPY

10-Dec-2013 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 20 mg - OD

10-Dec-2013 Macrogol compound oral powder sachets NPF sugar free Acute Medication (Past)
56 sachet - NPF Sugar Free - 1 TWICE A DAY

06-Nov-2013 Olive oil ear drops Acute Medication (Past)
10 ml - use as directed

06-Nov-2013 Prednisolone 5mg tablets Acute Medication (Past)
40 tablet - take 8 tablets once a day for 5 days

06-Nov-2013 Amoxicillin 500mg capsules Acute Medication (Past)
1 pack of 21 capsule(s) - take one capsule 3 times a day

06-Nov-2013 Sildenafil 100mg tablets Acute Medication (Past)
1 pack of 4 tablet(s) - AS DIRECTED

06-Nov-2013 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - AS DIRECTED

25-Sept-2013 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 20 mg - OD

25-Sept-2013 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - 600 mg - ONE TO BE TAKEN TWICE A DAY

25-Sept-2013 Sildenafil 100mg tablets Acute Medication (Past)
1 pack of 4 tablet(s) - AS DIRECTED

25-Sept-2013 Atorvastatin 20mg tablets Acute Medication (Past)
3*28 tablet - 20 mg - ONE TO BE TAKEN AT NIGHT

25-Sept-2013 Macrogol compound oral powder sachets NPF sugar free Acute Medication (Past)
56 sachet - NPF Sugar Free - 1 TWICE A DAY

25-Sept-2013 Glipizide 5mg tablets Acute Medication (Past)
84 tablet - 5 mg - ONE TO BE TAKEN DAILY

25-Sept-2013 Metformin 500mg tablets Acute Medication (Past)
8 packs of 28 tablet(s) - take two twice a day

18-July-2013 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - 600 mg - ONE TO BE TAKEN TWICE A DAY

18-July-2013 Atorvastatin 20mg tablets Acute Medication (Past)
3*28 tablet - 20 mg - ONE TO BE TAKEN AT NIGHT

18-July-2013 Metformin 500mg tablets Acute Medication (Past)
8 packs of 28 tablet(s) - take two twice a day

18-July-2013 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - 100 mg - AS DIRECTED

18-July-2013 Macrogol compound oral powder sachets NPF sugar free Acute Medication (Past)
56 sachet - NPF Sugar Free - 1 TWICE A DAY

18-July-2013 Glipizide 5mg tablets Acute Medication (Past)
84 tablet - 5 mg - ONE TO BE TAKEN DAILY

18-July-2013 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 20 mg - OD

29-Apr-2013 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - 100 mg - AS DIRECTED

29-Apr-2013 Macrogol compound oral powder sachets NPF sugar free Acute Medication (Past)
56 sachet - NPF Sugar Free - 1 TWICE A DAY

29-Apr-2013 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - 600 mg - ONE TO BE TAKEN TWICE A DAY

29-Apr-2013 FreeStyle lancets 0.5mm/28gauge (Abbott Laboratories Ltd) Acute Medication (Past)
200 lancet - use as directed

29-Apr-2013 FreeStyle lancets 0.5mm/28gauge (Abbott Laboratories Ltd) Repeat Medication (Past)
200 lancet - use as directed

29-Apr-2013 FreeStyle Optium testing strips (Abbott Laboratories Ltd) Acute Medication (Past)
50 strips - use as directed

29-Apr-2013 FreeStyle Optium testing strips (Abbott Laboratories Ltd) Repeat Medication (Past)
50 strip - use as directed

29-Apr-2013 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - 20 mg - OD

29-Apr-2013 Macrogol compound oral powder sachets NPF sugar free Repeat Medication (Past)
56 sachet - NPF Sugar Free - 1 TWICE A DAY

29-Apr-2013 Glipizide 5mg tablets Repeat Medication (Past)
112 tablet - TWO TO BE TAKEN DAILY

29-Apr-2013 Ibuprofen 600mg tablets Repeat Medication (Past)
168 tablet - ONE TO BE TAKEN TWICE A DAY

29-Apr-2013 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 20 mg - OD

29-Apr-2013 Atorvastatin 20mg tablets Repeat Medication (Past)
56 tablet - ONE TO BE TAKEN AT NIGHT

THIRD PARTY COPY

29-Apr-2013 Sildenafil 100mg tablets Repeat Medication (Past)
1 pack of 4 tablet(s) - AS DIRECTED

29-Apr-2013 Metformin 500mg tablets Repeat Medication (Past)
224 tablet - take two twice a day

22-Mar-2013 Amoxicillin 500mg capsules Acute Medication (Past)
1 pack of 21 capsule(s) - take one capsule 3 times a day

22-Mar-2013 Prednisolone 5mg tablets Acute Medication (Past)
40 tablets - take 8 tablets once a day for 5 days

14-Feb-2013 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 20 mg - OD

14-Feb-2013 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - 600 mg - ONE TO BE TAKEN TWICE A DAY

14-Feb-2013 Glipizide 5mg tablets Acute Medication (Past)
84 tablet - 5 mg - ONE TO BE TAKEN DAILY

14-Feb-2013 Atorvastatin 20mg tablets Acute Medication (Past)
3*28 tablet - 20 mg - ONE TO BE TAKEN AT NIGHT

14-Feb-2013 Metformin 500mg tablets Acute Medication (Past)
84 tablet - 500 mg - TWO TO BE TAKEN TWICE A DAY

14-Feb-2013 Macrogol compound oral powder sachets NPF sugar free Acute Medication (Past)
56 sachet - NPF Sugar Free - 1 TWICE A DAY

08-Jan-2013 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - 100 mg - AS DIRECTED

08-Jan-2013 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - 100 mg - AS DIRECTED

14-Dec-2012 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 20 mg - OD

14-Dec-2012 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
28 capsule - 20 mg - OD

12-Dec-2012 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - 100 mg - AS DIRECTED

07-Nov-2012 Glipizide 5mg tablets Acute Medication (Past)
84 tablet - 5 mg - ONE TO BE TAKEN DAILY

07-Nov-2012 Macrogol compound oral powder sachets NPF sugar free Acute Medication (Past)
56 sachet - NPF Sugar Free - 1 TWICE A DAY

07-Nov-2012 Metformin 500mg tablets Acute Medication (Past)
84 tablet - 500 mg - TWO TO BE TAKEN TWICE A DAY

07-Nov-2012 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - 100 mg - AS DIRECTED

07-Nov-2012 Atorvastatin 20mg tablets Acute Medication (Past)
3*28 tablet - 20 mg - ONE TO BE TAKEN AT NIGHT

23-Oct-2012 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - 100 mg - AS DIRECTED

26-Sept-2012 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - 100 mg - AS DIRECTED

26-Sept-2012 Macrogol compound oral powder sachets NPF sugar free Acute Medication (Past)
56 sachet - NPF Sugar Free - 1 TWICE A DAY

26-Sept-2012 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - 600 mg - ONE TO BE TAKEN TWICE A DAY

20-Sept-2012 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
28 capsule - 20 mg - OD

20-Sept-2012 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - 100 mg - AS DIRECTED

03-Sept-2012 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - 100 mg - AS DIRECTED

23-Aug-2012 Metformin 500mg tablets Acute Medication (Past)
84 tablet - 500 mg - TWO TO BE TAKEN TWICE A DAY

13-Aug-2012 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - 100 mg - AS DIRECTED

13-Aug-2012 Macrogol compound oral powder sachets NPF sugar free Acute Medication (Past)
56 sachet - NPF Sugar Free - 1 TWICE A DAY

03-Aug-2012 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - 600 mg - ONE TO BE TAKEN TWICE A DAY

24-July-2012 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - 100 mg - AS DIRECTED

05-July-2012 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - 100 mg - AS DIRECTED

03-July-2012 Lansoprazole 15mg gastro-resistant capsules Acute Medication (Past)
56 capsule - 15 mg - 1 -2 DAILY AS NEEDED

THIRD PARTY COPY

03-July-2012 Glipizide 5mg tablets Repeat Medication (Past)
84 tablet - 5 mg - ONE TO BE TAKEN DAILY

03-July-2012 Glipizide 5mg tablets Acute Medication (Past)
84 tablet - 5 mg - ONE TO BE TAKEN DAILY

20-Jun-2012 Sildenafil 100mg tablets Repeat Medication (Past)
4 tablet - 100 mg - AS DIRECTED

20-Jun-2012 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - 100 mg - AS DIRECTED

22-May-2012 Atorvastatin 20mg tablets Repeat Medication (Past)
3*28 tablet - 20 mg - ONE TO BE TAKEN AT NIGHT

22-May-2012 Atorvastatin 20mg tablets Acute Medication (Past)
84 tablet - 20 mg - ONE TO BE TAKEN AT NIGHT

22-May-2012 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - 100 mg - AS DIRECTED

30-Apr-2012 Metformin 500mg tablets Acute Medication (Past)
168 tablet - 500 mg - ONE TO BE TAKEN TWICE A DAY

30-Apr-2012 Macrogol compound oral powder sachets NPF sugar free Repeat Medication (Past)
56 sachet - NPF Sugar Free - 1 TWICE A DAY

30-Apr-2012 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - 600 mg - ONE TO BE TAKEN TWICE A DAY

30-Apr-2012 Macrogol compound oral powder sachets NPF sugar free Acute Medication (Past)
56 sachet - NPF Sugar Free - 1 TWICE A DAY

25-Apr-2012 Sildenafil 100mg tablets Acute Medication (Past)
4 tablet - 100 mg - AS DIRECTED

16-Jan-2012 Macrogol compound oral powder sachets NPF sugar free Acute Medication (Past)
56 sachet - NPF Sugar Free - 1 TWICE A DAY

16-Jan-2012 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - 600 mg - ONE TO BE TAKEN TWICE A DAY

16-Jan-2012 Metformin 500mg tablets Acute Medication (Past)
168 tablet - 500 mg - ONE TO BE TAKEN TWICE A DAY

01-Dec-2011 Simvastatin 20mg tablets Repeat Medication (Past)
3*28 tablet - 20 mg - ONE TO BE TAKEN AT NIGHT

01-Dec-2011 Simvastatin 20mg tablets Acute Medication (Past)
84 tablet - 20 mg - ONE TO BE TAKEN AT NIGHT

16-Nov-2011 Macrogol compound oral powder sachets NPF sugar free Acute Medication (Past)
56 sachet - NPF Sugar Free - 1 TWICE A DAY

10-Oct-2011 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - 600 mg - ONE TO BE TAKEN TWICE A DAY

29-Sept-2011 Macrogol compound oral powder sachets NPF sugar free Acute Medication (Past)
30 sachet - NPF Sugar Free - 1 TWICE A DAY

27-Jun-2011 Phenoxymethylpenicillin 250mg tablets Acute Medication (Past)
40 tablet - 250 mg - ONE TO BE TAKEN FOUR TIMES A DAY

27-Jun-2011 Flucloxacillin 500mg capsules Acute Medication (Past)
40 capsule - 500 mg - ONE TO BE TAKEN FOUR TIMES A DAY

27-Jun-2011 Macrogol compound oral powder sachets NPF sugar free Acute Medication (Past)
30 sachet - NPF Sugar Free - 1 TWICE A DAY

24-Jun-2011 Macrogol compound oral powder sachets NPF sugar free Acute Medication (Past)
60 sachet - NPF Sugar Free - 1 TWICE A DAY

17-May-2011 Metformin 500mg tablets Acute Medication (Past)
168 tablet - 500 mg - ONE TO BE TAKEN TWICE A DAY

11-Mar-2011 Macrogol compound oral powder sachets NPF sugar free Acute Medication (Past)
30 sachet - NPF Sugar Free - 1 TWICE A DAY

11-Mar-2011 Preparation H ointment (Haleon UK Trading Ltd) Acute Medication (Past)
50 gram - AS DIRECTED

19-Apr-2010 Simvastatin 40mg tablets Repeat Medication (Past)
3*28 tablet - 40 mg - ONE TO BE TAKEN AT NIGHT

19-Apr-2010 Simvastatin 40mg tablets Acute Medication (Past)
84 tablet - 40 mg - ONE TO BE TAKEN AT NIGHT

19-Apr-2010 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - 600 mg - ONE TO BE TAKEN TWICE A DAY

19-Apr-2010 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
84 capsule - 20 mg - 1 ONCE DAILY

19-Apr-2010 Metformin 500mg tablets Acute Medication (Past)
168 tablet - 500 mg - ONE TO BE TAKEN TWICE A DAY

19-Apr-2010 Metformin 500mg tablets Repeat Medication (Past)
84 tablet - 500 mg - TWO TO BE TAKEN TWICE A DAY

18-Nov-2009 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - 600 mg - ONE TO BE TAKEN TWICE A DAY

THIRD PARTY COPY

18-Nov-2009 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
84 capsule - 20 mg - 1 ONCE DAILY

07-Sept-2009 Metformin 500mg tablets Acute Medication (Past)
168 tablet - 500 mg - ONE TO BE TAKEN TWICE A DAY

02-Sept-2009 Allevyn Adhesive dressing 7.5cm x 7.5cm square (Smith & Nephew Healthcare Ltd) Acute Medication (Past)
20 dressing - square, 7.5 cm x 7.5 cm - USE AS DIRECTED

01-Sept-2009 Allevyn Adhesive dressing 10cm x 10cm square (Smith & Nephew Healthcare Ltd) Acute Medication (Past)
20 dressing - square, 10 cm x 10 cm - USE AS DIRECTED

21-Aug-2009 Sorbsan Packing Cavity Dressing (with probe) 30 cm/2 grams Acute Medication (Past)
10 dressing - (with probe) 30 cm/2 grams - AS DIR3

17-Aug-2009 Dressit sterile dressing pack with medium/large gloves (Richardson Healthcare Ltd) Acute Medication (Past)
10 pack - with medium/large gloves - USE AS DIRECTED

14-Aug-2009 Omeprazole 20mg gastro-resistant capsules Repeat Medication (Past)
84 capsule - 20 mg - 1 ONCE DAILY

14-Aug-2009 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - 600 mg - ONE TO BE TAKEN TWICE A DAY

14-Aug-2009 Omeprazole 20mg gastro-resistant capsules Acute Medication (Past)
84 capsule - 20 mg - 1 ONCE DAILY

14-Aug-2009 Dressit sterile dressing pack with medium/large gloves (Richardson Healthcare Ltd) Acute Medication (Past)
10 pack - with medium/large gloves - USE AS DIRECTED

14-Aug-2009 Canesten HC cream (Bayer Plc) Acute Medication (Past)
30 gram - apply three times a day sparingly

11-Aug-2009 Sorbsan Packing Cavity Dressing (with probe) 30 cm/2 grams Acute Medication (Past)
10 dressing - (with probe) 30 cm/2 grams - AS DIR3

11-Aug-2009 Sodium Chloride Solution 0.9 % 45 ml bottle Acute Medication (Past)
2 bottle - 0.9 %, 45 ml bottle - AS DIR

11-Aug-2009 Canesten HC cream (Bayer Plc) Repeat Medication (Past)
30 gram - apply three times a day sparingly

11-Aug-2009 Dressit sterile dressing pack with medium/large gloves (Richardson Healthcare Ltd) Repeat Medication (Past)
10*1 pack - with medium/large gloves - USE AS DIRECTED

11-Aug-2009 Canesten HC cream (Bayer Plc) Acute Medication (Past)
30 gram - apply three times a day sparingly

11-Aug-2009 Dressit sterile dressing pack with medium/large gloves (Richardson Healthcare Ltd) Acute Medication (Past)
10 pack - with medium/large gloves - USE AS DIRECTED

01-May-2009 Ibuprofen 600mg tablets Acute Medication (Past)
168 tablet - 600 mg - ONE TO BE TAKEN TWICE A DAY

01-May-2009 Ibuprofen 600mg tablets Repeat Medication (Past)
168 tablet - 600 mg - ONE TO BE TAKEN TWICE A DAY

19-Mar-2009 Diclofenac sodium 50mg gastro-resistant / Misoprostol 200microgram tablets Acute Medication (Past)
90 tablet - 50 mg + 200 micrograms - ONE TO BE TAKEN THREE TIMES A DAY

03-Feb-2009 Ibuprofen 600mg tablets Acute Medication (Past)
84 tablet - 600 mg - take one 3 times a day with food

04-Dec-2008 Ibuprofen 600mg tablets Acute Medication (Past)
90 tablet - 600 mg - take one 3 times a day with food

17-Oct-2008 Varenicline 1mg tablets and Varenicline 500microgram tablets Acute Medication (Past)
25 tablet - 1 mg + 500 micrograms (Starter Pack) - AS DIRECTED

15-Sept-2008 fusidic acid with betamethasone valerate cream 2%+ 0.1% Acute Medication (Past)
30 gram(s) - 2 % + 0.1 % - APPLY TWICE A DAY

29-July-2008 Otomize ear spray (Ennogen Healthcare International Ltd) Acute Medication (Past)
1 spray - 1 SPRAY THREE TIMES A DAY

29-July-2008 Ibuprofen 600mg tablets Acute Medication (Past)
90 tablet - 600 mg - take one 3 times a day with food

21-Jan-2008 Lactulose 3.1-3.7g/5ml oral solution Acute Medication (Past)
500 ml - 3.1-3.7 g/5 ml - TWO 5 ML SPOONSFUL TWICE A DAY

21-Jan-2008 Ibuprofen 600mg tablets Acute Medication (Past)
90 tablet - 600 mg - take one 3 times a day with food

21-Jan-2008 Anusol HC suppositories (Church & Dwight UK Ltd) Acute Medication (Past)
20 suppositories - 1 PR TWICE A DAY

18-May-2006 Canesten HC cream (Bayer Plc) Acute Medication (Past)
30 gram(s) - apply three times a day sparingly

20-Nov-2003 Nicotine 21mg/24hours transdermal patches Acute Medication (Past)
14 patches - 21 mg/24 hrs - ONE DAILY

10-Nov-2003 Salbutamol 100micrograms/dose inhaler CFC free Acute Medication (Past)
2 inhaler(s) - 100 micrograms/puff - 1 -2 FOUR TIMES A DAY

10-Nov-2003 Volumatic (GlaxoSmithKline UK Ltd) Acute Medication (Past)
1 device(s) - AS DIRECTED

10-Nov-2003 Becotide 100 inhaler (GlaxoSmithKline UK Ltd) Acute Medication (Past)
2 inhaler(s) - 100 micrograms/puff - TWO PUFFS TWICE A DAY

THIRD PARTY COPY

10-Nov-2003 Becotide 100 inhaler (GlaxoSmithKline UK Ltd) Repeat Medication (Past)
1*2 inhaler(s) - 100 micrograms/puff - TWO PUFFS TWICE A DAY

21-Jan-2003 Ibuprofen 600mg tablets Acute Medication (Past)
150 tablet(s) - 600 mg - take one 3 times a day with food

11-Oct-2002 Ibuprofen 600mg tablets Acute Medication (Past)
150 tablet(s) - 600 mg - take one 3 times a day with food

11-Oct-2002 Anusol cream (Church & Dwight UK Ltd) Acute Medication (Past)
46 gram(s) - APPLY TWICE A DAY AND AFTER BOWELS OPENED.

30-Aug-2002 Canesten HC cream (Bayer Plc) Acute Medication (Past)
30 gram(s) - apply three times a day sparingly

18-July-2002 Ibuprofen 600mg tablets Acute Medication (Past)
150 tablet(s) - 600 mg - take one 3 times a day with food

09-May-2002 Aciclovir 5% cream Acute Medication (Past)
10 gram(s) - 5 % - APPLY FOUR TIMES DAILY

10-Apr-2002 Beconase Aqueous 50micrograms/dose nasal spray (GlaxoSmithKline UK Ltd) Acute Medication (Past)
1 spray(s) - 50 micrograms/dose - AS DIRECTED

10-Apr-2002 Ibuprofen 600mg tablets Acute Medication (Past)
90 tablet(s) - 600 mg - take one 3 times a day with food

16-Nov-2001 Co-dydramol 10mg/500mg tablets Acute Medication (Past)
100 tablet(s) - 1 OR 2 FOUR TIMES A DAY AS NEEDED

16-Nov-2001 Ibuprofen 600mg tablets Acute Medication (Past)
90 tablet(s) - 600 mg - take one 3 times a day with food

29-Jun-2001 Ibuprofen 600mg tablets Acute Medication (Past)
90 tablet(s) - 600 mg - take one 3 times a day with food

29-Jun-2001 Gabapentin 300mg capsules Acute Medication (Past)
56 capsule(s) - 300 mg - OD FOR A DAY THEN 300 MGM TWICE A DAY

13-Feb-2001 XYLOPROCT ointment [ASTRAZENEC] Acute Medication (Past)
50 gram(s) - APPY TWICE A DAY

10-Nov-2000 Lansoprazole 15mg gastro-resistant capsules Acute Medication (Past)
28 capsule(s) - 15 mg - OD

10-Nov-2000 Ibuprofen 600mg tablets Acute Medication (Past)
90 tablet(s) - 600 mg - take one 3 times a day with food

23-Oct-2000 Tramadol 50mg capsules Repeat Medication (Past)
112 capsule(s) - 50 mg - ONE TO BE TAKEN FOUR TIMES A DAY

23-Oct-2000 Ibuprofen 600mg tablets Acute Medication (Past)
90 tablet(s) - 600 mg - take one 3 times a day with food

23-Oct-2000 Tramadol 50mg capsules Acute Medication (Past)
112 capsule(s) - 50 mg - ONE TO BE TAKEN FOUR TIMES A DAY

28-July-2000 Tramadol 50mg capsules Acute Medication (Past)
30 capsule(s) - 50 mg - ONE TO BE TAKEN FOUR TIMES A DAY

15-May-2000 FYBOGEL granules gluten-free and sugar-free [RECKITT B] Acute Medication (Past)
100 sachet(s) - 3.5 grams/sachet - 1 TWICE A DAY, Orange

15-May-2000 XYLOPROCT ointment [ASTRAZENEC] Acute Medication (Past)
50 gram(s) - APPY TWICE A DAY

15-May-2000 Nefopam 30mg tablets Acute Medication (Past)
168 tablet(s) - 30 mg - TWO TO BE TAKEN THREE TIMES A DAY

Allergies

This section is empty.

Vaccinations

20-Nov-2023 Helen Thompson
Cell-based quadrivalent Flu/Vac/SA inj 0.5ml pfs (Seqirus UK Ltd)
Batch: 3029487~, Dose: 0.5ml
INFLUENZA

08-Nov-2021 Miss Georgina Wood
Flucelvax Tetra (Seqirus UK)
Batch: P100368867~, Dose: 0.5ml
INFLUENZA

17-Oct-2020 Dr James Mcnay
Flucelvax Tetra (Seqirus UK)
Batch: P100254623~, Dose: 0.5ml
INFLUENZA

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26-Sept-2017 Ms Jennifer Formstone
Enzira
Batch: 35149411A~, Dose: 0.5ml
INFLUENZA

24-Nov-2016 Joanne Anderson
Inactivated Influenza Vaccine (Split Virion) BP (Sanofi Pasteur MSD)
Batch: n4a31~, Dose: 0.5 ml
INFLUENZA

11-Dec-2015 Joanne Anderson
Enzira Inactivated Influenza Vaccine (WYETH/CSL)
Batch: 30349421A~, Dose: 0.5ml
INFLUENZA

09-Jan-2015 Joanne Anderson
Enzira Inactivated Influenza Vaccine (WYETH/CSL)
Batch: 27849421A~, Dose: 0.5ml
INFLUENZA

21-Jan-2014 Mrs Debbie Ritchie
Enzira Inactivated Influenza Vaccine (WYETH/CSL)
Batch: 25549411a~, Dose: 0.5ml
INFLUENZA

30-Sept-2012 Unknown Staff Member
Influenza Vaccine
Batch: , Dose:
INFLUENZA

25-Sept-2012 Mrs Michelle Phillips
Influenza Vaccine
G.P.Surgery, Batch: , Dose:
INFLUENZA

17-Nov-2011 Claire Bell
Influenza Vaccine
G.P.Surgery, Batch: , Dose:
INFLUENZA

28-Aug-2009 Mrs Joanne Topping
Pneumococcal
Left Arm. G.P.Surgery, Batch: , Dose:
PNEUMOCOCCAL

Referrals

26-May-2026 Dr Abigail Brooks
. Recipient: CT Scanning, Referral Forms; Referral Type: Hospital; Sender: Dr Abigail Brooks; Referral Status: Waiting For Information

21-May-2024 Dr Charlotte Hardwick
. Recipient: YTHFT Adult Community Nursing; Referral Type: Community; Sender: Dr Charlotte Hardwick; Reason: District Nursing; Referral Status: No further input required; Outcome: Referred to other services

22-Aug-2023 Dr Vickash Jankee
. Recipient: Orthotics Department, Referral Forms; Referral Type: Hospital; Sender: Dr Vickash Jankee; Referral Status: Waiting For Information

16-Mar-2022 Rachel Bampton-Stuart
. Referral Type: Hospital; Sender: Dr Lucy Terry; Referral Status: Waiting For Information

06-Sept-2021 Helen Thompson
. Recipient: Physiotherapy - Hospital; Referral Type: Hospital; Sender: Helen Thompson; Referral Status: Waiting For Information

27-July-2021 Miss Mary Georgiou
. Recipient: Referral Support Services; Referral Type: Hospital; Sender: Adele Stewart; Referral Status: Waiting For Information

23-July-2021 Adele Stewart
. Recipient: Diabetes Service; Referral Type: Community; Sender: Adele Stewart; Referral Status: Waiting For Information

17-July-2019 Angela Mackay
. Recipient: Specialist Stop Smoking Service, Referral Forms; Referral Type: Hospital; Sender: Angela Mackay; Referral Status: Waiting For Information

27-Feb-2019 Helen Walmsley
. Referral Type: Hospital; Sender: Dr James D B Rutter; Referral Status: Waiting For Information

28-Dec-2017 Dr Christine Johnston
. Recipient: Upper GI 2WW Suspected Cancer, FAST TRACK REFERRAL FORMS, Referral Forms; Referral Type: Hospital; Sender: Dr Christine Johnston; Referral Status: Waiting For Information

17-Oct-2016 Dr Iqbal Hussain
. Recipient: Podiatry (YHFT), Referral Forms; Referral Type: Hospital; Sender: Dr Iqbal Hussain; Referral Status: Waiting For Information

08-Jun-2016 Mrs Kelly Riley
. Referral Type: Hospital; Sender: Dr Christopher Bennett; Referral Status: Waiting For Information

08-Mar-2016 Katy Maskell-Edwards
. Recipient: Referral Support Services; Referral Type: Hospital; Sender: Dr Christopher Bennett; Referral Status: Waiting For Information

22-Feb-2016 Dr Christopher Bennett
. Recipient: Podiatry (YHFT), Referral Forms; Referral Type: Hospital; Sender: Dr Christopher Bennett; Referral Status: Waiting For Information

09-July-2012 Mrs Deborah Arthur
Refer to physiotherapist. Referral Type: Other; Sender: Mrs Deborah Arthur; Referral Status: Care/Input Completed; Outcome: Other

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07-Feb-2012 Mrs Marcia Greenaway
Orthopaedic referral. Referral Type: Other; Sender: Mrs Marcia Greenaway; Referral Status: Care/Input Completed; Outcome: Other

03-May-2011 Dr Jonathan Tams
Admit surgical emergency unsp.. Referral Type: Other; Sender: Dr Jonathan Tams (DELETED); Referral Status: Care/Input Completed; Outcome: Other

23-Apr-2010 Mrs Susan Bannister
Orthopaedic referral. Referral Type: Other; Sender: Mrs Susan Bannister; Referral Status: Care/Input Completed; Outcome: Other

07-Sept-2009 Mrs Marcia Greenaway
Refer to dietician. Referral Type: Other; Sender: Mrs Marcia Greenaway; Referral Status: Care/Input Completed; Outcome: Other

16-Sept-2008 Mrs Barbara Cockburn
Refer to chiropodist. Referral Type: Other; Sender: Mrs Barbara Cockburn (DELETED); Referral Status: Care/Input Completed; Outcome: Other

Test Requests

This section is empty.

Test Results

02-Jun-2026 Auto-filed
Result: Serum total 25-hydroxy vitamin D level*Clinical Information: CLINICAL DETAILS: recheck bloods; Reason for VITD request: Abnormal calcium or phospha te*
Abnormal

02-Jun-2026 Auto-filed
Result: Serum magnesium level*Clinical Information: CLINICAL DETAILS: recheck bloods; Reason for VITD request: Abnormal calcium or phospha te*
Normal

02-Jun-2026 Auto-filed
Result: Urea and electrolytes*Clinical Information: CLINICAL DETAILS: recheck bloods; Reason for VITD request: Abnormal calcium or phospha te*
Satisfactory

02-Jun-2026 Auto-filed
Result: Bone profile*Clinical Information: CLINICAL DETAILS: recheck bloods; Reason for VITD request: Abnormal calcium or phospha te*
Satisfactory

02-Jun-2026 Auto-filed
Result: Clotting screening test*Clinical Information: CLINICAL DETAILS: recheck bloods*
Satisfactory

02-Jun-2026 Auto-filed
Result: Full blood count*Clinical Information: CLINICAL DETAILS: recheck bloods IMMATURE GRANULOCYTES: 0.08 10*9/L [0.0 - 0.2]*
Satisfactory

03-Jun-2026 Auto-filed
Result: Immunoglobulin level*Clinical Information: CLINICAL DETAILS: recheck bloods; Reason for VITD request: Abnormal calcium or phospha te*
Satisfactory

03-Jun-2026 Auto-filed
Result: Serum protein electrophoresis*Clinical Information: CLINICAL DETAILS: recheck bloods; Reason for VITD request: Abnormal calcium or phospha te*
Satisfactory

03-Jun-2026 Auto-filed
Result: SERUM IMMUNOSUBTRACTION*SERUM IMMUNOSUBTRACTION Clinical Information: CLINICAL DETAILS: recheck bloods; Reason for VITD request: Abnormal calcium or phospha te*
Satisfactory

03-Jun-2026 Auto-filed
Result: Urine protein electrophoresis*repeat when diabetes control better in 3 months, Clinical Information: CLINICAL DETAILS: recheck bloods*
Abnormal, but expected

27-May-2026 Auto-filed
Result: Urine albumin/creatinine ratio*Clinical Information: CLINICAL DETAILS: proteinuria high HBA1c*
Abnormal

26-May-2026 Auto-filed
Result: Serum prostate specific antigen level*Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss*
Borderline

26-May-2026 Auto-filed
Result: Serum folate level*Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss*
Borderline

26-May-2026 Auto-filed
Result: Urea and electrolytes*Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss*
Borderline

26-May-2026 Auto-filed
Result: FERRITIN YORK/SGH*FERRITIN YORK/SGH Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss*
Borderline

THIRD PARTY COPY

26-May-2026 Auto-filed
Result: TSH*TSH Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss*
Borderline

26-May-2026 Auto-filed
Result: Serum C reactive protein level*Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss*
Borderline

26-May-2026 Auto-filed
Result: HBA1C*HBA1C Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss*
Abnormal, but expected

26-May-2026 Auto-filed
Result: IRON PROFILE*IRON PROFILE Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss*
Borderline

26-May-2026 Auto-filed
Result: VITAMIN B12 YORK/SGH*VITAMIN B12 YORK/SGH Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss*
Borderline

26-May-2026 Auto-filed
Result: AST serum level*Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss*
Borderline

26-May-2026 Auto-filed
Result: Bone profile*Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss*
Borderline

26-May-2026 Auto-filed
Result: Full blood count*IMMATURE GRANULOCYTES: 0.04 10*9/L [0.0 - 0.2] Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss*
Satisfactory

26-May-2026 Auto-filed
Result: Liver function tests*Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss*
Borderline

26-May-2026 Auto-filed
Result: Serum amylase level*Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss*
Borderline

27-May-2026 Auto-filed
Result: Coeliac disease screen*Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss*
Satisfactory

17-Mar-2026 Auto-filed
Result: HBA1C*HBA1C Clinical Information: CLINICAL DETAILS:*
Abnormal, but expected

17-Mar-2026 Auto-filed
Result: Urea and electrolytes*Clinical Information: CLINICAL DETAILS:*
Abnormal

17-Mar-2026 Auto-filed
Result: TSH*TSH Clinical Information: CLINICAL DETAILS:*
Normal

17-Mar-2026 Auto-filed
Result: TSH*TSH Clinical Information: CLINICAL DETAILS:*
Normal

17-Mar-2026 Auto-filed
Result: Serum lipid levels*Clinical Information: CLINICAL DETAILS:*
Abnormal

17-Mar-2026 Auto-filed
Result: Liver function tests*Clinical Information: CLINICAL DETAILS:*
Abnormal

17-Mar-2026 Auto-filed
Result: Urea and electrolytes*Clinical Information: CLINICAL DETAILS:*
Satisfactory

04-Mar-2026 Auto-filed
Result: Bowel cancer screening programme: faecal occult blood result
Not responded to invitation

03-Feb-2026 Auto-filed
Result: Urine albumin/creatinine ratio*Clinical Information: CLINICAL DETAILS: Renal function*
Abnormal

27-Nov-2025 Auto-filed
Result: Urea and electrolytes*Clinical Information: CLINICAL DETAILS: repeat*
Satisfactory

25-Nov-2025 Auto-filed
Result: Quantitative faecal immunochemical test*Clinical Information: CLINICAL DETAILS: CIBH*
Abnormal

20-Nov-2025 Auto-filed
Result: Bone profile*Clinical Information: CLINICAL DETAILS: CIBH*
Borderline

THIRD PARTY COPY

20-Nov-2025 Auto-filed
Result: TSH*Clinical Information: CLINICAL DETAILS: CIBH TSH*
Normal

20-Nov-2025 Auto-filed
Result: Liver function tests*Clinical Information: CLINICAL DETAILS: CIBH*
Borderline

20-Nov-2025 Auto-filed
Result: Urea and electrolytes*Clinical Information: CLINICAL DETAILS: CIBH*
Borderline

20-Nov-2025 Auto-filed
Result: FERRITIN YORK/SGH*Clinical Information: CLINICAL DETAILS: CIBH FERRITIN YORK/SGH*
Normal

20-Nov-2025 Auto-filed
Result: Serum C reactive protein level*Clinical Information: CLINICAL DETAILS: CIBH*
Borderline

20-Nov-2025 Auto-filed
Result: Full blood count*Clinical Information: CLINICAL DETAILS: CIBH IMMATURE GRANULOCYTES: 0.03 10*9/L [0.0 - 0.2]*
Normal

20-Nov-2025 Auto-filed
Result: IRON PROFILE*Clinical Information: CLINICAL DETAILS: CIBH IRON PROFILE*
Borderline

09-Oct-2025 Auto-filed
Result: Urea and electrolytes*needs another discussion re statin, Clinical Information: CLINICAL DETAILS:*
Abnormal

09-Oct-2025 Auto-filed
Result: SHORT LIPID PROFILE (CHOLESTEROL/HD*needs another discussion re statin, Clinical Information: CLINICAL DETAILS: SHORT LIPID PROFILE (CHOLESTEROL/HD*
Abnormal

09-Oct-2025 Auto-filed
Result: Haemoglobin A1c level - IFCC standardised*Clinical Information: CLINICAL DETAILS:*
Abnormal, but expected

02-Apr-2025 Auto-filed
Result: Iron & % Saturation*Iron & % Saturation*
Borderline

02-Apr-2025 Auto-filed
Result: Serum ferritin level
Abnormal

02-Apr-2025 Auto-filed
Result: eGFR using creatinine (CKD-EPI) per 1.73 square metres
Abnormal

02-Apr-2025 Auto-filed
Result: Serum CA 19-9 (cancer antigen 19-9) level
Abnormal

02-Apr-2025 Auto-filed
Result: Liver function tests
Abnormal

02-Apr-2025 Auto-filed
Result: Coagulation screen*Coagulation screen: This test is not currently UKAS accredited.*
Abnormal

02-Apr-2025 Auto-filed
Result: Urea and electrolytes
Abnormal

02-Apr-2025 Auto-filed
Result: Serum alpha-fetoprotein level
Abnormal

02-Apr-2025 Auto-filed
Result: Full blood count*Immature granulocyte: 0.05 x10^9/L [0.0 - 0.2]*
Abnormal

02-Apr-2025 Auto-filed
Result: Serum C reactive protein level
Abnormal

13-Feb-2024 Auto-filed
Result: Bowel cancer screening programme: faecal occult blood result
Not responded to invitation

05-Jan-2024 Auto-filed
Result: Full blood count*Immature granulocyte: 0.1 x10^9/L [0.0 - 0.2]*
Borderline

THIRD PARTY COPY

26-Jan-2023 Lucie Smith
Result: Serum HDL cholesterol level*Clinical Information: diabetic.*
Normal

27-Jan-2023 Dr Abigail Brooks
Result: Haemoglobin A1c level - IFCC standardised*appnt this week, Clinical Information: diabetic.*
Abnormal, but expected

26-Jan-2023 Dr Abigail Brooks
Result: Serum TSH level*Clinical Information: diabetic.*
Normal

26-Jan-2023 Dr Abigail Brooks
Result: Urea and electrolytes;Liver function tests;Serum cholesterol level;Serum LDL cholesterol level;Serum triglyceride levels;Cholest./HDL ratio;eGFR using creatinine (CKD-EPI) per 1.73 square metres*discuss statin at diabetes rev, Cholest./HDL ratio: Non-HDL cholesterol now reported as recommended in NICE CG 181 Clinical Information: diabetic.*
Borderline

14-July-2021 Catherine Crossley
Result: Liver function tests;Serum cholesterol level;eGFR using creatinine (CKD-EPI) per 1.73 square metres;Serum TSH level*has FU TC*
Normal

14-July-2021 Catherine Crossley
Result: Urea and electrolytes
Abnormal, but expected

15-July-2021 Catherine Crossley
Result: Haemoglobin A1c level - IFCC standardised*has appt to discuss*
Abnormal, but expected

14-Jan-2021 Unknown Staff Member
Result: SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative
Unknown

29-Oct-2020 Dr Abigail Brooks
Result: Full blood count*Clinical Information: t2DM.*
Satisfactory

29-Oct-2020 Dr Abigail Brooks
Result: Haemoglobin A1c level - IFCC standardised*Clinical Information: t2DM.*
Abnormal, but expected

29-Oct-2020 Dr Abigail Brooks
Result: Urea and electrolytes;Liver function tests;Serum cholesterol level;eGFR using creatinine (CKD-EPI) per 1.73 square metres;Serum TSH level*Clinical Information: t2DM.*
Normal

21-Oct-2020 Unknown Staff Member
Result: SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result negative
Unknown

25-Sept-2019 Dr Christopher Bennett
Result: Haemoglobin A1c level - IFCC standardised*Clinical Information: annual review.*
Abnormal, but expected

25-Sept-2019 Dr Christopher Bennett
Result: Serum TSH level*Clinical Information: annual review.*
Normal

25-Sept-2019 Dr Christopher Bennett
Result: Urea and electrolytes;Liver function tests;Serum cholesterol level;eGFR using creatinine (CKD-EPI) per 1.73 square metres*Clinical Information: annual review.*
Abnormal

19-July-2019 Angela Mackay
Result: Respiratory microscopy, culture and sensitivities*Clinical Information: -*
Normal

22-Oct-2018 Dr James Rutter
Result: Haemoglobin A1c level - IFCC standardised*invte for diabetes review as control is awful!*
Abnormal, but expected

22-Oct-2018 Dr James Rutter
Result: Urea and electrolytes;Liver function tests;Serum cholesterol level;Serum HDL cholesterol level;Cholest./HDL ratio*Cholest./HDL ratio: Non-HDL cholesterol now reported as recommended in NICE CG 181*
Normal

14-Feb-2017 Joanne Anderson
Result: Urea and electrolytes;Liver function tests;Serum cholesterol level
Abnormal, but expected

14-Feb-2017 Joanne Anderson
Result: Haemoglobin A1c level - IFCC standardised
Abnormal

16-Sept-2016 Dr James Mcnay
Result: Haemoglobin A1c level - IFCC standardised*Clinical Information: No clinical details given*
Abnormal, but expected

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19-July-2016 Dr Jane Maloney
Result: Urea and electrolytes;Liver function tests;Serum cholesterol level*Clinical Information: Diabetes mellitus*
Normal

19-July-2016 Dr Jane Maloney
Result: Haemoglobin A1c level - IFCC standardised*Rapd drop in HbA1c - has lost a lot of weight. Should he change meds?, Clinical Information: Diabetes mellitus*
Borderline

06-Jun-2016 Dr John Robinson
Result: Film/Manual WBC Diff*Film/Manual WBC Diff: Results reviewed and reported by PB Clinical Information: No clinical details given*
Normal

06-Jun-2016 Dr John Robinson
Result: Full blood count*raised white cells similar to previous tests, raised eosinophils, Clinical Information: No clinical details given*
Abnormal, but expected

23-Feb-2016 Dr James Mcnay
Result: Serum cholesterol level;Serum HDL cholesterol level;Cholest./HDL ratio;Full blood count*Has f/u with you - WCC slighttly up cholesterol borderline, Cholest./HDL ratio: Non-HDL cholesterol now reported as recommended in NICE CG 181 Clinical Information: Chest pain*
Unknown

23-Feb-2016 Joanne Anderson
Result: Haemoglobin A1c level - IFCC standardised*improving ?further increase SU, Clinical Information: RESTARTED GLIPIZIDE*
Abnormal, but expected

24-Feb-2016 Dr Christopher Bennett
Result: Film/Manual WBC Diff*Film/Manual WBC Diff: Neutrophils show a left shift in nuclear segmentation Slight lymphocytosis A few activated lymphocytes Eosinophils + Blood Film reviewed and reported by DR Clinical Information: Chest pain*
Abnormal

17-Dec-2015 Joanne Anderson
Result: Haemoglobin A1c level - IFCC standardised*Clinical Information: Diabetes mellitus*
Abnormal, but expected

17-Dec-2015 Joanne Anderson
Result: Full blood count*Clinical Information: Diabetes mellitus*
Abnormal

17-Dec-2015 Joanne Anderson
Result: Film/Manual WBC Diff*Film/Manual WBC Diff: Results reviewed and authorised by BMS Clinical Information: Diabetes mellitus*
Unknown

11-Dec-2015 Adele Stewart
Result: Haemoglobin A1c level - IFCC standardised*Large increase - needs reviewing appointment with Jo Anderson 16/12/2015, Clinical Information: Diabetes mellitus*
Abnormal, but expected

11-Dec-2015 Adele Stewart
Result: Liver function tests;Serum cholesterol level*Clinical Information: Diabetes mellitus*
Satisfactory

11-Dec-2015 Adele Stewart
Result: Urea and electrolytes*Please discuss in review, Clinical Information: Diabetes mellitus*
Abnormal

13-Jun-2015 Joanne Anderson
Result: Haemoglobin A1c level - IFCC standardised*Clinical Information: Diabetes mellitus*
Abnormal, but expected

12-Jun-2015 Joanne Anderson
Result: Serum cholesterol level;Glom.Filt.Rate MDRD;Liver function tests;Urea and electrolytes*Glom.Filt.Rate MDRD: Clinical Information: Diabetes mellitus*
Satisfactory

29-Oct-2014 Mrs Jackie Darlison
Result: Haemoglobin A1c level - IFCC standardised*Clinical Information: Type 2 diabetes mellitus*
Abnormal

28-Oct-2014 Dr Julianne Hewitson
Result: Serum cholesterol level;Indices;Liver function tests;Urea and electrolytes*on a statin - do we need to increasee to 40mg you are seeing 6/11 elaine, Indices: Sample slightly haemolysed - interpret results with caution Clinical Information: Type 2 diabetes mellitus*
Abnormal, but expected

29-Oct-2014 Dr Julianne Hewitson
Result: Glom.Filt.Rate MDRD*Glom.Filt.Rate MDRD: Clinical Information: Type 2 diabetes mellitus*
Normal

29-Apr-2013 Mrs Joanne Topping
Result: Haemoglobin A1c level - IFCC standardised*Clinical Information: No clinical details given*
Abnormal

17-Dec-2012 Dr Mohammed Ali Khan
Result: Serum cholesterol level;Liver function tests*to follow up diabetes as routine, Clinical Information: Diabetic Review*
Satisfactory

17-Dec-2012 Jennifer Steel
Result: Urea and electrolytes*Clinical Information: Diabetic Review*
Normal

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17-Dec-2012 Jennifer Steel
Result: Haemoglobin A1c level - IFCC standardised *Clinical Information: Diabetic Review*
Satisfactory

17-Dec-2012 Jennifer Steel
Result: Glom.Filt.Rate MDRD *Glom.Filt.Rate MDRD: Clinical Information: Diabetic Review*
Normal

14-Aug-2012 Unknown Staff Member
Result: HbA1c levl - IFCC standardised *see practice note The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Abnormal

23-May-2012 Unknown Staff Member
Result: HbA1c levl - IFCC standardised *Dealt with The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Unknown

26-Nov-2011 Unknown Staff Member
Result: HbA1c levl - IFCC standardised *see practice note The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Abnormal

25-Nov-2011 Unknown Staff Member
Result: Serum cholesterol *see practice note The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Abnormal

18-May-2011 Unknown Staff Member
Result: Haemoglobin A1c *recheck next review as not been taking Metformin# The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Unknown

02-Nov-2010 Unknown Staff Member
Result: Clotting screening test *Acceptable for this patient The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Unknown

14-Oct-2010 Unknown Staff Member
Result: Haemoglobin A1c *Acceptable for this patient The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Unknown

13-Oct-2010 Unknown Staff Member
Result: Clotting screening test *no action The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Normal

08-Oct-2010 Unknown Staff Member
Result: Haemoglobin A1c *Acceptable for this patient The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Unknown

08-Oct-2010 Unknown Staff Member
Result: Manual Film/Diff *Acceptable for this patient The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Unknown

07-Oct-2010 Unknown Staff Member
Result: Plasma glucose level *Acceptable for this patient The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Unknown

10-Nov-2009 Unknown Staff Member
Result: Haemoglobin A1c *Acceptable for this patient The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Unknown

10-Nov-2009 Unknown Staff Member
Result: Thyroid function test *no action The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Normal

09-Nov-2009 Unknown Staff Member
Result: Plasma glucose level *no action The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Normal

08-Sept-2009 Unknown Staff Member
Result: Full blood count - FBC *no action The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Normal

08-Sept-2009 Unknown Staff Member
Result: Plasma glucose level *On correct treatment The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Unknown

02-Sept-2009 Unknown Staff Member
Result: Microalb/Creat Ratio *no action The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Normal

THIRD PARTY COPY

01-Sept-2009 Unknown Staff Member
Result: Plasma glucose level*The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Unknown

26-Aug-2009 Unknown Staff Member
Result: Haemoglobin A1c*see practice note The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Abnormal

24-Aug-2009 Unknown Staff Member
Result: Not Tested*Dealt with The 'Patient informed' status was set to 'Patient does not need to be informed' at the time of import to SystmOne.*
Unknown

Other Items

This section is empty.

Attachments

Attachment
17-July-2026 Henry Lanfranchi
Additional: Attachment
Photocopy of Medical Records from LLOYD GEORGE PAPER RECORDS PART 1 -> Priory Medical Group
Filename:
Extension: .tif
Pages:

THIRD PARTY COPY

M Surname: CAVANAGH | Forenames: JOHN (H)

Address: 70 Rothwell Apt

National Health Service Number: | Date of Birth: 22.9.67

Date	★	CLINICAL NOTES
28/3/88		Cervicitis HC 30
3/11		CT Tylenol
		Amox
		Chlamydia Vaginosis
12/11/88		Bacterial vaginosis. Cephalexin 500mg tds
13/2/89		dysuria ? STD. amoxil 250mg tds 7/52
8/3/89.		Tonsilitis - Ephtasol 500mg 4/52
25/4/89		tds. Zinnat 500mg bd (40)
7/12		Epic U/A (SVH)
		Zest 1 daily
9/4/90		b. T.T. (189) Anti D IV.
		(1) Tagamet 800 - 30 & Tylenol Bread.
		(2) Fortum 1gm - 60
		(3) Gentacin & N-IV-
		28
17/11/90	A	Vaginal discharge - yellow.
		pain 2/52
		pelvic examination

* This column has been provided for doctors to enter A, V or C at their discretion.

DB335086 7,673m 12/82 JH&S A5270 Form FP7

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Date	★	CLINICAL NOTES
11 3 92		Acute LV. Jaundice 2/52 30 - gauscan 500ml Ba meal
24/2 GPH		Pain epigastric. worse on eating Loc Amoxil and GFE Rx Axid 300 mg OD for 6/52 (30) Epigastric urge bx (60) 5
29/4 PBH		Axid 300mg OD x30

★ This column has been provided for doctors to enter A, V or C at their discretion

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N.P

Surname	Forenames
CAVANAGH.	JOHN

Address

Carnoustie Road

National Health Service Number	Date of Birth

Date	★	CLINICAL NOTES
16/2/81		See report of Social Enquiry dated 21/NOV. 1980 Physically well. not in need of medication.

★ This column has been provided for doctors to enter A, V or C at their discretion.

Dd 556224 6354M 12/76 AG. Form FP7

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Date	★	CLINICAL NOTES

★ This column has been provided for doctors to enter A, V or C at their discretion

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Surname NEW PAT. Forenames JOHN.

CAVANAGH

Address 49, KEXBY AVE., YORK.

National Health Service Number

Date of Birth 22.9.63.

Date	★	CLINICAL NOTES
1.4.81	S	"On sick" 2/52 - Liverpool..
	P	CF

★ The patient's [illegible] provided [illegible] to [illegible] A to Caution [illegible]

[illegible] 3/83m 8/74 A C [illegible] TD

Form FP7

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Date	★	CLINICAL NOTES

★ This column has been provided for doctors to enter A, V or C at their discretion

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MALE | Surname: CAVANAGH | Forenames: JOHN MICHAEL DRW

Address: 37 BRADFORD ST Acc BB5 6TB

National Health Service Number:

Date of Birth: 22.9.63

Date	★	CLINICAL NOTES
		Acc 27/5/94

* This column has been provided for doctors to enter A, V or C at their discretion.

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Date	★	CLINICAL NOTES

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MALE

SUMMARY OF TREATMENT CARD

Surname	Forename(s)
CAVANAGH	JOHN MICHAEL

Address

37 BRADFORD ST ACC BB5 6TG

N.H.S. Number	Date of Birth
	22.9.63

DATE	CLINICAL NOTES
1963	SA BURSA/TENDONITIS
1971	DOG BITE @ BUTTOCK
1973	TRAUMATIC BURSITIS ® KNEE
1973	# @ TIBIA
1974	RTA ACC INJ TIBIA FRACTURE ~~FRACTURE~~ FRACTURE @ HEMISCROTUM
1979	? SOFT TISSUE INJURIES
1980	SS. INCLUSION BURSA.
1986	RE-EXPLORATION + REPAIR DIGITAL NERVE @ THUMB
1992	SA BURSITIS OLECRANON } BARIUM MEAL.

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DATE	CLINICAL NOTES
7.93	V. LOW @ LCC ABNORMAL
11.93	V. LAT @ LCC INF
5.92	BORDER MOB ABNORMAL

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This record is the property of the Secretary of State for Health

DNT

VACCINATIONS AND IMMUNISATIONS - AUTHORISATIONS

n/p

Surname CAVANAGH Forename(s) JOHN MICHAEL

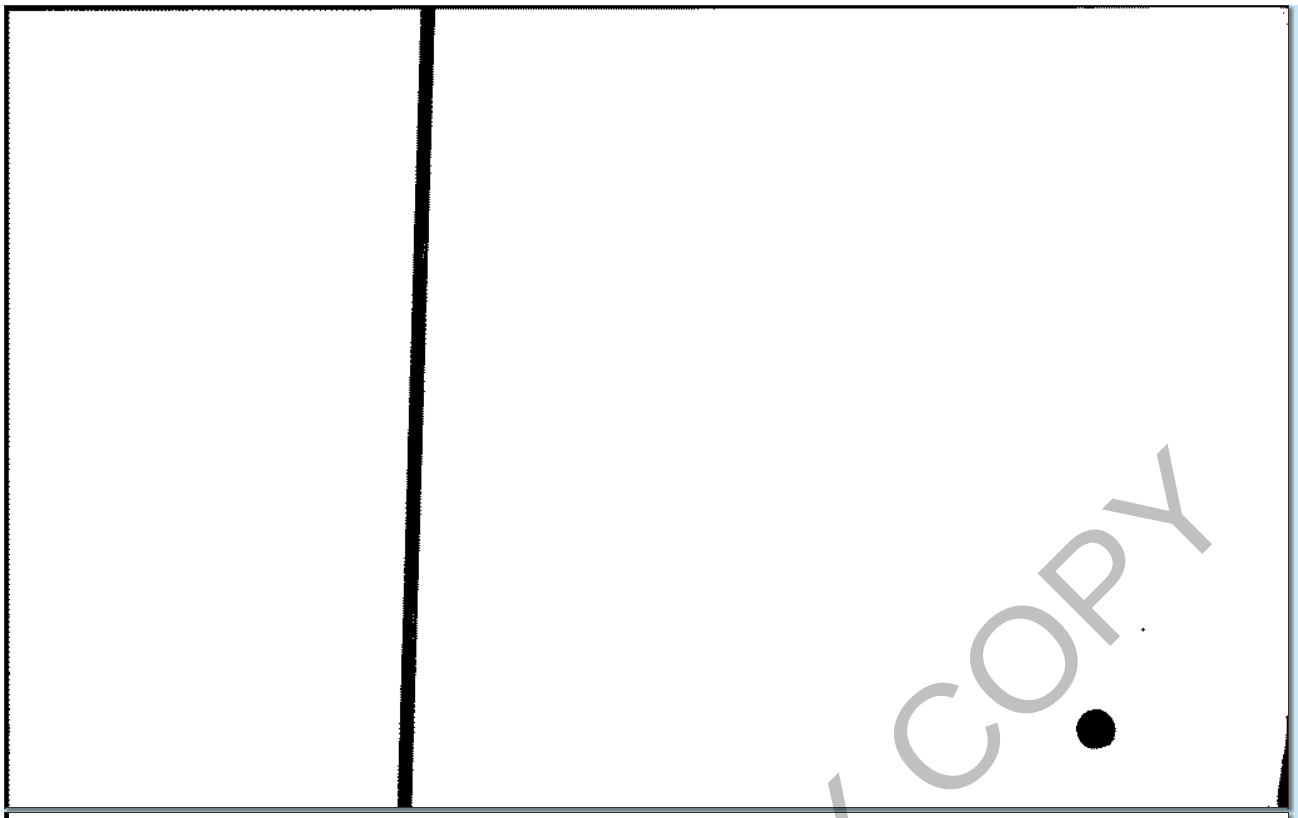
Address 37, BLADON ST. ACC.

NHS Number Date of Birth 22.9.63

Procedure	Date	Signature of Parent or Guardian giving consent
Diphtheria Whooping Cough Tetanus HIB	1st 2nd 3rd Reinf.	
Diphtheria Tetanus	1st 2nd 3rd Reinf.	
Tetanus	1st 2nd 3rd Reinf. 1. 17.5.94 M240160A. Reinf. 2.	
Poliomyelitis	1st 2nd 3rd Reinf. 17.5.94. 57572.	
MMR		
Rubella		
Typhoid	1st 2nd Reinf.	
Cholera	1st 2nd Revacc. 1. 2.	
BCG		
Influenza		

Issued by the Lancashire County Council Local Medical Committee. PD7188

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HAVE ANY RELATIONS HAD ANY OF THE FOLLOWING:-

DISEASE OR ILLNESS	WHICH RELATION?	DISEASE OR ILLNESS	WHICH RELATION?
Heart Attack	-	Stroke	-
Diabetes	-	Mental Illness	-
High Blood Pressure	-	Asthma/Eczema	-
Cancer	-	Epilepsy or Fits	-

If so, give details below: -

What is your present occupation? U/E.

What previous occupations have you had? PAINTER + DECORATOR.

What is the present occupation of your ~~husband/wife~~? PAINTER. WEAVER PT

TOBACCO DAILY:- (If you do not smoke please write NONE)

If you are an ex-smoker, when did you stop? 15

Cigars: Cigarettes: 1 DAY Pipe (oz):

ALCOHOL: (Average amount drunk per week in units)

Beer/cider: Sherry: Wine: 20 U/WK Spirits:

1 unit = half pint beer/cider or 1 glass sherry/vermouth or 1 glass wine or 1 single measure of gin/whisky/rum/vodka CUT 1 X/WK

What illnesses or operations have you had in the past?

When?	What?
	ACID REFLUX – BARIUM MEAL X 3

Have you any dependent relatives living with you? LIVES W PARTNER + SON

Have you any special handicaps? -

Are there any medicines or drugs that have disagreed with you or to which you are allergic?

What drugs or medicine	What happens?
-	-

Please state what tablets or medicines you take from the doctor or hospital?

Name	How often?
RANITIDINE CAP 1 SCNG TDS (ACID)	

Please state what tablets or medicines you take from the chemist such as:- laxatives, pain killers, vitamins or nerve pills?

	How often?
-	-

Have you ever misused drugs or solvents? -

Have you any medical problems at the moment? -

Have you any problems that it might help your doctor to know regarding your personal life, your childhood, your education, your family, your home life or your accommodation? -

How much exercise do you take? BADMINTON / SWIMS

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MALE ● Surname Cavanagh (11462) Forenames John Michael

Address

17 Etty Ave, Tanghall, York Tel 430655

National Health Service Number

Date of Birth 22-9-63

Date	★	CLINICAL NOTES

• This column has been provided for doctors to enter A, V or C at their discretion.

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Form FP7

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Date	★	CLINICAL NOTES

★ This column has been provided for doctors to enter A,V or C at their discretion.

THIS RECORD IS THE PROPERTY OF THE FAMILY HEALTH SERVICES AUTHORITY

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MALE **SUMMARY OF TREATMENT CARD**

Surname	Forename(s)
Cavanagh	John.

Address

N.H.S. Number	Date of Birth

DATE	CLINICAL NOTES
1973	# tibia (L)
1986	Repair Nerve (L) thumb
1992	Duodenitis, bx normal
1996	Alcohol excessive 60 u/wk
1996	Endoscopy – gastritis/ oesophagitis. Duodenal ulcer CLO positive

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FP9A

DATE	CLINICAL NOTES

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THIS RECORD IS THE PROPERTY OF THE FAMILY HEALTH SERVICES AUTHORITY

Immunisation record card

Surname _____

Forename _____

NHS number _____

Date of birth _____ M/F _____

Childhood immunisations

Enter date and batch number

	1st	2nd	3rd	Booster	Booster
Hib					
Pertussis					
Diptheria					
Tetanus					
Polio					
MMR			Rubella		
Heaf test Date & Result			BCG		
Hepatitis B					
Others					

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Adult immunisations

Enter date and batch number in each box

Tetanus					
Rubella status					
Rubella immunisation					
Influenza					
Hepatitis B	1st	2nd	3rd	Anti-HBs	
Heaf test Date & Result			BCG		
Others					

Travel immunisations

Enter date and batch number in each box

Polio					
Typhoid State which vaccine					
Cholera					
Yellow fever					
Immunoglobulin Date & Dose					
Hepatitis A					
Others					

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NO MEDICAL CARD

STRATHCLYDE HOSPITAL

MOTHERWELL, LANARKSHIRE.

R. SHIRRA DEWAR, M.D., D.P.H.,
Resident Physician Superintendent

C.

Dr. Church,
5 Belmont Avenue,
UDDINGSTON.

18th November, 1963

Dear Dr. Church,

Your patient John Cavanagh, age 7wks.

Address 2 Mossgiel Street, High Blantyre.

Admitted 5.11.63. as Gastro Enteritis.

was discharged on 16.11.63.

Established Diagnosis Gastro Enteritis.

Remarks :— Acute gastro enteritis of moderate severity. Some pyrexia on admission and stools were loose, but no pathogens were isolated. The condition responded to achromycin.

Physician Superintendent.

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Unit Number

HAIRMYRES HOSPITAL EAST KILBRIDE

ACCIDENT UNIT

Dear Dr. Church

Your patient John Cavanagh

of 43 Heathcliff Ave Blantyre

attended at the Accident Unit today.

He/~~She~~ is suffering from Lac Lobe L Antifood

Treatment consisted of tet toxoid

250 cyptafe

Disposal of the case:—

1. To report to your care 6/52
2. To return to the Accident Unit on
3. Admitted to the Ward 4. Referred to

Date 12.9.71 Signature [signature] Medical Officer

To be retained and placed in Patient's Case Folder

McG 5m 0771

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BP File TCW RB

BLACKBURN, HYNDBURN & RIBBLE VALLEY HEALTH AUTHORITY 391617

V92/5300AVH M

CAVANAGH
JOHN MICHAEL

Date & Time of Appointment 12/5/92 Tues 3LK Ward 4/5

Surname CAVANAGH

First Names JOHN M.

Investigation Required

Address 37 BRADFORD

Town: Postal Code ACCRINGTON

Date of Birth 22.9.63 Occupation

Date of L.M.P. Cycle

Brief Summary of History, Clinical Findings and Operations

2 yr hists of recurrent epigastric pain woke at night Heavy drinker

Provisional Diagnosis

Signature of G.P.

Address of G.P.
Dr K HEWITT
257 Blackburn Road, Accrington,
Lancs BB5 0JL
Tel 0254 232[illegible]

REPORT

Date of X-Ray 12.5.92

Previous X-Rays V91/14562

Barium meal: The stomach shows a very coarse mucosal pattern consistent with hyper-acidity or gastritis. In addition duodenitis is noted within the duodenal cap.

(602)

XR

Date of Report 12 MAY 1992

RFB/AH

Radio

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BLACKBURN, HYNDBURN & RIBBLE VALLEY HEALTH AUTHORITY

Tel: Blackburn 63555 Ext. 603

Please ask for .....

Your ref: .....

Our ref: DPS/EH/391517

Reply to:

VICTORIA HOSPITAL
ACCRINGTON
BB5 6AS

13th June, 1986

Dear Dr. Hewitt,

re John Cavanagh, d.o.b. 22.9.63,
70 Rothwell Avenue, Accrington

The above patient had re-exploration and repair digital nerve left thumb on the 3rd June, 1986.

He is being followed up.

Yours sincerely,
D. P. SHARMA
Associate Specialist
(Accident & Orth.)
for Mr. Williams

dictated butnot signed.

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Attachment
15-July-2026 Henry Lanfranchi
Additional: Attachment
Prescription or Medication details from York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

YORK HOSPITAL
WIGGINTON ROAD, YORK YO31 8HE, UK
Switchboard: 01904 631313

15 July 2026

GP: Rh Fisher
PRIORY MEDICAL GROUP
PRIORY MEDICAL CENTRE
CORNLANDS ROAD
ACOMB
YORK
YO24 3WX
Practice ID: B82005

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TTO Supply Notification (SDEC)

Patient Demographics			
Patient Name:	CAVANAGH, John Michael	**Address:**	15 ETTY AVENUE, YORK YO10 3TJ
Date of Birth:	22-Sept-1963		
Gender:	Male	**Telephone:**	07851306734
Hospital No.:	99/39862	**NHS No.:**	400 079 4191
Attendance Details		**Discharge Details**	
Date/Time:	15-Jul-2026 08:55	**Ward/Area:**	YH-SDEC Medical
Referrer Details			
Source:			

Clinical information relating to this episode of care is contained within the discharge summary. This letter relates only to the medications supplied on discharge.

Clinical Information	
Diagnosis:	[?] Transient cerebral ischaemia

[C] Confirmed, [?] Working,
[P] Primary, [S] Secondary

Presenting Complaint:
Care alerts:

Treatment Escalation Plan:

Past Medical History:

Clinical Summary: SUITABLE FOR sdec

Procedures/Investigations: Treatment not indicated
Computerised Tomography

Co-morbidities: Chronic obstructive lung disease

Infection Control:

Clinical Frailty Scale:

Allergies, Sensitivities and Reactions

Allergies/Adverse Reactions: No known allergy

Medications

Medication changes: All changes to pre-admission medications identified above

Medication	Duration	Quantity	Source	GP action	Additional Info
Aspirin 75mg dispersible tablets - Oral, 75 mg once a day during the morning for 28 days	Last dose on 12 Aug 2026, Morning				Start 16/07/2026 08:30
Atorvastatin - Oral, 80 mg once a day during the morning for 28 days	Last dose on 12 Aug 2026, Morning				Start 16/07/2026 08:30

Pharmacy Medication Management:
TTO validated by:
Pharmacy comments:

Stopped Medications

There are no medications indicated to stop

Patient Instructions

Discharge Advice Given:
Safety Netting Advice Given:
Nursing Advice for Discharge:

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Discharge Completed By
Doctor completing discharge:
Role:
Date and time record completed:

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Attachment
15-July-2026 Henry Lanfranchi
Additional: Attachment
Discharge summary from York Hospital -> Priory Medical Group
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Pages:

15072026_180238_202594170

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

YORK HOSPITAL
WIGGINTON ROAD, YORK YO31 8HE, UK
Switchboard: 01904 631313

15 July 2026

RH FISHER
PRIORY MEDICAL GROUP
PRIORY MEDICAL CENTRE
CORNLANDS ROAD
ACOMB
YORK
YO24 3WX
Practice code: B82005

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SDEC Discharge Summary

Patient Demographics			
Patient Name:	CAVANAGH, John Michael	**Address:**	15 ETTY AVENUE, YORK YO10 3TJ
Date of Birth:	22-Sept-1963		
Gender:	Male	**Telephone:**	07851306734
Hospital No.:	99/39862	**NHS No.:**	400 079 4191
Attendance Details		**Referrer Details**	
Date & Time:	15-Jul-2026 08:55	**Source:**	Emergency department

The above patient has attended the Same Day Emergency Care (SDEC) Department on 6 occasions(s) in the last 2 year(s).

Clinical Information	
Allergies/Adverse Reactions:	No known allergy

Presenting Complaint:	Numbness / tingling (parasthesia)
History Of Presenting Complaint:	cheek numbess and tingling , high bp at home- 192/97- known htn non complent with meds, copd. blood sugars 19.3 w/yas. meant to be on insulin. left sided. ketones 0.3 w/yas. FAST neg. mobile- suitable for WR . 15000 onset- strokedeclined but awre
Examination:	Presented due to tingling and numbness of L side of face and arms and legs. Happened at 3 pm yesterday when sleep woke him up lasted (not sure) but about half an hour or more got better again at night his wife when came back from work noticed drooping mouth and slurred speech again lasted for half an hour or more. This is 4th time in last year that he had episodes like this. Previous time was 3 weeks ago that had imbalance ,visual problem and L side numbness. Known case of COPD and T2DM not completely compliant with medications. Had an R toes amputation due to sepsis 2 years ago. OE: No dropping face at the moment.no slurred speech, patient on a weehlchair due to imbalance Chest wheezy HS I+II+0 Sensation of both arms legs and face NL Power of both arms5/5 power of L leg 4/5 R leg 5/5 CT Head has been done: Similar intracranial appearances when compared to previous. Background cerebral atrophic changes are marked for age, however there is no new intracranial abnormality, including that of intracranial haemorrhage, extra-axial collections, large territorial infarcts or visible hyperdense thrombus, space-occupying lesions, or hydrocephalus. Patent basal cisterns and foramen magnum. Mucosal thickening within the ethmoid and maxillary sinuses. The remaining paranasal sinuses and mastoid air cells are generally well-aerated. Normal orbits. No discernible skeletal abnormality. Conclusion: No new intracranial abnormality. Refer to TIA clinic. Atorvastatin and aspirin are started for Mr Cavanagh but not clopidogrel due to history of R leg amputation and healing process. Discharged with safety netting advice.

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Investigations:	Computerised Tomography
Procedures:	Treatment not indicated
ED Diagnoses	[?] Transient cerebral ischaemia

Key: [C] Confirmed, [?] Suspected, [P] Primary. [S] Secondary

Safety Alerts & Safeguarding	
Safety Alerts	Central Venous Access, High HBA1C result
Safeguarding Information	No safeguarding issues identified
Safeguarding Actions	No actions

Plan & Requested Actions	
Follow Up	Other community service
Discharge Advice Given	No discharge advice given
Additional Departure Information	No additional information recorded
Obs, Assessments + Investigations	
GP Notes	CT Head NL and referral to TIA Clinic put in place.
Meds info for GP	Atorvastatin and aspirin added to current medications.
MDT Discharge Notes	Presented due to tingling and numbness of L side of face and arms and legs. Happened at 3 pm yesterday when sleep woke him up lasted (not sure) but about half an hour or more got better again at night his wife when came back from work noticed drooping mouth and slurred speech again lasted for half an hour or more. This is 4th time in last year that he had episodes like this. Previous time was 3 weeks ago that had imbalance ,visual problem and L side numbness. Known case of COPD and T2DM not completely compliant with medications. Had an R toes amputation due to sepsis 2 years ago. OE: No dropping face at the moment.no slurred speech, patient on a weehlchair due to imbalance Chest wheezy

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15072026_180238_202594170

	HS I+II+0 Sensation of both arms legs and face NL Power of both arms5/5 power of L leg 4/5 R leg 5/5 CT Head has been done: Similar intracranial appearances when compared to previous. Background cerebral atrophic changes are marked for age, however there is no new intracranial abnormality, including that of intracranial haemorrhage, extra-axial collections, large territorial infarcts or visible hyperdense thrombus, space-occupying lesions, or hydrocephalus. Patent basal cisterns and foramen magnum. Mucosal thickening within the ethmoid and maxillary sinuses. The remaining paranasal sinuses and mastoid air cells are generally well-aerated. Normal orbits. No discernible skeletal abnormality. Conclusion: No new intracranial abnormality. Referral to TIA clinic is done. Atorvastatin and aspirin are started for Mr Cavanagh but not clopidogrel due to history of R leg amputation and healing process. Discharged with safety netting advice.
Summary	SUITABLE FOR sdec

Discharge Details	
Date & Time of Discharge	15 Jul 2026 17:45
Discharge Status	Treatment complete
Discharge Destination	Usual place of residence / family members

Person Completing Discharge Record	**Senior Reviewing Clinician**
Name Mojdeh Parvaresh	**Name**

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Attachment
14-July-2026 Emma Dyball
Additional: Attachment
Out of Hours from Yorkshire Ambulance Service NHS Trust -> Priory Medical Group
Filename:
Extension:.tif
Pages:

NHS 111 Report - For Information

CAVANAGH, John *Born* 22-Sep-1963 *Gender* Male *NHS No.* 400 079 4191
Local Patient ID 5847C97F-2FF2-46DE-9C68-0BB15D31C2E8

Home Address
15 Etty Avenue
York
N Yorkshire
YO10 3TJ

Home Phone 07713689906
Emergency Phone 07842439871

GP Practice
Heworth Green Surgery (Priory MG, York)
HEWORTH SURGERY
HEWORTH GREEN SURGERY 45 HEWORTH GREEN
YORK
YO31 7SX
Phone 01904404100

Patient's Reported Condition

LEFT SIDE WEAKNESS- BP 214/107- SINCE AROUND 3PM

Case Summary

Disposition:
Emergency Ambulance Response for Possible Stroke Time Critical (Category 2)
Dx0117

Selected care service:
No referral made.

Rationale:
Injury, illness or other health problem
Illness
Suspected stroke or mini stroke (TIA)
Warm to touch
Symptoms still present
FAST positive
Symptom onset more than 4 hours ago
Symptom onset within last 10 hours
Someone staying with patient
No indication scene unsafe

Pathways Assessment:
An injury, illness or health problem was the reason for the contact.
There was no blood loss.
An illness or health problem was the main problem.
User Comments: LEFT SIDE WEAKNESS- BP 214/107- SINCE AROUND 3PM
The individual was not fighting for breath.
A probable stroke or mini-stroke (TIA) was the main reason for the assessment.
The skin on the torso felt normal, warm or hot.
The individual had no new rash.
There had been no crushing chest, upper back or abdominal pain, or chest pain spreading to the arm, neck or jaw in the last 24 hours.
Symptoms were present at the time of the assessment.
There was no previous history of stroke.
There was new inability to raise both arms.
There had been no head injury in the previous 7 days.
Stroke symptoms had not started within the previous 4 hours.
Stroke symptoms had started within the previous 10 hours.
User Comments: SINCE 3PM
Instructions given were: An emergency ambulance is being arranged.
There was no further information to help with dispatch.
Someone staying with the patient.
There was no safeguarding concern.
The scene was safe.
Closing instructions, stroke

Advice given:
Don't have anything to eat or drink. Don't take any medication that has to be swallowed.
If there are any new symptoms, or their condition gets worse, changes or you have any other concerns call 999.
If you can, ask for someone to meet and direct the vehicle.

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If you do need to contact somebody do so now, then try and keep the line free as we may need to call you back.
Shut any dogs away.

Document Created	**14-Jul-2026, 20:59**
Document Owner	**Yorkshire Ambulance Service - 111**
Authored by	**** REDACTED ** ** REDACTED ** - Call Handler, Rotherham (Yorkshire Ambulance Service - 111) on 14-Jul-2026, 20:56**
Consent Status	**Consent given for electronic record sharing**

Informant Diva- Step Daughter (Relative) - Not specified

Encounter Type	**NHS111 Encounter**
Encounter Time	**14-Jul-2026, 20:53 to 14-Jul-2026, 20:56**
Case Reference	**30E20873-3E73-4849-A98D-A1E019EBD1F8**
Case ID	**1758791**
Encounter Disposition	**Emergency Ambulance Response for Possible Stroke Time Critical (Category 2)**
Care Setting Location	**Incident Location**
Care Setting Address	*Visit Address* **15 Etty Avenue York N Yorkshire YO10 3TJ**
Care Setting Type	
Responsible Party	**Shona McCallum - Medical Director, Yorkshire Ambulance Service - 111**

Document ID **FCBFA849-5DD4-408F-8B0E-6276BD0FE272** *Version* **1**

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Attachment
14-July-2026 Emma Dyball
Additional: Attachment
Accident and Emergency Letter from York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

15072026_084624_202589175

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

YORK HOSPITAL
WIGGINTON ROAD, YORK YO31 8HE, UK
Switchboard: 01904 631313

15 July 2026

RH FISHER
PRIORY MEDICAL GROUP
PRIORY MEDICAL CENTRE
CORNLANDS ROAD
ACOMB
YORK
YO24 3WX
Practice code: B82005

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ED Discharge Summary

Patient Demographics			
Patient Name:	CAVANAGH, John Michael	**Address:**	15 ETTY AVENUE, YORK YO10 3TJ
Date of Birth:	22-Sept-1963		
Gender:	Male	**Telephone:**	07851306734
Hospital No.:	99/39862	**NHS No.:**	400 079 4191
Attendance Details		**Referrer Details**	
Date & Time:	14-Jul-2026 21:54	**Source:**	Ambulance service

The above patient has attended the Emergency Department on 5 occasions(s) in the last 2 year(s).

Clinical Information
Allergies/Adverse Reactions:

15072026_084624_202589175

Presenting Complaint:	Numbness / tingling (parasthesia)
History Of Presenting Complaint:	cheek numbess and tingling , high bp at home- 192/97- known htn non complent with meds, copd. blood sugars 19.3 w/yas. meant to be on insulin. left sided. ketones 0.3 w/yas. FAST neg. mobile- suitable for WR . 15000 onset- strokedeclined but awre
ED/UTC Examination:	
ED Investigations:	
ED Procedures:	
4AT Delirium assessment required?	No
ED Diagnoses	No diagnosis recorded

Key: [C] Confirmed, [?] Suspected, [P] Primary. [S] Secondary

Safety Alerts & Safeguarding	
Safety Alerts	Central Venous Access, High HBA1C result
Safeguarding Information	No safeguarding issues identified
Safeguarding Actions	No Safeguarding actions recorded

Plan & Requested Actions	
Follow Up	
Discharge Advice Given	No discharge advice given
Additional Departure Information	No additional information recorded
Obs, Assessments + Investigations	
GP Notes	
Meds info for GP	
MDT Discharge Notes	

Discharge Details

THIRD PARTY COPY

15072026_084624_202589175

Date & Time of Discharge	15 Jul 2026 08:40
Discharge Status	Same Day Emergency Care service
Discharge Destination	

Person Completing Discharge Record	**Senior Reviewing Clinician**
Name Vicky Collins	**Name**

THIRD PARTY COPY

Attachment
14-July-2026 Jessica Ayre
Additional: Attachment
Ambulance Notification from Yorkshire Ambulance Service NHS Trust - Hospital Letters -> Priory Medical Group
Filename:
Extension:.tif
Pages:

NHS
Yorkshire
Ambulance Service
NHS Trust

Sent date: 15/07/2026

YAS Reference: 6008410

GP Details:

DR or Surgery: HEWORTH GREEN SURGERY (PRIORY MG, YORK)

Patient Details:

Name: JOHN CAVANAGH

NHS Number: 4000794191

DOB: 22/09/1963 00:00:00

Date of incident: 14/07/2026 20:55:00

Time of incident: 14/07/2026 20:55:00

YAS Attendance Outcome Summary (Patient conveyed to hospital)

Presented with: Numbness / tingling to face.

Presenting complaint history: Patient states at approx 15:00 began what he described as tingling in the left side of his cheek and his finger tips on his left hand felt numb. Patient states he had been asleep and thought he may of laid in a funny position, Patients wife states she took the Patient's blood pressure and it was higher than it normally concerned rang 111 for advice, Emergency Ambulance sent.

On examination / assessment: General Impression: Alert, no abnormal sounds, good colour.

Resp: RR within normal range, equal rise and fall does not appear more SOB than usual Patient is known COPD no DIB no new cough.

Cardio: Radial pulse strong and regular Patient denies any chest pain not sweaty or clammy not cyanosed well perfused.

Neuro: GCS 15 Apyrexic Fast -ve. No confusion Patient denies any headache or dizziness Patient states has a tingling sensation to left cheek and in left finger tips states this has happened on several occasions of the past few months - previous CT head and other investigations (no abnormality detected). No nausea or vomiting no other new neurological deficits.

GU/GI: Patient denies any urinary or bowel symptoms. Patient states eating and drinking as normal, Patient is a known Type 2 Diabetic BM 19.5 ketones 0.3, Patient states he is prescribed insulin but does not always take it. Patient is prescribed various other medications to control his diabetes but is not consistent with taking them.

MSK: MSCx4 no new altered gait. Patient is self mobile and fully independent,

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NHS
Yorkshire
Ambulance Service
NHS Trust

Plan of care: Transport to YDH for further assessment.

Patient comfortable and settled en route obs have remained stable.

Handed over to Nurse in charge Rebecca happy for Patient to be triage in main waiting area - advised patient she may speak to stroke team and discuss with them.

Patient left with mobile phone in Main ED waiting room.

The patient was conveyed to YORK DISTRICT HOSPITAL ED with a working impression of Hypertension

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For any questions or further information please email yas.patientrelations@nhs.net 2/2

Attachment
09-July-2026 Emma Dyball
Additional: Attachment
Endoscopy from York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

NHS
York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Hospital Ref. 99/39862
NHS Number: 400 079 4191
9th July 2026

Dr Robert Fisher
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

York Hospital
Wigginton Road
YORK
YO31 8HE

Dear Dr Robert Fisher

Re: John Cavanagh

D.O.B 22-Sep-1963

The above patient was referred to us for an **Endoscopy Procedure.**

Mr Cavanagh has advised us that they no longer wish to go ahead their procedure and has asked to be removed from our waiting lists.

We have now removed this patient from our Waiting List and discharged them back to your care.

Yours sincerely

Waiting List Coordinator

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Attachment
06-July-2026 Emma Dyball
Additional: Attachment
Upper GI from York Hospital -> Priory Medical Group

Filename:
Extension:.tif
Pages:

York Teaching Hospital
NHS Foundation Trust
Wigginton Road, York YO31 8HE. Tel 01904 631313

GVM/LT

6 July 2026

Private and Confidential
Mr John Cavanagh
15, Etty Avenue
YORK
YO10 3TJ

Upper GI Surgical Unit
Department of General Surgery

Mr G Miller, Mr A Krishnan & Mr A Banerjee
Secretary Direct Line: 01904 725523

Dear Mr Cavanagh

Casenote: 99/39862 **NHS Number:** 400 079 4191

I write following your recent endoscopy and CT. There was no obvious abnormality seen at the endoscopy but on the CT scan there is some thickening at the lower end of the oesophagus and some slightly enlarged lymph glands and I think we need to repeat the endoscopy to make sure nothing was overlooked. I know there was a plan for you to have a repeat endoscopy sometime in August but I have asked the endoscopy department to bring this forward and would hope to be doing this procedure myself.

I look forward to seeing you a little sooner that you were expecting.

Yours sincerely

Verified electronically by

Mr Glenn Miller MD FRCS (Gen)
Consultant General/Upper GI Surgeon

Copy to:

Local: Dr R Fisher
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

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How Letters are sent: 'Offsite' letters are sent using our secure mail provider. 'Local' letters are printed and sent from our hospital sites. 'Notify' letters are transferred within our computer system.

For further information visit: www.yorkhospitals.nhs.uk/information-and-communication

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Attachment
10-Jun-2026 Henry Lanfranchi
Additional: Attachment
Gastroscopy Report from York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

York Hospital, Wigginton Road, YORK, YO31 8HE

DR FISHER
PRIORY MEDICAL GROUP
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Patient: Mr John Cavanagh
15, Etty Avenue
YORK
YO10 3TJ
Date of Birth: 22-SEP-1963
Casenote: 99/39862
NHS No: 400 079 4191

Gastroscopy

Performed on: **10-JUN-2026 10:47 to 11:06**

Indications: Dysphagia, Weight Loss

GP: Dr Fisher
Resp. Cons: Mr Glenn Miller
Endoscopist: Dr Bilal Azam
Supervised By: Mrs Melanie Shores

Safety Checklist: Y **Procedure Points:** 1 **Urgency:** Urgent (suspected cancer pathway)

Dysphagia: To Some Solids
Sedation: Midazolam 2 mg, Score = 1 (Awake),

Discomfort: 1. Minimal
Post-Op Discomfort: 0. None
Planned Extent: Duodenum 2nd Part
Insufflation: Air

Distal Attachment: None
Mucosal Visualisation: Satisfactory views obtained
Mucosal Cleaning: Water

Scope Out Time: 16 Minutes **Photodocumentation Complete**
Inserted To: Duodenum 2nd Part
J Manoeuvre: Yes

Oesophagus **Z Line:** 40 (cm)

Oesophagitis: Grade B, Reflux
Ulcer: Benign

Stomach

Gastritis **Erythematous:** Mild

Small Bowel Intubated to D2

Biopsy **Rapid Urease Result:** Negative

Count	Site
2	Antrum - general
2	Duodenum 2nd part

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3 Gastro-oesophageal junction

Polyp

D2
2

Diagnoses

Oesophageal ulcer
Gastritis - non-erosive
Oesophagitis - reflux

Outcomes and Disposition
Complications/Patient Safety
No complications

Further Investigations
CT TAP
Repeat OGD in 8 weeks
Summary
Indication: Weight loss (72.4 kg today from 80 kg in Oct 25), intermittent reflux symptoms and feeling of solid food getting stuck in throat.
Findings: Inflammatory polyp noted at GOJ along with Grade B oesophagitis and small ulcer. 2 biopsies taken from polyp and 1 biopsy taken from ulcer. Mild gastritis noted with ?healed ulcer, 2 biopsies taken from that site, CLO test was negative. Again, 2 benign looking polypoid lesion noted in D2, 2 biopsies taken from bigger lesion. will need re-scope to check ulcer healing Procedure was well tolerated.
Will need CT TAP for significant weight loss. TTG was negative so no Duodenal biopsies were taken.
GP to kindly prescribe PPI once a day until next OGD.
Post-Procedure Medication Instructions
Commence PPI once a day and to continue until next OGD.

Cancer Information
Patient told NO cancer seen and await other test results (stay on fast track pathway) - Test ordered by endoscopists.
Disposition
Repeat Procedure
Histology Results
Report

Histology Report:
REPORT

CLINICAL DETAILS:

Wt loss.OGD submucosal polyp at D2 - bx.Mild antral gastritis.Oesophagitis with ? Inflammatory polyp at GOJ.

MACROSCOPY:

Specimen A - D2 polyp.Specimen B - Gastric antrum.Specimen C - GOJ.Specimen D - GOJ polyp.

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MICROSCOPY:
== Specimen A ==

A)Mildly reactive small intestinal mucosa.
No submucosal lesion is seen.

== Specimen B ==

B)Gastric antral mucosa with the features of a mild reactive gastropathy.

== Specimen C ==

C)Ulcerated stratified squamous epithelium.

== Specimen D ==

D)Columnar-lined oesophagus with intestinal metaplasia associated with goblet cells. There is no dysplasia.

SUMMARY:
== Specimen A ==

Inflammation

== Specimen B ==

Inflammation

== Specimen C ==

Ulcer

== Specimen D ==

Metaplasia

REPORTING CONSULTANT: Prof Rob Goldin (robert.Goldin@diagnexia.Com), for outsourcer DGX on 25/06/2026

Although this report has been supplied by York and Scarborough Teaching Hospitals NHS Foundation Trust's UKAS accreditation, the microscopic content is covered by the third party reporting organisation's own accreditation certificate.

The microsopic report has been imported using a third party application (TalkingPoint PathXchange).

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Attachment
07-Jun-2026 Emma Dyball
Additional: Attachment
Radiology from York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

York Hospitals NHS Trust

Radiology Report

Report sent on: 08-JUN-2026 15:27

Practice: PRIORY MEDICAL GROUP

GP Name: BROOKS, Abigail, Dr

Patient Details

Name: CAVANAGH, John M, Mr **DOB:** 22-SEP-1963

NHS Number: 400 079 4191 **Casenote:** XR545902

Report

Examination: CT HEAD

Exam Date: 07-JUN-2026 **Report Date:** 08-JUN-2026 10:30

Report Status: Verified **Reporter:** BOLTON, Sharon, Mrs

Clinical Indications: PMH ? History of TIAs and prev amaurosis fugax - declined ED attendance. Recent decline in coordination, driving into kerbs - has stopped driving and personality changes. ? SOL / SVD

Non contrast CT head performed

Findings: No structural abnormality identified on CT. No mass lesion, haemorrhage, significant microvascular changes or large territory infarcts are seen. No orbital or optic chiasm mass and no abnormality is noted around the visual cortex. No midline shift or hydrocephalus and posterior fossa contents appear unremarkable. Mild generalised involutional changes are present but demonstrate no specific lobar predilection. No destructive osseous lesion is visualised on bone windows.

Conclusion: No focal or acute intracranial abnormality is seen on CT.

Sharon Bolton
Consultant Radiographer
RA33960

Reported by: SHARON BOLTON (Consultant Radiographer) - Authoriser: SHARON BOLTON

For enquiries on the content of this report please ring the York Hospital X-ray Helpdesk on (01904) 72 6328

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Attachment
27-May-2026 Dr Abigail Brooks
Additional: Attachment
Accenda Gateway
Filename: GN-003079182 - CAVANAGH, John Michael (Mr) - 400 079 4191 - 2WW, 2WW Upper GI - Referral Document.pdf
Extension:.tif
Pages:

Validated Referral

Referral Details

Referral Date:	Priority:	NHS Number:
27/05/2026	2WW	400 079 4191

Patient Details

Title:	Forename(s):	Surname:
Mr	John Michael	Cavanagh
Date of Birth:	**Gender:**	**Ethnicity:**
22/09/1963	Male	British or mixed British

Contact Details

Address Line 1:	Address Line 2:	Address Line 3:
	15 Etty Avenue	
Town:	**County:**	**Postcode:**
York		YO10 3TJ
Phone:	**Mobile:**	**Text Message Consent:**
	07851306734	Yes
Email:		

Referring Clinician/Practice Details

Referring Clinician Name:	
Brooks, Abigail (Dr) - Clinical Practitioner	
Practice Name:	**Practice Code:**
PRIORY MEDICAL GROUP	B82005
PCN Name:	**PCN Code:**

Clinic Details

Specialty:	Clinic Type:	Named Clinician:
2WW	2WW Upper GI	

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Gateway

Preferences

Vulnerable Patient:	Vulnerable Reason:	Confidential/Silent Referral:
No		No
Contact Time:	**Interpreter Required:**	**Preferred Language:**
	No	
Transport Required:		
No		

Reason For Request

Weight loss, abdominal bloating, food sticking in gullet, some occasional vomiting.
Ongoing a few months but worse last 3-4 weeks.
Diabetes control poor - had stopped some of meds without informing wife/practice - recently restarted

Third party consent

Do you have consent on file allowing us to discuss this referral with someone other than the patient?	Yes
Please provide the name, telephone number, and relationship of the person we can speak to	Wife Katie -07842 439871

Patient Awareness

Confirm that your patient understands that they have been referred onto a "suspected cancer pathway"	Yes
Confirm that your patient has received the information leaflet	Yes
Confirm that your patient is available to attend an appointment within 2 weeks of this referral	Yes

Condition Details

Patients meeting any of the criteria in this section will have a gastroscopy (with clinical assessment) arranged by the hospital

Findings:	Isolated Dysphagia – any age

Patients meeting any of the criteria in this section will have an outpatient appointment arranged by the hospital: Attach copies of the radiology reports with this referral form

Patients meeting this criterion will have an outpatient appointment and a CT scan arranged by the hospital

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Patient Characteristics

A collection of protected characteristics codes

Disability

31/05/2002	**Disability** **Notes: DLA form completed.**

Past Medical History

A collection of past medical history records

Problems

28/04/2026	**Chronic kidney disease stage 3**
17/01/2020	**COPD - Chronic obstructive pulmonary disease**
01/08/2016	**Ischaemic heart disease**
08/07/2016	**Depression**
23/08/2012	**Osteoarthritis** **Notes: left knee.**
03/05/2011	**Lower abdominal pain**
03/05/2011	**Appendicectomy** **Notes: laparoscopic.**
20/11/2009	**Type 2 diabetes mellitus**
07/08/2009	**Drainage of abscess** **Notes: rt groin.**
19/03/2009	**Ankle pain**
19/08/2002	**Ankle pain** **Notes: Tenosynovitis.Therapeutic injection of steroid offered.**
17/06/1997	**Drug dependence** **Notes: heroin / speed..**
16/08/1996	**Problem drinker** **Notes: 60 u per week.**
16/08/1996	**Ulcer of duodenum**
16/08/1996	**[D]Helicobacter pylori abnormal microbiological finding in gastric fluid** **Notes: Triple therapy commenced.**
16/08/1996	**Oesophagitis**
01/01/1996	**Ulcer of duodenum** **Notes: endoscopy -oesophagitis, CLO pos.**
01/01/1996	**Problem drinker**
19/10/1994	**Acute bronchitis**
12/05/1992	**Barium meal** **Notes: gastritis/duodenitis..**
01/01/1992	**Duodenitis** **Notes: on ba meal.**
13/06/1986	**Digital nerve of hand** **Notes: Exploration digital nerve of thumb + repair..**
01/01/1973	**Fracture of shaft of tibia**
[redacted]	

Long Term Conditions

17/01/2020	**COPD - Chronic obstructive pulmonary disease**
01/08/2016	**Ischaemic heart disease**
03/07/2012	**Diabetes mellitus**

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Gateway

Family History

09/08/2022	**FH: Respiratory disease**
18/08/2020	**FH: Respiratory disease**

Allergies and Sensitivities

15/03/2022	**Allergy to drug** **Notes: none reported**

Current Repeat Medication

All recorded current medication and acute medication for past 3 months

Current Repeat Medication

Date	Description
23/03/2026	Sitagliptin 100mg tablets - Take one in the morning
11/02/2026	Sodium picosulfate 5mg/5ml oral solution sugar free - take 5-10mg once a day at night for constipation
03/02/2026	Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) use as directed
03/02/2026	Finetest Lite testing strips (Neon Diagnostics Ltd) - use as directed
03/02/2026	Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray spray 1-2 puffs As required under the tongue when needed to relieve chest pain
03/02/2026	Lactulose 3.1-3.7g/5ml oral solution - 20ml To be taken Twice Daily
03/02/2026	Metformin 500mg tablets - take two twice a day
03/02/2026	Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) - inhale 2 puffs as needed
03/02/2026	Sildenafil 100mg tablets - AS DIRECTED
03/02/2026	Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) two puffs twice daily

Acute Medication

Last 3 months

Acute Medication

Date	Description
19/05/2026	Sertraline 50mg tablets - take one tablet daily

Lifestyle

Smoking status and alcohol consumption

Smoking Status

24/03/2026	**Smoker**

Alcohol Consumption

16/08/1996	**Problem drinker** **Notes: 60 u per week.**
09/10/2025	**Alcohol units consumed per week, 0.0 Units/Week**

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Accessibility Standards

Ethnicity

Date	Description	Value
15/10/2008	British or mixed British - ethnic category 2001 census	British or mixed British - ethnic category 2001 census

Patient Communication Preferences

Date	Description	Value
27/01/2021	Requires contact by telephone	Requires contact by telephone

Examination Codes

A collection of examination codes

Height

09/10/2025 **Standing height, 1.67 m**

Weight

09/10/2025 **Body weight, 80.0 Kg**
11/04/2025 **Body weight, 86.0 Kg**
28/03/2025 **Body weight, 1.0 Kg**

BMI

09/10/2025 **Body mass index, 28.685146 Kg/m²**
11/04/2025 **Body mass index, 32.8 Kg/m²**
07/10/2024 **Body mass index, 34.3 Kg/m²**

Systolic Blood Pressure

24/03/2026 **Systolic arterial pressure, 144.0 mmHg**
09/10/2025 **Systolic arterial pressure, 153.0 mmHg**
11/04/2025 **Systolic arterial pressure, 158.0 mmHg**

Diastolic Blood Pressure

24/03/2026 **Diastolic arterial pressure, 78.0 mmHg**
09/10/2025 **Diastolic arterial pressure, 89.0 mmHg**
11/04/2025 **Diastolic arterial pressure, 99.0 mmHg**

Oxygen Saturation

SpO2 - oxygen saturation at periphery

01/09/2025 **Peripheral oxygen saturation, 97.0 %**

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Gateway

Clinical Frailty

Rockwood Clinical Frailty Scale

Frailty Scale

15/04/2025 **Rockwood Clinical Frailty Scale level 2 - well**

Investigations

Date 26/05/2026	**Author** Auto-filed			
Report Comment	Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss			
Specimen	ID: b81ef1d2-dbe3-4404-b5e8-0b192c798778 Type: Pathology			
	Investigation #1			
	Time	**Description**	**User Comment**	**Tests**
	10:27 AM	Serum C reactive protein level		1
	Test Performed	**Value**	**Range (min / max)**	**Result**
	Serum CRP (C reactive protein) level	6.0 mg/L	N/A	
	Lab Comment: Above high reference limit			

Date 26/05/2026	**Author** Auto-filed			
Report Comment	HBA1C Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss			
Specimen	ID: 9da77c75-985a-41cb-8cb4-012de8f046ed Type: Pathology			
	Investigation #1			
	Time	**Description**	**User Comment**	**Tests**
	10:27 AM	HBA1C		2
	Test Performed	**Value**	**Range (min / max)**	**Result**
	HbA1c (haemoglobin A1c) level (monitoring ranges) - IFCC (International Federation of Clinical Chemistry and Laboratory Medicine) standardised	124.0 mmol/mol	N/A	
	Lab Comment: Above high reference limit; NICE guidelines recommend patients are given an individual treatment target for HBA1c depending on age, preference, risk of adverse effects and co-morbidities. Considerable increase in HbA1c - Review ASAP and repeat 3-6 months post intervention			
	Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised	124.0 mmol/mol	N/A	
	Lab Comment: Above high reference limit			

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Validated Referral

Date	Author
26/05/2026	Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss
Specimen	ID: fd00b071-31e5-4d4d-8e1f-03ea9645957a Type: Pathology

Investigation #1

Time	Description	User Comment	Tests
10:27 AM	Liver function tests		7

Test Performed	Value	Range (min / max)	Result
Serum globulin level	25.0 g/L	N/A	
Serum total bilirubin level	4.0 umol/L	N/A	
Serum alanine aminotransferase level	7.0 iu/L	N/A	
Serum alkaline phosphatase level	109.0 iu/L	N/A	
Serum albumin level	24.0 g/L	N/A	
Lab Comment: Below low reference limit			
Serum total protein	49.0 g/L	N/A	
Lab Comment: Below low reference limit			
Liver function test	0	N/A	

Date	Author
26/05/2026	Auto-filed
Report Comment	TSH Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss
Specimen	ID: 4cad346a-6674-4c0b-8dd1-06526ee49639 Type: Pathology

Investigation #1

Time	Description	User Comment	Tests
10:27 AM	TSH		1

Test Performed	Value	Range (min / max)	Result
Serum TSH (thyroid stimulating hormone) level	2.1 miu/L	N/A	

Date	Author
26/05/2026	Auto-filed
Report Comment	FERRITIN YORK/SGH Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss
Specimen	ID: 2e963983-8900-4ecb-b2a5-d820d7ff679d Type: Pathology

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	Investigation #1				
	Time	**Description**	**User Comment**		**Tests**
	10:27 AM	FERRITIN YORK/SGH			1
		Test Performed	**Value**	**Range (min / max)**	**Result**
		Serum ferritin level	147.0 ng/ml	N/A	
		Lab Comment: Iron studies added to ferritin request as CRP is raised. Note raised CRP.The Ferritin value may be lower than this once the acute phase response is over.			

Date 26/05/2026	**Author** Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss
Specimen	ID: ec4eb607-4ffa-4bdc-8133-35f3ad418dde Type: Pathology

Investigation #1

Time	**Description**	**User Comment**		**Tests**
10:27 AM	Serum folate level			2
	Test Performed	**Value**	**Range (min / max)**	**Result**
	Serum folate level	0	N/A	
	Serum folate level	9.9 ng/ml	N/A	
	Lab Comment: Fasting sample preferred. Recent folate or high dose biotin intake may mask deficiency.			

Date 26/05/2026	**Author** Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss
Specimen	ID: 00aa307b-f188-4584-93ba-f1026f3d393a Type: Pathology

Investigation #1

Time	**Description**	**User Comment**		**Tests**
10:27 AM	Bone profile			4
	Test Performed	**Value**	**Range (min / max)**	**Result**
	Serum inorganic phosphate level	1.26 mmol/L	N/A	
	Serum calcium level	2.11 mmol/L	N/A	
	Lab Comment: Below low reference limit			
	Bone profile	0	N/A	
	Serum adjusted calcium concentration	2.43 mmol/L	N/A	

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Date	Author
26/05/2026	Auto-filed
Report Comment	IMMATURE GRANULOCYTES: 0.04 10*9/L [0.0 - 0.2] Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss
Specimen	ID: 11291958-e1f3-4883-8446-9999c20dec30 Type: Pathology

Investigation #1

Time	Description	User Comment	Tests
10:27 AM	Full blood count		16

Test Performed	Value	Range (min / max)	Result
Nucleated red blood cell count	0.0 10^9/L	N/A	
Mean platelet volume	10.6 fL	N/A	
Haematocrit	0.434	N/A	
MCH - Mean corpuscular haemoglobin	29.3 pg	N/A	
MCV - Mean corpuscular volume	88.0 fL	N/A	
Red blood cell distribution width	13.0 %	N/A	
Red blood cell count	4.95 10^12/L	N/A	
Platelet count	417.0 10^9/L	N/A	
Total white cell count	13.06 10^9/L	N/A	
Lab Comment: Above high reference limit			
FBC - full blood count	0	N/A	
Haemoglobin estimation	145.0 g/L	N/A	
Eosinophil count	0.14 10^9/L	N/A	
Monocyte count	0.88 10^9/L	N/A	
Neutrophil count	9.43 10^9/L	N/A	
Lab Comment: Above high reference limit			
Lymphocyte count	2.49 10^9/L	N/A	
Basophil count	0.08 10^9/L	N/A	

Date	Author
26/05/2026	Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS: abdo symptoms, weight loss
Specimen	ID: d9b5811f-6271-40f2-b765-1ea00fc4f57c Type: Pathology

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Validated Referral

Gateway

	Investigation #1				
	Time	**Description**	**User Comment**		**Tests**
	10:27 AM	Urea and electrolytes			6
		Test Performed	**Value**	**Range (min / max)**	**Result**
		Serum potassium level	3.0 mmol/L	N/A	
		Lab Comment: Below low reference limit; Hypokalaemia in Primary Care - guidance available on Lab web. Refer to https://tinyurl.com.BiochemInfo for further information.			
		Serum sodium level	142.0 mmol/L	N/A	
		Urea and electrolytes level	0	N/A	
		eGFR (estimated glomerular filtration rate) using creatinine Chronic Kidney Disease Epidemiology Collaboration equation per 1.73 square metres	54.0 mL/min	N/A	
		Serum creatinine level	123.0 umol/L	N/A	
		Lab Comment: Above high reference limit			
		Serum urea level	7.5 mmol/L	N/A	

Date 17/03/2026	**Author** Auto-filed				
Report Comment	HBA1C Clinical Information: CLINICAL DETAILS:				
Specimen	ID: 36fe0db7-770a-4bc7-9528-a86b15156dcd Type: Pathology				
	Investigation #1				
	Time	**Description**	**User Comment**		**Tests**
	9:09 AM	HBA1C			2
		Test Performed	**Value**	**Range (min / max)**	**Result**
		Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised	89.0 mmol/mol	N/A	
		Lab Comment: Above high reference limit			
		HbA1c (haemoglobin A1c) level (monitoring ranges) - IFCC (International Federation of Clinical Chemistry and Laboratory Medicine) standardised	89.0 mmol/mol	N/A	
		Lab Comment: Above high reference limit; NICE guidelines recommend patients are given an individual treatment target for HBA1c depending on age, preference, risk of adverse effects and co-morbidities.			

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Validated Referral

Date	Author	(ABNORMAL)
17/03/2026	Auto-filed	
Report Comment	Clinical Information: CLINICAL DETAILS:	
Specimen	ID: cd6a15e5-bf7c-4a9e-9301-9ebad75755d0 Type: Pathology	

Investigation #1 (ABNORMAL)

Time	Description	User Comment	Tests
9:09 AM	Serum lipid levels		7

Test Performed	Value	Range (min / max)	Result
Serum non high density lipoprotein cholesterol level	9.4 mmol/L	N/A	
Lab Comment: Non-HDL Cholesterol concentration >7.5mmol/L. Please refer to the lipid clinic for specialist review (NICE CG181).			
Serum cholesterol/high density lipoprotein ratio	5.5 mmol/mmol	N/A	
Serum low density lipoprotein cholesterol level	8.3 mmol/L	N/A	
Serum triglycerides level	2.5 mmol/L	N/A	
Lab Comment: Above high reference limit; Mixed hyperlipidaemia. Consider secondary causes of dyslipidaemia e.g. diabetes, ethanol, obesity/metabolic syndrome.			
Serum high density lipoprotein cholesterol level	2.1 mmol/L	N/A	
Serum cholesterol level	11.5 mmol/L	N/A	
Lab Comment: Total Cholesterol concentration of >9 mmol/L. Please refer to the lipid clinic for specialist review (NICE CG181).			
Serum lipids level	0	N/A	

Date	Author	(ABNORMAL)
17/03/2026	Auto-filed	
Report Comment	Clinical Information: CLINICAL DETAILS:	
Specimen	ID: 3fe4364b-a129-47bd-9898-c21e8c29b830 Type: Pathology	

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Validated Referral

Gateway

Investigation #1				(ABNORMAL)
Time	**Description**	**User Comment**		**Tests**
9:09 AM	Liver function tests			7
	Test Performed	**Value**	**Range (min / max)**	**Result**
	Serum globulin level	22.0 g/L	N/A	
	Serum total bilirubin level	4.0 umol/L	N/A	
	Serum alanine aminotransferase level	10.0 iu/L	N/A	
	Serum alkaline phosphatase level	96.0 iu/L	N/A	
	Serum albumin level	27.0 g/L	N/A	
	Lab Comment: Below low reference limit			
	Serum total protein	49.0 g/L	N/A	
	Lab Comment: Below low reference limit			
	Liver function test	0	N/A	

Date	**Author**
17/03/2026	Auto-filed
Report Comment	TSH Clinical Information: CLINICAL DETAILS:
Specimen	ID: fae1225a-2b3a-4765-a09f-c3a41a258dca Type: Pathology

Investigation #1				
Time	**Description**	**User Comment**		**Tests**
9:09 AM	TSH			1
	Test Performed	**Value**	**Range (min / max)**	**Result**
	Serum TSH (thyroid stimulating hormone) level	2.1 miu/L	N/A	
	Lab Comment: Advice on requesting and interpreting TFTs on Lab Med website. Refer to https://tinyurl.com/BiochemInfo for further information.			

Date	**Author**
17/03/2026	Auto-filed
Report Comment	TSH Clinical Information: CLINICAL DETAILS:
Specimen	ID: b88de43e-f335-4e25-986f-ced18e3cd1fe Type: Pathology

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Gateway

	Investigation #1				
	Time	**Description**	**User Comment**		**Tests**
	9:09 AM	TSH			1
		Test Performed	**Value**	**Range (min / max)**	**Result**
		Serum TSH (thyroid stimulating hormone) level	2.1 miu/L	N/A	
		Lab Comment: Advice on requesting and interpreting TFTs on Lab Med website. Refer to https://tinyurl.com/BiochemInfo for further information.			

Date 17/03/2026	**Author** Auto-filed				(ABNORMAL)
Report Comment	Clinical Information: CLINICAL DETAILS:				
Specimen	ID: 35790108-b635-4377-9258-8971b04dff21 Type: Pathology				
	Investigation #1				(ABNORMAL)
	Time	**Description**	**User Comment**		**Tests**
	9:09 AM	Urea and electrolytes			6
		Test Performed	**Value**	**Range (min / max)**	**Result**
		Serum urea level	9.1 mmol/L	N/A	
		Lab Comment: Above high reference limit			
		Serum potassium level	4.2 mmol/L	N/A	
		Serum sodium level	136.0 mmol/L	N/A	
		Urea and electrolytes level	0	N/A	
		eGFR (estimated glomerular filtration rate) using creatinine Chronic Kidney Disease Epidemiology Collaboration equation per 1.73 square metres	56.0 mL/min	N/A	
		Serum creatinine level	119.0 umol/L	N/A	
		Lab Comment: Above high reference limit			

Date 17/03/2026	**Author** Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS:
Specimen	ID: a819e937-0c95-4ca8-a8b8-0c256d8a3e9a Type: Pathology

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Validated Referral

Gateway

	Investigation #1				
	Time	**Description**	**User Comment**		**Tests**
	9:09 AM	Urea and electrolytes			6
		Test Performed	**Value**	**Range (min / max)**	**Result**
		eGFR (estimated glomerular filtration rate) using creatinine Chronic Kidney Disease Epidemiology Collaboration equation per 1.73 square metres	56.0 mL/min	N/A	
		Serum creatinine level	119.0 umol/L	N/A	
		Lab Comment: Above high reference limit			
		Serum urea level	9.1 mmol/L	N/A	
		Lab Comment: Above high reference limit			
		Serum potassium level	4.2 mmol/L	N/A	
		Serum sodium level	136.0 mmol/L	N/A	
		Urea and electrolytes level	0	N/A	

Date 27/11/2025	**Author** Auto-filed				
Report Comment	Clinical Information: CLINICAL DETAILS: repeat				
Specimen	ID: 07305ddb-8407-48aa-8936-db7ef3e21304 Type: Pathology				
	Investigation #1				
	Time	**Description**	**User Comment**		**Tests**
	7:48 PM	Urea and electrolytes			6
		Test Performed	**Value**	**Range (min / max)**	**Result**
		eGFR (estimated glomerular filtration rate) using creatinine Chronic Kidney Disease Epidemiology Collaboration equation per 1.73 square metres	55.0 mL/min	N/A	
		Serum creatinine level	121.0 umol/L	N/A	
		Lab Comment: Above high reference limit			
		Serum urea level	15.1 mmol/L	N/A	
		Lab Comment: Above high reference limit			
		Serum sodium level	139.0 mmol/L	N/A	
		Urea and electrolytes level	0	N/A	
		Serum potassium level	5.3 mmol/L	N/A	

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Activity Log

Date	Action

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Attachment
27-May-2026 Dr Abigail Brooks
Additional: Attachment
Accenda Gateway
Filename: GN-003079182 - CAVANAGH, John Michael (Mr) - 400 079 4191 - 2WW, 2WW Upper GI - 000479832962 - Patient Letter.pdf
Extension:.tif
Pages:

Private and confidential
Mr JOHN MICHAEL CAVANAGH
15 Etty Avenue
York
N Yorkshire
YO10 3TJ

27 May 2026
NHS number: 400 079 4191

Your referral is being reviewed

PRIORY MEDICAL GROUP has referred you to:
***USC* Upper GI Straight to Test Service (York) - York & Scarborough Hospitals.**

❯ **You do not need to do anything at this stage.**

You will be contacted by either:

***USC* Upper GI Straight to Test Service (York) - York & Scarborough Hospitals**
if you need to be seen

or

PRIORY MEDICAL GROUP
if the clinic sends any other advice.

What to do if you have not been contacted

❯ **Please wait until 29th May 2026.**

If you have not been contacted by this date, call ***USC* Upper GI Straight to Test Service (York) - York & Scarborough Hospitals** using the referral details shown here.

***USC* Upper GI Straight to Test Service (York) - York & Scarborough Hospitals**

01904 724111

Monday - Friday 9am to 4pm

Referral details
Booking reference number
0004 7983 2962
Access code
surprise tar

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This letter continues on the next page.

Changing your referral

If you need to change or cancel this referral, use one of the options below. You will need to provide your referral details shown on page 1.

To cancel or change

Go to
www.nhs.uk/referrals

or phone the
NHS appointment line on
0345 608 8888

or text phone **0345 850 2250**

The NHS appointment line is open Monday to Friday - 8am to 8pm, weekends and bank holidays - 8am to 4pm. A full translation service is available. All calls are charged at local rates.

The NHS constitution gives you the right to get some treatments within a set amount of time and get help to choose another clinic or hospital if you have to wait too long for some treatments.
To find out more visit www.nhs.uk/nhsconstitution, or contact the organisation that referred you.

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This is the end of the letter.

Attachment
26-May-2026 Dr Abigail Brooks
Additional: Attachment
from Dr A Brooks, Park View Surgery -> CT Scanning, Referral Forms
Filename:
Extension:.tif
Pages:

Procedures at York and Selby: yhs-tr.Yorkradref@nhs.net
Procedures at Scarborough, Bridlington, Malton, Whitby and Driffield: yhs-tr.Scarradref@nhs.net
Duty Radiologist at York Teaching Hospital: 01904 726672

Version March 2018
Vale of York Clinical Commissioning Group
York Teaching Hospital NHS Foundation Trust

[redacted]

Incomplete requests could delay this examination or result in an incomplete investigation

Patient Information
Patient Name: Mr John Cavanagh
NHS Number: 400 079 4191
DOB: 22 Sep 1963
Gender: Male
Address: 15 Etty Avenue, York, YO10 3TJ
Telephone Number: 07851 306734
Mobile Number: 07851 306734

Examination requested (see CCG guidelines):
Brain
Freetext: urgent

Patient is on a fast track pathway ☐Yes

Clinical details and diagnosis:
Wife believes had 2x TIA that didn't seek advice about. Last summer in Greece and a few months ago had amaurosis fugax. 999 ambulance but pt declined to attend ED as symptoms resolved.
Past 3-4 weeks symptoms changed:
Coordination - noticed when driving has been driving in to kerbs. Has now stopped driving and aware not to restart.
Feeling unsteady and wobbly, wife needing to hold up when walking down corridor.
Personality altered with less energy and motivation alongside.
o/e a little vague but orientated, rhombergs positive, visibly unsteady walking to consulting room but power in limbs 5/5.
Mild past pointing and tremor on left.
Left handed.

?cerebrovascular cause to symptoms
?SOL

From April 2018 all patients needing IV contrast for CT need to have a Creatinine and eGFR no more than 3 months prior to their scan.

Please either provide the results below and date of
*Serum Creatinine: 119 umol/L, 17 Mar 2026

*eGFR: 56

OR: Order bloods and tick the box ☒

Requests may not be processed until results are available to us

Consider renal prophylaxis, if creatinine > 150 µMol AND eGFR < 45 ml /min / m^2
Examinations not requiring IV contrast are

- CT KUB
- CT sinuses
- CT head (unless looking for metastases)
- HRCT of the chest
- Orthopaedic CT

Diabetic? 03 Sep 2009, Type II diabetes mellitus (X40J5)
20 Nov 2009, Type II diabetes mellitus (X40J5)
07 Oct 2010, Diabetes mellitus (C10..)
02 Nov 2010, Diabetes mellitus (C10..)
17 May 2011, Diabetes mellitus (C10..)
16 Jan 2012, Type II diabetes mellitus (X40J5)
22 May 2012, Diabetes mellitus (C10..)
03 Jul 2012, Diabetes mellitus (C10..)
23 Aug 2012, Type II diabetes mellitus (X40J5)
03 Dec 2020, Type II diabetes mellitus (X40J5)
24 Jun 2025, Type II diabetes mellitus - poor control (C1097)
16 Jul 2025, Type II diabetes mellitus - poor control (C1097)
21 Jul 2025, Type II diabetes mellitus (X40J5)
04 Aug 2025, Type II diabetes mellitus - poor control (C1097)
03 Sep 2025, Type II diabetes mellitus (X40J5)

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22 Oct 2025, Type II diabetes mellitus - poor control (C1097)
30 Oct 2025, Type II diabetes mellitus - poor control (C1097)
23 Mar 2026, Type II diabetes mellitus (X40J5)
Is the patient on Metformin?
Yes ☒ No ☐
If diabetic and on metformin, please ensure creatinine & eGFR (<3 months old) are provided.

☐ This request been discussed with a consultant? Who? ☐ This test is part of a CCG approved pathway Which one? ☐ This test has been suggested by a specialist team Who?	**Possible pregnancy?** ☐ Yes ☐ No **Disability?** ☐ **Yes** ☐ Hearing ☐ Visual ☐ Learning **Please describe mobility:** ☒ Walking ☐ Trolley ☐ Chair ☐ Bed ☐ Hoist ☐ O_2

Weight: 80 Kg

Referring Clinician Requests only accepted from Trust approved referrers - Ionising Radiation (Medical Exposure) Regulations 2000

Referrer Name : Dr Abigail Brooks
GP Practice: Park View Surgery
GMC Registration No / NMC short code: 7013954
Date of referral: 26 May 2026

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PATIENT ID LABLE HERE

For Radiology Use Only ☐ Urgent ☐ Soon ☐ Routine

Authorised by: Practitioner: Operator:
Scan type:
Comments:

IV Contrast: ☐ Yes ☐ No Oral Contrast: ☐ Yes ☐ No

Oral Prep Volume: 500ml / 1000mls / 800mls
- ☐ Omnipaque 350
- ☐ Gastrografin
- ☐ Water
- ☐ Klean Prep
- ☐ EZ CAT

Radiology appointment date & time:

For Radiology Use Only
ID check
☐ Name ☐ DoB ☐ Address ☐ Wristband
ID checked by - Name of Staff:

Operator: Room: Dose: mAs* mGy.cm²*

Pregnancy Status
There is no possibility that I am pregnant (signature): Date:
1st day of LMP: THE 10/28 DAY RULE APPLIES
Checked by (staff): Date:
Decision to over-rule (Dr): Reason:

Oral contrast check	IV contrast and buscopan check
☐ Name ☐ DoB ☐ allergies ☐ omnipaque ☐ kleanprep ☐ ezcat ☐ water ☐ gastrografin Vol given by: 500 / 1000 / 800mls	☐ allergies* ☐ asthma ☐ diabetic ☐ metformin ☐ hyperthyroidism ☐ buscopan ☐ mys gravis ☐ heart / bp ☐ glaucoma ☐ bladder outflow ☐ obstruction Agent: Iot no: Given by:

*Comments (including details of patient allergies):

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Attachment
27-Mar-2026 Dr Lucy Terry
Additional: Attachment
Accenda Gateway
Filename: GN-002959313 - CAVANAGH, John Michael (Mr) - 400 079 4191 - Endocrinology and Metabolic Medicine, Lipid Disorders - 000475814530 - Patient Letter.pdf
Extension:.tif
Pages:

Private and confidential
Mr JOHN MICHAEL CAVANAGH
15 Etty Avenue
York
N Yorkshire
YO10 3TJ

27 March 2026
NHS number: 400 079 4191

Your referral is being reviewed

PRIORY MEDICAL GROUP has referred you to:
Metabolic Disorders (York) Triage Service - York & Scarborough Hospitals.

You do not need to do anything at this stage.

You will be contacted by either:

Metabolic Disorders (York) Triage Service - York & Scarborough Hospitals
if you need to be seen

or

PRIORY MEDICAL GROUP
if the clinic sends any other advice.

What to do if you have not been contacted

Please wait until 22nd May 2026.

If you have not been contacted by this date, call **Metabolic Disorders (York) Triage Service - York & Scarborough Hospitals** using the referral details shown here.

Metabolic Disorders (York) Triage Service - York & Scarborough Hospitals

01904 726762

9am to 4pm Monday - Friday

Referral details
Booking reference number
0004 7581 4530
Access code
surprise tar

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This letter continues on the next page.

Changing your referral

If you need to change or cancel this referral, use one of the options below. You will need to provide your referral details shown on page 1.

To cancel or change

Go to
www.nhs.uk/referrals

or phone the
NHS appointment line on
0345 608 8888

or text phone **0345 850 2250**

The NHS appointment line is open Monday to Friday - 8am to 8pm, weekends and bank holidays - 8am to 4pm. A full translation service is available. All calls are charged at local rates.

The NHS constitution gives you the right to get some treatments within a set amount of time and get help to choose another clinic or hospital if you have to wait too long for some treatments.
To find out more visit www.nhs.uk/nhsconstitution, or contact the organisation that referred you.

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This is the end of the letter.

Attachment
27-Mar-2026 Dr Lucy Terry
Additional: Attachment
Accenda Gateway
Filename: GN-002959313 - CAVANAGH, John Michael (Mr) - 400 079 4191 - Chemical Pathology, Lipid Disorders - Referral Letter.pdf
Extension:.tif
Pages:

Validated Referral

Referral Details

Referral Date:	Priority:	NHS Number:
25/03/2026	Routine	400 079 4191

Patient Details

Title:	Forename(s):	Surname:
Mr	John Michael	Cavanagh
Date of Birth:	**Gender:**	**Ethnicity:**
22/09/1963	Male	British or mixed British

Contact Details

Address Line 1:	Address Line 2:	Address Line 3:
	15 Etty Avenue	
Town:	**County:**	**Postcode:**
York		YO10 3TJ
Phone:	**Mobile:**	**Text Message Consent:**
	07851306734	Yes
Email:		

Referring Clinician/Practice Details

Referring Clinician Name:	
Terry, Lucy (Dr) - Clinical Practitioner	
Practice Name:	**Practice Code:**
PRIORY MEDICAL GROUP	B82005
PCN Name:	**PCN Code:**

Clinic Details

Specialty:	Clinic Type:	Named Clinician:
Chemical Pathology	Lipid Disorders	

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Validated Referral

Gateway

Preferences

Vulnerable Patient:	Vulnerable Reason:	Confidential/Silent Referral:
No		No
Contact Time:	**Interpreter Required:**	**Preferred Language:**
	No	
Transport Required:		
No		

Reason For Request

Thank you for seeing John who was found to have dyslipidaemia on his annual bloods for diabetes/IHD review. He has known IHD, T2DM and today, in clinic his BP was up slightly but he will do some HBPM for me - I suspect it wasn't helped by being in surgery today.

By his own admission he has significant lifestyle changes he could, and hopefully will, make. However as you can see his TC is 11.5 at present. He also has poorly controlled DM and we are working on that and likely CKD. He is still smoking - we have discussed.

He has no signs of hypercholesterolaemia on examination in surgery.

I would be grateful if you could see him for further assessment.

Many thanks indeed.

Dr L Terry

Third party consent

Do you have consent on file allowing us to discuss this referral with someone other than the patient?	No

Patient Characteristics

A collection of protected characteristics codes

Disability

31/05/2002 **Disability**
Notes: DLA form completed.

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Validated Referral

Past Medical History

A collection of past medical history records

Problems

17/01/2020	**COPD - Chronic obstructive pulmonary disease**
01/08/2016	**Ischaemic heart disease**
08/07/2016	**Depression**
23/08/2012	**Osteoarthritis** **Notes: left knee.**
03/05/2011	**Lower abdominal pain**
03/05/2011	**Appendicectomy** **Notes: laparoscopic.**
20/11/2009	**Type 2 diabetes mellitus**
07/08/2009	**Drainage of abscess** **Notes: rt groin.**
19/03/2009	**Ankle pain**
19/08/2002	**Ankle pain** **Notes: Tenosynovitis.Therapeutic injection of steroid offered.**
17/06/1997	**Drug dependence** **Notes: heroin / speed..**
16/08/1996	**Ulcer of duodenum**
16/08/1996	**[D]Helicobacter pylori abnormal microbiological finding in gastric fluid** **Notes: Triple therapy commenced.**
16/08/1996	**Oesophagitis**
16/08/1996	**Problem drinker** **Notes: 60 u per week.**
01/01/1996	**Ulcer of duodenum** **Notes: endoscopy -oesophagitis, CLO pos.**
01/01/1996	**Problem drinker**
19/10/1994	**Acute bronchitis**
12/05/1992	**Barium meal** **Notes: gastritis/duodenitis..**
01/01/1992	**Duodenitis** **Notes: on ba meal.**
13/06/1986	**Digital nerve of hand** **Notes: Exploration digital nerve of thumb + repair..**
01/01/1973	**Fracture of shaft of tibia**

[redacted]

Long Term Conditions

17/01/2020	**COPD - Chronic obstructive pulmonary disease**
01/08/2016	**Ischaemic heart disease**
03/07/2012	**Diabetes mellitus**

Family History

09/08/2022	**FH: Respiratory disease**
18/08/2020	**FH: Respiratory disease**

Allergies and Sensitivities

15/03/2022	**Allergy to drug** **Notes: none reported**

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Validated Referral

Current Repeat Medication

All recorded current medication and acute medication for past 3 months

Current Repeat Medication

Date	Description
23/03/2026	Sitagliptin 100mg tablets - Take one in the morning
11/02/2026	Sodium picosulfate 5mg/5ml oral solution sugar free - take 5-10mg once a day at night for constipation
03/02/2026	Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) use as directed
03/02/2026	Finetest Lite testing strips (Neon Diagnostics Ltd) - use as directed
03/02/2026	Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray spray 1-2 puffs As required under the tongue when needed to relieve chest pain
03/02/2026	Lactulose 3.1-3.7g/5ml oral solution - 20ml To be taken Twice Daily
03/02/2026	Metformin 500mg tablets - take two twice a day
03/02/2026	Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) - inhale 2 puffs as needed
03/02/2026	Sildenafil 100mg tablets - AS DIRECTED
03/02/2026	Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) two puffs twice daily

Acute Medication

Last 3 months

Acute Medication

Date	Description
23/03/2026	Sitagliptin 100mg tablets - Take one in the morning
19/03/2026	Metformin 500mg tablets - take two twice a day
19/03/2026	Sildenafil 100mg tablets - AS DIRECTED
03/02/2026	Metformin 500mg tablets - take two twice a day

Lifestyle

Smoking status and alcohol consumption

Smoking Status

24/03/2026 **Smoker**

Alcohol Consumption

16/08/1996 **Problem drinker**
Notes: 60 u per week.

09/10/2025 **Alcohol units consumed per week, 0.0 Units/Week**

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Validated Referral

Accessibility Standards

Ethnicity

Date	Description	Value
15/10/2008	British or mixed British - ethnic category 2001 census	British or mixed British - ethnic category 2001 census

Patient Communication Preferences

Date	Description	Value
27/01/2021	Requires contact by telephone	Requires contact by telephone

Examination Codes

A collection of examination codes

Height

09/10/2025 **Standing height, 1.67 m**

Weight

09/10/2025 **Body weight, 80.0 Kg**
11/04/2025 **Body weight, 86.0 Kg**
28/03/2025 **Body weight, 1.0 Kg**

BMI

09/10/2025 **Body mass index, 28.685146 Kg/m²**
11/04/2025 **Body mass index, 32.8 Kg/m²**
07/10/2024 **Body mass index, 34.3 Kg/m²**

Systolic Blood Pressure

24/03/2026 **Systolic arterial pressure, 144.0 mmHg**
09/10/2025 **Systolic arterial pressure, 153.0 mmHg**
11/04/2025 **Systolic arterial pressure, 158.0 mmHg**

Diastolic Blood Pressure

24/03/2026 **Diastolic arterial pressure, 78.0 mmHg**
09/10/2025 **Diastolic arterial pressure, 89.0 mmHg**
11/04/2025 **Diastolic arterial pressure, 99.0 mmHg**

Oxygen Saturation

SpO2 - oxygen saturation at periphery

01/09/2025 **Peripheral oxygen saturation, 97.0 %**

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Validated Referral

Clinical Frailty

Rockwood Clinical Frailty Scale

Frailty Scale

15/04/2025 **Rockwood Clinical Frailty Scale level 2 - well**

Investigations

Date	Author
17/03/2026	Auto-filed
Report Comment	HBA1C Clinical Information: CLINICAL DETAILS:
Specimen	ID: 6c51c4bb-17d5-471a-8598-d3d486c4c449 Type: Pathology

Investigation #1

Time	Description	User Comment	Tests
9:09 AM	HBA1C		2

Test Performed	Value	Range (min / max)	Result
Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised	89.0 mmol/mol	N/A	
Lab Comment: Above high reference limit			
HbA1c (haemoglobin A1c) level (monitoring ranges) - IFCC (International Federation of Clinical Chemistry and Laboratory Medicine) standardised	89.0 mmol/mol	N/A	
Lab Comment: Above high reference limit; NICE guidelines recommend patients are given an individual treatment target for HBA1c depending on age, preference, risk of adverse effects and co-morbidities.			

Date	Author	(ABNORMAL)
17/03/2026	Auto-filed	
Report Comment	Clinical Information: CLINICAL DETAILS:	
Specimen	ID: 94a9d8c8-276e-46fe-a792-ced6fe080ab3 Type: Pathology	

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Validated Referral

Gateway

Investigation #1				(ABNORMAL)
Time	**Description**	**User Comment**		**Tests**
9:09 AM	Serum lipid levels			7
	Test Performed	**Value**	**Range (min / max)**	**Result**
	Serum lipids level	0	N/A	
	Serum triglycerides level	2.5 mmol/L	N/A	
	Lab Comment: Above high reference limit; Mixed hyperlipidaemia. Consider secondary causes of dyslipidaemia e.g. diabetes, ethanol, obesity/metabolic syndrome.			
	Serum high density lipoprotein cholesterol level	2.1 mmol/L	N/A	
	Serum cholesterol level	11.5 mmol/L	N/A	
	Lab Comment: Total Cholesterol concentration of >9 mmol/L. Please refer to the lipid clinic for specialist review (NICE CG181).			
	Serum low density lipoprotein cholesterol level	8.3 mmol/L	N/A	
	Serum non high density lipoprotein cholesterol level	9.4 mmol/L	N/A	
	Lab Comment: Non-HDL Cholesterol concentration >7.5mmol/L. Please refer to the lipid clinic for specialist review (NICE CG181).			
	Serum cholesterol/high density lipoprotein ratio	5.5 mmol/mmol	N/A	

Date	**Author**			(ABNORMAL)
17/03/2026	Auto-filed			
Report Comment	Clinical Information: CLINICAL DETAILS:			
Specimen	ID: 3f3bbe13-5d54-418a-be37-aeb611887f0c Type: Pathology			
	Investigation #1			(ABNORMAL)
	Time	**Description**	**User Comment**	**Tests**
	9:09 AM	Liver function tests		7
		Test Performed	**Value**	**Range (min / max)**	**Result**
		Serum alkaline phosphatase level	96.0 iu/L	N/A	
		Serum albumin level	27.0 g/L	N/A	
		Lab Comment: Below low reference limit			
		Serum total protein	49.0 g/L	N/A	
		Lab Comment: Below low reference limit			
		Serum alanine aminotransferase level	10.0 iu/L	N/A	
		Serum globulin level	22.0 g/L	N/A	
		Serum total bilirubin level	4.0 umol/L	N/A	
		Liver function test	0	N/A	

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Gateway

Date	Author
17/03/2026	Auto-filed
Report Comment	TSH Clinical Information: CLINICAL DETAILS:
Specimen	ID: 401919e1-dd75-4eae-a870-38526f4575f2 Type: Pathology

Investigation #1

Time	Description	User Comment	Tests
9:09 AM	TSH		1

Test Performed	Value	Range (min / max)	Result
Serum TSH (thyroid stimulating hormone) level	2.1 miu/L	N/A	

Lab Comment:

Advice on requesting and interpreting TFTs on Lab Med website. Refer to https://tinyurl.com/BiochemInfo for further information.

Date	Author
17/03/2026	Auto-filed
Report Comment	TSH Clinical Information: CLINICAL DETAILS:
Specimen	ID: 35f6d563-b1d9-4995-9427-0044c516102b Type: Pathology

Investigation #1

Time	Description	User Comment	Tests
9:09 AM	TSH		1

Test Performed	Value	Range (min / max)	Result
Serum TSH (thyroid stimulating hormone) level	2.1 miu/L	N/A	

Lab Comment:

Advice on requesting and interpreting TFTs on Lab Med website. Refer to https://tinyurl.com/BiochemInfo for further information.

Date	Author	(ABNORMAL)
17/03/2026	Auto-filed	
Report Comment	Clinical Information: CLINICAL DETAILS:	
Specimen	ID: 6f253a5d-2d8b-4cea-90f4-b95b1d5de404 Type: Pathology	

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	Investigation #1				(ABNORMAL)
	Time	**Description**	**User Comment**		**Tests**
	9:09 AM	Urea and electrolytes			6
		Test Performed	**Value**	**Range (min / max)**	**Result**
		eGFR (estimated glomerular filtration rate) using creatinine Chronic Kidney Disease Epidemiology Collaboration equation per 1.73 square metres	56.0 mL/min	N/A	
		Serum creatinine level	119.0 umol/L	N/A	
		Lab Comment: Above high reference limit			
		Urea and electrolytes level	0	N/A	
		Serum urea level	9.1 mmol/L	N/A	
		Lab Comment: Above high reference limit			
		Serum potassium level	4.2 mmol/L	N/A	
		Serum sodium level	136.0 mmol/L	N/A	

Date 17/03/2026	**Author** Auto-filed				
Report Comment	Clinical Information: CLINICAL DETAILS:				
Specimen	ID: 6dc98395-dd3f-4087-a4c6-170eff0daa5d Type: Pathology				
	Investigation #1				
	Time	**Description**	**User Comment**		**Tests**
	9:09 AM	Urea and electrolytes			6
		Test Performed	**Value**	**Range (min / max)**	**Result**
		Serum urea level	9.1 mmol/L	N/A	
		Lab Comment: Above high reference limit			
		Serum potassium level	4.2 mmol/L	N/A	
		Serum sodium level	136.0 mmol/L	N/A	
		Serum creatinine level	119.0 umol/L	N/A	
		Lab Comment: Above high reference limit			
		eGFR (estimated glomerular filtration rate) using creatinine Chronic Kidney Disease Epidemiology Collaboration equation per 1.73 square metres	56.0 mL/min	N/A	
		Urea and electrolytes level	0	N/A	

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Date	Author
27/11/2025	Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS: repeat
Specimen	ID: cd0569c0-f9ed-4da9-b09a-eb42f84cf53a Type: Pathology

Investigation #1

Time	Description	User Comment	Tests
7:48 PM	Urea and electrolytes		6

Test Performed	Value	Range (min / max)	Result
Serum sodium level	139.0 mmol/L	N/A	
Urea and electrolytes level	0	N/A	
Serum potassium level	5.3 mmol/L	N/A	
eGFR (estimated glomerular filtration rate) using creatinine Chronic Kidney Disease Epidemiology Collaboration equation per 1.73 square metres	55.0 mL/min	N/A	
Serum creatinine level	121.0 umol/L	N/A	
Lab Comment: Above high reference limit			
Serum urea level	15.1 mmol/L	N/A	
Lab Comment: Above high reference limit			

Date	Author
20/11/2025	Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS: CIBH
Specimen	ID: 920ac360-9920-4a57-85f8-aa3bd697692f Type: Pathology

Investigation #1

Time	Description	User Comment	Tests
3:47 PM	Serum C reactive protein level		1

Test Performed	Value	Range (min / max)	Result
Serum CRP (C reactive protein) level	8.0 mg/L	N/A	
Lab Comment: Above high reference limit			

Date	Author
20/11/2025	Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS: CIBH
Specimen	ID: 881f7b91-adf5-4f50-a014-a76b292482bf Type: Pathology

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	Investigation #1				
	Time	**Description**	**User Comment**		**Tests**
	3:47 PM	Liver function tests			7
		Test Performed	**Value**	**Range (min / max)**	**Result**
		Liver function test	0	N/A	
		Serum total protein	57.0 g/L	N/A	
		Lab Comment: Below low reference limit			
		Serum albumin level	31.0 g/L	N/A	
		Lab Comment: Below low reference limit			
		Serum total bilirubin level	3.0 umol/L	N/A	
		Serum globulin level	26.0 g/L	N/A	
		Serum alkaline phosphatase level	95.0 iu/L	N/A	
		Serum alanine aminotransferase level	10.0 iu/L	N/A	

Date 20/11/2025	**Author** Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS: CIBH TSH
Specimen	ID: dbb2bb95-c20c-4d30-b438-81549c6b1d1e Type: Pathology

Investigation #1

Time	**Description**	**User Comment**		**Tests**
3:47 PM	TSH			1
	Test Performed	**Value**	**Range (min / max)**	**Result**
	Serum TSH (thyroid stimulating hormone) level	1.9 miu/L	N/A	
	Lab Comment: Advice on requesting and interpreting TFTs on Lab Med website. Refer to https://tinyurl.com/BiochemInfo for further information.			

Date 20/11/2025	**Author** Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS: CIBH FERRITIN YORK/SGH
Specimen	ID: 88d953ce-316a-4a45-936b-60dfa0d5b156 Type: Pathology

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Investigation #1

Time	Description	User Comment	Tests
3:47 PM	FERRITIN YORK/SGH		1

Test Performed	Value	Range (min / max)	Result
Serum ferritin level	68.0 ng/ml	N/A	

Lab Comment:

Iron studies added to ferritin request as CRP is raised.
Interpretation of Hematinics:
https://tinyurl.com/BiochemInfo
Note raised CRP.The Ferritin value may be lower than this once the acute phase response is over.

Date	Author
20/11/2025	Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS: CIBH
Specimen	ID: 86b55431-eb80-4ee7-b2f2-c027a72236da Type: Pathology

Investigation #1

Time	Description	User Comment	Tests
3:47 PM	Bone profile		4

Test Performed	Value	Range (min / max)	Result
Serum inorganic phosphate level	1.41 mmol/L	N/A	
Serum adjusted calcium concentration	2.47 mmol/L	N/A	
Bone profile	0	N/A	
Serum calcium level	2.25 mmol/L	N/A	

Date	Author
20/11/2025	Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS: CIBH IMMATURE GRANULOCYTES: 0.03 10*9/L [0.0 - 0.2]
Specimen	ID: eb123a48-acd6-442a-a00d-e51ea20cff89 Type: Pathology

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	Investigation #1				
	Time	**Description**	**User Comment**		**Tests**
	3:47 PM	Full blood count			16
		Test Performed	**Value**	**Range (min / max)**	**Result**
		Haematocrit	0.434	N/A	
		MCV - Mean corpuscular volume	88.0 fL	N/A	
		Red blood cell count	4.93 10^12/L	N/A	
		Haemoglobin estimation	146.0 g/L	N/A	
		Platelet count	372.0 10^9/L	N/A	
		Nucleated red blood cell count	0.0 10^9/L	N/A	
		Neutrophil count	5.69 10^9/L	N/A	
		Mean platelet volume	10.5 fL	N/A	
		MCH - Mean corpuscular haemoglobin	29.6 pg	N/A	
		Red blood cell distribution width	13.5 %	N/A	
		Lymphocyte count	3.83 10^9/L	N/A	
		FBC - full blood count	0	N/A	
		Total white cell count	10.67 10^9/L	N/A	
		Basophil count	0.07 10^9/L	N/A	
		Monocyte count	0.73 10^9/L	N/A	
		Eosinophil count	0.32 10^9/L	N/A	

Date	**Author**				
20/11/2025	Auto-filed				
Report Comment	Clinical Information: CLINICAL DETAILS: CIBH				
Specimen	ID: 28d2eb99-6190-4503-97ba-f1c6e2d26b74 Type: Pathology				
	Investigation #1				
	Time	**Description**	**User Comment**		**Tests**
	3:47 PM	Urea and electrolytes			6
		Test Performed	**Value**	**Range (min / max)**	**Result**
		Serum creatinine level	118.0 umol/L	N/A	
		Lab Comment: Above high reference limit			
		eGFR (estimated glomerular filtration rate) using creatinine Chronic Kidney Disease Epidemiology Collaboration equation per 1.73 square metres	57.0 mL/min	N/A	
		Serum urea level	15.2 mmol/L	N/A	
		Lab Comment: Above high reference limit			
		Serum sodium level	141.0 mmol/L	N/A	
		Serum potassium level	5.6 mmol/L	N/A	
		Lab Comment: Above high reference limit; Hyperkalaemia in Primary Care - guidance available on Lab website: Refer to https://tinyurl.com/BiochemInfo for further information. Weblink also available via VoY RSS Pathology tab.			
		Urea and electrolytes level	0	N/A	

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Date	Author
09/10/2025	Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS:
Specimen	ID: 0d417c16-a480-4692-814a-73255f12eda2 Type: Pathology

Investigation #1

Time	Description	User Comment	Tests
11:00 AM	Haemoglobin A1c level - IFCC standardised		1

Test Performed	Value	Range (min / max)	Result
Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised	105.0 mmol/mol	N/A	
Lab Comment: Above high reference limit			

Date	Author	(ABNORMAL)
09/10/2025	Auto-filed	
Report Comment	needs another discussion re statin Clinical Information: CLINICAL DETAILS: SHORT LIPID PROFILE (CHOLESTEROL/HD	
Specimen	ID: ac94133e-bb24-41db-a3f7-170fc00d927f Type: Pathology	

Investigation #1 (ABNORMAL)

Time	Description	User Comment	Tests
11:00 AM	SHORT LIPID PROFILE (CHOLESTEROL/HD	needs another discussion re statin	4

Test Performed	Value	Range (min / max)	Result
Serum cholesterol/high density lipoprotein ratio	4.1 mmol/mmol	N/A	
Serum non high density lipoprotein cholesterol level	5.3 mmol/L	N/A	
Lab Comment: https://tinyurl.com/LipidDisorders			
Serum high density lipoprotein cholesterol level	1.7 mmol/L	N/A	
Serum cholesterol level	7.0 mmol/L	N/A	

Date	Author	(ABNORMAL)
09/10/2025	Auto-filed	
Report Comment	needs another discussion re statin Clinical Information: CLINICAL DETAILS:	
Specimen	ID: f86d132b-8039-4e07-98ba-b782e374ec96 Type: Pathology	

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Investigation #1				(ABNORMAL)
Time	**Description**	**User Comment**		**Tests**
11:00 AM	Urea and electrolytes	needs another discussion re statin		6
	Test Performed	**Value**	**Range (min / max)**	**Result**
	Serum urea level	10.3 mmol/L	N/A	
	Lab Comment: Above high reference limit			
	Serum creatinine level	95.0 umol/L	N/A	
	eGFR (estimated glomerular filtration rate) using creatinine Chronic Kidney Disease Epidemiology Collaboration equation per 1.73 square metres	74.0 mL/min	N/A	
	Urea and electrolytes level	0	N/A	
	Serum sodium level	136.0 mmol/L	N/A	
	Serum potassium level	4.7 mmol/L	N/A	

Activity Log

Date	Action
27/03/2026 13:57	ReceptionReturn > Practice
25/03/2026 08:46	Reception

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Attachment
25-Mar-2026 Dr Lucy Terry
Additional: Attachment
Accenda Gateway
Filename: GN-002959313 - CAVANAGH, John Michael (Mr) - 400 079 4191 - Chemical Pathology, Lipid Disorders - Referral Letter.pdf
Extension:.tif
Pages:

Validated Referral

Gateway

Referral Details

Referral Date:	Priority:	NHS Number:
25/03/2026	Routine	400 079 4191

Patient Details

Title:	Forename(s):	Surname:
Mr	John Michael	Cavanagh
Date of Birth:	**Gender:**	**Ethnicity:**
22/09/1963	Male	British or mixed British

Contact Details

Address Line 1:	Address Line 2:	Address Line 3:
	15 Etty Avenue	
Town:	**County:**	**Postcode:**
York		YO10 3TJ
Phone:	**Mobile:**	**Text Message Consent:**
	07851306734	Yes
Email:		

Referring Clinician/Practice Details

Referring Clinician Name:	
Terry, Lucy (Dr) - Clinical Practitioner	
Practice Name:	**Practice Code:**
PRIORY MEDICAL GROUP	B82005
PCN Name:	**PCN Code:**

Clinic Details

Specialty:	Clinic Type:	Named Clinician:
Chemical Pathology	Lipid Disorders	

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Preferences

Vulnerable Patient:	Vulnerable Reason:	Confidential/Silent Referral:
No		No
Contact Time:	**Interpreter Required:**	**Preferred Language:**
	No	
Transport Required:		
No		

Reason For Request

Thank you for seeing John who was found to have dyslipidaemia on his annual bloods for diabetes/IHD review. He has known IHD, T2DM and today, in clinic his BP was up slightly but he will do some HBPM for me - I suspect it wasn't helped by being in surgery today.

By his own admission he has significant lifestyle changes he could, and hopefully will, make. However as you can see his TC is 11.5 at present. He also has poorly controlled DM and we are working on that and likely CKD. He is still smoking - we have discussed.

He has no signs of hypercholesterolaemia on examination in surgery.

I would be grateful if you could see him for further assessment.

Many thanks indeed.

Dr L Terry

Third party consent

Do you have consent on file allowing us to discuss this referral with someone other than the patient?	No

Patient Characteristics

A collection of protected characteristics codes

Disability

31/05/2002 **Disability**
Notes: DLA form completed.

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Past Medical History

A collection of past medical history records

Problems

17/01/2020	**COPD - Chronic obstructive pulmonary disease**
01/08/2016	**Ischaemic heart disease**
08/07/2016	**Depression**
23/08/2012	**Osteoarthritis** **Notes: left knee.**
03/05/2011	**Lower abdominal pain**
03/05/2011	**Appendicectomy** **Notes: laparoscopic.**
20/11/2009	**Type 2 diabetes mellitus**
07/08/2009	**Drainage of abscess** **Notes: rt groin.**
19/03/2009	**Ankle pain**
19/08/2002	**Ankle pain** **Notes: Tenosynovitis.Therapeutic injection of steroid offered.**
17/06/1997	**Drug dependence** **Notes: heroin / speed..**
16/08/1996	**Ulcer of duodenum**
16/08/1996	**[D]Helicobacter pylori abnormal microbiological finding in gastric fluid** **Notes: Triple therapy commenced.**
16/08/1996	**Oesophagitis**
16/08/1996	**Problem drinker** **Notes: 60 u per week.**
01/01/1996	**Ulcer of duodenum** **Notes: endoscopy -oesophagitis, CLO pos.**
01/01/1996	**Problem drinker**
19/10/1994	**Acute bronchitis**
12/05/1992	**Barium meal** **Notes: gastritis/duodenitis..**
01/01/1992	**Duodenitis** **Notes: on ba meal.**
13/06/1986	**Digital nerve of hand** **Notes: Exploration digital nerve of thumb + repair..**
01/01/1973	**Fracture of shaft of tibia**

[redacted]

Long Term Conditions

17/01/2020	**COPD - Chronic obstructive pulmonary disease**
01/08/2016	**Ischaemic heart disease**
03/07/2012	**Diabetes mellitus**

Family History

09/08/2022	**FH: Respiratory disease**
18/08/2020	**FH: Respiratory disease**

Allergies and Sensitivities

15/03/2022	**Allergy to drug** **Notes: none reported**

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Current Repeat Medication

All recorded current medication and acute medication for past 3 months

Current Repeat Medication

Date	Description
23/03/2026	Sitagliptin 100mg tablets - Take one in the morning
11/02/2026	Sodium picosulfate 5mg/5ml oral solution sugar free - take 5-10mg once a day at night for constipation
03/02/2026	Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) use as directed
03/02/2026	Finetest Lite testing strips (Neon Diagnostics Ltd) - use as directed
03/02/2026	Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray spray 1-2 puffs As required under the tongue when needed to relieve chest pain
03/02/2026	Lactulose 3.1-3.7g/5ml oral solution - 20ml To be taken Twice Daily
03/02/2026	Metformin 500mg tablets - take two twice a day
03/02/2026	Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) - inhale 2 puffs as needed
03/02/2026	Sildenafil 100mg tablets - AS DIRECTED
03/02/2026	Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) two puffs twice daily

Acute Medication

Last 3 months

Acute Medication

Date	Description
23/03/2026	Sitagliptin 100mg tablets - Take one in the morning
19/03/2026	Metformin 500mg tablets - take two twice a day
19/03/2026	Sildenafil 100mg tablets - AS DIRECTED
03/02/2026	Metformin 500mg tablets - take two twice a day

Lifestyle

Smoking status and alcohol consumption

Smoking Status

24/03/2026 **Smoker**

Alcohol Consumption

16/08/1996 **Problem drinker**
Notes: 60 u per week.

09/10/2025 **Alcohol units consumed per week, 0.0 Units/Week**

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Accessibility Standards

Ethnicity

Date	Description	Value
15/10/2008	British or mixed British - ethnic category 2001 census	British or mixed British - ethnic category 2001 census

Patient Communication Preferences

Date	Description	Value
27/01/2021	Requires contact by telephone	Requires contact by telephone

Examination Codes

A collection of examination codes

Height

09/10/2025 **Standing height, 1.67 m**

Weight

09/10/2025 **Body weight, 80.0 Kg**
11/04/2025 **Body weight, 86.0 Kg**
28/03/2025 **Body weight, 1.0 Kg**

BMI

09/10/2025 **Body mass index, 28.685146 Kg/m²**
11/04/2025 **Body mass index, 32.8 Kg/m²**
07/10/2024 **Body mass index, 34.3 Kg/m²**

Systolic Blood Pressure

24/03/2026 **Systolic arterial pressure, 144.0 mmHg**
09/10/2025 **Systolic arterial pressure, 153.0 mmHg**
11/04/2025 **Systolic arterial pressure, 158.0 mmHg**

Diastolic Blood Pressure

24/03/2026 **Diastolic arterial pressure, 78.0 mmHg**
09/10/2025 **Diastolic arterial pressure, 89.0 mmHg**
11/04/2025 **Diastolic arterial pressure, 99.0 mmHg**

Oxygen Saturation

SpO2 - oxygen saturation at periphery

01/09/2025 **Peripheral oxygen saturation, 97.0 %**

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Clinical Frailty

Rockwood Clinical Frailty Scale

Frailty Scale

15/04/2025 **Rockwood Clinical Frailty Scale level 2 - well**

Investigations

Date 17/03/2026	**Author** Auto-filed			
Report Comment	HBA1C Clinical Information: CLINICAL DETAILS:			
Specimen	ID: 6c51c4bb-17d5-471a-8598-d3d486c4c449 Type: Pathology			
	Investigation #1			
	Time	**Description**	**User Comment**	**Tests**
	9:09 AM	HBA1C		2

Test Performed	**Value**	**Range (min / max)**	**Result**
Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised	89.0 mmol/mol	N/A	
Lab Comment: Above high reference limit			
HbA1c (haemoglobin A1c) level (monitoring ranges) - IFCC (International Federation of Clinical Chemistry and Laboratory Medicine) standardised	89.0 mmol/mol	N/A	
Lab Comment: Above high reference limit; NICE guidelines recommend patients are given an individual treatment target for HBA1c depending on age, preference, risk of adverse effects and co-morbidities.			

Date 17/03/2026	**Author** Auto-filed	**(ABNORMAL)**
Report Comment	Clinical Information: CLINICAL DETAILS:	
Specimen	ID: 94a9d8c8-276e-46fe-a792-ced6fe080ab3 Type: Pathology	

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Investigation #1					(ABNORMAL)
Time	**Description**	**User Comment**			**Tests**
9:09 AM	Serum lipid levels				7
	Test Performed	**Value**	**Range (min / max)**		**Result**
	Serum lipids level	0	N/A		
	Serum triglycerides level	2.5 mmol/L	N/A		
	Lab Comment: Above high reference limit; Mixed hyperlipidaemia. Consider secondary causes of dyslipidaemia e.g. diabetes, ethanol, obesity/metabolic syndrome.				
	Serum high density lipoprotein cholesterol level	2.1 mmol/L	N/A		
	Serum cholesterol level	11.5 mmol/L	N/A		
	Lab Comment: Total Cholesterol concentration of >9 mmol/L. Please refer to the lipid clinic for specialist review (NICE CG181).				
	Serum low density lipoprotein cholesterol level	8.3 mmol/L	N/A		
	Serum non high density lipoprotein cholesterol level	9.4 mmol/L	N/A		
	Lab Comment: Non-HDL Cholesterol concentration >7.5mmol/L. Please refer to the lipid clinic for specialist review (NICE CG181).				
	Serum cholesterol/high density lipoprotein ratio	5.5 mmol/mmol	N/A		

Date	**Author**				(ABNORMAL)
17/03/2026	Auto-filed				
Report Comment	Clinical Information: CLINICAL DETAILS:				
Specimen	ID: 3f3bbe13-5d54-418a-be37-aeb611887f0c Type: Pathology				
	Investigation #1				(ABNORMAL)
	Time	**Description**	**User Comment**		**Tests**
	9:09 AM	Liver function tests			7
		Test Performed	**Value**	**Range (min / max)**	**Result**
		Serum alkaline phosphatase level	96.0 iu/L	N/A	
		Serum albumin level	27.0 g/L	N/A	
		Lab Comment: Below low reference limit			
		Serum total protein	49.0 g/L	N/A	
		Lab Comment: Below low reference limit			
		Serum alanine aminotransferase level	10.0 iu/L	N/A	
		Serum globulin level	22.0 g/L	N/A	
		Serum total bilirubin level	4.0 umol/L	N/A	
		Liver function test	0	N/A	

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Gateway

Date	Author
17/03/2026	Auto-filed
Report Comment	TSH Clinical Information: CLINICAL DETAILS:
Specimen	ID: 401919e1-dd75-4eae-a870-38526f4575f2 Type: Pathology

Investigation #1

Time	Description	User Comment	Tests
9:09 AM	TSH		1

Test Performed	Value	Range (min / max)	Result
Serum TSH (thyroid stimulating hormone) level	2.1 miu/L	N/A	

Lab Comment:

Advice on requesting and interpreting TFTs on Lab Med website. Refer to https://tinyurl.com/BiochemInfo for further information.

Date	Author
17/03/2026	Auto-filed
Report Comment	TSH Clinical Information: CLINICAL DETAILS:
Specimen	ID: 35f6d563-b1d9-4995-9427-0044c516102b Type: Pathology

Investigation #1

Time	Description	User Comment	Tests
9:09 AM	TSH		1

Test Performed	Value	Range (min / max)	Result
Serum TSH (thyroid stimulating hormone) level	2.1 miu/L	N/A	

Lab Comment:

Advice on requesting and interpreting TFTs on Lab Med website. Refer to https://tinyurl.com/BiochemInfo for further information.

Date	Author	(ABNORMAL)
17/03/2026	Auto-filed	
Report Comment	Clinical Information: CLINICAL DETAILS:	
Specimen	ID: 6f253a5d-2d8b-4cea-90f4-b95b1d5de404 Type: Pathology	

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Investigation #1				(ABNORMAL)
Time	**Description**	**User Comment**		**Tests**
9:09 AM	Urea and electrolytes			6
	Test Performed	**Value**	**Range (min / max)**	**Result**
	eGFR (estimated glomerular filtration rate) using creatinine Chronic Kidney Disease Epidemiology Collaboration equation per 1.73 square metres	56.0 mL/min	N/A	
	Serum creatinine level	119.0 umol/L	N/A	
	Lab Comment: Above high reference limit			
	Urea and electrolytes level	0	N/A	
	Serum urea level	9.1 mmol/L	N/A	
	Lab Comment: Above high reference limit			
	Serum potassium level	4.2 mmol/L	N/A	
	Serum sodium level	136.0 mmol/L	N/A	

Date	**Author**
17/03/2026	Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS:
Specimen	ID: 6dc98395-dd3f-4087-a4c6-170eff0daa5d Type: Pathology

Investigation #1				
Time	**Description**	**User Comment**		**Tests**
9:09 AM	Urea and electrolytes			6
	Test Performed	**Value**	**Range (min / max)**	**Result**
	Serum urea level	9.1 mmol/L	N/A	
	Lab Comment: Above high reference limit			
	Serum potassium level	4.2 mmol/L	N/A	
	Serum sodium level	136.0 mmol/L	N/A	
	Serum creatinine level	119.0 umol/L	N/A	
	Lab Comment: Above high reference limit			
	eGFR (estimated glomerular filtration rate) using creatinine Chronic Kidney Disease Epidemiology Collaboration equation per 1.73 square metres	56.0 mL/min	N/A	
	Urea and electrolytes level	0	N/A	

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Validated Referral



Date	Author
27/11/2025	Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS: repeat
Specimen	ID: cd0569c0-f9ed-4da9-b09a-eb42f84cf53a Type: Pathology

Investigation #1

Time	Description	User Comment	Tests
7:48 PM	Urea and electrolytes		6

Test Performed	Value	Range (min / max)	Result
Serum sodium level	139.0 mmol/L	N/A	
Urea and electrolytes level	0	N/A	
Serum potassium level	5.3 mmol/L	N/A	
eGFR (estimated glomerular filtration rate) using creatinine Chronic Kidney Disease Epidemiology Collaboration equation per 1.73 square metres	55.0 mL/min	N/A	
Serum creatinine level	121.0 umol/L	N/A	
Lab Comment: Above high reference limit			
Serum urea level	15.1 mmol/L	N/A	
Lab Comment: Above high reference limit			

Date	Author
20/11/2025	Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS: CIBH
Specimen	ID: 920ac360-9920-4a57-85f8-aa3bd697692f Type: Pathology

Investigation #1

Time	Description	User Comment	Tests
3:47 PM	Serum C reactive protein level		1

Test Performed	Value	Range (min / max)	Result
Serum CRP (C reactive protein) level	8.0 mg/L	N/A	
Lab Comment: Above high reference limit			

Date	Author
20/11/2025	Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS: CIBH
Specimen	ID: 881f7b91-adf5-4f50-a014-a76b292482bf Type: Pathology

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Gateway

	Investigation #1				
	Time	**Description**	**User Comment**		**Tests**
	3:47 PM	Liver function tests			7
		Test Performed	**Value**	**Range (min / max)**	**Result**
		Liver function test	0	N/A	
		Serum total protein	57.0 g/L	N/A	
		Lab Comment: Below low reference limit			
		Serum albumin level	31.0 g/L	N/A	
		Lab Comment: Below low reference limit			
		Serum total bilirubin level	3.0 umol/L	N/A	
		Serum globulin level	26.0 g/L	N/A	
		Serum alkaline phosphatase level	95.0 iu/L	N/A	
		Serum alanine aminotransferase level	10.0 iu/L	N/A	

Date 20/11/2025	**Author** Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS: CIBH TSH
Specimen	ID: dbb2bb95-c20c-4d30-b438-81549c6b1d1e Type: Pathology

Investigation #1

Time	**Description**	**User Comment**		**Tests**
3:47 PM	TSH			1
	Test Performed	**Value**	**Range (min / max)**	**Result**
	Serum TSH (thyroid stimulating hormone) level	1.9 miu/L	N/A	
	Lab Comment: Advice on requesting and interpreting TFTs on Lab Med website. Refer to https://tinyurl.com/BiochemInfo for further information.			

Date 20/11/2025	**Author** Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS: CIBH FERRITIN YORK/SGH
Specimen	ID: 88d953ce-316a-4a45-936b-60dfa0d5b156 Type: Pathology

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Gateway

	Investigation #1				
	Time	**Description**	**User Comment**		**Tests**
	3:47 PM	FERRITIN YORK/SGH			1
		Test Performed	**Value**	**Range (min / max)**	**Result**
		Serum ferritin level	68.0 ng/ml	N/A	
		Lab Comment: Iron studies added to ferritin request as CRP is raised. Interpretation of Hematinics: https://tinyurl.com/BiochemInfo Note raised CRP.The Ferritin value may be lower than this once the acute phase response is over.			

Date 20/11/2025	**Author** Auto-filed				
Report Comment	Clinical Information: CLINICAL DETAILS: CIBH				
Specimen	ID: 86b55431-eb80-4ee7-b2f2-c027a72236da Type: Pathology				
	Investigation #1				
	Time	**Description**	**User Comment**		**Tests**
	3:47 PM	Bone profile			4
		Test Performed	**Value**	**Range (min / max)**	**Result**
		Serum inorganic phosphate level	1.41 mmol/L	N/A	
		Serum adjusted calcium concentration	2.47 mmol/L	N/A	
		Bone profile	0	N/A	
		Serum calcium level	2.25 mmol/L	N/A	

Date 20/11/2025	**Author** Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS: CIBH IMMATURE GRANULOCYTES: 0.03 10*9/L [0.0 - 0.2]
Specimen	ID: eb123a48-acd6-442a-a00d-e51ea20cff89 Type: Pathology

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Gateway

Investigation #1

Time	Description	User Comment	Tests
3:47 PM	Full blood count		16

Test Performed	Value	Range (min / max)	Result
Haematocrit	0.434	N/A	
MCV - Mean corpuscular volume	88.0 fL	N/A	
Red blood cell count	4.93 10^12/L	N/A	
Haemoglobin estimation	146.0 g/L	N/A	
Platelet count	372.0 10^9/L	N/A	
Nucleated red blood cell count	0.0 10^9/L	N/A	
Neutrophil count	5.69 10^9/L	N/A	
Mean platelet volume	10.5 fL	N/A	
MCH - Mean corpuscular haemoglobin	29.6 pg	N/A	
Red blood cell distribution width	13.5 %	N/A	
Lymphocyte count	3.83 10^9/L	N/A	
FBC - full blood count	0	N/A	
Total white cell count	10.67 10^9/L	N/A	
Basophil count	0.07 10^9/L	N/A	
Monocyte count	0.73 10^9/L	N/A	
Eosinophil count	0.32 10^9/L	N/A	

Date	Author
20/11/2025	Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS: CIBH
Specimen	ID: 28d2eb99-6190-4503-97ba-f1c6e2d26b74 Type: Pathology

Investigation #1

Time	Description	User Comment	Tests
3:47 PM	Urea and electrolytes		6

Test Performed	Value	Range (min / max)	Result
Serum creatinine level	118.0 umol/L	N/A	
Lab Comment: Above high reference limit			
eGFR (estimated glomerular filtration rate) using creatinine Chronic Kidney Disease Epidemiology Collaboration equation per 1.73 square metres	57.0 mL/min	N/A	
Serum urea level	15.2 mmol/L	N/A	
Lab Comment: Above high reference limit			
Serum sodium level	141.0 mmol/L	N/A	
Serum potassium level	5.6 mmol/L	N/A	
Lab Comment: Above high reference limit; Hyperkalaemia in Primary Care - guidance available on Lab website: Refer to https://tinyurl.com/BiochemInfo for further information. Weblink also available via VoY RSS Pathology tab.			
Urea and electrolytes level	0	N/A	

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Gateway

Date	Author
09/10/2025	Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS:
Specimen	ID: 0d417c16-a480-4692-814a-73255f12eda2 Type: Pathology

Investigation #1

Time	Description	User Comment	Tests
11:00 AM	Haemoglobin A1c level - IFCC standardised		1

Test Performed	Value	Range (min / max)	Result
Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised	105.0 mmol/mol	N/A	
Lab Comment: Above high reference limit			

Date	Author	(ABNORMAL)
09/10/2025	Auto-filed	
Report Comment	needs another discussion re statin Clinical Information: CLINICAL DETAILS: SHORT LIPID PROFILE (CHOLESTEROL/HD	
Specimen	ID: ac94133e-bb24-41db-a3f7-170fc00d927f Type: Pathology	

Investigation #1 (ABNORMAL)

Time	Description	User Comment	Tests
11:00 AM	SHORT LIPID PROFILE (CHOLESTEROL/HD	needs another discussion re statin	4

Test Performed	Value	Range (min / max)	Result
Serum cholesterol/high density lipoprotein ratio	4.1 mmol/mmol	N/A	
Serum non high density lipoprotein cholesterol level	5.3 mmol/L	N/A	
Lab Comment: https://tinyurl.com/LipidDisorders			
Serum high density lipoprotein cholesterol level	1.7 mmol/L	N/A	
Serum cholesterol level	7.0 mmol/L	N/A	

Date	Author	(ABNORMAL)
09/10/2025	Auto-filed	
Report Comment	needs another discussion re statin Clinical Information: CLINICAL DETAILS:	
Specimen	ID: f86d132b-8039-4e07-98ba-b782e374ec96 Type: Pathology	

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Validated Referral

Gateway

Investigation #1				(ABNORMAL)
Time	**Description**	**User Comment**		**Tests**
11:00 AM	Urea and electrolytes	needs another discussion re statin		6
	Test Performed	**Value**	**Range (min / max)**	**Result**
	Serum urea level	10.3 mmol/L	N/A	
	Lab Comment: Above high reference limit			
	Serum creatinine level	95.0 umol/L	N/A	
	eGFR (estimated glomerular filtration rate) using creatinine Chronic Kidney Disease Epidemiology Collaboration equation per 1.73 square metres	74.0 mL/min	N/A	
	Urea and electrolytes level	0	N/A	
	Serum sodium level	136.0 mmol/L	N/A	
	Serum potassium level	4.7 mmol/L	N/A	

Activity Log

Date	Action
25/03/2026 08:46	Reception

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Attachment
27-Jan-2026 Lucie Smith
Additional: Attachment
General Surgery from General/ Upper GI Surgeon, General Surgeon, York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

Wigginton Road, York YO31 8HE. Tel 01904 631313

DAL/pm

Letter dictated: 27 January 2026
Letter typed: 2 February 2026

Private & Confidential
Mr John Cavanagh
15, Etty Avenue
YORK
YO10 3TJ

Upper GI Surgical Unit
Dept of General Surgery

Mr D Longbotham/Mr K Polyzois/Mr R Young

Secretary: Pauline Matlock
Tel: 01904 72 4553

Dear Mr Cavanagh

Casenote: 99/39862 **NHS Number:** 400 079 4191

I have seen the results of your blood tests. They did not show anything abnormal which is good news. This will have excluded major cause of pancreatitis and hyperlipidemia and hypercalcemia. The only result left does not seem to appear on the system which is an autoimmune screen which is a rare cause of pancreatitis. I will post out a further blood test request form so that you can get this taken at your leisure. If this comes back as negative, then there is nothing further that needs to be done and we can just manage things expectantly.

Many thanks.

Yours sincerely

Electronically verified

Mr D. Longbotham MBBS MD FRCS
Consultant General/Upper GI surgeon

Enc: Blood test request form

Copy To: Dr R Fisher
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

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Attachment
17-Jan-2026 Henry Lanfranchi
Additional: Attachment
Out of Hours from Yorkshire Ambulance Service NHS Trust -> Priory Medical Group
Filename:
Extension:.tif
Pages:

NHS 111 Report - For Information

CAVANAGH, John *Born* 22-Sep-1963 *Gender* Male *NHS No.* 400 079 4191
Local Patient ID 5847C97F-2FF2-46DE-9C68-0BB15D31C2E8

Home Address
15 Etty Avenue
York
N Yorkshire
YO10 3TJ

Home Phone 07851306734
Emergency Phone 07842439871

GP Practice
Heworth Green Surgery (Priory MG, York)
HEWORTH SURGERY
HEWORTH GREEN SURGERY 45 HEWORTH GREEN
YORK
YO31 7SX

Phone 01904404100

Patient's Reported Condition

vision disturbance

Case Summary

Disposition:
Emergency Ambulance Response for Possible Stroke Time Critical (Category 2)
Dx0117

Selected care service:
No referral made.

Rationale:
Injury, illness or other health problem
Conscious
Appropriate to speak to the patient
Illness
Warm to touch
Visual disturbance
Stopped doing all of their everyday activities
Onset of visual loss or disturbance within the previous 24 hours
Sudden onset of visual loss or disturbance
Eye symptoms still present
New severe unsteadiness
Symptom onset more than 4 hours ago
Symptom onset within last 10 hours
Someone staying with patient
No indication scene unsafe
Previously diagnosed diabetes
Blood sugar level not checked
Not willing/able to check blood sugar
Glucose gel not available
Glucagon injection kit not available
patient responsive

Pathways Assessment:
An injury, illness or health problem was the reason for the contact.
The individual was conscious at the time of the assessment.
It was appropriate to speak to the patient.
There was no blood loss.
An illness or health problem was the main problem.
User Comments: vision distubrance since 4 am
The individual was not fighting for breath.
The main reason for the assessment was not an allergic reaction, a heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for assessment was not new confusion, declared diabetic hypo/hyperglycaemia or ICD shock.
The skin on the torso felt normal, warm or hot.
User Comments: room is spinning
Pathway selected - Eye or Eyelid Problems
The main problem was a loss or disturbance of vision.
There was no eye pain at the time of assessment.
They have stopped doing all of their everyday activities.
There had been no episodes of FAST symptoms in the last 7 days.

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There had been no episode of unilateral leg weakness in the last week.
Visual loss or disturbance had begun within the last 24 hours.
The onset of visual loss or disturbance was sudden.
Eye symptoms were present at the time of the assessment.
New severe unsteadiness.
Stroke symptoms had not started within the previous 4 hours.
Stroke symptoms had started within the previous 10 hours.
User Comments: 4 am
Instructions given were: An emergency ambulance is being arranged.
There was no further information to help with dispatch.
There was someone staying with the patient.
There was no safeguarding concern.
The scene was safe.
Pre-arrival instructions were considered appropriate.
There was a previous history of diabetes.
The blood sugar level had not been measured.
The individual was unwilling and/or unable to measure the blood sugar.
Glucose gel was not available for emergency use.
A glucagon injection kit was not available.
The patient was responsive.
Stroke instructions 3rd party
Closing instructions, stroke

Advice given:
Keep the individual warm.
Keep them in a comfortable position.
Turn them on their side if they are coughing or choking.
Don't let them have anything to eat or drink. Don't give them any medication that has to be swallowed.
If there are any new symptoms, or their condition gets worse, changes or you have any other concerns call 999.
If you can, ask for someone to meet and direct the vehicle.
If you do need to contact somebody do so now, then try and keep the line free as we may need to call you back.
Shut any dogs away.

Document Created	**17-Jan-2026, 10:00**
Document Owner	**Yorkshire Ambulance Service - 111**
Authored by	**Fiona Smyllie - Assessed by, Rotherham (Yorkshire Ambulance Service - 111) on 17-Jan-2026, 09:58**
Consent Status	**Consent given for electronic record sharing**

Informant Wife- Katie (Spouse) - Not specified

Encounter Type	**NHS111 Encounter**
Encounter Time	**17-Jan-2026, 09:52 to 17-Jan-2026, 09:58**
Case Reference	**579B0AEE-EF13-4DB4-A3E8-1B0427C143A6**
Case ID	**9961604**
Encounter Disposition	**Emergency Ambulance Response for Possible Stroke Time Critical (Category 2)**
Care Setting Location	**Incident Location**
Care Setting Address	*Visit Address* **15 Etty Avenue** **York** **N Yorkshire** **YO10 3TJ**
Care Setting Type	
Responsible Party	**Steven Dykes - Medical Director, Yorkshire Ambulance Service - 111**

Document ID **CB310F70-3120-411D-A23D-814CB8B417F3** *Version* **1**

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Attachment
17-Jan-2026 Henry Lanfranchi
Additional: Attachment
Ambulance Notification from Yorkshire Ambulance Service NHS Trust - Hospital Letters -> Priory Medical Group
Filename:
Extension:.tif
Pages:

NHS
Yorkshire
Ambulance Service
NHS Trust

Sent date: 17/01/2026

YAS Reference: 5578665

GP Details:

DR or Surgery: PRIORY MEDICAL GROUP

Patient Details:

Name: JOHN CAVANAGH

NHS Number: 4000794191

DOB: 22/09/1963 00:00:00

Date of incident: 17/01/2026 09:56:00

Time of incident: 17/01/2026 09:56:00

YAS Attendance Outcome Summary (Patient not conveyed to hospital)

Presented with: Dizziness

Presenting complaint history: Pt woke up at 4am to use the toilet. On the way to the toilet experienced dizziness with the room spinning. Went back to the sofa. Wife reports nystagmus. Lasted around 30-45 minutes the self resolved. Pt felt back to normal self so shortly afterwards went to the shop for newspaper. Came back, once finished reading he newspaper dizziness started again with room spinning. Pt wondered if it my be something to do with his diabetes and took his insulin, resolved shortly afterwards. Wife rang 111 - ambulance sent.

On examination / assessment: A) Clear

B) No SOB, no DIB, no cyanosis

C) No CP, well perfused, not clammy/sweaty

D) GCS 15/15, PEARL, FAST neg, dizziness had stopped before crew arrival, lasting again around 30 mins then self resolving, no headache, no blurred vision, no confusion

E) Pt declared that he is not taking his insulin everyday as he should, he only took it today as he thought the dizziness might be related to his diabetes. No other symptoms other than the dizziness. Pt BM usually between 12-14, today 8.3 however not had any breakfast yet.

Findings:

17/01/2026 10:12:00 BP 174 \ 96 P 92 RR 20 SpO_2 99 NEWS score 2

17/01/2026 10:34:00 BP 172 \ 93 P 91 RR 18 SpO_2 99 NEWS score 2

Treatments:

No treatments recorded

For any questions or further information please email yas.patientrelations@nhs.net 1/2

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NHS
Yorkshire
Ambulance Service
NHS Trust

YAS working impression: Hypertension

Plan of care: Pt refused hospital conveyance against advice.

Pt agreed that if any further episodes his wife would drive him to ED, however he wouldn't come with us.
Advised if any further episodes of dizziness, any facial droop, slurred speech, numbness/tingling in arms or legs, new confusion or altered level of consciousness to ring 999, or wife to take him to ED if still refusing ambulance conveyance.

Advised to take medications as instructed including insulin.

Advised to take BP using home BP monitor twice a day and ring own GP Tuesday to discuss hypertension

The patient was not conveyed by YAS -

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For any questions or further information please email yas.patientrelations@nhs.net 2/2

Attachment
06-Jan-2026 Leon Jacklin
Additional: Attachment
Colonoscopy Report from Colonoscopy Unit, York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

York Hospital, Wigginton Road, YORK, YO31 8HE

***** This investigation is not marked as complete *****

DR FISHER
PRIORY MEDICAL GROUP
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Patient: Mr John Cavanagh
15, Etty Avenue
YORK
YO10 3TJ

Date of Birth: 22-SEP-1963
Casenote: 99/39862
NHS No: 400 079 4191

Colonoscopy **Performed on:** **06-JAN-2026 09:06 to 10:25**

Indications: Change in Bowel Habit - fluctuating / variable, FIT>400
Rectal polyp

GP: Dr Fisher
Resp. Cons: Mr Michael Lim
Endoscopist: Mr David Alexander

Safety Checklist: Y **Procedure Points:** 3 **Urgency:** Urgent (non suspected cancer)

Sedation: Midazolam (mg) 2 mg, Fentanyl (mcg) 75 mcg
Discomfort During: 1. Minimal
Discomfort After: 0. None
Bowel Prep: Picolax x3
Bowel Prep Left: Fair
Bowel Prep Right: Fair
Bowel Prep Trans: Fair
Planned Extent: Caecum
Scope Guide Used: Yes
Inserted From: Anus
Inserted To: Caecum
Insert Technique: Water assisted technique
Insufflation: Carbon dioxide
Distal Attachment: None
Retroflexion: Retroflexion in the Rectum
PR Exam: Yes
Extubation Time: 67 mins
Caecum ID By: Ileocaecal Valve, Triradiate Fold, Appendix Orifice
Caecum Time: 09:18
Examination: Abnormal
Exam Technically: Easy

Sites Of Interest

Site	Details
Ascending	1, 1sp sub-pedunculated, 6mm, Tubular small pits (adenomas), Polyp snare -

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	cold, Success, Retrieved, Tattoo: No 2, 1s sessile, 5mm, Tubular small pits (adenomas), Polyp snare - cold, Success, Retrieved, Tattoo: No
Hepatic Flexure	3, 1s sessile, 5mm, Sulcus/gyrus pits (like TVA), Polyp snare - cold, Success, Retrieved, Tattoo: No 4, 1sp sub-pedunculated, 5mm, Tubular large pits (adenomas), Polyp snare - cold, Success, Retrieved, Tattoo: No
	5, 1sp sub-pedunculated, 14mm, Tubular small pits (adenomas), Polyp snare - hot, Success, Retrieved, Tattoo: No, Clips 6, 1sp sub-pedunculated, 10mm, Tubular small pits (adenomas), Polyp snare - hot, Success, Retrieved, Tattoo: No
Splenic Flexure	7, 1s sessile, 5mm, Tubular large pits (adenomas), Polyp snare - cold, Success, Retrieved, Tattoo: No 8, 1s sessile, 5mm, Tubular small pits (adenomas), Polyp snare - cold, Success, Retrieved, Tattoo: No
Descending	9, 1sp sub-pedunculated, 14mm, Tubular large pits (adenomas), Polyp snare - hot, Success, Retrieved, Tattoo: No
Sigmoid	10, 1sp sub-pedunculated, 12mm, Tubular large pits (adenomas), Polyp snare - hot, Success, Retrieved, Tattoo: No 11, 1sp sub-pedunculated, 10mm, Tubular small pits (adenomas), Polyp snare - hot, Success, Retrieved, Tattoo: No 12, 1sp sub-pedunculated, 8mm, Tubular small pits (adenomas), Polyp snare - hot, Success, Retrieved, Tattoo: No, Clips

Specimens

No. of Specimens: Ascending: 2, Hep Flexure: 4, Splen Flexure: 2, Descending: 1, Sigmoid: 3

Diagnoses

Polyp

Outcomes and Disposition

Complications/Patient Safety

No complications

Summary

John has a history of chronic constipation. His motions are of normal colour and hard with initiation of defaecation difficult. His rectum is consistent with chronic strain. We have provided an information leaflet on high fibre diet and I would be grateful if you could consider a regime for his constipation.
Almost as an aside he has multiple polyps and although his bowel preparation today was not good we persisted in trying to rid him of his significant polyps today, given that he had experienced an enhanced bowel preparation today.
I think that we can be reassured that we have not now missed significant pathology but I think a further examination in 6 months would be helpful to give complete reassurance and deal with any other hidden smaller polyps. I have organised this, with a different enhanced bowel preparation. We will be in touch with results of polyps removed.

Post-Procedure Medication Instructions

None

Cancer Information

Patient told NO cancer seen and NO further test required (remove from fast track pathway).

Disposition

Repeat Procedure with Enhanced Bowel Prep

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Attachment
06-Jan-2026 Henry Lanfranchi
Additional: Attachment
Colonoscopy Report from York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

York Hospital, Wigginton Road, YORK, YO31 8HE

DR FISHER
PRIORY MEDICAL GROUP
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Patient: Mr John Cavanagh
15, Etty Avenue
YORK
YO10 3TJ

Date of Birth: 22-SEP-1963
Casenote: 99/39862
NHS No: 400 079 4191

Colonoscopy **Performed on:** **06-JAN-2026 09:06 to 10:25**

Indications: Change in Bowel Habit - fluctuating / variable, FIT>400
Rectal polyp

GP: Dr Fisher
Resp. Cons: Mr Michael Lim
Endoscopist: Mr David Alexander

Safety Checklist: Y **Procedure Points:** 3 **Urgency:** Urgent (non suspected cancer)

Sedation: Midazolam (mg) 2 mg, Fentanyl (mcg) 75 mcg
Discomfort During: 1. Minimal
Discomfort After: 0. None
Bowel Prep: Picolax x3
Bowel Prep Left: Fair
Bowel Prep Right: Fair
Bowel Prep Trans: Fair
Planned Extent: Caecum
Scope Guide Used: Yes
Inserted From: Anus
Inserted To: Caecum
Insert Technique: Water assisted technique
Insufflation: Carbon dioxide
Distal Attachment: None
Retroflexion: Retroflexion in the Rectum
PR Exam: Yes
Extubation Time: 67 mins
Caecum ID By: Ileocaecal Valve, Triradiate Fold, Appendix Orifice
Caecum Time: 09:18
Examination: Abnormal
Exam Technically: Easy

Sites Of Interest

Site	Details
Ascending	1, 1sp sub-pedunculated, 6mm, Tubular small pits (adenomas), Polyp snare -

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	cold, Success, Retrieved, Tattoo: No 2, 1s sessile, 5mm, Tubular small pits (adenomas), Polyp snare - cold, Success, Retrieved, Tattoo: No
Hepatic Flexure	3, 1s sessile, 5mm, Sulcus/gyrus pits (like TVA), Polyp snare - cold, Success, Retrieved, Tattoo: No 4, 1sp sub-pedunculated, 5mm, Tubular large pits (adenomas), Polyp snare - cold, Success, Retrieved, Tattoo: No
	5, 1sp sub-pedunculated, 14mm, Tubular small pits (adenomas), Polyp snare - hot, Success, Retrieved, Tattoo: No, Clips 6, 1sp sub-pedunculated, 10mm, Tubular small pits (adenomas), Polyp snare - hot, Success, Retrieved, Tattoo: No
Splenic Flexure	7, 1s sessile, 5mm, Tubular large pits (adenomas), Polyp snare - cold, Success, Retrieved, Tattoo: No 8, 1s sessile, 5mm, Tubular small pits (adenomas), Polyp snare - cold, Success, Retrieved, Tattoo: No
Descending	9, 1sp sub-pedunculated, 14mm, Tubular large pits (adenomas), Polyp snare - hot, Success, Retrieved, Tattoo: No
Sigmoid	10, 1sp sub-pedunculated, 12mm, Tubular large pits (adenomas), Polyp snare - hot, Success, Retrieved, Tattoo: No 11, 1sp sub-pedunculated, 10mm, Tubular small pits (adenomas), Polyp snare - hot, Success, Retrieved, Tattoo: No 12, 1sp sub-pedunculated, 8mm, Tubular small pits (adenomas), Polyp snare - hot, Success, Retrieved, Tattoo: No, Clips

Specimens

No. of Specimens: Ascending: 2, Hep Flexure: 4, Splen Flexure: 2, Descending: 1, Sigmoid: 3

Diagnoses

Polyp

Outcomes and Disposition

Complications/Patient Safety

No complications

Summary

John has a history of chronic constipation. His motions are of normal colour and hard with initiation of defaecation difficult. His rectum is consistent with chronic strain. We have provided an information leaflet on high fibre diet and I would be grateful if you could consider a regime for his constipation.
Almost as an aside he has multiple polyps and although his bowel preparation today was not good we persisted in trying to rid him of his significant polyps today, given that he had experienced an enhanced bowel preparation today.
I think that we can be reassured that we have not now missed significant pathology but I think a further examination in 6 months would be helpful to give complete reassurance and deal with any other hidden smaller polyps. I have organised this, with a different enhanced bowel preparation. We will be in touch with results of polyps removed.

Post-Procedure Medication Instructions

None

Cancer Information

Patient told NO cancer seen and NO further test required (remove from fast track pathway).

Disposition

Repeat Procedure with Enhanced Bowel Prep

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Histology Results
Report

Histology Report:
REPORT

CLINICAL DETAILS:

All subpedunculated adenomas.

MACROSCOPY:

Specimen A - Ascending colon polyps x 2 cold snare. One polyp 6 x 4 x 4 mm with attached mucosa 4 mm, bisected. Second piece of polypoid tissue 2 x 2 x 1 mm.

Specimen B - Hepatic flexure polyps x 4, x 2 cold snare, x 2 hot snare. Multiple fragments of polypoid tissue.The first is a polyp 6 x 5 x 3 mm with attached mucosa 3 mm, bisected and embedded in B1.Remaining polypoid pieces of tissue, together 10 x 7 x 4 mm embedded in B2.

Specimen C - Splenic flexure polyps x 2 cold snare. Multiple pieces of polypoid tissue, the largest 5 x 4 x 3 mm, bisected and remaining polypoid pieces of tissue together 5 x 4 x 2 mm.

Specimen D - Descending colon polyp x 1 hot snare. A polyp 13 x 8 x 7 mm with a base approximately 9 mm, bisected.

Specimen E - Sigmoid polyp x 3 hot snare. Four polypoid fragments, the largest 8 x 6 x 4 mm, bisected and embedded in E1. Second piece 7 x 5 x 3 mm, bisected and embedded in E2. Third piece 6 x 6 x 3 mm, bisected and embedded in E3. Fourth piece 3 x 2 x 2 mm also embedded in E3.

MICROSCOPY:

Specimens A-E - These are adenomatous polyps in which there is low grade dysplasia. Most are of tubular architecture. Within (E), parts of one or more tubulovillous adenomas are also seen. No invasive neoplasia is identified.

COLONIC POLYPS - ADENOMATOUS POLYPS

REPORTING CONSULTANT: Dr IM Hanson

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Attachment
17-Dec-2025 Jessica Ayre
Additional: Attachment
Sigmoidoscopy Report from York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

York Hospital, Wigginton Road, YORK, YO31 8HE

DR FISHER
PRIORY MEDICAL GROUP
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Patient: Mr John Cavanagh
15, Etty Avenue
YORK
YO10 3TJ

Date of Birth: 22-SEP-1963
Casenote: 99/39862
NHS No: 400 079 4191

Flexi-Sigmoidoscopy

Performed on: **17-DEC-2025 08:58 to 09:00**

Indications: Change in Bowel Habit - fluctuating / variable

GP: Dr Fisher
Resp. Cons: Mr Michael Lim
Endoscopist: Mr Muhammad Afridi

Safety Checklist: Y **Procedure Points:** 2 **Urgency:** Urgent (suspected cancer)

Sedation:	Midazolam 1 mg, Fentanyl 100 mcg
Discomfort During:	0. None
Discomfort After:	0. None
Bowel Prep:	
Bowel Prep Left:	Inadequate
Planned Extent:	Sigmoid
Inserted From:	Anus
Inserted To:	Sigmoid Colon
Insert Technique:	Gas and water combined
Insufflation:	Carbon dioxide
Distal Attachment:	None
PR Exam:	Yes
Extubation Time:	1 mins
Ins Limited By:	Poor Bowel Preparation
Examination:	Inadequate

Sites Of Interest

Site	Details
Rectum	1, 1s sessile, 8mm, Tubular small pits (adenomas), Photo
Anal Canal	Haemorrhoids

Procedures

Photographs	Rectum

Diagnoses

THIRD PARTY COPY

Polyp
Haemorrhoids

Outcomes and Disposition

Complications/Patient Safety
No complications

Further Investigations
CT chest
Repeat colonoscopy

Summary
FT referral for constipation and weight loss.On/off PR bleeding,admission under surgical team in April 2025 for acute pancreatitis which was confirmed by CT abdomen/pelvis.No intra-abdominal malignancy noted on the scan.
Due to concerns about bowel prep,scope started as f lexible sigmoidscopy and very poor bowel prep noted from rectum onwards due to which procedure stopped at rectosigmoid junction.A polyp noted in rectum which was not removed.
Patient updated.

Post-Procedure Medication Instructions
No changes

Cancer Information
Patient told NO cancer seen and await other test results (stay on fast track pathway) - Test ordered by endoscopists.

Disposition
Repeat Procedure

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Attachment
17-Dec-2025 Henry Lanfranchi
Additional: Attachment
Sigmoidoscopy Report from York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

York Hospital, Wigginton Road, YORK, YO31 8HE

***** This investigation is not marked as complete *****

DR FISHER
PRIORY MEDICAL GROUP
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Patient: Mr John Cavanagh
15, Etty Avenue
YORK
YO10 3TJ

Date of Birth: 22-SEP-1963
Casenote: 99/39862
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Sedation:	Midazolam 1 mg, Fentanyl 100 mcg
Discomfort During:	0. None
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Bowel Prep:	
Bowel Prep Left:	Inadequate
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Inserted To:	Sigmoid Colon
Insert Technique:	Gas and water combined
Insufflation:	Carbon dioxide
Distal Attachment:	None
PR Exam:	Yes
Extubation Time:	1 mins
Ins Limited By:	Poor Bowel Preparation
Examination:	Inadequate

Sites Of Interest

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Rectum	1, 1s sessile, 8mm, Tubular small pits (adenomas), Photo
Anal Canal	Haemorrhoids

Procedures

Photographs Rectum

Diagnoses

THIRD PARTY COPY

Polyp
Haemorrhoids

Outcomes and Disposition

Complications/Patient Safety
No complications

Further Investigations
CT chest
Repeat colonoscopy
Summary
FT referral for constipation and weight loss.On/off PR bleeding,admission under surgical team in April 2025 for acute pancreatitis which was confirmed by CT abdomen/pelvis.No intra-abdominal malignancy noted on the scan.
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Patient updated.
Post-Procedure Medication Instructions
No changes

Cancer Information
Patient told NO cancer seen and await other test results (stay on fast track pathway) - Test ordered by endoscopists.
Disposition
Repeat Procedure

THIRD PARTY COPY

Attachment
07-Dec-2025 Henry Lanfranchi
Additional: Attachment
Out of Hours from North Yorkshire and York Integrated Urgent Care Service -> Priory Medical Group
Filename:
Extension:.tif
Pages:

Patient *CAVANAGH, John (Mr) (NHS number: 4000794191)* was seen out of hours.

If the patient should not be registered at this unit, and you believe the message to have been sent in error, please contact your OOH service provider.

SystmOne Out of Hours Call Incident Report

Patient's Name:	John Cavanagh	**Call Ref:**	101814016	**From:**	North Yorkshire and York Integrated Urgent Care Service
Nhs Number:	400 079 4191	**Priority:**	Emergency	**Tel:**	01904 235355
Date of birth:	22-Sep-1963 (62 years)			**Fax:**	
Gender:	Male				
Tel:		**Started:**	07-Dec-2025 20:16		
Address:	15 Etty Avenue	**Closed:**	07-Dec-2025 20:24	**To:**	Priory Medical Group (B82005)
	York YO10 3TJ	**Sent:**	07-Dec-2025 20:24	**Fax:**	

Contact Details:
Contact number given: 07851 306734
Patient's location: 15 Etty Avenue, York, N Yorkshire, YO10 3TJ

Presenting Complaint:
Patient's Reported Condition
Had Endoscopy. given medication to clean the bowel movement.was advised to see Doc if no bowel movmt

Assessment:
Pathways Disposition
Speak to a local service within 1 hour (Dx11)

Selected service: Vale of York GP Out Of Hours

Consultation Summary
Injury, illness or other health problem
Conscious
Appropriate to speak to the patient
Following predetermined management plan
Pre-determined plan requires contact with a doctor

Pathways Assessment
An injury, illness or health problem was the reason for the contact.
The individual was conscious at the time of the assessment.
It was appropriate to speak to the patient.

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There was no blood loss.
There was a predetermined management plan.
User Comments: Endoscopy done, advised to see doctor
The predetermined plan specified that a doctor should be contacted.
User Comments: was advised to contact doctor immediately
An oxygen reading was not declared.
Instructions given were: The individual needs to speak to a local service within 1 hour.
Directory of Services referral: Vale of York GP Out Of Hours

Advice Given
Before you go, I will just check whether I need to give you any further instructions or advice.
If there are any new symptoms, or if the condition gets worse, changes or you have any other concerns, call us back.

Consultation:
Telephone Consultation:
Clinician: Dr Nigel Pandiarajan
History: NIMBUS GP OOH telephone call.
spoke to john.
endoscopy tomorrow.
clean prep taken today
not worked even after 2nd dose.
Plan: advised he ring up endoscopy and to get advice.
he will do that.

Core Activity:
Clinician Advice

Follow ups:
No Follow Up Required

All Consultations (This may contain entries from above):

07 Dec 2025 20:21
Clinician: PANDIARAJAN, Nigel (Dr)
History: NIMBUS GP OOH telephone call.
spoke to john.
endoscopy tomorrow.
clean prep taken today
not worked even after 2nd dose.

3RD PARTY COPY

Plan: advised he ring up endoscopy and to get advice.
he will do that.

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Attachment
26-Nov-2025 Dr Lucy Terry
Additional: Attachment
Accenda Gateway
Filename: GN-002736431 - CAVANAGH, John Michael (Mr) - 400 079 4191 - 2WW, 2WW Lower GI - 000467471168 - Patient Letter.pdf
Extension:.tif
Pages:

Private and confidential
Mr JOHN MICHAEL CAVANAGH
15 Etty Avenue
York
N Yorkshire
YO10 3TJ

26 November 2025
NHS number: 400 079 4191

Your referral is being reviewed

PRIORY MEDICAL GROUP has referred you to:
***USC* Colorectal (York) Triage Service - York & Scarborough Hospitals.**

You do not need to do anything at this stage.

You will be contacted by either:

***USC* Colorectal (York) Triage Service - York & Scarborough Hospitals**
if you need to be seen

or

PRIORY MEDICAL GROUP
if the clinic sends any other advice.

What to do if you have not been contacted

Please wait until 28th November 2025.

If you have not been contacted by this date, call ***USC* Colorectal (York) Triage Service - York & Scarborough Hospitals** using the referral details shown here.

***USC* Colorectal (York) Triage Service - York & Scarborough Hospitals**

01904 726400

9am to 4pm Monday – Friday

Referral details

Booking reference number

0004 6747 1168

Access code

surprise tar

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This letter continues on the next page.

Changing your referral

If you need to change or cancel this referral, use one of the options below. You will need to provide your referral details shown on page 1.

To cancel or change

Go to
www.nhs.uk/referrals

or phone the
NHS appointment line on
0345 608 8888

or text phone **0345 850 2250**

The NHS appointment line is open Monday to Friday - 8am to 8pm, weekends and bank holidays - 8am to 4pm. A full translation service is available. All calls are charged at local rates.

The NHS constitution gives you the right to get some treatments within a set amount of time and get help to choose another clinic or hospital if you have to wait too long for some treatments.
To find out more visit www.nhs.uk/nhsconstitution, or contact the organisation that referred you.

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This is the end of the letter.

Attachment
25-Nov-2025 Dr Lucy Terry
Additional: Attachment
Accenda Gateway
Filename: GN-002736431 - CAVANAGH, John Michael (Mr) - 400 079 4191 - 2WW, 2WW Lower GI - Referral Document.pdf
Extension:.tif
Pages:

Validated Referral

Gateway

Referral Details

Referral Date:	Priority:	NHS Number:
25/11/2025	2WW	400 079 4191

Patient Details

Title:	Forename(s):	Surname:
Mr	John Michael	Cavanagh
Date of Birth:	**Gender:**	**Ethnicity:**
22/09/1963	Male	British or mixed British

Contact Details

Address Line 1:	Address Line 2:	Address Line 3:
	15 Etty Avenue	
Town:	**County:**	**Postcode:**
York		YO10 3TJ
Phone:	**Mobile:**	**Text Message Consent:**
	07851306734	Yes
Email:		

Referring Clinician/Practice Details

Referring Clinician Name:	
Terry, Lucy (Dr) - Clinical Practitioner	
Practice Name:	**Practice Code:**
PRIORY MEDICAL GROUP	B82005
PCN Name:	**PCN Code:**

Clinic Details

Specialty:	Clinic Type:	Named Clinician:
2WW	2WW Lower GI	

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Preferences

Vulnerable Patient:	Vulnerable Reason:	Confidential/Silent Referral:
No		No
Contact Time:	**Interpreter Required:**	**Preferred Language:**
	No	
Transport Required:		
No		

Reason For Request

Thank you for seeing John who has been under the UGI team previously due to pancreatitis earlier in the year.

He has a history of constipation and weight loss.

Examination was normal with normal PR. No evidence of haemorrhoids (although he may well have some evident given his hx of constipation)

FIT has come back positive and derranged U&E (for repeat)

Given his hx and results we are grateful of the specialist review.

Many thanks

Dr L Terry

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3rd party consent

Is there 3rd party consent on file for this patient?	No

Patient Awareness

Confirm the patient understands that they have been referred onto a "suspected bowel cancer pathway" and may need invasive investigations: including colonoscopy and gastroscopy, CT colonoscopy and Flexible Sigmoidoscopy	Yes
Confirm that your patient has received the information leaflet	No
Confirm the patient is a suitable candidate for telephone assessment and/or Straight To Test (STT)	Yes
Confirm the patient has been informed that they may be sent straight to test which is an invasive test and has agreed to this and the patient may not be seen by a Consultant:	Yes

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Validated Referral

Confirm the patient is available to attend an appointment or an investigation within 2 weeks of this referral and if necessary subsequent appointments over the next few weeks	Yes

Reason for Referral

FIT Result:	400.0 ug/g
Please select reason for referral:	Symptomatic FIT Result 10 (Straight to Test/ Fast Track Outpatient Clinic)

Symptoms

Please indicate below which NG12 or DG30 criteria your patient meets

Please indicate below which NG12 or DG30 criteria your patient meets:	Age >60 with iron deficiency anaemia or change in bowel habit

Abdominal Examinations

Abdominal examination findings?	Normal

Digital Per Rectum Examination

Examination Findings?	Normal

WHO Performance status

(helps to decide fitness for specific tests)

WHO Perfomance Status:	0 = Fully active, able to carry out all pre-disease performance without restriction

Patient Characteristics

A collection of protected characteristics codes

Disability

31/05/2002 **Disability**
Notes: DLA form completed.

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Past Medical History

A collection of past medical history records

Problems

17/01/2020	**COPD - Chronic obstructive pulmonary disease**
01/08/2016	**Ischaemic heart disease**
08/07/2016	**Depression**
23/08/2012	**Osteoarthritis** **Notes: left knee.**
03/05/2011	**Lower abdominal pain**
03/05/2011	**Appendicectomy** **Notes: laparoscopic.**
20/11/2009	**Type 2 diabetes mellitus**
07/08/2009	**Drainage of abscess** **Notes: rt groin.**
19/03/2009	**Ankle pain**
19/08/2002	**Ankle pain** **Notes: Tenosynovitis.Therapeutic injection of steroid offered.**
17/06/1997	**Drug dependence** **Notes: heroin / speed..**
16/08/1996	**Problem drinker** **Notes: 60 u per week.**
16/08/1996	**Oesophagitis**
16/08/1996	**[D]Helicobacter pylori abnormal microbiological finding in gastric fluid** **Notes: Triple therapy commenced.**
16/08/1996	**Ulcer of duodenum**
01/01/1996	**Ulcer of duodenum** **Notes: endoscopy -oesophagitis, CLO pos.**
01/01/1996	**Problem drinker**
19/10/1994	**Acute bronchitis**
12/05/1992	**Barium meal** **Notes: gastritis/duodenitis..**
01/01/1992	**Duodenitis** **Notes: on ba meal.**
13/06/1986	**Digital nerve of hand** **Notes: Exploration digital nerve of thumb + repair..**
01/01/1973	**Fracture of shaft of tibia**

[redacted]

Long Term Conditions

17/01/2020	**COPD - Chronic obstructive pulmonary disease**
01/08/2016	**Ischaemic heart disease**
03/07/2012	**Diabetes mellitus**

Family History

09/08/2022	**FH: Respiratory disease**
18/08/2020	**FH: Respiratory disease**

Allergies and Sensitivities

15/03/2022	**Allergy to drug** **Notes: none reported**

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Validated Referral

Current Repeat Medication

All recorded current medication and acute medication for past 3 months

Current Repeat Medication

Date	Description
23/10/2025	Butec 20micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) - apply one patch weekly
16/09/2025	Lactulose 3.1-3.7g/5ml oral solution - 20ml To be taken Twice Daily
16/09/2025	Sildenafil 100mg tablets - AS DIRECTED
18/08/2025	Finetest Lite testing strips (Neon Diagnostics Ltd) - use as directed
18/08/2025	Glucofix Tech Sensor testing strips (A. Menarini Diagnostics Ltd) - use as directed
18/08/2025	GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) use as directed
18/08/2025	Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray spray 1-2 puffs As required under the tongue when needed to relieve chest pain
18/08/2025	Greenlan lancets 0.35mm/28gauge (Neon Diagnostics Ltd) - use as directed
04/08/2025	Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) use as directed
25/06/2025	Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) two puffs twice daily
11/06/2025	Metformin 500mg tablets - take two twice a day
24/10/2024	Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) - inhale 2 puffs as needed
16/10/2024	Sharpsafe disposal unit 7litre Yellow (Vernacare International Ltd) - use as directed
20/03/2024	Clopidogrel 75mg tablets - take one on a morning

Acute Medication

Last 3 months

Acute Medication

Date	Description
23/10/2025	Butec 20micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) - apply one patch weekly

Lifestyle

Smoking status and alcohol consumption

Smoking Status

25/11/2025 **Smoker**

Alcohol Consumption

16/08/1996 **Problem drinker**
Notes: 60 u per week.

09/10/2025 **Alcohol units consumed per week, 0.0 Units/Week**

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Accessibility Standards

Ethnicity

Date	Description	Value
15/10/2008	British or mixed British - ethnic category 2001 census	British or mixed British - ethnic category 2001 census

Patient Communication Preferences

Date	Description	Value
27/01/2021	Requires contact by telephone	Requires contact by telephone

Examination Codes

A collection of examination codes

Height

09/10/2025 **Standing height, 1.67 m**

Weight

09/10/2025 **Body weight, 80.0 Kg**
11/04/2025 **Body weight, 86.0 Kg**
28/03/2025 **Body weight, 1.0 Kg**

BMI

09/10/2025 **Body mass index, 28.685146 Kg/m²**
11/04/2025 **Body mass index, 32.8 Kg/m²**
07/10/2024 **Body mass index, 34.3 Kg/m²**

Systolic Blood Pressure

09/10/2025 **Systolic arterial pressure, 153.0 mmHg**
11/04/2025 **Systolic arterial pressure, 158.0 mmHg**
06/03/2024 **Systolic arterial pressure, 119.0 mmHg**

Diastolic Blood Pressure

09/10/2025 **Diastolic arterial pressure, 89.0 mmHg**
11/04/2025 **Diastolic arterial pressure, 99.0 mmHg**
06/03/2024 **Diastolic arterial pressure, 84.0 mmHg**

Oxygen Saturation

SpO2 - oxygen saturation at periphery

01/09/2025 **Peripheral oxygen saturation, 97.0 %**

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Validated Referral

Gateway

Clinical Frailty

Rockwood Clinical Frailty Scale

Frailty Scale

15/04/2025 **Rockwood Clinical Frailty Scale level 2 - well**

Investigations

Date	**Author**				(ABNORMAL)
24/11/2025	Auto-filed				
Report Comment	Clinical Information: CLINICAL DETAILS: CIBH				
Specimen	ID: 1168ca7e-d689-4b30-ba91-80feac1f620d Type: Pathology				
	Investigation #1				(ABNORMAL)
	Time	**Description**	**User Comment**		**Tests**
	3:57 PM	Quantitative faecal immunochemical test			1
		Test Performed	**Value**	**Range (min / max)**	**Result**
		Quantitative faecal immunochemical test	400.0 ug/g	N/A	
		Lab Comment: Above high reference limit; This result will be actioned by fast track team if accompanied by a 2WW referral to York Teaching Hospital NHS Foundation Trust FIT >100 ug Hb/g faeces suggests higher risk of CRC			

Date	**Author**				
20/11/2025	Auto-filed				
Report Comment	Clinical Information: CLINICAL DETAILS: CIBH				
Specimen	ID: f9254171-59f8-48dd-9551-b3bc73b8cc42 Type: Pathology				
	Investigation #1				
	Time	**Description**	**User Comment**		**Tests**
	3:47 PM	Serum C reactive protein level			1
		Test Performed	**Value**	**Range (min / max)**	**Result**
		Serum CRP (C reactive protein) level	8.0 mg/L	N/A	
		Lab Comment: Above high reference limit			

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Validated Referral

Gateway

Date	Author
20/11/2025	Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS: CIBH
Specimen	ID: c20689a3-1329-4735-884e-0e8d53cd93b3 Type: Pathology

Investigation #1

Time	Description	User Comment	Tests
3:47 PM	Liver function tests		7

Test Performed	Value	Range (min / max)	Result
Liver function test	0	N/A	
Serum total protein	57.0 g/L	N/A	
Lab Comment: Below low reference limit			
Serum albumin level	31.0 g/L	N/A	
Lab Comment: Below low reference limit			
Serum total bilirubin level	3.0 umol/L	N/A	
Serum globulin level	26.0 g/L	N/A	
Serum alkaline phosphatase level	95.0 iu/L	N/A	
Serum alanine aminotransferase level	10.0 iu/L	N/A	

Date	Author
20/11/2025	Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS: CIBH TSH
Specimen	ID: 05c061da-49d6-4f7e-b1ea-d747991c5e59 Type: Pathology

Investigation #1

Time	Description	User Comment	Tests
3:47 PM	TSH		1

Test Performed	Value	Range (min / max)	Result
Serum TSH (thyroid stimulating hormone) level	1.9 miu/L	N/A	
Lab Comment: Advice on requesting and interpreting TFTs on Lab Med website. Refer to https://tinyurl.com/BiochemInfo for further information.			

Date	Author
20/11/2025	Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS: CIBH FERRITIN YORK/SGH
Specimen	ID: 461e9abf-5151-4853-9dbd-8535a40cf115 Type: Pathology

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Validated Referral

Gateway

Investigation #1

Time	Description	User Comment	Tests
3:47 PM	FERRITIN YORK/SGH		1

Test Performed	Value	Range (min / max)	Result
Serum ferritin level	68.0 ng/ml	N/A	

Lab Comment:

Iron studies added to ferritin request as CRP is raised.
Interpretation of Hematinics:
https://tinyurl.com/BiochemInfo
Note raised CRP.The Ferritin value may be lower than this once the acute phase response is over.

Date	Author
20/11/2025	Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS: CIBH
Specimen	ID: 06a9a5fe-c20e-4f9c-ac02-fcc117f4f8c5 Type: Pathology

Investigation #1

Time	Description	User Comment	Tests
3:47 PM	Bone profile		4

Test Performed	Value	Range (min / max)	Result
Bone profile	0	N/A	
Serum inorganic phosphate level	1.41 mmol/L	N/A	
Serum calcium level	2.25 mmol/L	N/A	
Serum adjusted calcium concentration	2.47 mmol/L	N/A	

Date	Author
20/11/2025	Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS: CIBH IMMATURE GRANULOCYTES: 0.03 10*9/L [0.0 - 0.2]
Specimen	ID: 389d3a0a-7ec2-4fcd-859c-42bc63d42d4a Type: Pathology

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Validated Referral

Gateway

Investigation #1				
Time	**Description**	**User Comment**		**Tests**
3:47 PM	Full blood count			16
	Test Performed	**Value**	**Range (min / max)**	**Result**
	Haematocrit	0.434	N/A	
	MCV - Mean corpuscular volume	88.0 fL	N/A	
	Platelet count	372.0 10^9/L	N/A	
	Red blood cell count	4.93 10^12/L	N/A	
	MCH - Mean corpuscular haemoglobin	29.6 pg	N/A	
	Nucleated red blood cell count	0.0 10^9/L	N/A	
	Neutrophil count	5.69 10^9/L	N/A	
	Red blood cell distribution width	13.5 %	N/A	
	Mean platelet volume	10.5 fL	N/A	
	Haemoglobin estimation	146.0 g/L	N/A	
	Lymphocyte count	3.83 10^9/L	N/A	
	Monocyte count	0.73 10^9/L	N/A	
	FBC - full blood count	0	N/A	
	Total white cell count	10.67 10^9/L	N/A	
	Eosinophil count	0.32 10^9/L	N/A	
	Basophil count	0.07 10^9/L	N/A	

Date	**Author**			
20/11/2025	Auto-filed			
Report Comment	Clinical Information: CLINICAL DETAILS: CIBH			
Specimen	ID: 5171cc23-9875-4cb0-983b-ec11f3a6f706 Type: Pathology			
	Investigation #1			
	Time	**Description**	**User Comment**	**Tests**
	3:47 PM	Urea and electrolytes		6
		Test Performed	**Value**	**Range (min / max)**	**Result**
		Serum creatinine level	118.0 umol/L	N/A	
		Lab Comment: Above high reference limit			
		eGFR (estimated glomerular filtration rate) using creatinine Chronic Kidney Disease Epidemiology Collaboration equation per 1.73 square metres	57.0 mL/min	N/A	
		Serum urea level	15.2 mmol/L	N/A	
		Lab Comment: Above high reference limit			
		Serum sodium level	141.0 mmol/L	N/A	
		Serum potassium level	5.6 mmol/L	N/A	
		Lab Comment: Above high reference limit; Hyperkalaemia in Primary Care - guidance available on Lab website: Refer to https://tinyurl.com/BiochemInfo for further information. Weblink also available via VoY RSS Pathology tab.			
		Urea and electrolytes level	0	N/A	

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Validated Referral

Gateway

Date	Author
09/10/2025	Auto-filed
Report Comment	Clinical Information: CLINICAL DETAILS:
Specimen	ID: 18ddb3fb-2c56-4cdd-bd5a-b1bb5363537d Type: Pathology

Investigation #1

Time	Description	User Comment	Tests
11:00 AM	Haemoglobin A1c level - IFCC standardised		1

Test Performed	Value	Range (min / max)	Result
Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised	105.0 mmol/mol	N/A	
Lab Comment: Above high reference limit			

Date	Author	(ABNORMAL)
09/10/2025	Auto-filed	
Report Comment	needs another discussion re statin Clinical Information: CLINICAL DETAILS: SHORT LIPID PROFILE (CHOLESTEROL/HD	
Specimen	ID: 1cefe9de-dc4a-4b0f-a548-270c7bad3028 Type: Pathology	

Investigation #1 (ABNORMAL)

Time	Description	User Comment	Tests
11:00 AM	SHORT LIPID PROFILE (CHOLESTEROL/HD	needs another discussion re statin	4

Test Performed	Value	Range (min / max)	Result
Serum cholesterol/high density lipoprotein ratio	4.1 mmol/mmol	N/A	
Serum non high density lipoprotein cholesterol level	5.3 mmol/L	N/A	
Lab Comment: https://tinyurl.com/LipidDisorders			
Serum high density lipoprotein cholesterol level	1.7 mmol/L	N/A	
Serum cholesterol level	7.0 mmol/L	N/A	

Date	Author	(ABNORMAL)
09/10/2025	Auto-filed	
Report Comment	needs another discussion re statin Clinical Information: CLINICAL DETAILS:	
Specimen	ID: 3d452277-c890-42ac-96f6-21a3b6cb8b2f Type: Pathology	

THIRD PARTY COPY

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Validated Referral

Gateway

Investigation #1				(ABNORMAL)
Time	**Description**	**User Comment**		**Tests**
11:00 AM	Urea and electrolytes	needs another discussion re statin		6
	Test Performed	**Value**	**Range (min / max)**	**Result**
	Urea and electrolytes level	0	N/A	
	Serum creatinine level	95.0 umol/L	N/A	
	eGFR (estimated glomerular filtration rate) using creatinine Chronic Kidney Disease Epidemiology Collaboration equation per 1.73 square metres	74.0 mL/min	N/A	
	Serum urea level	10.3 mmol/L	N/A	
	Lab Comment: Above high reference limit			
	Serum sodium level	136.0 mmol/L	N/A	
	Serum potassium level	4.7 mmol/L	N/A	

Activity Log

Date	Action

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Attachment
04-Sept-2025 Timothy Rowbotham
Additional: Attachment
Letter to Patients from Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

priory
Health. Care. Together.

Strictly private and confidential
Mr John Cavanagh
15 Etty Avenue
York
YO10 3TJ

04 Sep 2025
Our Ref: 400 079 4191/AS/TR

THIRD PARTY COPY

Dear Mr Cavanagh,

We hope this letter finds you well.

As your healthcare provider, we are reaching out to express our concern regarding your diagnosis of type 2 diabetes. We have made several attempts to contact you to have your blood tests repeated and to discuss your condition and develop a plan. However, we have been unable to reach you.

Managing diabetes effectively is crucial for your health and wellbeing. It's essential that we establish care and treatment promptly to help you maintain optimal health and manage your condition effectively.

Please can you arrange to come to the reception and collect the necessary forms and have your bloods taken to enable us to review your condition. This will be our final reminder and after this it will be your responsibility to get in contact with us moving forward for your health management as part of patient initiated follow up.

Many thanks.

With kind regards,

Diabetes Team
Priory Medical Group
Dictated but not signed to expedite.

Clementhorpe Health Centre	Fulford	Heworth	Lavender Grove	Park View	Priory Medical Centre	Rawcliffe	Tang Hall Lane	Victoria Way
Cherry Street, York, YO23 1AP	2 Fulford Park, York, YO10 4QE	45 Heworth Green, York, YO31 7SX	Boroughbridge Road, York, YO26 5RX	28 Millfield Avenue, York, YO10 3AB	Cornlands Road, York, YO24 3WX	Water Lane, York, YO30 6ND	190 Tang Hall Lane, York, YO10 3RL	2 Victoria Way, York, YO32 9GE

Full details of the Priory Medical Group partnership can be found at: www.priorymedicalgroup.com

Attachment
13-Aug-2025 Joanne Williams
Additional: Attachment
Upper GI from General/ Upper GI Surgeon, General Surgeon, York Hospital -> Priory Medical Group

Filename:
Extension:.tif
Pages:

York Teaching Hospital
NHS Foundation Trust
Wigginton Road, York YO31 8HE. Tel 01904 631313

DAL/pm

15 August 2025

Private & Confidential
Mr John Cavanagh
15, Etty Avenue
YORK
YO10 3TJ

Upper GI Surgical Unit
Department of General Surgery
Mr M Salama's Secretary Tel 01904 726380
Mr W Wong/Mr M Giles/Miss L Onos's Secretary Tel 01904 725968
Mr G Miller/Mr A Krishnan/Mr A Banerjee's Secretary Tel 01904 725523
Mr K Polyzois/Mr R Young/Mr D Longbotham's Secretary Tel 01904 724553

Dear Mr Cavanagh

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191
Clinic: Mr Longbotham **Clinic Date:** 13 August 2025

Reason for Clinic Appt: Follow up after episode of pancreatitis.

Management Plan: Pancreatic bloods including: fasting lipids, autoimmune screen, calcium levels.

I spoke to you today on the phone. You were admitted back in April with a bout of pancreatitis. You had a CT which confirmed pancreatitis but no severe complications which was good news. You underwent a targeted ultrasound aswell which did not show any gallstones. Since this time you have recovered reasonably well. You are still feeling a bit tired and still a bit sore from time to time but nothing as bad as it was.

The purpose of this was to work out if there was any reversable cause of the pancreatitis. There is no evidence of gallstones on the ultrasound which is the most common one. You tell me that you have not had any alcohol for a number of years which is another common cause. Beyond this there are a few rarer causes which we can check for in the blood tests, with this letter we will send you a blood form for some blood tests for screening for other causes of pancreatitis. Should these come back as normal, then we would say this was something called an idiopathic or unknown cause of pancreatitis but we will be in touch with the blood tests.

Many thanks

Yours sincerely

Electronically verified

Mr D. Longbotham MBBS MD FRCS

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Consultant General/Upper GI surgeon

Enc: Blood test request form

Copy To: Dr R Fisher
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

THIRD PARTY COPY

Attachment
16-July-2025 Janani Chandrasekaran
Additional: Attachment
Letter to Patients from Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

priory
Health. Care. Together.

Strictly private and confidential
Mr John Cavanagh
15 Etty Avenue
York
YO10 3TJ

16 Jul 2025
Our Ref: 400 079 4191/AS/JC

Dear Mr Cavanagh,

Trust you are well and in good health?

We hope this letter finds you well. As your healthcare provider, we are reaching out to express our concern regarding your diagnosis of type 2 diabetes. We have made several attempts to contact you to have your blood tests repeated and to discuss your condition and develop a plan. However, we have been unable to reach you.

Managing diabetes effectively is crucial for your health and wellbeing. It's essential that we establish care and treatment promptly to help you maintain optimal health and manage your condition effectively.

Please can you arrange to come to the reception and collect the necessary forms and have your bloods taken to enable us to review your condition. This will be our final reminder and after this it will be your responsibility to get in contact with us moving forward for your health management as part of patient initiated follow up.

Many thanks,

With kind regards

Diabetes Team
Prior Medical Group

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Clementhorpe Health Centre	Fulford	Heworth	Lavender Grove	Park View	Priory Medical Centre	Rawcliffe	Tang Hall Lane	Victoria Way
Cherry Street, York, YO23 1AP	2 Fulford Park, York, YO10 4QE	45 Heworth Green, York, YO31 7SX	Boroughbridge Road, York, YO26 5RX	28 Millfield Avenue, York, YO10 3AB	Cornlands Road, York, YO24 3WX	Water Lane, York, YO30 6ND	190 Tang Hall Lane, York, YO10 3RL	2 Victoria Way, York, YO32 9GE

Full details of the Priory Medical Group partnership can be found at: www.priorymedicalgroup.com

Attachment
10-July-2025 Jessica Ayre
Additional: Attachment
Retinal Screening from Retinal Screening Service (North Yorkshire) -> Priory Medical Group
Filename:
Extension:.tif
Pages:

North Yorkshire nydesp
NHS Diabetic Eye
Screening Programme

NHS
York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Confidential
Dr V Jankee
Priory Medical Centre
Cornlands Road
Acomb
York
North Yorkshire
YO24 3WX

14 July 2025

Dear Dr Jankee

RE: Mr John Cavanagh
Address: 15 Etty Avenue, York, N Yorkshire, YO10 3TJ
NHS Number: 400 079 4191 DOB: 22/09/1963

DIABETIC EYE SCREENING TEST RESULT

The above patient had a diabetic eye screening test on 10 July 2025. The patient has been informed of the outcome of their screening. Their screening results, along with any recommended follow-up, are detailed below:

Type of appointment: Routine screening

	Right eye	**Left eye**
Visual acuity	6/4	6/4
Final grade	R1 - Background Retinopathy M0 - No Maculopathy	R1 - Background Retinopathy M0 - No Maculopathy
Follow-up requirements	Annual recall	
Referral arrangements	**This patient does not require a referral to ophthalmology for diabetic retinopathy or maculopathy.**	
Rescreen due	Twelve months	

For patients with R1, R2 or R3 grades, the diabetic and blood pressure management should be reviewed as good control reduces rate of progression. If appropriate, please refer to specialist diabetes team.

	Right eye	**Left eye**
Other significant (non-DR) lesions		
Referral arrangements for non-DR lesions		

If you require any further information, please contact us on 01904 726640.
Yours sincerely

North Yorkshire Diabetic Eye Screening Programme

063

NYDESP, Regus, Tower Court, Oakdale Road, Clifton Moor, York, YO30 4XL Tel 01904 726640

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Attachment
07-May-2025 Joanne Williams
Additional: Attachment
DNA Letter from General/ Upper GI Surgeon, General Surgeon, York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

York Teaching Hospital
NHS Foundation Trust
Wigginton Road, York YO31 8HE. Tel 01904 631313

DAL/pm

15 May 2025

Private & Confidential
Mr John Cavanagh
15, Etty Avenue
YORK
YO10 3TJ

Upper GI Surgical Unit
Department of General Surgery
Mr M Salama's Secretary Tel 01904 726380
Mr W Wong/Mr M Giles/Miss L Onos's Secretary Tel 01904 725988
Mr G Miller/Mr A Krishnan/Mr A Banerjee's Secretary Tel 01904 725523
Mr K Polyzois/Mr R Young/Mr D Longbotham's Secretary Tel 01904 724553

Dear Mr Cavanagh

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191
Clinic: Mr Longbotham **Clinic Date:** 7 May 2025

You did not attend your follow up appointment to discuss your recent admission with pancreatitis.

I will send you a further appointment to see if anything further needs to be done.

Many thanks

Yours sincerely

Electronically verified

Mr D. Longbotham MBBS MD FRCS
Consultant General/Upper GI surgeon

Copy To: Dr R Fisher
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

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Attachment
15-Apr-2025 Emily Sidebottom
Additional: Attachment
Discharge summary from York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

YORK HOSPITAL Switchboard 01904 631313

Discharge Notification

15th April 2025

Dr Robert Fisher
Priory Medical Group
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Consultant : Mr Mathew S Giles
Admitted : 11-APR-2025, Emergency
Specialty : General Surgery
Discharging Doctor : Stainthorpe, Luisa
Discharged From : Ward 16
On : 15-APR-2025

Dear Dr Fisher

Mr John M Cavanagh
15, Etty Avenue, YORK, YO10 3TJ
NHS No: 400 079 4191 Date Of Birth: 22/09/1963
Casenote: 99/39862

Notes / Other Treatments

Mr Cavanagh came in with worsening epigastric pain (4-month history of intermittent pain). Very tender epigastrium on examination. Background of Pancreatitis. He had a CT scan that confirmed acute pancreatitis, with no complications identified. He then had a gallbladder ultrasound that also did not show any complications.

He was treated conservatively, recovered well on the ward. Discharged when medically fit. Safety netting advice given.

Follow-up as above.

We wish him well.

Diagnosis

Acute pancreatitis

No changes to pre-admission medications other than the changes identified below
Medication not validated or dispensed by Pharmacy

Medications Stopped or Amended

Medication	Notes
diclofenac diethylammonium - VOLTAROL - STRENGTH 1.16% - EMULGEL - DOSE 1 application - Topical - THREE times a DAY - as required	

Allergies

No Known Allergies

Weight

11-APR-2025 BMI: 32.8, Weight: 86kg, BSA: 1.91

Frailty (Rockwood) Score

2

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Secondary Care Follow Up
Telephone with Mr Giles in 8 weeks

Suggested Primary Care Follow up plan
Follow-up in clinic, face-to-face, with Mr Giles in 6 weeks time.

Nurse Discharge Notes
John is now medically fit for discharge, he is independent, no skin concerns. No dressings or cannulas. own transport arranged. Medications returned on discharge.NEWS stable, he can eat and drink a normal diet. Any concerns in the next 7 days to call the ward on 01904 726016.

For further advice about Coronavirus, please visit nhs.uk/coronavirus
If you feel unwell or have further symptoms after you have been discharged from hospital, please call 111 for further advice

THIRD PARTY COPY

Attachment
11-Apr-2025 Dr Christopher Bennett
Additional: Attachment
Request Form from Dr C Bennett, Priory Medical Group -> York Hospital
Filename:
Extension:.tif
Pages:

Priory Medical Group
Priory Medical Centre
Cornlands Road
York
YO24 3WX

Telephone: 01904 404100
Practice B82005

York Hospitals NHS Trust
Wigginton Road
York
YO31 8HE

EMERGENCY ADMISSION FORM

Date of Referral 11 Apr 2025

PATIENT'S NAME	Mr John Cavanagh		
ADDRESS	15 Etty Avenue, York YO10 3TJ		
TEL NO		DATE OF BIRTH	22 Sep 1963
NHS NO	400 079 4191	AGE	61

Dear Colleague

REASON FOR ADMISSION Acute Abdomen ?acute pancreatitis ?other

61M abdominal pain about 8/7, across upper abdomen.
Been to hospital 3x and ambulance 2x - ended up leaving a+e this morning as told 9 hour wait
Paracetamol not touching pain , was previously addicted to codeine
No vomiting, BO last 4-5/7 ago, using movicol and lactulose, not sure about stools
Ate sandwich yesterday and drinking fluids
PUing ok
Suffered with pancreatitis but feels worse than this

O/E: peritonitic upper abdomen, BS +ve. HR 120, BP 155/97, Temp 36.2, RR 17

Discussed with Surgical reg on call and agrees needs urgent CT AP. Suggested send patient to ED and inform when arrives for assessment and organise CT scan.

Yours sincerely,

Dr Joe Bedford

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THIRD PARTY COPY

Medical History of Mr John Cavanagh - 22 Sep 1963- 400 079 4191

Significant Active Problems

Start date	Problem
20 Nov 2009	Type II diabetes mellitus (X40J5)
03 May 2011	Lower abdominal pain (197C.)
23 Aug 2012	Osteoarthritis NOS (XE1Da)
08 Jul 2016	[X]Depressive episode, unspecified (XE1Zb)
01 Aug 2016	Ischaemic heart disease (XE2uV)
17 Jan 2020	Chronic obstructive lung disease (H3...)

Allergies

Start date	Allergy or Sensitivity
15 Mar 2022	H/O: drug allergy (14L..)

Blood Pressure

158 / 99 mmHg

Current Repeats

Drug name	Dose
Clopidogrel 75mg tablets	take one on a morning
Voltarol 1.16% Emulgel (Haleon UK Trading Ltd)	apply 3 times/day
Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray	spray 1-2 puffs As required under the tongue when needed to relieve chest pain
Greenlan lancets 0.35mm/28gauge (Neon Diagnostics Ltd)	use as directed
Sharpsafe disposal unit 7litre Yellow (Vernacare International Ltd)	use as directed
Glucofix Tech Sensor testing strips (A. Menarini Diagnostics Ltd)	use as directed
Glucoject lancets PLUS 0.2mm/33gauge (A. Menarini Diagnostics Ltd)	use as directed
GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd)	use as directed
Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd)	two puffs twice daily
Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd)	inhale 2 puffs as needed
Metformin 500mg tablets	take two twice a day
Sildenafil 100mg tablets	AS DIRECTED
Finetest Lite testing strips (Neon Diagnostics Ltd)	use as directed

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Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd)	use as directed
Lactulose 3.1-3.7g/5ml oral solution	20ml To be taken Twice Daily
Butec 20micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd)	apply one patch weekly

THIRD PARTY COPY

Attachment
11-Apr-2025 Emily Sidebottom
Additional: Attachment
Ambulance Notification from Yorkshire Ambulance Service NHS Trust - Hospital Letters -> Priory Medical Group
Filename:
Extension:.tif
Pages:

NHS
Yorkshire
Ambulance Service
NHS Trust

Sent date: 11/04/2025

YAS Reference: 4971472

GP Details:

DR or Surgery: PRIORY MEDICAL GROUP

Patient Details:

Name: JOHN CAVANAGH

NHS Number: 4000794191

DOB: 22/09/1963 00:00:00

Date of incident: 11/04/2025 03:41:00

Time of incident: 11/04/2025 03:41:00

THIRD PARTY COPY

YAS Attendance Outcome Summary (Patient conveyed to hospital)

Presented with: Abdominal pain

Presenting complaint history: Wednesday night/ Thursday morning, was in A&E for same issue. worsened since.

No bowel movement past 4/7.

Worsening abdominal pain 7/7

Has taken paracetamol regularly to try and manage pain. This was last taken prior to midnight.

On examination / assessment: A) patent and self maintained,

B) RR18, normal work of breathing

C) palpable radial pulse, initial tachycardia which settled within several minutes. no CCP, no pain radiating to arms/jaw, not clammy/sweaty. Looks well perfused.

D) alert and orientated, GCS15 (456), FAST negative

E) Apyrexic, BM14.8 known DBMT2.

Patient states reduced food and fluid intake over the past several days. No bowel movement for 4/7. Worsening abdominal pain for 7/7.
On auscultation very active bowel sounds present, lots of gas movement. Abdomen is reported to be more swollen than usual, patient has tenderness across abdomen from the level of umbilicus and above, tender to mild pressure.
Has reported one episode of vomiting yesterday following drinking some laxido, no ongoing nausea, no further vomiting.

Clinical Frailty Scale level 3 - managing well

For any questions or further information please email yas.patientrelations@nhs.net 1/2

NHS
Yorkshire
Ambulance Service
NHS Trust

Plan of care: History and observations, abdominal assessment, carry chair to ambulance and transfer to stretcher, transport to YDH.

The patient was conveyed to YORK DISTRICT HOSPITAL ED with a working impression of Chronic pancreatitis

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For any questions or further information please email yas.patientrelations@nhs.net 2/2

Attachment
11-Apr-2025 Lucie Smith
Additional: Attachment
Accident and Emergency Letter from York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

EMERGENCY DEPARTMENT

Date 11 April 2025 **Time** 11:41

Patient CAVANAGH, John M, Mr, NHS No 400 079 4191, DOB 22 Sep 1963, attended ED on the above date and time, and the advice detailed below was provided

You were seen today by Ms Helen Brighton at York Hospital
GP / ANP / ENP/Nurse (delete as applicable)

The outcome of the consultation was that you have no time critical medical need to be addressed today in the Emergency Department.

Recommended course of action

Discharge Status: Streamed to Same Day Emergency Care ward (SDEC)
Discharge Dest: Admitted to Trust
(York Hospital - Ward: SAU - Specialty: General Surgery)

If your symptoms get worse, please seek advice from NHS 111

GP SURGERY
For illnesses that are not life threatening you should first contact your GP surgery.
Outside of normal surgery hours you will be directed to an out-of-hours service.
During out-of-hours periods you can also call NHS 111.
GP surgeries are open from 08:00 to 18:30

NHS 111
If it is not an immediate emergency call NHS 111. The service is available 24 hours a day, seven days a week, and can provide medical advice and also advise you on the best local services to offer the care you need, simply call 111.
You should contact NHS 111 when your GP surgery is shut.

THIRD PARTY COPY

Pharmacies
Pharmacists can also provide advice and over the counter medicines for a whole range of problems including the morning after pill. To find a pharmacy near you visit **www.nhs.uk**

Symptom Checker
Alternatively, use NHS Choices symptom checker to assess your symptoms online and receive personalised advice on the best action to take : **www.nhs.uk**

Sexual Health Services
For sexually transmitted diseases and emergency contraception/ 'the morning after pill', please contact YorSexualHealth (covers the whole of York and North Yorkshire):

Address: 31 Monkgate, York, YO31 7WA **Phone**: 01904 721111

If you are not sure which service is best for you please seek advice from the **NHS 111 service** - see above
.

THIRD PARTY COPY

Attachment
11-Apr-2025 Henry Lanfranchi
Additional: Attachment
Out of Hours from Yorkshire Ambulance Service NHS Trust -> Priory Medical Group
Filename:
Extension:.tif
Pages:

NHS 111 Report - For Information

CAVANAGH, John *Born* 22-Sep-1963 *Gender* Male *Unverified NHS No.* 400 079 4191
Local Patient ID 5847C97F-2FF2-46DE-9C68-0BB15D31C2E8

Home Address
15 Etty Avenue
York
N Yorkshire
YO10 3TJ

Emergency Phone 07842439871

GP Practice
Heworth Green Surgery (Priory MG, York)
HEWORTH SURGERY
HEWORTH GREEN SURGERY 45 HEWORTH GREEN
YORK
YO31 7SX

Phone 01904404100

Patient's Reported Condition

in agony with abdo pain- a week but now worsened a lot now

Case Summary

Disposition:
Emergency Ambulance Response for Acute Coronary Syndrome (Category 2)
Dx0112

Selected care service:
No referral made.

Rationale:
Injury, illness or other health problem
Conscious
Appropriate to speak to the patient
Illness
Warm to touch
Stopped doing all of their everyday activities
Severe pain
Crushing/severe aching pain in chest, back or abdomen
Someone staying with individual
No indication scene unsafe
Vomiting coffee grounds

Pathways Assessment:
An injury, illness or health problem was the reason for the contact.
The individual was conscious at the time of the assessment.
It was appropriate to speak to the patient.
There was no blood loss.
An illness or health problem was the main problem.
User Comments: Abdo pain
The individual was not fighting for breath.
The main reason for the assessment was not an allergic reaction, a heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for assessment was not new confusion, declared diabetic hypo/hyperglycaemia or ICD shock.
The skin on the torso felt normal, warm or hot.
User Comments: warm
Pathway selected - Abdominal Pain
There was no vomiting, diarrhoea, rectal bleeding, groin pain or groin swelling.
There was no new genital pain or swelling.
They have stopped doing all of their everyday activities.
Severe pain was reported.
The pain did not start in the chest, upper back or upper abdomen in the last 24 hours.
User Comments: middle abdo pain and lower back pain now too
There was crushing or severe aching pain in the chest, upper back or upper abdomen.
There had been no previous diagnosis of Marfan's syndrome.
Instructions given were: An emergency ambulance is being arranged.
There was no further information to help with dispatch.
There was someone staying with the individual.
There was no safeguarding concern.
The scene was safe.
Pre-arrival instructions were considered appropriate.

THIRD PARTY COPY

Whether the individual used GTN medication could not be confirmed.
The individual was not allergic to aspirin.
There was dark brown or black vomit, like coffee-grounds.
Closing instructions

Advice given:
If there are any new symptoms, or their condition gets worse, changes or you have any other concerns call 999.
If you can, ask for someone to meet and direct the vehicle.
If you do need to contact somebody do so now, then try and keep the line free as we may need to call you back.
Shut any dogs away.

Document Created	**11-Apr -2025, 03:47**
Document Owner	**Yorkshire Ambulance Service - 111**
Authored by	**HAFSA MAHMOOD - Assessed by, Wakefield (Yorkshire Ambulance Service - 111) on 11-Apr -2025, 03:45**
Consent Status	**Consent given for electronic record sharing**

Informant Katie- Wife (Relative) - Not specified

Home Phone 07842439871

Encounter Type	**NHS111 Encounter**
Encounter Time	**11-Apr -2025, 03:38 to 11-Apr -2025, 03:45**
Case Reference	**E84D9816-6CFE-4133-930B-731BDA230054**
Case ID	**8608612**
Encounter Disposition	**Emergency Ambulance Response for Acute Coronary Syndrome (Category 2)**
Care Setting Location	**Incident Location**
Care Setting Address	*Visit Address* **15 Etty Avenue** **York** **N Yorkshire** **YO10 3TJ**
Care Setting Type	
Responsible Party	**Steven Dykes - Medical Director, Yorkshire Ambulance Service - 111**

Document ID **B377F447-734E-4517-8C88-B2302E45B460** *Version* **1**

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Attachment
11-Apr-2025 Emily Sidebottom
Additional: Attachment
Accident and Emergency Letter from York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

York ED Notification

Current GP: Dr Robert FISHER
Tang Hall Lane Surgery, 190, Tang Hall La, YORK, YO10 3RL

Patient Details

Name:	CAVANAGH, John M, Mr
DOB:	22-SEP-1963
A&E Number:	51804- 25
NHS Number:	400 079 4191
Address:	15, Etty Avenue, YORK, YO10 3TJ
Referral Source:	Ambulance service - patient in transit
Arrival:	11-APR-2025 04:35
Departure:	11-APR-2025 06:07
Presenting Comp:	abdo pain
Chief Comp:	Abdominal pain
Investigations:	Liver function tests (LFTs) Urea & Electrolytes (U&Es) C reactive protein (CRP) Full blood count (FBC) Amylase Venous blood gas Lactate Arterial / capillary blood gas
Safeguarding:	No Safeguarding concerns recorded

Actions Taken

Disposal:	Discharge Status: Left after assessment with intent to attend other healthcare provider Discharge Dest: Home

Clinical Narrative / Plan & Requested Actions / Medications:

05:20
Abdo pain
Attended 9th and 10th April with abdo pain. Saw Doctor yesterday and discharged home with Paracetomol.
A/w USS.
Has returned as pain is still the same as before.

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PMH: Chornic Pancreatitus, COPD, IDDM

05:45
Discussed with Dr Mo who saw the pt yesterday. Pt self discharged and then returned, was called multiple times but was outside smoking. Seen by Dr Mo and advised that his bloods were NAD and due to his pain being chronic would need to see his GP. Pt was requesting a scan yesterday and advised by Mo that this would be something that his GP would need to arrange for him. Pt is currently in the waiting room.

06:00.
States cannot wait 9 hours to be seen by Dr so is leaving and will ring GP @ 8am this morning for urgent scan. Stating cannot wait in this amount of pain.
Explained that the triage nurse has offered him pain relief which he refused & told him that day team of doctors start @ 8am so will be more drs on so possibility is that wait time does reduce. He then stated he will come back at 8 then. Myself and Jacqui (admin) explained that if he does this he will be booked in for that time and will start process again.

John has left ED.

Signed off by: Eleanor Inchboard

Contact Details: ED Secretary 01904 725616

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Attachment
10-Apr-2025 Joanne Williams
Additional: Attachment
Accident and Emergency Letter from York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

York ED Notification

Current GP: Dr Robert FISHER
Tang Hall Lane Surgery, 190, Tang Hall La, YORK, YO10 3RL

Patient Details

Name:	CAVANAGH, John M, Mr
DOB:	22-SEP-1963
A&E Number:	50726- 25
NHS Number:	400 079 4191
Address:	15, Etty Avenue, YORK, YO10 3TJ
Referral Source:	GP NO LETTER
Arrival:	10-APR-2025 04:47
Departure:	10-APR-2025 07:26
Presenting Comp:	Abdominal Pain In Adults
Chief Comp:	Abdominal pain
Safeguarding:	No Safeguarding concerns recorded

Actions Taken

Disposal: Discharge Status: Left refusing Treatment

Clinical Narrative / Plan & Requested Actions / Medications:

left before being seen

Signed off by: Mrs Sarah Deans

Contact Details: ED Secretary 01904 725616

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Attachment
09-Apr-2025 Emily Sidebottom
Additional: Attachment
Accident and Emergency Letter from York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

York ED Notification

Current GP: Dr Robert FISHER
Tang Hall Lane Surgery, 190, Tang Hall La, YORK, YO10 3RL

Patient Details

Name:	CAVANAGH, John M, Mr
DOB:	22-SEP-1963
A&E Number:	50726- 25
NHS Number:	400 079 4191
Address:	15, Etty Avenue, YORK, YO10 3TJ
Referral Source:	Self / family / friends / education / work colleague
Arrival:	09-APR-2025 02:51
Departure:	09-APR-2025 03:24
Presenting Comp:	Pancreatitis
Chief Comp:	Chest pain
Safeguarding:	No Safeguarding concerns recorded

Actions Taken

Disposal: Discharge Status: Left refusing Treatment

Clinical Narrative / Plan & Requested Actions / Medications:

Attended ed with abdo pain, left without been seen by ED Dr.

Signed off by: Mr Reece Dodsworth

Contact Details: ED Secretary 01904 725616

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Attachment
09-Apr-2025 Callum McNeill
Additional: Attachment
Accident and Emergency Letter from York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

York ED Notification

Current GP: Dr Robert FISHER
Tang Hall Lane Surgery, 190, Tang Hall La, YORK, YO10 3RL

Patient Details

Name:	CAVANAGH, John M, Mr
DOB:	22-SEP-1963
A&E Number:	50726- 25
NHS Number:	400 079 4191
Address:	15, Etty Avenue, YORK, YO10 3TJ
Referral Source:	GP NO LETTER
Arrival:	09-APR-2025 18:18
Departure:	10-APR-2025 01:30
Presenting Comp:	pancreaitis? abdo pain
Chief Comp:	Abdominal pain
Diagnosis:	Comment: Left before clinical assessement - [Suspected diagnosis]
Treatments:	No Treatments carried out
Investigations:	Liver function tests (LFTs) Urea & Electrolytes (U&Es) C reactive protein (CRP) Full blood count (FBC) Amylase Venous blood gas Lactate Arterial / capillary blood gas
Safeguarding:	No Safeguarding concerns recorded

Actions Taken

Disposal:	Discharge Status: Left after assessment but before treatment complete (dest. unknown)

Clinical Narrative / Plan & Requested Actions / Medications:

left before being seen

Signed off by: Dr Mohamed Taha

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Senior review by: Dr Mohamed Taha (7665078)

Contact Details: ED Secretary 01904 725616

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Attachment
06-Apr-2025 Emma Dyball
Additional: Attachment
Out of Hours from Yorkshire Ambulance Service NHS Trust -> Priory Medical Group
Filename:
Extension:.tif
Pages:

NHS 111 Report - For Information

CAVANAGH, John *Born* 22-Sep-1963 *Gender* Male *NHS No.* 400 079 4191
Local Patient ID 5847C97F-2FF2-46DE-9C68-0BB15D31C2E8

Home Address
15 Etty Avenue
York
N Yorkshire
YO10 3TJ

Emergency Phone 07851306734

GP Practice
Heworth Green Surgery (Priory MG, York)
HEWORTH SURGERY
HEWORTH GREEN SURGERY 45 HEWORTH GREEN
YORK
YO31 7SX

Phone 01904404100

Patient's Reported Condition

seen gp last week for abdominal pain had bloods done - abdominal pain getting worse

Case Summary

Disposition:
Emergency Ambulance Response for Septicaemia (Category 2)
Dx01121

Selected care service:
No referral made.

Rationale:
Injury, illness or other health problem
Illness
Warm to touch
Stopped doing all of their everyday activities
Severe pain
New mark(s) like bruising or bleeding under the skin
Someone staying with individual
No indication scene unsafe

Pathways Assessment:
An injury, illness or health problem was the reason for the contact.
There was no blood loss.
An illness or health problem was the main problem.
User Comments: abdominal pain
The individual was not fighting for breath.
The main reason for the assessment was not an allergic reaction, heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, or ICD shock.
The skin on the torso felt normal, warm or hot.
Pathway selected - Abdominal Pain
There was no vomiting, diarrhoea, rectal bleeding, groin pain or groin swelling.
There was no new genital pain or swelling.
They have stopped doing all their everyday activities.
Severe pain was reported.
The pain did not start in the chest, upper back or upper abdomen in the last 24 hours.
Crushing or severe aching chest, upper back or upper abdominal pain, or pain spreading to the arm, neck, jaw or shoulder could not be confirmed.
User Comments: on going pain with shoulders
There were new skin mark(s), like bruising or bleeding under the skin.
Instructions given were: An emergency ambulance is being arranged.
There was no further information to help with dispatch.
There was someone staying with the individual.
There was no safeguarding concern.
The scene was safe.
Closing instructions

Advice given:
If there are any new symptoms, or your condition gets worse, changes or you have any other concerns call 999.
If you can, ask for someone to meet and direct the vehicle.

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If you do need to contact somebody do so now, then try and keep the line free as we may need to call you back.
Shut any dogs away.

Document Created	**06-Apr -2025, 02:54**
Document Owner	**Yorkshire Ambulance Service - 111**
Authored by	**Olivia Lynch - Assessed by, Remote Working (Yorkshire Ambulance Service - 111) on 06-Apr -2025, 02:52**
Consent Status	**Consent given for electronic record sharing**

Encounter Type	**NHS111 Encounter**
Encounter Time	**06-Apr -2025, 02:48 to 06-Apr -2025, 02:52**
Case Reference	**DB056FAF-6672-4331-A417-869788065B9F**
Case ID	**8586618**
Encounter Disposition	**Emergency Ambulance Response for Septicaemia (Category 2)**
Care Setting Location	**Incident Location**
Care Setting Address	*Visit Address* **15 Etty Avenue** **York** **N Yorkshire** **YO10 3TJ**
Care Setting Type	
Responsible Party	**Steven Dykes - Medical Director, Yorkshire Ambulance Service - 111**

Document ID **227DF112-251F-4869-9386-327E7C8D70D6** *Version* **1**

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Attachment
06-Apr-2025 Emily Sidebottom
Additional: Attachment
Ambulance Notification from Yorkshire Ambulance Service NHS Trust - Hospital Letters -> Priory Medical Group
Filename:
Extension:.tif
Pages:

NHS
Yorkshire
Ambulance Service
NHS Trust

Sent date: 06/04/2025

YAS Reference: 4960967

GP Details:

DR or Surgery: PRIORY MEDICAL GROUP

Patient Details:

Name: JOHN CAVANAGH

NHS Number: 4000794191

DOB: 22/09/1963 00:00:00

Date of incident: 06/04/2025 02:51:00

Time of incident: 06/04/2025 02:51:00

YAS Attendance Outcome Summary (Patient not conveyed to hospital)

Presented with: Abdo pain

Presenting complaint history: Pt C/O 3/52 Hx of abdo pain.
Pt seen by GP 2/ 52 - bloods taken and pain management prescribed.
Pt currently waiting scan of abdomen.

On examination / assessment: RS -able to complete full sentences / no SOB / no DIB / no cyanosis present / no productive or persistent cough present / no postural changes present / sats within range / chest clear on auscultation.

CVS - no CCP / appears well perfused - asymptomatic / 12 lead ECG shows no acute morphology / PP's in tact / Pt is hypertensive / no lower limb oedema present / no calf pain or swelling present / normal bowel sounds on auscultation.

CNS - GCS15 / PEARL / mscx4 / no meningeal symptoms present.

GI / GU - abdomen normal distention / Pt C/O pain in L/hypochondriac and epigastric region /guarding on palpation / no pulsating mass present / Pt states the pain is different from his normal pancreatic pain / bowels - urine normal / food - liquid intake normal.

LOC - normal mobility for Pt / full ROM all limbs

MSK - Pt has dressing to R/foot after amputation of toes. Pt states the wound has not healed correctly.

Clinical Frailty Scale level 3 - managing well

Findings:

06/04/2025 03:25:00 BP 196 \ 103 P 81 RR 16 SpO_2 98 NEWS score 0

06/04/2025 03:43:00 BP 193 \ 100 P 81 RR 16 SpO_2 97 NEWS score 0

Treatments:

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NHS
Yorkshire
Ambulance Service
NHS Trust

No treatments recorded

YAS working impression: Chronic pancreatitis

Plan of care: Primary - secondary survey
Observations
3-12 lead ECG
Pt advised to attend ED - Pt refused.
Pt states he will contact his own GP Monday morning.
Clinician advised Pt to also speak to GP reference HTN.

Pt - NOK advised to contact 999 in case of any of the following life threatening emergencies.
Loss of consciousness
new onset confusion
seizures non resolving
chest pain
breathing difficulties
severe bleeding
severe allergic reaction
severe burns or scalds
FAST+ve
MH crisis - thoughts of suicide or self harm.

The patient was not conveyed by YAS -

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For any questions or further information please email yas.patientrelations@nhs.net 2/2

Attachment
02-Apr-2025 Angela Mackay
Additional: Attachment
Accenda Gateway
Filename: GN-002293668 - CAVANAGH, John Michael (Mr) - 400 079 4191 - 2WW, 2WW Upper GI - 000451224225 - Patient Letter.pdf
Extension:.tif
Pages:

Private and confidential
Mr JOHN MICHAEL CAVANAGH
15 Etty Avenue
York
N Yorkshire
YO10 3TJ

02 April 2025
NHS number: 400 079 4191

Your referral is being reviewed

PRIORY MEDICAL GROUP has referred you to:
***USC* Pancreaticobiliary (York) Triage Service - York & Scarborough Hospitals.**

You do not need to do anything at this stage.

You will be contacted by either:

***USC* Pancreaticobiliary (York) Triage Service - York & Scarborough Hospitals**
if you need to be seen

or

PRIORY MEDICAL GROUP
if the clinic sends any other advice.

What to do if you have not been contacted

Please wait until 4th April 2025.

If you have not been contacted by this date, call ***USC* Pancreaticobiliary (York) Triage Service - York & Scarborough Hospitals** using the referral details shown here.

***USC* Pancreaticobiliary (York) Triage Service - York & Scarborough Hospitals**

01904 726400

9am to 4pm Monday – Friday

Referral details
Booking reference number
0004 5122 4225
Access code
surprise tar

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This letter continues on the next page.

Changing your referral

If you need to change or cancel this referral, use one of the options below. You will need to provide your referral details shown on page 1.

To cancel or change

Go to
www.nhs.uk/referrals

or phone the
NHS appointment line on
0345 608 8888

or text phone **0345 850 2250**

The NHS appointment line is open Monday to Friday - 8am to 8pm, weekends and bank holidays - 8am to 4pm. A full translation service is available. All calls are charged at local rates.

The NHS constitution gives you the right to get some treatments within a set amount of time and get help to choose another clinic or hospital if you have to wait too long for some treatments.
To find out more visit www.nhs.uk/nhsconstitution, or contact the organisation that referred you.

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This is the end of the letter.

Attachment
01-Apr-2025 Angela Mackay
Additional: Attachment
Accenda Gateway
Filename: GN-002293668 - CAVANAGH, John Michael (Mr) - 400 079 4191 - 2WW, 2WW Upper GI - Referral Document.pdf
Extension:.tif
Pages:

Validated Referral

Referral Details

Referral Date:	Priority:	NHS Number:
01/04/2025	2WW	400 079 4191

Patient Details

Title:	Forename(s):	Surname:
Mr	John Michael	Cavanagh
Date of Birth:	**Gender:**	**Ethnicity:**
22/09/1963	Male	British or mixed British

Contact Details

Address Line 1:	Address Line 2:	Address Line 3:
	15 Etty Avenue	
Town:	**County:**	**Postcode:**
York		YO10 3TJ
Phone:	**Mobile:**	**Text Message Consent:**
	07851306734	Yes
Email:		

Referring Clinician/Practice Details

Referring Clinician Name:	
Mackay, Angela (Mrs) - Nurse	
Practice Name:	**Practice Code:**
PRIORY MEDICAL GROUP	B82005
PCN Name:	**PCN Code:**

Clinic Details

Specialty:	Clinic Type:	Named Clinician:
2WW	2WW Upper GI	

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Validated Referral

Gateway

Preferences

Vulnerable Patient:	Vulnerable Reason:	Confidential/Silent Referral:
No		No
Contact Time:	**Interpreter Required:**	**Preferred Language:**
	No	
Transport Required:		
No		

Reason For Request

Dear Colleague,

thanks for seeing Mr Cavanagh who presents with gradually increasing pain in the upper abdomen, pain on eating and feeling food getting stuck around sternal notch as well as weight loss.
he is known to have chronic pancreatitis but to him this does not feel similar.
he tends to constipation which he manages with laxido and lactulose but this is not new for him.
On examination he is tender epigastric with a fullness ? mass in the right epigastrium this is dull on percussion. BS+.
He has tried paracetamol in addition to his usual Butec patch for the pain with no improvement.

I'm concerned he may have pancreatic mass, I've requested all the bloods as per pathway.

many thanks
Yours sincerely
Angela Mackay

3rd party consent

Is there 3rd party consent on file for this patient?	No

Pathway Requirements

Please ensure all relevant blood test results are within one month

Liver Function Test Results not within a month, please order urgently today	Yes
Full Blood Count Test Results not within a month, please order urgently today	Yes
U & E's Test Results not within a month, please order urgently today	Yes
Serum cancer antigen 19-9 level not within a month, please order urgently today	Yes
Serum alpha foetoprotein level not within a month, please order urgently today	Yes

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Validated Referral

Prothrombin Time result not within a month, please order urgently today	Yes
Serum ferritin level not within a month, please order urgently today	Yes
eGFR test result not within a month, please order urgently today	Yes

Patient Awareness

The patient has been informed that this is an urgent referral for suspected cancer	Yes
The patient is available and willing to attend hospital for tests/appointment within 14 days	Yes
The patient has been given the 2WW patient information leaflet	Yes

Suspected Cancer Type

Please select suspected cancer type:

Suspected Hepatic/Pancreatic/Biliary Cancer

Urgent Suspected Upper GI clinic (HPB if available)

specifically for suspected Hepatic/Pancreatic/Biliary Cancer

Upper abdominal mass consistent with pancreatic, gallbladder or liver cancer	Yes

Patient Characteristics

A collection of protected characteristics codes

Disability

31/05/2002 **Disability**
Notes: DLA form completed.

Past Medical History

A collection of past medical history records

Problems

17/01/2020 **COPD - Chronic obstructive pulmonary disease**
01/08/2016 **Ischaemic heart disease**
08/07/2016 **Depression**
23/08/2012 **Osteoarthritis**
Notes: left knee.
03/05/2011 **Lower abdominal pain**
03/05/2011 **Appendicectomy**
Notes: laparoscopic.
20/11/2009 **Type 2 diabetes mellitus**
07/08/2009 **Drainage of abscess**
Notes: rt groin.
19/03/2009 **Ankle pain**
19/08/2002 **Ankle pain**
Notes: Tenosynovitis.Therapeutic injection of steroid offered.

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Validated Referral

17/06/1997	**Drug dependence** **Notes: heroin / speed..**
16/08/1996	**Problem drinker** **Notes: 60 u per week.**
16/08/1996	**Oesophagitis**
16/08/1996	**[D]Helicobacter pylori abnormal microbiological finding in gastric fluid** **Notes: Triple therapy commenced.**
16/08/1996	**Ulcer of duodenum**
01/01/1996	**Ulcer of duodenum** **Notes: endoscopy -oesophagitis, CLO pos.**
01/01/1996	**Problem drinker**
19/10/1994	**Acute bronchitis**
12/05/1992	**Barium meal** **Notes: gastritis/duodenitis..**
01/01/1992	**Duodenitis** **Notes: on ba meal.**
13/06/1986	**Digital nerve of hand** **Notes: Exploration digital nerve of thumb + repair..**
01/01/1973	**Fracture of shaft of tibia**

[redacted]

Long Term Conditions

17/01/2020	**COPD - Chronic obstructive pulmonary disease**
01/08/2016	**Ischaemic heart disease**
03/07/2012	**Diabetes mellitus**

Family History

09/08/2022	**FH: Respiratory disease**
18/08/2020	**FH: Respiratory disease**

Allergies and Sensitivities

15/03/2022	**Allergy to drug**

Current Repeat Medication

All recorded current medication and acute medication for past 3 months

Current Repeat Medication

Date	Description
22/01/2025	Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) - apply one patch weekly
22/01/2025	Lactulose 3.1-3.7g/5ml oral solution - 20ml To be taken Twice Daily
07/11/2024	Finetest Lite testing strips (Neon Diagnostics Ltd) - use as directed
07/11/2024	Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) use as directed
07/11/2024	Metformin 500mg tablets - take two twice a day
07/11/2024	Sildenafil 100mg tablets - AS DIRECTED
24/10/2024	Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) - inhale 2 puffs as needed
24/10/2024	Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) two puffs twice daily
16/10/2024	Glucofix Tech Sensor testing strips (A. Menarini Diagnostics Ltd) - use as directed

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Validated Referral

16/10/2024	Glucoject lancets PLUS 0.2mm/33gauge (A. Menarini Diagnostics Ltd) - use as directed
16/10/2024	GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) use as directed
16/10/2024	Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray spray 1-2 puffs As required under the tongue when needed to relieve chest pain
16/10/2024	Greenlan lancets 0.35mm/28gauge (Neon Diagnostics Ltd) - use as directed
16/10/2024	Sharpsafe disposal unit 7litre Yellow (Vernacare International Ltd) - use as directed
09/07/2024	Voltarol 1.16% Emulgel (Haleon UK Trading Ltd) - apply 3 times/day
20/03/2024	Clopidogrel 75mg tablets - take one on a morning

Acute Medication

Last 3 months

Acute Medication

Date	Description
26/03/2025	Laxido Orange oral powder sachets sugar free (Galen Ltd) - Take 1-2 sachets daily, when required for constipation
26/03/2025	Paracetamol 500mg tablets - TAKE ONE four times a day if required
25/03/2025	Lactulose 3.1-3.7g/5ml oral solution - 20ml To be taken Twice Daily
12/03/2025	Lactulose 3.1-3.7g/5ml oral solution - 20ml To be taken Twice Daily
12/03/2025	Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) - apply one patch weekly
11/03/2025	Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray spray 1-2 puffs As required under the tongue when needed to relieve chest pain
11/03/2025	Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) use as directed
11/03/2025	Sildenafil 100mg tablets - AS DIRECTED
14/02/2025	Metformin 500mg tablets - take two twice a day

Lifestyle

Smoking status and alcohol consumption

Smoking Status

28/03/2025 **Ex-smoker**

Alcohol Consumption

16/08/1996 **Problem drinker**
Notes: 60 u per week.

26/01/2023 **Alcohol units consumed per week, 0.0 Units/Week**

Accessibility Standards

Ethnicity

Date	Description	Value
15/10/2008	British or mixed British - ethnic category 2001 census	British or mixed British - ethnic category 2001 census

Patient Communication Preferences

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Validated Referral

Date	Description	Value
27/01/2021	Requires contact by telephone	Requires contact by telephone

Examination Codes

A collection of examination codes

Height

26/01/2023	**Standing height, 1.67 m**

Weight

28/03/2025	**Body weight, 1.0 Kg**
26/06/2024	**Body weight, 92.8 Kg**
08/03/2024	**Body weight, 99.25 Kg**

BMI

07/10/2024	**Body mass index, 34.3 Kg/m²**
26/01/2023	**Body mass index, 38.72495 Kg/m²**
26/05/2022	**Body mass index, 35.5 Kg/m²**

Systolic Blood Pressure

06/03/2024	**Systolic arterial pressure, 119.0 mmHg**
08/02/2024	**Systolic arterial pressure, 129.0 mmHg**
10/01/2024	**Systolic arterial pressure, 194.0 mmHg**

Diastolic Blood Pressure

06/03/2024	**Diastolic arterial pressure, 84.0 mmHg**
08/02/2024	**Diastolic arterial pressure, 77.0 mmHg**
10/01/2024	**Diastolic arterial pressure, 91.0 mmHg**

Oxygen Saturation

SpO2 - oxygen saturation at periphery

13/11/2024	**Peripheral oxygen saturation, 97.0 %**

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Attachment
07-Jan-2025 Henry Lanfranchi
Additional: Attachment
Retinal Screening from Retinal Screening Service (North Yorkshire) -> Priory Medical Group
Filename:
Extension:.tif
Pages:

North Yorkshire nydesp
NHS Diabetic Eye
Screening Programme

NHS
York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Confidential
Dr V Jankee
Priory Medical Centre
Cornlands Road
Acomb
York
North Yorkshire
YO24 3WX

07 January 2025

Dear Dr Jankee

RE: Mr John Cavanagh
Address: 15 Etty Avenue, York, N Yorkshire, YO10 3TJ
NHS Number: 400 079 4191 DOB: 22/09/1963

The above named has been offered 2 retinal screening appointments in the current screening year.

Unfortunately they have not taken up the offer to attend for screening. We will not be offering further screening appointments this year. However if the patient attends your surgery perhaps you could suggest and encourage the need for routine diabetic eye screening.

We will of course include them in the next years screening programme.

If you have any queries please contact us.

Yours sincerely

North Yorkshire Diabetic Eye Screening Programme

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161

NYDESP, Regus, Tower Court, Oakdale Road, Clifton Moor, York, YO30 4XL Tel 01904 726640

Attachment
07-Oct-2024 Pierre Nkoa Ateba
Additional: Attachment
Podiatry Service from Joint Podiatry/Vascular Clinic, York Hospital -> Priory Medical Group

Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust
York Hospital, Wigginton Road, YORK, YO31 8HE

York Joint Podiatry Clinic
Telephone enquires contact:
Centre for Diabetes and Endocrinology
Telephone: 01904 726510

Our ref: ART/JS/JG/cvs

14 October 2024

Typed without case notes

Dr R Fisher
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Dear Dr Fisher

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191
Clinic: YDH DIABETES CENTRE MONDAY AM PODIATRY/MDT CLINIC **Clinic Date:** 7 October 2024

Orthopaedic review:
This gentleman has been reviewed by diabetes, vascular and orthopaedics. From the vascular point of view there is good vascularity with no clinical change since his last MRA. We will need to get more input from the diabetes team as he is clearly poorly controlled. My other concern is that he continues to smoke and from an orthopaedic point of view this can be a problem.

Regarding his foot having lost his lateral ray I think he has lost the control of any other peroneal tendons on this side and his foot is now in an inverted position. He is offloading on what is remaining of his cuboid and 4th metatarsal forming longitudinal pressure ulcer. He is actually forming quite good skin around it with is in keeping with a good vascular supply and it is not obviously infected but it certainly will have a colonisation as it has a slightly foul smell to it. We have got options for this gentleman which would be non-surgical offloading including cast and dressings versus recorrection of the shape of his foot which may need some tendon / muscle rebalancing but also potentially an arthrodesis. I think a tendon transfer would be fraught with risks in this gentleman and we may need to consider recessions.

He is aware of all of the above and he is also aware that I am not prepared to operate on him whilst he is still quite a significant smoker and with his HbA1c as is. He will however engage hopefully with the podiatry team on Friday for a plaster room clinic,

/continued overleaf...

THIRD PARTY COPY

/2...

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191

Orthopaedic review: (/contd...)
Mr Thompson has also reviewed his recent ultrasound doppler of his veins which failed to demonstrate anything too significant other than a mild reflux in the LSV which could be considered for ablation but it is unlikely to improve the situation here as the majority of his venous insufficiency will be related to his historical ankle fusion. Therefore he may benefit from having calf hosiery after the foot has healed.

Vascular review:
As per orthopaedic review.

Diabetic review:
Reviewed in MDT foot clinic.

Diagnosis: Type 2 Diabetes

Current diabetes medication;

Metformin 1g twice daily
Humalog mix 25 three times daily

HbA1c 103mmols/mol (June was 86mmols/mol)
BMI 34.3
ACR 86
eGFR 79
Cholesterol 6.5

I have met with John in clinic today and we have discussed his HbA1c of 103mmols/mol. I have advised that this HbA1c is too high and puts his foot ulcer at risk. We are aiming to prevent amputation. John still smokes and reports that his glucose was lower in hospital because he took his medication and did not eat as much. BMI is 34.3. John reports forgetting to take his diabetes medication on occassions and has alarms set on his mobile phone to try and remind him. We have discussed GLP-1 therapy. John has chronic pancreatitis and this is a caution but not a contra indication with GLP-1 therapy. I have discussed this with John and he would rather not consider trying GLP-1 therapy as the pain of his pancreatitis when is bad is not tolerable. John eats mostly take away food. We have agreed to add a further dose of insulin with lunch time to try and lower glucose. I would not recommend SGLT-2 threrapy as glucose is very high and symptoms are likely to be significant. I have offered insulin skills workshop but John has said he will not attend. We will continue to review in foot clinic.

Best wishes.

Yours sincerely, Yours sincerely, Yours sincerely,

Dictated but not signed by

THIRD PARTY COPY

Mr A R Thompson Consultant Vascular Surgeon	Mr J Stanley Orthopaedic Consultant	Joanne Gill Diabetes Specialist Nurse

THIRD PARTY COPY

Attachment
15-Sept-2024 Mrs Sharon Shaw
Additional: Attachment
Ophthalmic Services from Specsavers -> Priory Medical Group
Filename:
Extension:.tif
Pages:

Pauline - GP.

Kiosk 1
Vangarde Shopping Park
Vangarde Way
Vangarde
YO32 9AE

Tel 01904 929915
Fax 01904 639084
Web specsavers.co.uk/vangarde

Dr
Priory Medical Group
Park View Surgery
York
YO

15 September 2024

Dear Dr,

RE: Onward referral request to: GP to Manage

Mr John Cavanagh

DOB : 22/09/1963 **NHS No.:**

Address: 15 Etty Avenue, York, YO10 3TJ

Telephone No.: 07851 306734

Prescription details from current sight test: 15 September 2024

	Vision	Sph	Cyl	Axis	Prism H	Prism V	VA	Add	Near VA	Previous VA 14 August 2023
RE		+2.25	-0.50	95			6/5	+ 2.50	N5	6/5
LE		+2.00	-1.25	80			6/5	+2.50	N5	6/5

RE Intra-Ocular Pressure 23.3 mmHg	Pneumo
LE Intra-Ocular Pressure 23.0 mmHg	
RE Disc Appearance normal	**Visual Fields** Not Done
LE Disc Appearance normal	

Reason for Referral: Diabetic Ophthalmology

Mr Cavanagh attended for an eyetest today. He mentioned he hasnt attended a DRS in a couple of years. I have adv him the importance of attending DRS and he has happy for this to be arranged. Could you please arrange for Mr Cavanagh to be seen.

Yours Sincerely,

Written and sent by **Sanha Saleem**

GOC/GMC No.: 01-30409

Statement: The reason for this referral has been explained to the patient or guardian who agrees to it. The patient or guardian also consents to information being exchanged between the Hospital Eye Service, their General Medical Practitioner and optometrist or ophthalmic medical practitioner.

Registered Company Vangarde Specsavers
Registered in England No 12239591 VAT No 338 4479 68
Registered Office Forum 6 Parkway Solent Business Park Whiteley Fareham PO15 7PA
Directors A list of directors is available from the Registered Office

THIRD PARTY COPY

Attachment
19-Aug-2024 Lucie Smith
Additional: Attachment
Clinic Letter from Y, York Hospital -> Priory Medical Group

Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust
York Hospital, Wigginton Road, YORK, YO31 8HE

Our ref: ART/cvs

York Joint Podiatry Clinic
Telephone enquires contact:
Centre for Diabetes and Endocrinology
Telephone: 01904 726510

Dictated: 19 August 2024
Typed: 2 September 2024

Typed without case notes

Dr R Fisher
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Dear Dr Fisher

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191
Clinic: YDH DIABETES CENTRE MONDAY AM PODIATRY/MDT CLINIC **Clinic Date:** 19 August 2024

Vascular review:
I reviewed this gentleman in the joint podiatry MDT. He has been coming for some time following a digital amputation to his 5th ray with excision of the entire metatarsal bone performed back in March. He has non-healing of the wound predominantly because he has an ankle deformity that means he walks on the side of his foot. He has had arterial assessment with MRA which was largely normal but did show lots of venous contamination.

On review today the wound remains unhealed. The surrounding foot has evidence of venous stasis and I wonder whether his veins are contributing to poor healing. With this in mind I have arranged a venous duplex and we can discuss endovenous ablations if there is significant truncal reflux. Without doubt the bigger part of the story is the ankle deformity causing pressure on the lateral aspect of his foot together with his continued smoking. He needs to be reviewed back in the MDT with the results and in the presence of Mr Stanley before making a decision about any intervention.

/continued overleaf...

THIRD PARTY COPY

15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191

Diabetic review:
No diabetic input.

Yours sincerely

Dictated but not signed

Mr Andrew R Thompson MD, FRCS (Gen)
Consultant Vascular Surgeon .

THIRD PARTY COPY

Attachment
26-Jun-2024 Mrs Sharon Shaw
Additional: Attachment
Discharge summary from Accident & Emergency, York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

YORK HOSPITAL Switchboard 01904 631313

Discharge Notification

30th June 2024

Dr Robert Fisher
Priory Medical Group
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Consultant : Dr Sachin Hegde
Admitted : 26-JUN-2024, Emergency
Specialty : Accident & Emergency
Discharging Doctor : Patel, Roshan Mukesh
Discharged From : Ward MSD
On : 26-JUN-2024

Dear Dr Fisher

Mr John M Cavanagh
15, Etty Avenue,YORK,YO10 3TJ
NHS No: 400 079 4191 Date Of Birth: 22/09/1963
Casenote: 99/39862

Notes / Other Treatments
John was sent in by the podiatry team to r/o a DVT. He had right leg swelling for the past 3 days with new erythema. It was warm to touch and he was tender along his deep venous system. The rash was blanching and appeared to be cellulitic for which the podiatry team have kindly started Flucloxacillin. His bloods showed a raised CRP and elevated D Dimer. He has an US doppler booked to r/o DVT on Friday.
He has had a stat dose of enoxaparin and has been trained to take a second dose tomorrow. He will return for review following US.

Diagnosis
Suspected DVT
Cellulitis leg - right

Not all Medication has been validated/dispensed by Pharmacy

Medication on Discharge (NOT VALIDATED)

Medication	Days Supply	GP To Cont.
[ ] enoxaparin - injection - DOSE 140 mg - Subcutaneous - DAILY - use VTE PROPHYLAXIS TAB to create a prescription for LMWH.	1	N

Reason started or changed: Treatment of venous thromboembolic disease with DVT or pulmonary embolism - before US scan on 28/6/24

Allergies
No Known Allergies

Weight
26-JUN-2024 BMI: 34.9, Weight: 92.8kg

Secondary Care Follow Up
US 28/6/24 at 09.20 and review on SDEC.

Suggested Primary Care Follow up plan

THIRD PARTY COPY

Nil

Nurse Discharge Notes

patient self discharged before recieving the injection perscribed and recieving his EDN

No further letter will be sent in relation to this discharge

For further advice about Coronavirus, please visit nhs.uk/coronavirus
If you feel unwell or have further symptoms after you have been discharged from hospital, please call 111 for further advice

THIRD PARTY COPY

Attachment
12-Jun-2024 Priory Kynoby
Additional: Attachment
Vascular Surgery from York Teaching Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

York Teaching Hospital
NHS Foundation Trust
York Hospital, Wigginton Road, YORK, YO31 8HE

Mr A J McCleary, FRCS
Consultant Vascular Surgeon
Secretary direct line: 01904 726287
Secretary e-mail: claire.sesum1@nhs.net
Waiting list: 01904 724102
Vascular Specialist Nurse: 01904 724150
York hospital out-patients: 01904 726400
Harrogate out-patients: 01423 555458
Harrogate secretary: 01423 553013
Angiogram Enquiries 01904 726165
Our ref: AJM/cvs

12 June 2024

INTERNAL POST
Mr J Stanley
Orthopaedic Consultant
YH

Dear James

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191

Further to my letter I have now got the report of the MRA scan. This shows Mr Cavanagh's actually has excellent blood flow down to the ankle and should you wish to perform any foot or ankle surgery it should heal well.

Yours sincerely,

Dictated but not signed

Mr A J McCleary, FRCS
Consultant Vascular Surgeon

Copy To: **FIRST CLASS POST**
Mr J Cavanagh
15 Etty Avenue
YORK
YO10 3TJ

Dr R Fisher, Tang Hall Lane Surgery, 190, Tang Hall La, YORK, YO10 3RL

THIRD PARTY COPY

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YORK & NORTH YORKSHIRE VASCULAR UNIT

Mr A J McCleary, FRCS, Mr S P Cavanagh, MD, FRCS, Mr M L Saroni., Mr A R Thompson, FRCS. Mr A Kordowicz, Mr G Peach PhD FRCS,

Miss R Locci

THIRD PARTY COPY

Attachment
12-Jun-2024 Priory Kynoby
Additional: Attachment
Vascular Surgery from York Teaching Hospital -> Priory Medical Group
Filename:
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Pages:

York Teaching Hospital
NHS Foundation Trust
York Hospital, Wigginton Road, YORK, YO31 8HE

Mr A J McCleary, FRCS
Consultant Vascular Surgeon
Secretary direct line: 01904 726287
Secretary e-mail: claire.sesum1@nhs.net
Waiting list: 01904 724102
Vascular Specialist Nurse: 01904 724150
York hospital out-patients: 01904 726400
Harrogate out-patients: 01423 555458
Harrogate secretary: 01423 553013
Angiogram Enquiries 01904 726165
Our ref: AJM/cvs

12 June 2024

INTERNAL POST
Mr J Stanley
Orthopaedic Consultant
YH

Dear James

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191

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Yours sincerely,

Dictated but not signed

Mr A J McCleary, FRCS
Consultant Vascular Surgeon

Copy To: **FIRST CLASS POST**
Mr J Cavanagh
15 Etty Avenue
YORK
YO10 3TJ

Dr R Fisher, Tang Hall Lane Surgery, 190, Tang Hall La, YORK, YO10 3RL

THIRD PARTY COPY

ELECTRONICALLY TRANSMITTED

YORK & NORTH YORKSHIRE VASCULAR UNIT

Mr A J McCleary, FRCS, Mr S P Cavanagh, MD, FRCS, Mr M L Saioni., Mr A R Thompson, FRCS. Mr A Kordowicz, Mr G Peach PhD FRCS,

Miss R Locci

THIRD PARTY COPY

Attachment
11-Jun-2024 Priory Kynoby
Additional: Attachment
Diabetes & Endocrine from York Teaching Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust
Wigginton Road York YO31 8HE

Telephone Enquiries Contact:
Centre for Diabetes & Endocrinology
Appointment Queries: 01904 726510
Clinical/Patient Help Line: 01904 725789

JG/PA

11 June 2024

Dr R Fisher
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Dear Dr Fisher

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191

This patient, who is under the care of the York Diabetes Services, has been provided with a new glucose meter.

Could we ask that you prescribe the following test strips and lancets.

O GlucoFix Tech Glucose Strips (50)

O Glucoject Lancets PLUS 33G (200)

Specialist Signature: J Gill (Diabetes Specialist Nurse)

Date: 10 June 2024

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Attachment
10-Jun-2024 Priory Kynoby
Additional: Attachment
Diabetes & Endocrine from York Teaching Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust
York Hospital, Wigginton Road, YORK, YO31 8HE

Our ref: GP/JG/cvs

York Joint Podiatry Clinic
Telephone enquires contact:
Centre for Diabetes and Endocrinology
Telephone: 01904 726510

12 June 2024

Typed without case notes

Dr R Fisher
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Dear Dr Fisher

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191
Clinic: YDH DIABETES CENTRE MONDAY AM PODIATRY/MDT CLINIC **Clinic Date:** 10 June 2024

Vascular review:
We saw Mr Cavanagh back in the podiatry MDT in York this morning. He was last seen by my colleague Mr McCleary a few weeks ago and he has had problems with ulceration on the lateral aspect of the right foot where he has a varus deformity for which Mr McCleary was actually referred him to our orthopaedic colleague Mr Stanley.

On review today the ulcer has nearly healed up which is great to see, and the MR angiogram he has had done recently has shown no gross arterial disease and reasonable inline flow to the foot.

On examination I was actually able to feel a palpable popliteal and indeed posterior tibial today and the foot is generally warm. As things are improving I do not think there is anything we need to do and certainly not from a revascularisation point of view though notably he is still smoking and has a HbA1c in the 80's. I have impressed upon him the importance of optimising his blood sugars (which our diabetes specialist nurses will assist with today) and I have also impressed upon him the importance of completely stopping smoking but I would be grateful for any measures you can help him with in that regard. I do not think we need to see him again in the MDT for the time being and we will await his review by Mr Stanley.

/continued overleaf...

/2...

THIRD PARTY COPY

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191

Diabetic review:
Reviewed in MDT foot clinic

Diagnosis: Type 2 Diabetes

Current diabetes medication;

Humalog mix 25 26 units (am) and 32 units (pm)
Metformin 1g twice daily

Please prescribe;

Insupen original 4mm 32g needles (100 per box)

Please consider prescribing;

Statin therapy (if not already taking)

HbA1c 86mmols/mol (62mmols/mol April)
eGFR 85
Cholesterol 6.5
ACR 86
BMI 35.3

Continues to smoke. Has only been taking his insulin once per day because he is running out of needles. A supply of needles have been supplied today. Has not been testing glucose levels as CBG machine has broken. New machine and test strips provided today. Discussed insulin dose titratiion and when and how to increase insulin doses. Advised to call me if has any issues or needs support. Will speak to yourselves regarding insulin dose titration. Not suitable for GLP-1 therapy due to pancreatitis. I will offer an appointment in my clinic and consider SGL-2 therapy as ACR and BMI elevated.

Best wishes

Yours sincerely

Dictated but not signed

Mr G Peach PhD FRCS
Consultant Vascular Surgeon

Best wishes

Your Sincerely

Joanne Gill
Diabetes Specialist Nurse

THIRD PARTY COPY

Attachment
24-May-2024 Mr Oliver Munn
Additional: Attachment
Letter to Patients from Mr O Munn, Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

priory

Health. Care. Together.

24 May 2024

Mr John Cavanagh
15 Etty Avenue
York
N Yorkshire
YO10 3TJ

Letter reference: LET2-01

Dear Mr Cavanagh,

We recently invited you to make an appointment to discuss new technologies for monitoring your glucose (sugar) levels, known as continuous glucose monitors.

We notice that you did not respond to this letter or were unable to make an appointment on the previous clinic date(s). You may benefit from this review and we encourage you to attend.

We now have appointments available on the following dates:

Tuesday 4th June 2024	**Tuesday 11th June 2024**	**Tuesday 18th June 2024**
Tuesday 25th June 2024		

Appointment details

Where is it?	**This will be a telephone appointment**
Who is it with?	Oliver Munn - a clinical pharmacist who is working closely with the practice
How long is it?	15 minutes
How to arrange your review appointment	Telephone the practice OR You will receive a text message from the practice containing a link to book an appointment if you have registered your mobile telephone number with the practice

THIRD PARTY COPY

Priory Medical Centre
Cornlands Road
Acomb
York
YO24 3WX

www.prioritymedical.com

T: 01904 404100

priory

Health. Care. Together.

This appointment is in addition to any other appointments you may have already arranged.

What you should do next:

- Follow the direction in the 'Appointment details' table above to arrange your appointment or let us know if you are unable to attend so that we can arrange an alternative appointment for you

Before your appointment:

- Please have information regarding your diabetes medication and any blood glucose monitoring equipment (if you use these) to hand for your appointment.

Yours sincerely

Dr V Jankee & Andrew Severs – Lead Specialist Nurse in Diabetes

This service is funded by Abbott

Version number: LET2-01
Date of preparation: August 2023

THIRD PARTY COPY

Priory Medical Centre
Cornlands Road
Acomb
York
YO24 3WX

T: 01904 404100

www.prioritymedical.com

Attachment
24-Apr-2024 Stephanie Pack
Additional: Attachment
Referral from York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

NHS Number: 400 079 4191

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

333 A

York Hospital
Wigginton Road
YORK
YO31 8HE

Dr Robert Fisher
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

C4355TNHT3V
A333 C1.16S/328 b1

24 April 2024

Dear Dr Robert Fisher

RE: John Cavanagh, DOB: 22-Sep-1963
NHS Number: 400 079 4191

The above patient has been removed from Dr K Dhandapani's, Anaesthetics, waiting list at York and Scarborough Teaching Hospitals NHS Foundation Trust. We were unable to proceed with the admission due to Mr Cavanagh being unavailable for surgery for an extended period due to medical reasons.

The patient has been informed that they have been removed from the waiting list and that you will be able to express re-refer within the next 6 months, should their condition improve and they are fit to proceed with the planned surgery. Please find attached an express re-referral form.

Yours sincerely

Waiting List Co-ordinator

CANCEL5

THIRD PARTY COPY

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Express Re-Referral

This form is for use by GPs to ensure express access back to Pre-Operative Assessment or Waiting List, for patients who have previously been referred in and listed for surgery but were unable to proceed with admission for an extended period of time for medical reasons.

Please email:
yhs-tr.waitinglistexternalrequests@nhs.net

Ensure attachments are .pdf files only

Patient Surname: Cavanagh	NHS Number: 400 079 4191
Patient Forename: John	Address: 15, Etty Avenue YORK YO10 3TJ
Referring GP: Dr Robert Fisher	GP Address: Tang Hall Lane Surgery 190, Tang Hall La YORK YO10 3RL
Consultant Firm: Dr K Dhandapani	Specialty: Anaesthetics
Reason patient was returned to care of GP: patient unable to proceed with admission for an extended period of time for medical reasons	
Update on patient's condition:	
Is the patient available for surgery within the next 18 weeks?	
For Office use only: Do not register this as a new referral - WL	

CANCEL5

THIRD PARTY COPY

Attachment
17-Apr-2024 Mr Oliver Munn
Additional: Attachment
Letter to Patients from Mr O Munn, Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

priory

Health. Care. Together.

17 Apr 2024

Mr John Cavanagh
15 Etty Avenue
York
N Yorkshire
YO10 3TJ

Letter reference: LET1-02

Dear Mr Cavanagh,

Within diabetes, there are new simple and easy to use sensors called continuous glucose monitors which replaces finger stick testing to check blood glucose / sugar levels.

We have reviewed your notes and would like to confirm if you are eligible and if this would be suitable for you.

What you should do next:

Please review the 'appointment details' table below and book your appointment.

Appointments are available on the following dates:

Thursday 16th May 2024	**Thursday 23rd May 2024**	**Thursday 30th May 2024**
Tuesday 4th June 2024	**Tuesday 11th June 2024**	

Appointment details

Where is it?	**This will be a telephone appointment**
Who is it with?	Oliver Munn - a clinical pharmacist who is working closely with the practice
How long is it?	15 minutes
How to arrange your review appointment	Telephone the practice OR

THIRD PARTY COPY

Priory Medical Centre
Cornlands Road
Acomb
York
YO24 3WX

www.prioritymedical.com

T: 01904 404100

priory

Health. Care. Together.

	You will receive a text message from the practice containing a link to book an appointment if you have registered your mobile telephone number with the practice,

This appointment is in addition to any other appointments you may have already arranged.

Before your appointment:

- Please have information regarding your diabetes medication and any blood glucose monitoring equipment (if you use these) to hand for your appointment.

Yours sincerely

Dr V Jankee & Andrew Severs – Lead Specialist Nurse in Diabetes

This service is funded by Abbott

Version number: LET1-02
Date of preparation: November 2023

THIRD PARTY COPY

Priory Medical Centre
Cornlands Road
Acomb
York
YO24 3WX

T: 01904 404100

www.prioritymedical.com

Attachment
15-Apr-2024 Priory Kynoby
Additional: Attachment
Diabetes & Endocrine from YDH DIABETES CENTRE - York Teaching Hospital NHS Foundation Trust -> Priory Medical Group
Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust
York Hospital, Wigginton Road, YORK, YO31 8HE

Our ref: AHM/JG/cvs

York Joint Podiatry Clinic
Telephone enquires contact:
Centre for Diabetes and Endocrinology
Telephone: 01904 726510

22 April 2024

Typed without case notes

Dr R Fisher
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Dear Dr Fisher

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191
Clinic: YDH DIABETES CENTRE MONDAY AM PODIATRY/MDT CLINIC **Clinic Date:** 15 April 2024

Diagnosis:
1. **Right 5th ray amputation with subsequent debridement.**
2. **Inversion injury right ankle.**
3. **Diabetes.**
4. **Peripheral vascular disease.**

Vascular review:
I reviewed Mr Cavanagh in the vascular clinic today. As you know he originally had an ulcer of the left 5th ray and required right 5th ray amputation. Following infection he had a further debridement for which he was having compression dressing.

Mr Cavanagh has had an ankle injury in the past and I believe was under the care of Mr Budgen some 10-15 years ago. He has a very marked varus deformity which is the main source of his problems. I cannot palpate any foot pulses and we have not imaged his circulation previously I suspect he does have multilevel vascular disease.

I am arranging for him to have an MRA of his circulation with a view to possible reperfusion. I will also ask Mr Stanley to see him as soon as he can. Mr Cavanagh has completed his course of antibiotics and I would recommend simple dressings for the moment. We will keep a close eye on him.

Diabetic review:
Reviewed in MDT foot clinic.

THIRD PARTY COPY

Diagnosis: Type 2 Diabetes

/continued overleaf...

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191

Diabetic review: (/contd...)
Current diabetes medication;

Metformin 1g twice daily
Humalog mix 25 26 units (am) and 32 units (pm)

HbA1c 62mmols/mol
egFR 85
Cholesterol 6.5

Discussed glucose levels. Does not check capillary glucose as "can not be bothered". Advised to check glucose levels if feeling unwell. Denies any symptoms of hypoglycaemia recently. When an inpatient glucose levels were between 7 and 9. No changes today. HbA1c has reduced from 107mmols/mol last year and reports that this is because he is taking his medication as wants his foot to heal.

Best wishes.

Yours sincerely,

Dictated but not signed by

Mr A J McCleary **Joanne Gill**
Consultant Vascular Surgeon **Diabetes Specialist Nurse**

THIRD PARTY COPY

Attachment
15-Apr-2024 Priory Kynoby
Additional: Attachment
Podiatry Service from Diabetes Centre - York Teaching Hospital NHS Foundation Trust -> Priory Medical Group
Filename:
Extension:.tif
Pages:

York Teaching Hospital
NHS Foundation Trust
York Hospital, Wigginton Road, YORK, YO31 8HE

Our ref: AJM/cvs

York Joint Podiatry Clinic
Telephone enquires contact:
Centre for Diabetes and Endocrinology
Telephone: 01904 726510

22 April 2024

INTERNAL POST
Mr J Stanley
Orthopaedic Consultant
YH

Dear James

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191
Clinic: YDH DIABETES CENTRE MONDAY AM PODIATRY/MDT CLINIC **Clinic Date:** 15 April 2024

I would be very grateful if you could see Mr Cavanagh with varus deformity of the right ankle. This follows an injury some years ago and I believe Mr Budgen did perform some kind of surgery 10-15 years ago. He has been walking on the outside of the foot and developed an ulcer which required right 5th ray amputation and a further debridement some weeks later for infection. The wound is doing well and his circulation is reasonable. However, given the deformity of his ankle I think it is inevitable he will develop further problems. I was wondering if there was anything you could do to fuse his ankle in the usual position. I cannot palpate any foot pulses or indeed a popliteal pulse but whilst circulation has been adequate to heal the foot wound I have arranged an MRA scan so there will be more information for you were you to contemplate major ankle surgery.

Thanks for your help.

Yours sincerely,

Dictated but not signed

Mr A J McCleary, FRCS
Consultant Vascular Surgeon

Copy To: Dr R Fisher, Tang Hall Lane Surgery, 190, Tang Hall La, YORK, YO10 3RL

ELECTRONICALLY TRANSMITTED

THIRD PARTY COPY

YORK & NORTH YORKSHIRE VASCULAR UNIT

Mr A J McCleary, FRCS, Mr S P Cavanagh, MD, FRCS, Mr M L Baroni,, Mr A R Thompson, FRCS, Mr A Kordowicz, Mr G Peach PhD FRCS,

Miss R Locci

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Attachment
31-Mar-2024 Priory Kynoby
Additional: Attachment
Discharge summary from General Surgery - York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

YORK HOSPITAL Switchboard 01904 631313

Discharge Notification

31st March 2024

Dr Robert Fisher
Priory Medical Group
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Consultant : Mr Andrew Thompson
Admitted : 26-MAR-2024, Emergency
Specialty : General Surgery
Discharging Doctor : Salari, Yalda
Discharged From : Ward 11
On : 31-MAR-2024

Dear Dr Fisher

Mr John M Cavanagh
15, Etty Avenue, YORK, YO10 3TJ
NHS No: 400 079 4191 Date Of Birth: 22/09/1963
Casenote: 99/39862

Notes / Other Treatments
Mr Cavanagh was admitted to YDH with diabetic foot sepsis. He underwent incision and drainage operation on 27/3/24. He was discharged home with vaccum dressing and 2/52 oral antibiotics oncw optimised.

Diagnosis
diabetic foot ulcer

Procedures
+ Incison And Drainage Of Wound S472 (Right Side)
Mid Line Insertion (Left Side)

No changes to pre-admission medications other than the changes identified below
Medication not validated or dispensed by Pharmacy

Medication on Discharge

Medication	Days Supply	GP To Cont.
[ ] co-trimoxazole (trimethoprim and sulfamethoxazole) - STRENGTH 160mg+800mg - tablets - DOSE 1 tablet - Oral - TWICE a DAY - (same as Septrin brand)	14	N
Reason started or changed: Cellulitis		
[ ] sildenafil - tablet - DOSE 100 mg - Oral - when required	0	Y

Allergies
No Known Allergies

Weight
Weight not recorded.

Secondary Care Follow Up
For f/u in outpatient diabetic fot clinic on Monday 8/4/24
Wound care by district nurses

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Suggested Primary Care Follow up plan

Wound care by district nurses

Nurse Discharge Notes

MFFD
Dressing renewed yesterday with TNP, District nurse booked to come on the 2nd April
Dressings provided
Aware to keep black case with TNP pump
Antibiotics provided to complete course
Wife providing transport home
Independant around ward
Canula removed
No other conerns

For further advice about Coronavirus, please visit nhs.uk/coronavirus
If you feel unwell or have further symptoms after you have been discharged from hospital, please call 111 for further advice

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Attachment
26-Mar-2024 Priory Kynoby
Additional: Attachment
General Surgery from General Surgery - York Teaching Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

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York Teaching Hospital
NHS Foundation Trust
York Hospital, Wigginton Road, YORK, YO31 8HE

Typed without the Casenotes

Our ref: NW.dm

26 March 2024

Dr R Fisher
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Vascular Specialist Nurse Team
General Surgery

Nurses: (01904) 724150
Email: yhs-tr-vascularnurseservice@nhs.net

Dear Dr Fisher

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191

This man was reviewed in the Vascular Nurse Clinic for a VAC change. He has been in more pain for the last couple of days and on inspection, he had spreading discoloration up towards his ankle, with swelling and evidence of abscess formation. On squeezing, this expressed a large amount of pus. He has been admitted for surgery today.

Mr Cavanagh admits to continuing to smoke and has also taken half the dose of Flucloxacillin.

He will require further debridement and has been advised that he may need major amputation.

We will keep you informed of his progress.

With best wishes,

Nicky Wilson
Vascular Nurse Practitioner
Vascular – General Surgery (Care Group 3)
York and Scarborough Teaching Hospital NHS Foundation Trust
Direct Line: 01904 724150
Usual Working Hours: 08:00 – 16:00
Nickywilson8@nhs.net

VASCULAR SPECIALIST NURSES
Nicky Wilson, Catherine Lomax-Boyeson, Lisa Sharpe
yhs-tr-vascularnurseservice@nhs.net

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Attachment
17-Mar-2024 Stephanie Pack
Additional: Attachment
Discharge summary from York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

YORK HOSPITAL Switchboard 01904 631313

Discharge Notification

17th March 2024

Dr Robert Fisher
Priory Medical Group
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Consultant : Miss Rossella Locci
Admitted : 08-MAR-2024, Emergency
Specialty : General Surgery
Discharging Doctor : Oxley, Catherine
Discharged From : Ward 11
On : 17-MAR-2024

Dear Dr Fisher

Mr John M Cavanagh
15, Etty Avenue,YORK,YO10 3TJ
NHS No: 400 079 4191 Date Of Birth: 22/09/1963
Casenote: 99/39862

Notes / Other Treatments

John Cavanagh, a 60 year old gentleman, was admitted from podiatry clinic with a right diabetic foot infection. He underwent a right 5th ray amputation. He has recovered well with IV antibiotic and a VAC dressing. During admission, he had high BMs (32mmol) so was reviewed by diabetes specialist nurses, who have adjusted his insulin doses. Following senior review, he has been discharged with safety netting advice and follow up as below. We wish him well.

Diagnosis

Osteomyelitis

Procedures

Extended fifth ray amputation, washout (Right Side)
Mid Line Insertion (Left Side)

Not all Medication has been validated/dispensed by Pharmacy

Medication on Discharge (NOT VALIDATED)

Medication	Days Supply	GP To Cont.
[ ] beclometasone extrafine particle and formoterol and glycopyrronium - TRIMBOW NEXTHALER - STRENGTH 88micrograms + 5micrograms + 9micrograms - dry powder inhaler - DOSE 2 actuations - Inhalation - TWICE a DAY	0	Y
[ ] buprenorphine - 7 day transdermal patch - DOSE 15 micrograms/hour - Transdermal - ONCE a WEEK - (10microgram/hour patch + 5 microgram/hour patch) on Thursdays	0	Y
[ ] clopidogrel - tablet - DOSE 75 mg - Oral - in the MORNING - lifelong	28	Y
[ ] diclofenac diethylammonium - STRENGTH 1.16% - gel - DOSE 1 application - Topical - THREE times a DAY - as required - equivalent to diclofenac 1% gel (diclofenac sodium)	0	Y
[ ] flucloxacillin - capsule - DOSE 1 g - Oral - FOUR times a DAY - an hour before food or on an empty stomach	5	N

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Reason started or changed: Surgical Prophylaxis

[ ] glyceryl trinitrate - sublingual spray - DOSE 1 to 2 sprays - Sublingual - when required - (GTN)	0	Y
[ ] insulin lispro biphasic human - HUMALOG MIX 25 KWIKPEN - STRENGTH 100 units/ml - injection suspension - DOSE 26 units - Subcutaneous - DAILY - MIXED insulin administered WITH MEALS - MORNING	0	Y
[ ] insulin lispro biphasic human - HUMALOG MIX 25 KWIKPEN - STRENGTH 100 units/ml - injection suspension - DOSE 32 units - Subcutaneous - in the EVENING - MIXED insulin administered WITH EVENING	0	Y

MEAL. REDUCED BY DISN 17/3/24

[ ] lactulose - oral liquid - DOSE 20 ml - Oral - TWICE a DAY	0	Y
[ ] metformin - tablet - DOSE 1 g - Oral - TWICE a DAY - with or after food	0	Y
[ ] metronidazole - tablet - DOSE 400 mg - Oral - THREE times a DAY - with or after food	5	N

Reason started or changed: Surgical Prophylaxis

[ ] morphine sulfate - STRENGTH 10mg/5ml - oral liquid - DOSE 5 to 10 mg - Oral - every 4 hours - as required - to stop if no longer required	7	N
[ ] salbutamol - STRENGTH 100micrograms/actuation - inhaler cfc-free - DOSE 1 to 2 doses - Inhalation - when required	0	Y
[ ] sildenafil - tablet - DOSE 100 mg - Oral - when required	0	Y

Medications Stopped or Amended

Medication	Notes
insulin lispro biphasic human - HUMALOG MIX 25 KWIKPEN - STRENGTH 100 units/ml - injection suspension - DOSE 60 units - Subcutaneous - DAILY - MIXED insulin administered WITH EVENING MEAL	Per DSN

Allergies

No Known Allergies

Weight

08-MAR-2024 BMI: 37.4, Weight: 99.25kg, BSA: 2.04

Pathology

Date	Details	Result
15-MAR-2024 07:55:00	CRP-CRP (C-Reactive Protein) - Serum	
	C-Reactive Protein	99 mg/L
15-MAR-2024 07:55:00	UE2-U&E + Egfr - Serum	

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	Creatinine	65 umol/L
	Urea	3.0 mmol/L
	Potassium	3.7 mmol/L
	Sodium	136 mmol/L
15-MAR-2024 07:55:00	Haemoglobin	101 g/L
15-MAR-2024 07:55:00	White Cell Count	15.4 x10^9/L
15-MAR-2024 07:55:00	Platelet Count	441 x10^9/L
15-MAR-2024 07:55:00	Red Cell Count	3.46 x10^12/L
15-MAR-2024 07:55:00	Hct	0.298 L/L
15-MAR-2024 07:55:00	Mean Cell Volume	86 fL
15-MAR-2024 07:55:00	Mean Cell Haemoglobin	29.2 pg
15-MAR-2024 07:55:00	Neutrophils	10.8 x10^9/L
15-MAR-2024 07:55:00	Lymphocytes	2.3 x10^9/L
15-MAR-2024 07:55:00	Monocytes	1.4 x10^9/L

Pathology

15-MAR-2024 07:55:00	Eosinophils	0.4 x10^9/L
14-MAR-2024 15:45:00	EGFR-Glomerular Filtration Rate - Estimated	
	Estimated GFR	101 mL/min/1.73 m

Radiology

XR545902: XFOOR Xr Foot Rt Exam Status: Completed , Reported By: H FAULKNER , Report Date: 09-MAR-2024

Report Text:

60M presenting with acute diabetic Rt foot infection referred from Podiatry. Acute vascular pt. Previous metalwork in foot. For urgent theatres today. XR foot required to assess prior to operation.

Right foot: Comparison made to radiograph dated 22 January 2024. Allowing for slight differences in projection there is suggestion of cortical irregularity and trabecula loss at the lateral aspect of the mid/proximal shaft of the fifth metatarsal which may indicate osteomyelitic infection.

Holly Faulkner

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Radiographer Advanced Plain Image Reporter
RA70022

Reported by: HOLLY FAULKNER (Radiographer Advanced Plain Image Reporter) - Authoriser: HOLLY FAULKNER

++++++++ END OF REPORT ++++++++

Secondary Care Follow Up
Review and VAC dressing change with vascular specialist nurse Nicki on thursday afternoon

Nurse Discharge Notes
MFFD
Going home with TNP insitu
To come to Nickys clinic on thurs PM
District nurse to dress at the weekend
Dressings provided
To remain on Bedrest as much as possible to aid wound healing
Canula removed
No other concerns
Ring 0194726011

For further advice about Coronavirus, please visit nhs.uk/coronavirus
If you feel unwell or have further symptoms after you have been discharged from hospital, please call 111 for further advice

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Attachment
06-Mar-2024 Priory Kynoby
Additional: Attachment
Out of Hours from NHS111 -> Priory Medical Group
Filename:
Extension:.tif
Pages:

NHS 111 Report - For Information

CAVANAGH, John *Born* 22-Sep-1963 *Gender* Male *NHS No.* 400 079 4191
Local Patient ID 5847C97F-2FF2-46DE-9C68-0BB15D31C2E8

Home Address
15 Etty Avenue
York
N Yorkshire
YO10 3TJ

Emergency Phone 07851306734

GP Practice
Priory Medical Group (Acomb)
PRIORY MEDICAL CENTRE
CORNLANDS ROAD
YORK
YO24 3WX

Phone 01904404100

Patient's Reported Condition

foot swollen and going up the leg, cant bear weight- 3 days

Case Summary

Disposition:
Emergency Ambulance Response (Category 3)
Dx0121

Selected care service:
No referral made.

Rationale:
Injury, illness or other health problem
Illness
Above knee symptoms
Lower back pain
New leg pain and swelling
Stopped doing all of their everyday activities
Severe pain
Cold, pale or blue, grey leg
Assessment ended: call transferred to clinician
Someone staying with individual
No indication scene unsafe

Pathways Assessment:
An injury, illness or health problem was the reason for the contact.
There was no blood loss.
An illness or health problem was the main problem.
User Comments: foot pain and swelling
The individual was not fighting for breath.
The main reason for the assessment was not an allergic reaction, heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, or ICD shock.
It was unsafe to touch the individual.
Whether the individual was a deathly colour could not be confirmed.
Pathway selected - Lower Limb Pain or Swelling
There was pain or swelling above the knee.
There was low back pain.
The problem was not caused by twisting, or sudden movement.
The individual has had no previous episodes of lower back pain or stiffness on movement.
The individual had experienced new leg pain and swelling since symptom onset.
There was no abdominal pain.
They have stopped doing all their everyday activities.
User Comments: been in bed for 4 days, cant move, cant go toilet
Severe pain was reported.
User Comments: non stop
The pain did not start in the chest, upper back or upper abdomen in the last 24 hours.
There had been no previous diagnosis of aortic aneurysm.
A leg was cold, pale, blue or grey.
User Comments: purple, blackey blue
Instructions given were: An emergency ambulance is being arranged.
There was no further information to help with dispatch.

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There was someone staying with the individual.
User Comments: under podiatrist- goes every week waiting for CT scan on leg
There was no safeguarding concern.
The scene was safe.
User Comments: Phil CTL advised to cancel ambulance since pt said they can make their way to hospital because pain is too much Phil CTL advised ED within the hour- York

Advice given:
If there are any new symptoms, or their condition gets worse, changes or you have any other concerns call 999.

Document Created	**06-Mar-2024, 08:32**
Document Owner	**Yorkshire Ambulance Service - 111**
Authored by	**Sughra Laiq - Assessed by, Wakefield (Yorkshire Ambulance Service - 111) on 06-Mar-2024, 08:31**
Consent Status	**Consent given for electronic record sharing**

Encounter Type	**NHS111 Encounter**
Encounter Time	**06-Mar-2024, 08:08 to 06-Mar-2024, 08:31**
Case Reference	**D23D8973-FB41-4412-AFF9-F247F14A3085**
Case ID	**6714346**
Encounter Disposition	**Emergency Ambulance Response (Category 3)**
Care Setting Location	**Incident Location**
Care Setting Address	*Visit Address* **15 Etty Avenue** **York** **N Yorkshire** **YO10 3TJ**
Care Setting Type	
Responsible Party	**Steven Dykes - Medical Director, Yorkshire Ambulance Service - 111**

Document ID **BB7B38CE-4FAB-4BA0-ACFF-4375E1AE27D0** *Version* **1**

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Attachment
06-Mar-2024 Tracy Lumby
Additional: Attachment
Accident and Emergency Letter from Accident & Emergency, York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

EMERGENCY DEPARTMENT

Date 06 March 2024 **Time** 09:02

Patient CAVANAGH, John M, Mr, NHS No 400 079 4191, DOB 22 Sep 1963, attended ED on the above date and time, and the advice detailed below was provided

You were seen today by Mr Gareth Sircar at York Hospital
GP / ANP / ENP/Nurse (delete as applicable)

The outcome of the consultation was that you have no time critical medical need to be addressed today in the Emergency Department.

Recommended course of action

Discharge Status: Streamed to OOH Service

If your symptoms get worse, please seek advice from NHS 111

GP SURGERY
For illnesses that are not life threatening you should first contact your GP surgery.
Outside of normal surgery hours you will be directed to an out-of-hours service.
During out-of-hours periods you can also call NHS 111.
GP surgeries are open from 08:00 to 18:30

NHS 111
If it is not an immediate emergency call NHS 111. The service is available 24 hours a day, seven days a week, and can provide medical advice and also advise you on the best local services to offer the care you need, simply call 111.
You should contact NHS 111 when your GP surgery is shut.

Pharmacies
Pharmacists can also provide advice and over the counter medicines for a whole range of problems

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including the morning after pill. To find a pharmacy near you visit **www.nhs.uk**

Symptom Checker
Alternatively, use NHS Choices symptom checker to assess your symptoms online and receive personalised advice on the best action to take : **www.nhs.uk**

Sexual Health Services
For sexually transmitted diseases and emergency contraception/ 'the morning after pill', please contact YorSexualHealth (covers the whole of York and North Yorkshire);

Address: 31 Monkgate, York, YO31 7WA **Phone**: 01904 721111

If you are not sure which service is best for you please seek advice from the **NHS 111 service** - see above
.

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Attachment
22-Jan-2024 Stephanie Pack
Additional: Attachment
Clinic Letter from Vascular Surgeon, York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust
Wigginton Road, York YO31 8HE. Tel 01904 631313

York Joint Podiatry Clinic
Telephone enquires contact:
Centre for Diabetes and Endocrinology
Telephone: 01904 726510

22 January 2024

Dr R Fisher

Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Dear Dr Fisher

Mr John Cavanagh **DOB:** 22-SEP-1963

15, Etty Avenue, YORK, YO10 3TJ

Casenote: 99/39862 **NHS Number:** 400 079 4191

Clinic: YDH DIABETES CENTRE MONDAY AM PODIATRY/MDT CLINIC **Clinic Date:** 22 January 2024

Vascular Review:

I reviewed this gentleman as a new patient in the Podiatry clinic. He's got some metalwork in his right ankle, an inverted foot, a hard callus over the right lateral aspect of his foot at the base of the 5th met head and an ulcer at that site. His foot is warm but foot pulses are impalpable with monophasic signals. He doesn't walk far enough to get claudication but there's no trans metal ulcer rest pain and his foot is warm. There's no gross infection here, he's had an x-ray but unfortunately of his ankle and not of his foot, I've therefore repeated that today and asked for an x-ray of his foot. In view of the lack of pulses will arrange a CTA of his circulation and hope it is likely to be normal. In terms of risk factors, he's still smoking, has poorly controlled diabetes and Dr Gopalappa will write separately about his diabetes but I've strong advised the patient to get control of it and also advised him to stop smoking to promote wound healing. In terms of off-loading
he's failed with simple measures and is going into a total contact cast. We will review him with the results of the CTA.

Diabetic Review:

I met this gentleman for the first time in the foot MDT clinic today. He's 60 years of age and say's he has had type 2 diabetes for 20 years. He was diagnosed to have chronic pancreatitis due to excess alcohol intake, but diabetes pre-dates chronic pancreatitis. He has poor dietry choices and says that it's due to cost of living crisis. Mr Cavanagh was on Humalog Mix 25, 26 units in the morning and 60 units in the evening, in addition to Metformin 1 gram once in the morning. I've recommended increasing Metformin to 1 gram BD.

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I offered dietician input and retinal screening in the clinic today but Mr Cavanagh is not keen on that at the moment.

I've recommended monitoring blood sugars at regular intervals, so that we can titrate his insulin.

We will continue to see him for his diabetes in the foot MDT, for as long as he's coming and after that I will transfer his care to my diabetes clinic for ongoing follow up, I suspect Mr Cavanagh needs carefully managing because of his anxiety and mental health issues and that he's a high risk of multiple complications.

Best wishes.

Yours sincerely,

Dictated but not signed by

Mr Steve Cavanagh, MD, FRCS (Gen), PGCHPE
Consultant Vascular Surgeon

Yours sincerely,

Dr Jag Gopalappa
Consultant in Diabetes,
Endocrinology

Copy to -

PRIVATE & CONFIDENTIAL
Mr John Cavanagh
15 Etty Avenue
YORK
YO10 3TJ

'***This letter is a clinical document and contains some medical terms that may not be easily understandable. I am happy to discuss any such issue(s) with you and if you* wish, your family member(s)/nominated next of kin, at your next clinic appointment.**'

YORK & NORTH YORKSHIRE VASCULAR UNIT
Mr S P Cavanagh, MD, FRCS, Mr M L Baroni, FRCSEd, Mr A Kordowicz, MA, MEd, FRCS,
Mr A R Thompson, FRCS, Mr G Peach, PhD, FRCS, Mr A J McCleary, FRCS, Miss R Locci

THIRD PARTY COPY

Attachment
12-Jan-2024 Stephanie Pack
Additional: Attachment
Clinic Letter from Orthopaedic Surgeon, York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust
Wigginton Road
York YO31 8HE

Mr Maury and Mr Stanley's Secretary
Tel: 01904 725981
Email: tracey.guy@york.nhs.uk

jcs/tg

23 January 2024

Dr R Fisher

Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Dear Dr Fisher

Mr John Cavanagh **DOB:** 22-SEP-1963

15, Etty Avenue, YORK, YO10 3TJ

Casenote: 99/39862 **NHS Number:** 400 079 4191

Clinic: SPECIALIST FOOT CLINIC FRI PM ONLY **Clinic Date:** 12 January 2024

This gentleman, with longstanding diabetes on Insulin with a HbA1c of 89 with good pulses but significant neuropathy, presented to me for the first time with ulceration underneath the base of the 5th metatarsal on his right foot. He tells me it is becoming a little bit painful despite his neuropathy but he has been coping with this at home with regular dressings. Unfortunately the ulcer is, if anything, static having got to a size of around 15 mms. He tells me he historically had a trauma to his ankle many years ago which has caused his foot to be in an inverted position and that 10-12 years ago one of my colleagues, Mr Budgen, attempted an ankle arthrodesis some years ago and I understand this went on to a non-union with loose screws and he had a bone marrow aspirate injection but nothing since. His foot remains in a plantar flexion inverted position.

Examination confirms the inverted and plantar flexed foot with overload of 5th ray at the base. The ulcer is not probing to bone although it is about 1 cm deep with the addition of soft tissue swelling around it and significant hard skin callus around that as well. He has had this cleaned and dressed by the podiatry team. I note he has bounding pulses and significant neuropathy although pressing firmly on his ulcer does cause some discomfort.

This gentleman was asking if there was a surgical intervention that could be done for his foot, which I explained there probably is, but there are significant risks bearing in mind his very high HbA1c and reluctance to be in hospital due to his mother dying here and he is very anxious about being in the Trust.

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I have suggested to him that at the bare minimum we need to get some X-rays done and I would recommend a TCC, both of which he is declining saying he wishes to leave.

We have therefore re-dressed his wounds. I would suggest he does need to get into the MDT clinic to have a long discussion with the diabetes team to get on top of these sugars as they will almost certainly preclude any surgical intervention from our end, unless it is an emergency, as elective cases with such high HbA1c are prone to wound breakdowns and infections which could of course lead to amputation, which I have warned him of today.

He has told me he would tolerate having X-rays and a TCC applied on that MDT on the Monday. I have booked his X-rays today in anticipation of that and warned the plaster room. Hopefully he will stay long enough to have those done. I would also hope that the Endocrine Team could help with his very high HbA1c and that the patient himself will engage some more with trying to improve his general health.

We will bring him back to the Friday afternoon following and we will look at those X-rays together with him and what the feedback is from Endocrine.

Yours sincerely

dictated not signed

Mr J Stanley
Consultant Orthopaedic Surgeon
Specialising in Foot & Ankle Surgery

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Attachment
10-Jan-2024 Lucie Smith
Additional: Attachment
Hospital Letter from Centre for Diabetes and Endocrionology, York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust
Wigginton Road, York, YO31 8HE

Telephone enquiries please contact:

Centre for Diabetes & Endocrinology
Appointment Queries: 01904 726510
Clinical/Patient Help Line 01904 725789

Letter dictated: 10 January 2024
Letter typed: 12 January 2024

JG/lt

12 January 2024

Dr R Fisher
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Dear Dr Fisher

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191

Diagnosis:
Type 2 Diabetes

Current diabetes medication:
Humalog Mix 25 twice daily
Metformin 1g twice daily

Please consider prescribing:
Blood pressure medication

I met with John on the 28th of December when he attended for his podiatry appointment and required antibiotics. I requested bloods and urine for ACR at this time as John had told me that he did not like attending for hospital appointments and frequently leaves the department before he has been seen. ACR has returned elevated at 86 and I note that blood pressure was elevated also at 194/91. I would appreciate if you could arrange for some blood pressure monitoring and consider commencing some medication to support with this in the hope that we can improve ACR.
Yours sincerely

Letter verified and signed electronically

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Joanne Gill
Diabetes Specialist Nurse

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Attachment
01-Dec-2023 Kareem Mohamed
Additional: Attachment
Letter to Patients from Mr K Mohamed, Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

priory

Health. Care. Together.

01 Dec 2023
Mr John Cavanagh
15 Etty Avenue
York
N Yorkshire
YO10 3TJ

Letter reference: COPD1

Dear Mr Cavanagh

COPD is a leading cause of death worldwide and patients with COPD are more likely to suffer from cardiopulmonary (heart and lung) related events e.g. heart attacks.

We have reviewed your medical records and we think that you may be experiencing symptoms or be at an increased risk of heart and lung events. If left unchecked, your COPD can reduce your quality of life or even shorten your life.

We would therefore like you to make an appointment so that we can review your COPD symptoms and current COPD management to help reduce your risk of heart and lung events. This review is funded by AstraZeneca.

Appointments are available on the following date(s):

12th December
15th December
19th December
22nd December

Appointment details

Where is it?	Telephone appointments – 12th and 19th December Tang Hall GP surgery (YO10 3RL) – 15th and 22nd December
Who is it with?	A clinical pharmacist who is working closely with the practice
How long is it?	20 minutes
How to arrange your review appointment	Please call the reception team to book your appointment or book via the self-booking link sent via text message.

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www.priorymedical.com

June 2023
GB-45400

Priory Medical Centre
Cornlands Road
Acomb
York
YO24 3WX

T: 01904 404100

priory

Health. Care. Together.

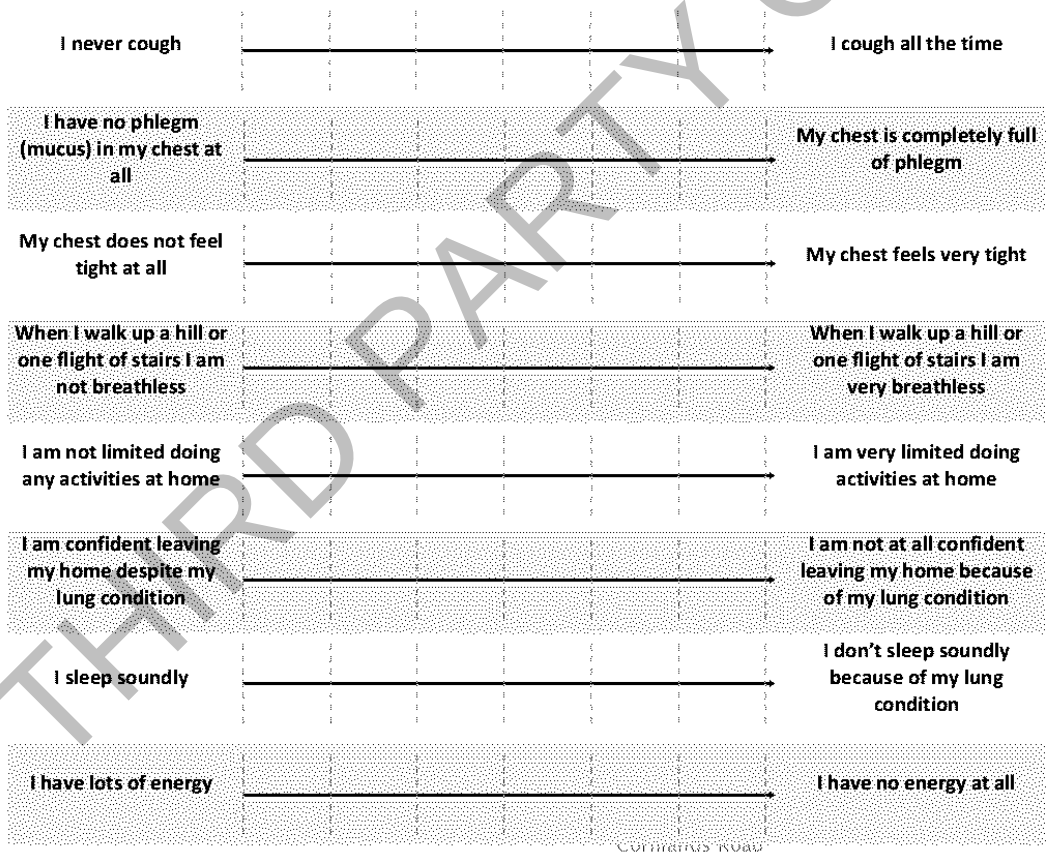
This appointment is in addition to any other appointments you may have already arranged.

What you should do next:

- Arrange your review appointment as directed in the Appointment details table above
- Let us know if you are unable to attend on any of the available dates so that we can arrange an alternative appointment for you

Before your appointment:

- Have all your current COPD medicines, inhalers and spacer (if you use one) with you for your appointment
- During your appointment you will be asked questions to help us understand how your COPD affects you. Think about where you would rank on the scale for the following questions:



June 2023
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Cormanos Road
Acomb
York
YO24 3WX

T: 01904 404100

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Health. Care. Together.

0 1 2 3 4 5

Yours sincerely

On behalf of Dr McNay

The COPD Cardiopulmonary Risk Reduction Service is a non-promotional medical service which is funded by AstraZeneca and delivered by a team of pharmacists employed by Interface Clinical Services, working on behalf of AstraZeneca.
AstraZeneca do not have access to your medical records or personal information.

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Priory Medical Centre
Cornlands Road
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York
YO24 3WX

T: 01904 404100

Attachment
21-Nov-2023 Mrs Sharon Shaw
Additional: Attachment
Retinal Screening from North Yorkshire NHS Diabetic Eye Screening Programme -> Priory Medical Group
Filename:
Extension:.tif
Pages:

North Yorkshire NHS Diabetic Eye Screening Programme

York and Scarborough Teaching Hospitals NHS Foundation Trust

Confidential
Dr J Hamilton
Priory Medical Centre
Cornlands Road
Acomb
York
North Yorkshire
YO24 3WX

21 November 2023

Dear Dr Hamilton

RE: Mr John Cavanagh
Address: 15 Etty Avenue, York, N Yorkshire, YO10 3TJ
NHS Number: 400 079 4191 DOB: 22/09/1963

The above named has been offered 2 retinal screening appointments in the current screening year.

Unfortunately they have not taken up the offer to attend for screening. We will not be offering further screening appointments this year. However if the patient attends your surgery perhaps you could suggest and encourage the need for routine diabetic eye screening.

We will of course include them in the next years screening programme.

If you have any queries please contact us.

Yours sincerely

North Yorkshire Diabetic Eye Screening Programme

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NYDESP, Regus, Tower Court, Oakdale Road, Clifton Moor, York, YO30 4XL Tel 01904 726640

Attachment
23-Aug-2023 Holly Jameson
Additional: Attachment
Accenda Gateway

Filename: GN-001143727 - CAVANAGH, John Michael (Mr) - 400 079 4191 - Orthotics and Prosthetics, Orthotics - Referral Document.pdf
Extension:.tif
Pages:

Validated Referral

Gateway

Referral Details

Referral Date:	Priority:	NHS Number:
23/08/2023	Routine	400 079 4191

Patient Details

Title:	Forename(s):	Surname:
Mr	John Michael	Cavanagh
Date of Birth:	**Gender:**	**Ethnicity:**
22/09/1963	Male	British or mixed British

Contact Details

Address Line 1:	Address Line 2:	Address Line 3:
	15 Etty Avenue	
Town:	**County:**	**Postcode:**
York		YO10 3TJ
Phone:	**Mobile:**	**Text Message Consent:**
	07851306734	Yes
Email:		

Referring Clinician/Practice Details

Referring Clinician Name:	
Jankee, Vickash (Dr) - Clinical Practitioner	
Practice Name:	**Practice Code:**
PRIORY MEDICAL GROUP	B82005

Clinic Details

Specialty:	Clinic Type:	Named Clinician:
Orthotics and Prosthetics	Orthotics	

Patient Choice Preferences

Provider 1:	Provider 2:

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Validated Referral

Gateway

Preferences

Vulnerable Patient:	Vulnerable Reason:	Confidential/Silent Referral:
No		No
Contact Time:	**Interpreter Required:**	**Preferred Language:**
	No	
Transport Required:		
No		

Referral Details

Admin Notes:

Referral Letter

Please see below notes from podiatry:

Hi

John came into clinic today, his right foot is maishapen and he would benefit from made to measure footwear from Archways.

Would you be so kind to refer him.

Also his HbA1c was very high at his last check, could that be followed up.

Kind regards

Andrew Rimmer, Podiatry

Many thanks
Dr Jankee

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3rd party consent

Is there 3rd party consent on file for this patient?	No

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Validated Referral

Patient Characteristics

A collection of protected characteristics codes

Disability

31/05/2002	**Disability** **Notes: DLA form completed.**

Past Medical History

A collection of past medical history records

Problems

17/01/2020	**COPD - Chronic obstructive pulmonary disease**
01/08/2016	**Ischaemic heart disease**
08/07/2016	**Depression**
23/08/2012	**Osteoarthritis** **Notes: left knee.**
03/05/2011	**Lower abdominal pain**
03/05/2011	**Appendicectomy** **Notes: laparoscopic.**
20/11/2009	**Type 2 diabetes mellitus**
07/08/2009	**Drainage of abscess** **Notes: rt groin.**
19/03/2009	**Ankle pain**
19/08/2002	**Ankle pain** **Notes: Tenosynovitis.Therapeutic injection of steroid offered.**
17/06/1997	**Drug dependence** **Notes: heroin / speed..**
16/08/1996	**Ulcer of duodenum**
16/08/1996	**[D]Helicobacter pylori abnormal microbiological finding in gastric fluid** **Notes: Triple therapy commenced.**
16/08/1996	**Oesophagitis**
16/08/1996	**Problem drinker** **Notes: 60 u per week.**
01/01/1996	**Problem drinker**
01/01/1996	**Ulcer of duodenum** **Notes: endoscopy -oesophagitis, CLO pos.**
19/10/1994	**Acute bronchitis**
12/05/1992	**Barium meal** **Notes: gastritis/duodenitis..**
01/01/1992	**Duodenitis** **Notes: on ba meal.**
13/06/1986	**Digital nerve of hand** **Notes: Exploration digital nerve of thumb + repair..**
01/01/1973	**Fracture of shaft of tibia**
[redacted]	

Long Term Conditions

17/01/2020	**COPD - Chronic obstructive pulmonary disease**
01/08/2016	**Ischaemic heart disease**
03/07/2012	**Diabetes mellitus**

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Validated Referral

Gateway

Family History

09/08/2022	**FH: Respiratory disease**
18/08/2020	**FH: Respiratory disease**

Allergies and Sensitivities

15/03/2022	**Allergy to drug**

Current Repeat Medication

All recorded current medication and acute medication for past 3 months

Current Repeat Medication

Date	Description
05/06/2023	Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) - apply one patch weekly
05/06/2023	Finetest Lite testing strips (Neon Diagnostics Ltd) - use as directed
05/06/2023	GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) use as directed
05/06/2023	Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray spray 1-2 puffs As required under the tongue when needed to relieve chest pain
05/06/2023	Greenlan lancets 0.35mm/28gauge (Neon Diagnostics Ltd) - use as directed
05/06/2023	Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) use as directed
05/06/2023	Lactulose 3.1-3.7g/5ml oral solution - 20ml To be taken Twice Daily
05/06/2023	Metformin 500mg tablets - take two twice a day
05/06/2023	Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) - inhale 2 puffs as needed
05/06/2023	Sharpsafe disposal unit 7litre Yellow (Frontier Medical Group) - use as directed
05/06/2023	Sildenafil 100mg tablets - AS DIRECTED
05/06/2023	Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) two puffs twice daily
05/06/2023	Voltarol 1.16% Emulgel (Haleon UK Ltd) - apply 3 times/day

Acute Medication

Last 3 months

Acute Medication

Date	Description
15/08/2023	Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) - apply one patch weekly
15/08/2023	Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) use as directed
15/08/2023	Lactulose 3.1-3.7g/5ml oral solution - 20ml To be taken Twice Daily
15/08/2023	Sildenafil 100mg tablets - AS DIRECTED
15/08/2023	Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) two puffs twice daily
26/07/2023	Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) - apply one patch weekly
26/07/2023	Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) two puffs twice daily
11/07/2023	Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) - inhale 2 puffs as needed
11/07/2023	Metformin 500mg tablets - take two twice a day

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Validated Referral

Lifestyle

Smoking status and alcohol consumption

Smoking Status

26/01/2023	**Smoker**

Alcohol Consumption

16/08/1996	**Problem drinker** **Notes: 60 u per week.**
26/01/2023	**Alcohol units consumed per week, 0.0 Units/Week**

Exercise History

28/10/2014	**General practice physical activity questionnaire physical activity index: inactive**

Ethnicity

Ethnicity

15/10/2008	**British or mixed British - ethnic category 2001 census**

Examination Codes

A collection of examination codes

Height

26/01/2023	**Standing height, 1.67 m**

Weight

26/01/2023	**Body weight, 108.0 Kg**
26/05/2022	**Body weight, 102.7 Kg**
14/07/2021	**Body weight, 100.0 Kg**

BMI

26/01/2023	**Body mass index, 38.72495 Kg/m²**
26/05/2022	**Body mass index, 35.5 Kg/m²**
14/07/2021	**Body mass index, 35.856434 Kg/m²**

Systolic Blood Pressure

26/05/2022	**Systolic arterial pressure, 127.0 mmHg**
14/07/2021	**Systolic arterial pressure, 129.0 mmHg**
06/03/2020	**Systolic arterial pressure, 119.0 mmHg**

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Validated Referral

Diastolic Blood Pressure

26/05/2022	**Diastolic arterial pressure, 68.0 mmHg**
14/07/2021	**Diastolic arterial pressure, 78.0 mmHg**
06/03/2020	**Diastolic arterial pressure, 65.0 mmHg**

Oxygen Saturation

SpO2 - oxygen saturation at periphery

27/01/2023	**Peripheral oxygen saturation, 98.0 %**

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Attachment
22-Aug-2023 Dr Vickash Jankee
Additional: Attachment
from Dr V Jankee, Park View Surgery -> Orthotics Department, Referral Forms
Filename:
Extension:.tif
Pages:

AHP Orthotics Referral Form

Reference/Priority

Referral Date:	Priority:	NHS Number:
22 Aug 2023		400 079 4191

Patient Details

Title:	Forename(s):	Surname:
Mr	John	Cavanagh
Date of Birth:	**Gender:**	**Ethnicity:**
22 Sep 1963	Male	British or mixed British - ethnic category 2001 census

Contact Details

Address Line 1:	Address Line 2	Address Line 3:
	15 Etty Avenue	
Town:	**County:**	**Postcode:**
York	N Yorkshire	YO10 3TJ
Phone:	**Mobile:**	**Text Message Consent:**
	07851 306734	No

Referrer/Practice Details

Referring Name:	Referrer Code:	Practice Code:
Dr Vickash Jankee	7271404	B82005

Referral Details

Specialty:	Clinic Type:	Named Clinician:
Orthotics and Prosthetics	Orthotics	

Patient Choice Preferences

AHP Provider Choice:
AHP Orthotics

Preferences

Assistance Required:	Assistance Notes:	Confidential/Silent Referral:
No		No
Preferred Contact Time:	**Interpreter Required:**	**Preferred Language:**
	No	language not specified

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AHP Orthotics Referral Form

Referral Details

Non-clinical information for the booking team:

Provisional Diagnosis:

Smoking Status Readcode:
26 Jan 2023, Smoker (137R.)

Referral Reason/Letter Text

Please see below notes from podiatry:

Hi

John came into clinic today, his right foot is maishapen and he would benefit from made to measure footwear from Archways.

Would you be so kind to refer him.

Also his HbA1c was very high at his last check, could that be followed up.

Kind regards

Andrew Rimmer, Podiatry

Many thanks
Dr Jankee

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AHP Orthotics Referral Form

Family History

Consultation date and time	Read code and description
08 May 2000	No FH: Ischaemic Heart Disease >60 (Y0ce2)
08 May 2000	No FH: Ischaemic Heart Disease <60 (Y0ce1)
08 May 2000	No FH: Stroke/TIA (1225.)
18 Aug 2020 10:27	FH: Respiratory disease (XE0oJ)
09 Aug 2022 10:04	FH: Respiratory disease (XE0oJ)

Active Problems

Date	Problem	Severity
20 Nov 2009	Type II diabetes mellitus (X40J5)	Major
03 May 2011	Lower abdominal pain (197C.)	Major
23 Aug 2012	Osteoarthritis NOS (XE1Da)	Major
08 Jul 2016	[X]Depressive episode, unspecified (XE1Zb)	Major
28 Jul 2016	Opioid drug dependence NOS (E240z)	Minor
01 Aug 2016	Ischaemic heart disease (XE2uV)	Major
17 Jan 2020	Chronic obstructive lung disease (H3...)	Major
15 Jun 2020	Nonspecific abdominal pain (XaA06)	Minor
15 Jun 2020	Acute pancreatitis (J670.)	Minor
22 Jun 2020	Gastritis (X301N)	Minor
04 Mar 2022	Reduction of callus (Ub1nw)	Minor
27 Apr 2023	Abdominal pain (1969.)	Minor

Summary

Consultation date	Staff initials	Read code and description	Severity
28 Sep 2021	RCN	Follow up (Xaljm)	Unspecified
15 Mar 2022	ACC	Follow up (Xaljm)	Unspecified

Significant Past

Severity	Start date	End date	Problem
[redacted]			
Major	1973	01 Jan 1973	Fracture of shaft of tibia (S337.)
Major	13 Jun 1986	13 Jun 1986	Digital nerve of hand (7N086)
Major	1992	01 Jan 1992	Duodenitis (J157.)
Major	12 May 1992	12 May 1992	Barium meal (X70fj)
Major	19 Oct 1994	19 Oct 1994	Acute bronchitis (XE0Xr)
Major	1996	01 Jan 1996	Problem drinker (Ub0lR)
Major	1996	01 Jan 1996	Duodenal ulcer (J12..)
Major	16 Aug 1996	16 Aug 1996	Oesophagitis (J101.)

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AHP Orthotics Referral Form

Major	16 Aug 1996	16 Aug 1996	Problem drinker (Ub0lR)
Major	16 Aug 1996	16 Aug 1996	Duodenal ulcer (J12..)
Major	16 Aug 1996	16 Aug 1996	[D]Helicobac pylori-abnor microbiolog finding gastric fluid (XaBMX)
Major	17 Jun 1997	17 Jun 1997	Drug dependence (E24..)
Major	19 Aug 2002	19 Aug 2002	Ankle pain (X75sF)
Major	19 Mar 2009	16 Oct 2020	Ankle pain (X75sF)
Major	07 Aug 2009	16 Oct 2020	Drainage of abscess NEC (Xa1pj)
Major	03 May 2011	16 Oct 2020	Appendicectomy NEC (Xa9U0)

Current Repeat Medication

Start date	End date	Full description
11 Jul 2023	05 Sep 2023	Metformin 500mg tablets 224 tablet - take two twice a da *Type II diabetes mellitus (X40J5*
11 Jul 2023	09 Sep 2023	Salamol 100micrograms/dose inhaler CFC free (Teva UK Ltd) 400 dose - inhale 2 puffs as neede *Administrative Notes: (Created Using Bulk Replacement* *Chronic obstructive lung disease (H3...*
26 Jul 2023	23 Aug 2023	Sildenafil 100mg tablets 4 tablet - AS DIRECTE *Type II diabetes mellitus (X40J5*
26 Jul 2023	25 Aug 2023	Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) 120 dose - two puffs twice dail
26 Jul 2023	23 Aug 2023	Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) 5 pre-filled disposable injection - use as directe
26 Jul 2023	23 Aug 2023	Lactulose 3.1-3.7g/5ml oral solution 1000 ml - 20ml To be taken Twice Dail
01 Aug 2023	29 Aug 2023	Butec 15micrograms/hour transdermal patches (Qdem Pharmaceuticals Ltd) 4 patch - apply one patch weekl
15 Aug 2023	12 Sep 2023	Sildenafil 100mg tablets 4 tablet - AS DIRECTE *Type II diabetes mellitus (X40J5*
15 Aug 2023	14 Sep 2023	Trimbow NEXThaler 88micrograms/dose / 5micrograms/dose / 9micrograms/dose dry powder inhaler (Chiesi Ltd) 120 dose - two puffs twice dail
15 Aug 2023	12 Sep 2023	Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) 5 pre-filled disposable injection - use as directe
15 Aug 2023	12 Sep 2023	Lactulose 3.1-3.7g/5ml oral solution 1000 ml - 20ml To be taken Twice Dail

Acute Medication (last 3mths)

Staff initials	Start date	End date	Full description
JBA	05 Jun 2023	20 Jun 2023	Laxido Orange oral powder sachets sugar free (Galen Ltd) 30 sachet - Take 1-2 sachets daily, when required for constipatio *Script Notes: Indication - constipatio* *If you require this medication again please see or speak to a clinician first*

Measurements

BP (last 10):

Date	Reading
19 Jul 2018	118 / 78 mmHg

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AHP Orthotics Referral Form

01 Oct 2018	199 / 77 mmHg
12 Nov 2018	134 / 78 mmHg
09 Jan 2019	110 / 81 mmHg
14 May 2019	108 / 76 mmHg
01 Jul 2019	140 / 80 mmHg
15 Aug 2019	117 / 87 mmHg
06 Mar 2020	119 / 65 mmHg
14 Jul 2021	129 / 78 mmHg
26 May 2022	127 / 68 mmHg

Weight (last 3):
14 Jul 2021, O/E - weight (22A..), 100 Kg
26 May 2022, O/E - weight (22A..), 102.7 Kg
26 Jan 2023, O/E - weight (22A..), 108 Kg

Height (last 3):
17 Jan 2020, O/E - height (229..), 1.66 m
14 Jul 2021, O/E - height (229..), 1.67 m
26 Jan 2023, O/E - height (229..), 1.67 m

BMI (last 3):
14 Jul 2021, Body mass index - observation (22K..), 35.86 Kg/m²
26 May 2022, Body mass index - observation (22K..), 35.5 Kg/m²
26 Jan 2023, Body mass index - observation (22K..), 38.72 Kg/m²

Oxford Knee Score (last 3):
None recorded

Allergies

15 Mar 2022, H/O: drug allergy (14L..)

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Attachment
27-Apr-2023 Stephanie Pack
Additional: Attachment
Out of Hours from Yorkshire Ambulance Service NHS Trust -> Priory Medical Group
Filename:
Extension:.tif
Pages:

NHS 111 Report - For Information

CAVANAGH, John *Born* 22-Sep-1963 *Gender* Male		*NHS No.* 400 079 4191 *Local Patient ID* 5847C97F-2FF2-46DE-9C68-0BB15D31C2E8
Home Address 15 ETTY AVENUE YORK YO10 3TJ	*Emergency Phone* 07851306734	*GP Practice* Victoria Way (Priory Medical Group) Victoria Way Surgery 2 Victoria Way Huntington York North Yorkshire YO32 9GE *Phone* 01904411139

Patient's Reported Condition

Has pancreatitis , worse now, pain in pancreas 1 week +

Case Summary

Disposition:
Emergency Ambulance Response for Acute Coronary Syndrome (Category 2)
Dx0112

Selected care service:
No referral made.

Rationale:
Injury, illness or other health problem
Illness
Warm to touch
Able to carry out some normal activities
Severe pain
Crushing/severe aching pain in chest, back or abdomen
Someone staying with individual
No indication scene unsafe
No help available to get medication

Pathways Assessment:
An injury, illness or health problem was the reason for the contact.
There was no blood loss.
An illness or health problem was the main problem.
User Comments: Has pancreatitis , worse now, pain in pancreas 1 week +
The individual was not fighting for breath.
The main reason for the assessment was not an allergic reaction, heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, or ICD shock.
The skin on the torso felt normal, warm or hot.
Pathway selected - Abdominal Pain
There was no vomiting, diarrhoea, rectal bleeding, groin pain or groin swelling.
There was no new genital pain or swelling.
The individual was still able to carry out some normal activities.
User Comments: Diabetic ,
Severe pain was reported.
The pain did not start in the chest, upper back or upper abdomen in the last 24 hours.
There was crushing or severe aching pain in the chest, upper back or upper abdomen.
There had been no previous diagnosis of Marfan's syndrome.
Instructions given were: An emergency ambulance is being arranged.
There was no further information to help with dispatch.
There was someone staying with the individual.
There was no safeguarding concern.
Risk of Coronavirus not declared.
The scene was safe.
The individual did not use GTN medication.
The individual was not allergic to aspirin.
There had been no vomiting of red or altered (coffee grounds) blood.

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The individual was not taking anticoagulant medication.
There was no aspirin within easy reach.
Nobody else was present who could access medication.
Closing instructions

Advice given:
If there are any new symptoms, or your condition gets worse, changes or you have any other concerns call 999.
If you can, ask for someone to meet and direct the vehicle.
If you do need to contact somebody do so now, then try and keep the line free as we may need to call you back.
Shut any dogs away.

Document Created	**27-Apr -2023, 02:16**
Document Owner	**Yorkshire Ambulance Service - 111**
Authored by	**Carl Morphett - Assessed by, Wakefield (Yorkshire Ambulance Service - 111) on 27-Apr -2023, 02:14**
Consent Status	**Consent given for electronic record sharing**

Encounter Type	**NHS111 Encounter**
Encounter Time	**27-Apr -2023, 02:08 to 27-Apr -2023, 02:14**
Case Reference	**D44AC622-E908-4D92-92A1-2F857E87C341**
Case ID	**5394207**
Encounter Disposition	**Emergency Ambulance Response for Acute Coronary Syndrome (Category 2)**
Care Setting Location	**Incident Location**
	Visit Address
Care Setting Address	**15 ETTY AVENUE YORK YO10 3TJ**
Care Setting Type	
Responsible Party	**Steven Dykes - Medical Director, Yorkshire Ambulance Service - 111**

Document ID **C3C079A5-A0A0-4399-AAC1-FCA35A1CED1B** *Version* **1**

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Attachment
27-Apr-2023 Emily Gilmore-Aherne
Additional: Attachment
Accident and Emergency Letter from York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

York ED Notification

Current GP: Dr Robert FISHER
Tang Hall Lane Surgery, 190, Tang Hall La, YORK, YO10 3RL

Patient Details

Name:	CAVANAGH, John M, Mr
DOB:	22-SEP-1963
A&E Number:	49551- 23
NHS Number:	400 079 4191
Address:	15, Etty Avenue, YORK, YO10 3TJ
Referral Source:	Ambulance service - patient in transit
Arrival:	27-APR-2023 03:14
Departure:	27-APR-2023 06:18
Chief Comp:	Abdominal pain
Diagnosis:	Comment: Chronic pancreatitis - [Suspected diagnosis]
Treatments:	Administration of medication
Investigations:	C reactive protein (CRP) Amylase Liver function tests (LFTs) Urea & Electrolytes (U&Es) Full blood count (FBC) Clotting studies Lactate Venous blood gas Arterial / capillary blood gas
Safeguarding:	No Safeguarding concerns recorded

Actions Taken

Disposal:	Discharge Status: Treatment in ED complete Discharge Dest: Home Discharge Follow Up: General Practitioner

Clinical Narrative / Plan & Requested Actions / Medications:

Attended with flare of chronic pancreatitis pain of one week duration.
Normal bloods.
Requesting IV morphine but unable to give in waiting room (no cubicles).

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Accepted offer for stat dose Oramorph, and then keen to leave
as struggles with hospitals.
Given number for pain clinic and advised to call them to rebook
his splanchnic nerve block.
Also advised GP can potentially prescribe further analgesia if required.
Many thanks.

Signed off by: Dr Christopher Roper

Contact Details: ED Secretary 01904 725616

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Attachment
27-Apr-2023 Stephanie Pack
Additional: Attachment
Ambulance Notification from Yorkshire Ambulance Service NHS Trust - Hospital Letters -> Priory Medical Group
Filename:
Extension:.tif
Pages:

NHS
Yorkshire
Ambulance Service
NHS Trust

Sent date: 27/04/2023

YAS Reference: 3481534

GP Details:

DR or Surgery: HEWORTH GREEN SURGERY

Patient Details:

Name: JOHN CAVANAGH

NHS Number: 400 079 4191

DOB: 22/09/1963

Date of incident: 27/04/2023

Time of incident: 2:12

YAS Attendance Outcome Summary (Patient conveyed to hospital) – No Action Required

Presented with: Abdominal pain

Presenting complaint history: The date / time of the illness onset is unknown. 1 week history of abdo pain, pt describes as pancreatic pain, pt goes to pain clinics and takes paracetamol and has morphine patches which normally control the pain but has been struggling to manage, pt has not bothered to get in contact with GP this week. 1 year ago

On examination / assessment: A = clr and patent B = equal air entry all fields, no wheeze or crackles C = well perfused, regular pulse, slightly hypertensive D = GCS 15, A, E = Abdo soft but tender, no loose stools or sickness, pt reports he has been having alot of acid relfux in throat over the week which has been waking him up. Abdo pain located left to right lumbar, non radiating Pt has had this before approx 1 year ago and was diagnosed with an infection, pt not displaying any red flag symptoms at this time. Pt taken own paracetamol 1g approx 0200 and is has his pain patches in place 15mg / week morphine. Pt requested hospital for assessments

Plan of care: MOniter and transfer to YDH for further assessment

The patient was conveyed to YORK DISTRICT HOSPITAL ED with a working impression of Acute pancreatitis

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For any questions or further information please email yas.patientrelations@nhs.net 1/2



NHS
Yorkshire
Ambulance Service
NHS Trust



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For any questions or further information please email yas.patientrelations@nhs.net 2/2

Attachment
21-Mar-2023 Gillian Baxter
Additional: Attachment
Clinic Letter from G Baxter, Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

Priory Medical Group

Mr John Cavanagh
15 Etty Avenue
York
YO10 3TJ

21 Mar 2023

Dear Mr Cavanagh

I am writing to inform you that as part of Vale of York Clinical Commissioning Group's process to review and improve the use of blood glucose meters, the decision has been made to recommend the use of the Finetest Lite or Finetest Lite Smart (Bluetooth connectivity) blood glucose meter for new and existing diabetes patients.

As a practice, we are committed to ensuring that all of our patients are receiving the best possible care and that we are prescribing effectively and cost-efficiently. Consequently, we are changing your current meter to the Finetest Lite together with the Greenlan lancets.

Please continue to order your prescriptions as usual.

We have reserved a Finetest Lite meter starting kit for you, which you can collect directly from the surgery reception. The meter is pre-set and ready for immediate testing. As you already use a meter, we are confident you will be able to start using the Finetest Lite meter by yourself.

If you have any questions or would like a full demonstration of your new meter. Please call the surgery and a demonstration will be arranged for you. Alternatively, please visit supplier's website www.neondiagnostics.co.uk

Should you require any further assistance, please do not hesitate to call the Supplier's Freephone number on 0800 131 3378.

Yours sincerely,

Priory Medical Group

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Attachment
02-Mar-2023 Emily Gilmore-Aherne
Additional: Attachment
Clinic Letter from Anaesthesia & Pain Management Consultant, York Hospital -> Priory Medical Group

Filename:
Extension:.tif
Pages:

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York Teaching Hospital
NHS Foundation Trust

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Pain Clinic General Enquiries: (01904) 725395/6/7
Pain Management Programme Enquiries: (01904) 721449
Waiting List/Day Unit Enquiries: Injections and Procedures: (01904) 725127
Spinal Cord Stimulator Enquiries: (01904) 725509

30 March 2023

Dr R Fisher
Tang Hall Lane Surgery
190, Tang Hall Lane
YORK
YO10 3RL

Dear Dr Fisher

Mr John Cavanagh **DOB:** 22-SEP-1963

15, Etty Avenue, YORK, YO10 3TJ

Casenote: 99/39862 **NHS Number:** 400 079 4191

Clinic: DEBBIE HUNTER
THURS AM
NP OPIOID CLINIC

Clinic Date: 2 March 2023

Pain Problem
Abdominal pain.
Chronic pancreatitis.

This gentleman was followed up by telephone appointment today. He is under the care of Dr Dhandapani. He consented to Izzy Baskerville, student nurse, to be present at the appointment.

He has been reviewed previously in the Pain Clinic with changes to his medication. He is currently taking:

Medication
Buprenorphine patch 15 mcg per hour.
Paracetamol on a prn basis.
He has stopped his Codeine and finds the patches more beneficial, however, they do start to wear off at approximately day five. I have advised him to take regular Paracetamol on the last few days of the use of his patch. He is not keen to escalate his patch further.

In terms of interventions, he is due a splanchnic nerve block and is on the waiting list for this. My understanding is that this will take place in the first week in April, after discussing this with the Waiting List Clerk this morning.

Plan
This gentleman is going to continue with his current medications. He will be followed up by one of my medical colleagues following his intervention.

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We will keep you informed of his progress through the Pain Clinic.

Yours sincerely,

Debbie Hunter
Advanced Nurse Specialist
Multi-Disciplinary Pain Clinic

Copy to :-

Private and Confidential
Mr J Cavanagh
15, Etty Avenue
YORK
YO10 3TJ

THIRD PARTY COPY

Attachment
05-Oct-2022 Emily Gilmore-Aherne
Additional: Attachment
Diabetic Eye Screening Scheme from North Yorkshire NHS Diabetic Eye Screening Programme -> Priory Medical Group
Filename:
Extension:.tif
Pages:

North Yorkshire nydesp
NHS Diabetic Eye
Screening Programme

NHS
York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Confidential
Dr J Hamilton
Priory Medical Centre
Cornlands Road
Acomb
York
North Yorkshire
YO24 3WX

05 October 2022

Dear Dr Hamilton

RE: Mr John Cavanagh
Address: 15 Etty Avenue, York, N Yorkshire, YO10 3TJ
NHS Number: 400 079 4191 DOB: 22/09/1963

The above named has been offered 2 retinal screening appointments in the current screening year.

Unfortunately they have not taken up the offer to attend for screening. We will not be offering further screening appointments this year. However if the patient attends your surgery perhaps you could suggest and encourage the need for routine diabetic eye screening.

We will of course include them in the next years screening programme.

If you have any queries please contact us.

Yours sincerely

North Yorkshire Diabetic Eye Screening Programme

THIRD PARTY COPY

161

NYDESP, Regus, Tower Court, Oakdale Road, Clifton Moor, York, YO30 4XL Tel 01904 726640

Attachment
25-Aug-2022 Emily Gilmore-Aherne
Additional: Attachment
Clinic Letter from Anaesthesia & Pain Management Consultant, York Hospital -> Priory Medical Group

Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust

dw

Pain Clinic General Enquiries: (01904) 725395/6/7
Pain Management Programme Enquiries: (01904) 721449
Waiting List/Day Unit Enquiries: Injections and Procedures: (01904) 725127
Spinal Cord Stimulator Enquiries: (01904) 725509

25 October 2022

Dr R Fisher
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Dear Dr Fisher

Mr John Cavanagh **DOB:** 22-SEP-1963

15, Etty Avenue, YORK, YO10 3TJ

Casenote: 99/39862 **NHS Number:** 400 079 4191

Clinic: DEBBIE HUNTER THURS AM NP OPIOID CLINIC **Clinic Date:** 25 August 2022

Pain problem
Chronic abdominal pain
Chronic pancreatitis

This gentleman was reviewed by telephone today following changes to his medication.

This gentleman continues to have chronic abdominal pain. He reports stopping his Codeine Phosphate which he is pleased about. This was done in a weaning process and now has not taken Codeine Phosphate for over a week.

Current medication
- Buprenorphine patch at 10 mcg per hour
- Prn Paracetamol

This gentleman, as you are aware, is still awaiting his splanchnic block and is on the waiting list for this and I have explained the delays related to staffing shortages and Mr Cavanagh is very understanding about this.

Treatment plan
1. I would suggest increasing his Buprenorphine to 15 mcg per hour to hopefully get some improved pain relief from this medication. I have advised MR Cavanagh to take his Paracetamol 1 gm four times a day to see if this regular use of Paracetamol is more beneficial than the prn dosage he is currently taking. We will review the effect of this.
2. I will organise a follow-up appointment with Mr Cavanagh in the Medication Review Clinic with myself by telephone to look at the effects of the changes of his medication.

We will keep you informed of his progress through the Pain Clinic.

THIRD PARTY COPY

Yours sincerely

Debbie Hunter
Lead Pain Nurse NMP
Pain Management

Copy to

Mr John Cavanagh
15 Etty Avenue
YORK
YO10 3TJ

THIRD PARTY COPY

Attachment
11-Aug-2022 Miss Smarah Hayyat
Additional: Attachment

Filename: COPD - Pt Assessment Form - Patient 15395616 - J Cavanagh - DOB 22-09-63.pdf
Extension:.tif
Pages:

COPD Patient Review Service : individual patient assessment form — Consultation Date: 09/08/22

Patient Details

Patient ID	15395616	NHS Number	4000794191
Full Name	John Cavanagh	Usual GP	Dr James Mcnay
Date of birth	22/09/1963 (58yrs)	Housebound Status	

Diagnosis detail

Earliest recorded diagnosis of COPD	Chronic obstructive lung disease	Date	17/01/20
History of asthma recorded on clinical system (Yes/Resolved/No)	No	Date	

Comorbidities (relevant to COPD)

Respiratory (excluding asthma)

Other (relevant)

Coronary artery disease	✓	Hypertension		Heart failure	
Stroke/TIA		Peripheral artery disease		Arrhythmia	
Diabetes	✓	Depression/anxiety	✓	Chronic kidney disease	
Osteoporosis		Mental health condition		Gastro-oesophageal reflux	
Other (detail, including allergies)					

Recorded data from last COPD review

Date of most recent recorded COPD review: 06/09/2021

Recommended assessment marker	Recorded detail / recorded value	Date	last 12m (Y/N)
Smoking status	Smoker	15/03/22	Y
Smoking cessation (current smokers)	Smoking cessation advice	06/09/21	Y
Inhaler technique	moderate	06/09/21	Y
COPD self management plan			
Spirometry	Expected FEV1	17/01/20	N
Pulmonary rehabilitation	Pulmonary rehabilitation declined	18/08/20	N
Weight / BMI (kg/m²)	36.8	26/05/22	Y
Pulse oximetry (%)	98%	17/01/20	N
Flu vaccination	Administration of first inactivated seasonal influenza	08/11/21	Y
Pneumococcal vaccination	Pneumococcal 1	28/08/09	N

Assessment of airflow limitation, symptoms and risk of exacerbations from recorded data

Assessment of airflow limitation (latest recorded spirometric data) — Latest FEV_1/FVC ratio (%): -

Latest FEV1 % predicted value (%)	-	*Classification*	UTC	V> Severe
Latest FEV1 % predicted date	-	*(GOLD / NICE)*	*GOLD (1 - 4)*	*NICE (Mild - v. severe)*

Assessment of dyspnoea (MRC/mMRC*) or symptoms (CAT) — *mMRC is a modified version of the MRC score and is calculated as MRC score - 1

Latest assessment of dyspnoea using MRC	5	Date	06/09/21	**Latest mMRC* ≥ 2 or CAT ≥ 10**	***YES/NO***
Latest assessment of symptoms using CAT	32	Date	06/09/21		Y

Assessment of exacerbation risk (where T-12m is the previous 12-month period)

	COUNT		***COUNT***
Recorded COPD exacerbations (T-12m)		Oral corticosteroid issues (T-12m)	
Recorded chest infections (T-12m)		Respiratory antibiotic issues (T-12m)	
COPD admissions (T-12m)		COPD rescue pack issues (T-12m)	

Annual COPD exacerbations count		≥ 2 exacerbations, or ≥ 1 exacerbation leading to hospital admission	***YES/NO*** N
Date recorded			

Combined assessment of COPD from GP clinical system recorded data using the GOLD refined COPD "ABCD" assessment tool: **B**

FOR PART I COPY

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Job bag number: UK-CHI-2000672
Date of preparation: November 2020

This service is funded by and delivered on behalf of Chiesi Ltd, as a service to medicine, by Interface Clinical Services.

COPD Patient Review Service : Individual Assessment Form — Consultation Date: **09/08/2022**

Patient Details

Patient ID	15395616	NHS Number	4000794191
Full Name	John Cavanagh	Usual GP	Dr James Mcnay
Date of birth	22/09/1963 (58yrs)	Housebound Status	

Information from face-to-face patient assessment

Is the patient's COPD actively managed under a secondary or integrated care service? (tick)

Please detail below any relevant respiratory history not included in GP clinical system recorded data

Smoking history

Smoking status	Current	Ready to stop smoking?	Y	Previous attempt(s) to stop?	Y

Patient-reported symptoms and risk of exacerbations

Dyspnoea score using MRC (1-5) 5 ▶ mMRC (0-4)* 4 — COPD symptom score using CAT (0 - 40) 28

**mMRC is a modified version of the MRC score and is calculated as MRC score -1*

Number of COPD exacerbations experienced in the previous 12-month period	2
Number of A&E or urgent care encounters due to COPD in previous 12-month period	
Number of hospital admissions due to COPD in the previous 12-month period	

	YES/NO		YES/NO
mMRC* ≥ 2 or CAT ≥ 10	Y	**≥ 2 exacerbations, or any exacerbation leading to hospital admission**	Y

Combined assessment of COPD from patient reported symptoms and exacerbations using the GOLD refined COPD "ABCD" assessment tool: **D**

Value from point-of-care measurements performed during clinic

Weight (kg)		Height (m)		BMI (kg/m^2)	
Pulse oximetry (%)					
Point-of-care FEV_1 value (L)		*Classification (GOLD / NICE)*		*GOLD (1 - 4)*	*NICE (Mild - v. severe)*
Point-of-care FEV_1 % predicted					

Current management of COPD (overall management and breakdown of individual therapies)

Current level of pharmacological management (therapy class)

ICS/LABA/LAMA

Individual preparations currently recorded on GP clinical system	Latest issue date	Issues in T-12m	Dose prescribed on GP clinical system
Salbutamol 100micrograms/dose inhaler CFC free	09/05/22	6	
Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd)	28/06/22	10	

Does the patient have a COPD management plan? (yes/no)	
Is the patient aware of what to do in the event of worsening symptoms / exacerbations? (yes/no)	N
Compliance with current prescribed therapies for COPD (good/poor)	Good
Inhaler technique with current prescribed therapies for COPD (good/poor)	Good
Good technique achieved following inhaler technique coaching (yes/no)	No

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Job bag number: UK-CHI-2000672
Date of preparation: November 2020

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COPD Patient Review Service : Individual Assessment Form — Consultation Date: **09/08/2022**

Patient Details

Patient ID	15395616	NHS Number	4000794191
Full Name	John Cavanagh	Usual GP	Dr James Mcnay
Date of birth	22/09/1963 (58yrs)	Housebound Status	

Interface pharmacist comments, recommendations and individual patient authorisation

Interface pharmacist comments

CAT 28; MRC 5; Pt is not asthmatic; 2 chest infections in the last 12m says he did not request antibiotics for these; Currently on Trelegy 1 OD + Salamol MDI (uses 5/6 times a day); explained a good technique with both inhalers ; went through the use of Salamol and technique; says the Trelegy isn't working enough as he needs more; also smokes therefore recommended to change to Trimbow Nexthaler 2 BD; patient happy with this.

Overall Interface pharmacist recommendation

Maintain current management (1 or more pharmacological interventions)

Inhaled device(s) suitable for use based on inspiratory flow, dexterity and inhaler technique and patient preference

Pharmacological intervention recommendations in line with practice-defined COPD management framework*

**Interface pharmacist recommendations at class level. Lead GP/authorised clinician to confirm and authorise individual preparations to use*

Medication class	Recommended action	Detail & rationale	New therapy	GP Auth
ICS_LABA_LAMA	Stop	In line with practice authorised pathway		
ICS_LABA_LAMA	Initiate	In line with practice authorised pathway	Trimbow NEXThaler 87/9/5	
SABA	Compliance / education	Clinical issue - education / coaching		

Non-pharmacological intervention recommendations in line with practice-defined COPD management framework

Recommendation	GP Auth
Additional inhaler training and support	

Authorisation to implement authorised interventions (if any) and document on clinical system

I, the lead GP/authorised clinician hereby agree to the recommendations and rationale for medication change(s) and/or pharmacological recommendation(s) given above and have added any additional instructions and/or comments I deem appropriate and agree to the Interface pharmacist implementing the authorised action(s) onto the practice clinical system

Lead GP/Authorised clinician

Signature: | Date: 09/08/2022

Interface pharmacist

Signature: | Date:

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Job bag number: UK-CHI-2000672
Date of preparation: November 2020

This service is funded by and delivered on behalf of Chiesi Ltd, as a service to medicine, by Interface Clinical Services.

Attachment
26-May-2022 Emily Gilmore-Aherne
Additional: Attachment
Clinic Letter from Diabetes Clinic, York Hospital -> Priory Medical Group
Filename:
Extension: .tif
Pages:

York Teaching Hospital
NHS Foundation Trust
Wigginton Road York YO31 8HE

Telephone Enquiries Contact:
Centre for Diabetes & Endocrinology
Telephone: (01904) 726510

RB/PA

30 May 2022

Mr John Cavanagh
15, Etty Avenue
YORK
YO10 3TJ

Dear Mr Cavanagh

Mr John Cavanagh **DOB:** 22-SEP-1963

15, Etty Avenue, YORK, YO10 3TJ

Casenote: 99/39862 **NHS Number:** 400 079 4191

Clinic: DIABETES NURSE LED CLINIC - COMMUNITY **Clinic Date:** 26 May 2022

DIAGNOSIS:
Type 2 diabetes since 2011

CURRENT DIABETES MEDICATIONS:
1. Humalog Mix 25 insulin 26 units (am) and 52 units (pm)
2. Metformin 1 g twice daily

CLINICAL DATA:
HbA1c 83mmol/mol
Weight 102.7kg
BMI 35.5
BP 127/68mmHg
eGFR 95mL/min/1.73 m*2 (March '22)

HISTORY:
Chronic Obstructive Pulmonary Disease (Copd)
Chronic pancreatitis
Osteoarthritis
Chronic back pain- BuTrans patch
Previous alcohol dependence

PREVIOUS DIABETES MEDICATIONS:
1. Lantus
2. Humulin M3

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3. Trulicity
4. Gliclazide
5. Victoza
6. Tresiba

Face to face consultation.

It was lovely to see you in clinic today, John.

You tell me that things are "hunky-dory" in terms of your diabetes. You tell me that since you started your pain relieving patch around a month ago, your blood glucose levels have improved. You check blood glucose levels one to two times per week as you tell me that you can feel if levels are too high or too low. You tell me that when you check blood glucose levels tend to be around the 10-12mmol/L mark.

John, we talked about your HbA1c result from today, which is a little bit higher than previous result at 83mmol/mol, but still much lower than it has been historically.

We discussed adding in another tablet (SGLT-2 inhibitor) to try and help reduce this further but you tell me you already struggle with the number of tablets you are taking and that you have times where you forget to take them completely. John, you tell me you never forget to take your insulin.

I have suggested doing a few days of twice daily blood glucose checks - first thing on a morning and before evening meal, and if these readings are consistently above 10mmol/L increasing each dose of insulin by 4 units each. John, you tell me you have been given this advice previously, but we talked about how adjusting your insulin doses would be the most effective way to reduce your HbA1c.

John, we discussed follow up. You do not feel there is much we can do to support your diabetes at present and you are quite happy with where your glucose levels are currently. You do not like coming to the Hospital, so we have agreed that you will make contact with us as you feel necessary.

FOLLOW UP:
Patient Initiated Follow up (PIFU)

PRESCRIPTION CHANGES:
No change

If you need any support/advice please call the Diabetes Centre on 01904 726510 or email diabetesnursespatienttriage@york.nhs.uk.

Yours sincerely

Letter verified and signed electronically

Rachael Bealey
Diabetes Specialist Nurse

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Copy To: Dr R Fisher
Priory Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

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Attachment
18-May-2022 Stephanie Pack
Additional: Attachment
Ophthalmic Services from Specsavers, Opticians -> Priory Medical Group
Filename:
Extension:.tif
Pages:

Specsavers®

205680

15 Low Ousegate
York
North Yorkshire
YO1 9QX

Tel 01904 655611

Fax 01904 640768
Web specsavers.co.uk/york

General Practitioners
Priory Medical Group
Tang Hall Surgery
Tang Hall Lane
York
YO

Send to G.P.

18 May 2022

Dear General Practitioners,

RE: Information for GP: Notification of Examination Outcome

Mr John Cavanagh
DOB : 22/09/1963 **NHS No.:**
Address: 15 Etty Avenue, YORK, YO10 3TJ
Telephone No.: 07851 306734

Prescription details from current sight test: 18 May 2022

	Vision	Sph	Cyl	Axis	Prism H	Prism V	VA	Add	Near VA	Previous VA 26 January 2021
RE		+2.25	-0.50	92½			6/5	+ 2.25	N5	6/6
LE		+1.75	-0.75	87½			6/5	+2.25	N5	6/6

RE Intra-Ocular Pressure
20.0 mmHg
LE Intra-Ocular Pressure
20.0 mmHg

RE Disc Appearance	**Visual Fields**
LE Disc Appearance	

Reason for Referral: Follow Up Information

I'd be grateful for your checking when Mr Cavanagh last had diabetic retinal screening and that he hasn't been lost to recall by the retinal screening service. He thinks he last had it done before the pandemic in 2019 but this could have been a hospital ophthalmic check when he was an inpatient in 2019. I couldn't see any obvious retinopathy in either eye through undilated pupils today but he needs to continue regular dilated retinopathy screening.

Yours Sincerely,

Written and sent by **Richard Peacock**

GOC/GMC No.: 01-18124

Statement: The reason for this referral has been explained to the patient or guardian who agrees to it. The patient or guardian also consents to information being exchanged between the Hospital Eye Service, their General Medical Practitioner and optometrist or ophthalmic medical practitioner.

Registered To Practice York Visionplus Limited
Registered in England No 2260715 VAT No 500 8878 60
Registered Office: Forum 6 Parkway Solent Business Park Whiteley Fareham PO15 7PA
Directors: A list of directors is available from the Registered Office

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Attachment
12-Apr-2022 Emily Gilmore-Aherne
Additional: Attachment
Clinic Letter from Anaesthesia & Pain Management Consultant, York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

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York Teaching Hospital
NHS Foundation Trust

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Pain Clinic General Enquiries: (01904) 725395/6/7
Pain Management Programme Enquiries: (01904) 721449
Waiting List/Day Unit Enquiries: Injections and Procedures: (01904) 725127
Spinal Cord Stimulator Enquiries: (01904) 725509

19 May 2022

Dr R Fisher
Priory Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Dear Dr Fisher

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191
Clinic: M.D.T. TUES AM NEW PATIENT CLINIC **Clinic Date:** 12 April 2022

Diagnosis
Chronic abdominal pain
Known history of pancreatitis
Also history of chronic back pain, right ankle pain and left knee pain
All of these affect his ability to function.

Current medication
Codeine 60 mg qds
Co-codamol up to six tablets a day as well

Previous medication
Morphine IV in A & E / helps
Patient also has a history of type 2 Diabetes and COPD.
Patient has a history of alcohol dependence in the past / has not drunk for many years and does not want to be addicted to Codeine.

I reviewed Mr Cavanagh today. I note that he started with this pain two years ago after a short relapse with his alcohol and he describes it as a constant right sided abdominal pain that occurs in waves. These can occur ever few hours, which causes him to take pain killers. He had not drunk for fourteen years previously and he is very aware of his addictive behaviour and does not want to be addicted to Codeine. I note that this pain does not affect his sleep, but his mixture of

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pains do affect his ability to do general activities and he spends most of his time at home with his wife and children and helps out with his grandchildren. He used to be Painter and Decorator by trade, but is very limited in a lot of his movement, particularly due to swelling in his ankle and knee.
His HAD scores are 12 and 17 respectively and his BPI was 65/70.

I discussed his care with Dr Dhandapani and we discussed ways of reducing his codeine intake, which involves changing to a BuTrans patch at a low dose, enabling him to decrease his Codeine slowly and also discussed the splanchnic nerve block for the abdominal pain.

Plan

1. Splanchnic nerve block by Dr Dhandapani
2. I have sent a Treatment Advice Slip today for him to start BuTrans 5 mcg/hr.
3. He can then continue initially with his dose of Codeine of 240 mg a day ie eight tablets a day, and then decrease this by one tablet every week slowly and hopefully the BuTrans patch should coverany chance of withdrawal.
4. Follow-up in the Nurse Clinic to aid Codeine withdrawal.
5. Appointment with Physio.F2F to review knee and hips to see if there is mechanical elements of the pain to see if orthopaedics is appropriate, otherwise they can look at goal directed therapy and goal settings.

Yours sincerely

Dr Joanna Holland
Speciality Doctor in
Anaesthesia and Pain Management

Copy to

Mr John Cavanagh
15 Etty Avenue
YORK
YO10 3TJ

THIRD PARTY COPY

Attachment
12-Apr-2022 Dominique Docker
Additional: Attachment
Outpatient Treatment Recommendation from Chronic Pain -> Priory Medical Group
Filename:
Extension:.tif
Pages:

Outpatient Treatment Advice Note

York Teaching Hospital NHS
NHS Foundation Trust

PLEASE FILL THIS FORM IN WITH A BALL POINT PEN AND PRESS FIRMLY

HOSPITAL (Tick one) York Hospital ☐ Selby Hospital ☐ Scarborough Hospital ☐ Bridlington Hospital ☐ Malton Hospital ☐ Whitby Hospital ☐ Other ☐

Affix Patient Label (to both pages) or complete details below:

Pati
Add CAVANAGH JOHN M
15, Etty Avenue
YORK YO10 3TJ
Pos DR R FISHER

99/39862
22/09/1963
400 079 4191
MR
MM

Hospital / NHS Number:

Enter known allergies / sensitivities and reaction or write NIL KNOWN

NKDA

Weight in Kg (must include if under 16years): Kg

Date seen in clinic: 12.4.22.

Consultant Holland Specialty Chronic Pain

GP Surgery

Diagnosis and treatment given: Chronic Pancreatitis

Other information (e.g. responsibility for further tests, reference to shared care protocol, side effects discussed):

↓ codeine with Butrans cover to help stop withdrawal symptoms

Follow up arrangements: Next outpatient appointment / planned in-patient admission:

MEDICATION

RECOMMENDED NEW MEDICATION AND DOSE CHANGES

Drug and Form (or Drug Class)	Dose	Directions	Indication/ Rationale	Duration or Indefinite
Start Butrans	5mcg/hr			
to keep on 240mg codeine dose initially ↓ by 30mg each week. (one tablet).				
If pain gets worse consider going up on Butrans				

I confirm that the medication listed above is included in the Trust Formulary YES / NO

INFORMATION ON DISCONTINUED MEDICATION

Drug	Reason for discontinuation

Doctor's signature	Doctor's name (PRINT)	Grade	Ext/Bleep	Date
	Holland	SAS	5396	12.4.22

PATIENT COPY: GIVE TO PATIENT TO TAKE TO GP – THIS IS NOT A PRESCRIPTION

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Attachment
18-Mar-2022 Abigail Hurrell
Additional: Attachment
Advice Request from Pain Clinic, Multi-Disciplinary Pain Clinic, Anaesthesia & Pain Management Consultant, York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust

blp

Pain Clinic General Enquiries: (01904) 725395/6/7
Pain Management Programme Enquiries: (01904) 721449
Waiting List/Day Unit Enquiries: Injections and Procedures: (01904) 725127
Spinal Cord Stimulator Enquiries: (01904) 725509

18 March 2022

Dr R Fisher
Priory Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Dear Dr Fisher

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191

Thank you for your advice and guidance request in regard to the above gentleman.

I believe that the best way to address his analgesic needs is for you to send a Pain Clinic referral in and we may be able to consider whether an intervention may be of benefit to him.

Yours sincerely

Dr P Armstrong
Consultant in Anaesthesia and Pain Management

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Attachment
15-Mar-2022 Dr Helen Ward
Additional: Attachment
Accenda Gateway
Filename: GN-000165812 - CAVANAGH, John Michael (Mr) - 400 079 4191 - Orthotics and Prosthetics, Orthotics - Referral Document.pdf
Extension:.tif
Pages:

Validated Referral

Referral Details

Referral Date:	Priority:	NHS Number:
15/03/2022	Routine	400 079 4191

Patient Details

Title:	Forename(s):	Surname:
Mr	John Michael	Cavanagh
Date of Birth:	**Gender:**	**Ethnicity:**
22/09/1963	Male	

Contact Details

Address Line 1:	Address Line 2:	Address Line 3:
	15 Etty Avenue	
Town:	**County:**	**Postcode:**
York	N Yorkshire	YO10 3TJ
Phone:	**Mobile:**	**Text Message Consent:**
	07851306734	Yes
Email:		

Referring Clinician/Practice Details

Referring Clinician Name:	Referring Clinician Code:	Practice Code:
Ward, Helen (Miss) - Clinical Practitioner		B82005
Practice Name:		
PRIORY MEDICAL GROUP		

Clinic Details

Specialty:	Clinic Type:	Named Clinician:
Orthotics and Prosthetics	Orthotics	

Patient Choice Preferences

Provider 1:	Provider 2:

Preferences

Vulnerable Patient:	Vulnerable Reason:	Confidential/Silent Referral:
No		No

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Validated Referral

Contact Time:	Interpreter Required:	Preferred Language:
	No	

Referral Details

Admin Notes:
Provisional Diagnosis:
Smoking Status:

Referral Letter

Dear colleagues, Many thanks for your review of this 58 yr old who has been reviewed by podiatry and who has been recommended for referral to orthotics. He has had his left foot broken in multiple previous surgeries and has a slight eversion. He is seen in podiatry every 4 weeks for callous debridement. They have recommended his referral to ourselves for orthotic footwear for optimum offloading and to support his foot. Kind regards, Helen Ward

3rd party consent

Is there 3rd party consent on file for this patient?	No

Patient Characteristics

A collection of protected characteristics codes

Disability

31/05/2002 **Disability**

Gender Reassignment Status

Sexual Orientation

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Validated Referral

Past Medical History

A collection of past medical history records

Problems

17/01/2020	**COPD - Chronic obstructive pulmonary disease**
08/05/2019	**Moderate frailty**
01/08/2016	**Ischaemic heart disease**
08/07/2016	**Depression**
23/08/2012	**Osteoarthritis**
03/05/2011	**Lower abdominal pain**
03/05/2011	**Appendicectomy**
20/11/2009	**Type 2 diabetes mellitus**
07/08/2009	**Drainage of abscess**
19/03/2009	**Ankle pain**
19/08/2002	**Ankle pain**
17/06/1997	**Drug dependence**
16/08/1996	**Problem drinker**
16/08/1996	**Ulcer of duodenum**
16/08/1996	**Oesophagitis**
16/08/1996	**[D]Helicobacter pylori abnormal microbiological finding in gastric fluid**
01/01/1996	**Problem drinker**
01/01/1996	**Ulcer of duodenum**
19/10/1994	**Acute bronchitis**
12/05/1992	**Barium meal**
01/01/1992	**Duodenitis**
13/06/1986	**Digital nerve of hand**
01/01/1973	**Fracture of shaft of tibia**
[redacted]	

Long Term Conditions

17/01/2020	**COPD - Chronic obstructive pulmonary disease**
01/08/2016	**Ischaemic heart disease**
03/07/2012	**Diabetes mellitus**

Family History

18/08/2020	**FH: Respiratory disease**

Allergies and Sensitivities

15/03/2022	**Allergy to drug**

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Validated Referral

Current Repeat Medication

All recorded current medication and acute medication for past 3 months

Current Repeat Medication

Date	Description
04/11/2021	Salbutamol 100micrograms/dose inhaler CFC free - inhale 2 doses as needed (for COPD)
04/11/2021	Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) inhale 1 dose daily
30/10/2021	Codeine 30mg tablets take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)
30/10/2021	GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) use as directed
30/10/2021	GlucoRx lancets 0.31mm/30gauge (GlucoRx Ltd) - use as directed
30/10/2021	GlucoRx Nexus testing strips (GlucoRx Ltd) - use as directed
30/10/2021	Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray spray 1-2 puffs As required under the tongue when needed to relieve chest pain
30/10/2021	Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) use as directed
30/10/2021	Lactulose 3.1-3.7g/5ml oral solution - 20ml To be taken Twice Daily
30/10/2021	Metformin 500mg tablets - take two twice a day
30/10/2021	Sharpsafe disposal unit 7litre Yellow (Frontier Medical Group) - use as directed
30/10/2021	Sildenafil 100mg tablets - AS DIRECTED
30/10/2021	Voltarol 1.16% Emulgel (GlaxoSmithKline Consumer Healthcare UK Ltd) - apply 3 times/day

Acute Medication

Last 3 months

Acute Medication

Date	Description
14/03/2022	Codeine 30mg tablets take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)
14/03/2022	GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd) use as directed
14/03/2022	Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) use as directed
14/03/2022	Lactulose 3.1-3.7g/5ml oral solution - 20ml To be taken Twice Daily
14/03/2022	Metformin 500mg tablets - take two twice a day
14/03/2022	Sildenafil 100mg tablets - AS DIRECTED
01/03/2022	Laxido Orange oral powder sachets sugar free (Galen Ltd) - Take 1-2 sachets daily, when required for constipation
28/02/2022	Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) use as directed
28/02/2022	Lactulose 3.1-3.7g/5ml oral solution - 20ml To be taken Twice Daily
28/02/2022	Salbutamol 100micrograms/dose inhaler CFC free - inhale 2 doses as needed (for COPD)
28/02/2022	Trelegy Ellipta 92micrograms/dose / 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) inhale 1 dose daily

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Validated Referral

Lifestyle

Smoking status and alcohol consumption

Smoking Status

15/03/2022 **Smoker**

Alcohol Consumption

14/07/2021 **Alcohol units consumed per week, 0.0 Units/Week**

Military Service

A collection of Military Service codes

Military Service

Examination Codes

A collection of examination codes

Height

14/07/2021 **Standing height, 1.67 m**

Weight

14/07/2021 **Body weight, 100.0 Kg**
10/08/2020 **Body weight, 99.2 Kg**
13/06/2020 **Body weight, 105.0 Kg**

BMI

14/07/2021 **Body mass index, 35.856434 Kg/m²**
10/08/2020 **Body mass index, 34.3 Kg/m²**
13/06/2020 **Body mass index, 39.0 Kg/m²**

Blood Pressure

Oxygen Saturation

SpO2 - oxygen saturation at periphery

17/01/2020 **Peripheral oxygen saturation, 98.0 %**

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Validated Referral

Investigations - Biochemistry

currently coded data

Renal Function

Inflammatory Markers

Diabetes Tests

Cholesterol

Liver Function Tests

Thyroid Function

Haematinics

Bone Profile

Investigations - Haematology

current coded values

Full Blood Count

Clotting

Urea & Electrolytes

Investigations - Immunology

current coded data

Immunology

Myeloma Screen

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Attachment
04-Mar-2022 Stephanie Pack
Additional: Attachment
Clinic Letter from Dept of Podiatry -> Priory Medical Group
Filename:
Extension:.tif
Pages:

NHS No: 400 079 4191

teamHDFT
At our best

NHS
Harrogate and District
NHS Foundation Trust

Department of Podiatry
Tang Hall
Tang Hall Clinic
Fifth Avenue
York
YO31 0PR
01423542300

E-mail: hdft.podiatry@nhs.net

04 March 2022

GP/Clinician
Priory Medical Group
Priory Medical Centre
Cornlands Road
York
YO24 3WX

Dear GP/Clinician

Re: Mr John Cavanagh Dob: 22 Sep 1963

15 Etty Avenue, York, YO10 3TJ

On assessment, this patient's foot condition is such that they cannot obtain suitable shoes. Mr Cavanagh present with L foot previously broken with multiple operations. It is in a fixed position of slight eversions causing heavy loading on the lateral border and has a wide forefoot and mid foot, we treat him in podiatry every 4 weeks for fissure and callus debridement. He previously refused appointments with our Gait/biomechanics team but now I have convinced him to do this and also about Orthotic footwear for optimum offloading and also support for his foot.

I would be grateful therefore, if you would refer them to the hospital Orthotic Department to be assessed for the appropriate footwear.

Yours sincerely

Miss Kainat Ahmed

Podiatrist

Department of Podiatry

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Attachment
03-Mar-2022 Emily Gilmore-Aherne
Additional: Attachment
Accident and Emergency Letter from York Hospital -> Priory Medical Group

Filename:
Extension:.tif
Pages:

York ED Notification

Current GP: Dr Robert FISHER
Priory Medical Group, Tang Hall Lane Surgery, 190 Tang Hall Lane,
YORK, YO10 3RL

Patient Details

Name:	CAVANAGH, John M, Mr
DOB:	22-SEP-1963
A&E Number:	25817- 22
NHS Number:	400 079 4191
Address:	15, Etty Avenue, YORK, YO10 3TJ
Referral Source:	Ambulance service - patient in transit
Arrival:	03-MAR-2022 17:29
Departure:	03-MAR-2022 22:50
Presenting Comp:	chronic pancreatitis
Chief Comp:	Abdominal pain
Diagnosis:	Comment: Chronic pancreatitis - [Suspected diagnosis]
Treatments:	Administration of medication
Investigations:	C reactive protein (CRP) Amylase Liver function tests (LFTs) Biochemistry Haematology X-ray plain film
Safeguarding:	No Safeguarding concerns recorded

Actions Taken

Disposal: Discharge Status: Treatment in ED complete
Discharge Dest: Home

Clinical Narrative / Plan & Requested Actions / Medications:

known chronic pancreatitis came with abdominal pain which was managed with simple pain killers. Bloods and CXR unremarkable

Signed off by: Dr William Hughes

Contact Details: ED Secretary 01904 725616

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Attachment
15-Feb-2022 Dominique Docker
Additional: Attachment
Accident and Emergency Letter from York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

York ED Notification

Current GP: Dr Robert FISHER
Priory Medical Group, Tang Hall Lane Surgery, 190 Tang Hall Lane,
YORK, YO10 3RL

Patient Details

Name:	CAVANAGH, John M, Mr
DOB:	22-SEP-1963
A&E Number:	18752- 22
NHS Number:	400 079 4191
Address:	15, Etty Avenue, YORK, YO10 3TJ
Referral Source:	Self / family / friends / education / work colleague
Arrival:	15-FEB-2022 15:42
Departure:	15-FEB-2022 23:20
Chief Comp:	Abdominal pain
Diagnosis:	Comment: Chronic pancreatitis - [Suspected diagnosis]
Treatments:	Administration of medication
Investigations:	C reactive protein (CRP) Amylase Liver function tests (LFTs) Biochemistry Haematology Lactate Venous blood gas Arterial / capillary blood gas X-ray plain film
Safeguarding:	No Safeguarding concerns recorded

Actions Taken

Disposal: Discharge Status: Left after assessment but before treatment complete (dest. unknown)

Clinical Narrative / Plan & Requested Actions / Medications:

Abdominal pain on background of chronic pancreatitis. D/w surgeons who advised home if pain controlled, if not admit for pain control. Had CXR booked but patient left before could have CXR

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Signed off by: Dr Maha Younis

Reviewed by: Dr Maha Younis (7640796)

Contact Details: ED Secretary 01904 725616

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Attachment
14-Dec-2021 Gavin Stewart
Additional: Attachment
Vaccination from York Askham Bar -> Priory Medical Group
Filename:
Extension:.tif
Pages:

This is a replacement document. You should review the previous version of this document in the patient record and remove it if necessary. When processing this replacement document you should ensure that any duplicated/erroneous data is removed and any updated information is added to the patient record.

COVID-19 Vaccination Record

Patient Demographics

Patient name	John Michael Cavanagh
Date of birth	22 Sep 1963
Sex	male
NHS number	4000794191
Patient address	15 Etty Avenue, York, N Yorkshire YO10 3TJ

Eligibility Criteria

Eligibility criteria	Requires vaccination

Allergies and Adverse Reactions

Causative agent	No known allergy to administered vaccine

Vaccinations

Procedure	Immunisation course to maintain protection against SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) *SNOMED Code: 1362591000000103*
Vaccine	Spikevax COVID-19 mRNA (nucleoside modified) Vaccine 0.1mg/0.5ml dose dispersion for injection multidose vials (Moderna, Inc) *Patient contact in the event of recall is the responsibility of the vaccinating organisation*
Vaccine expiry date	10 Jan 2022
Vaccine batch number	3005688
Quantity	0.25 ml
Site	Left upper arm structure
Route	Intramuscular
Indication	Requires vaccination
Administered by	Karen.Walls (Karen Walls)
Date of administration	14 Dec 2021

Attendance Details

Date of contact	14 Dec 2021
Location of administration	Vaccination Centre
Organisation name	ASKHAM BAR NURSERY
Organisation address	Dringhouses, York

Consent

Consent for treatment record	Patient

Information and Advice given

Information and advice given	Patient advised the side effects of the vaccine and advised to see their registered GP if any of the symptoms last longer than the expected duration.

GP Practice

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GP ODS Code	B82005
GP Practice Name	Priory Medical Group
GP Practice Address	Cornlands Road, York YO24 3WX

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Attachment
04-Nov-2021 Miss Emma Lawson
Additional: Attachment
DNA Letter from Diabetes Specialist Nurse, Diabetes Clinic, York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

York Teaching Hospital
NHS Foundation Trust
Wiggington Road York YO31 8HE

Telephone Enquiries Contact:
Centre for Diabetes & Endocrinology
Telephone: (01904) 726510

HB/PA

8 November 2021

Mr John Cavanagh
15, Etty Avenue
YORK
YO10 3TJ

Dear Mr Cavanagh

Mr John Cavanagh **DOB:** 22-SEP-1963

15, Etty Avenue, YORK, YO10 3TJ

Casenote: 99/39862 **NHS Number:** 400 079 4191

Clinic: DIABETES LED CLINIC - COMMUNITY **Clinic Date:** 4 November 2021

I have tried to contact you for your telephone appointment in the Diabetes Clinic today. Unfortunately I have been unable to reach you. I hope that all is well. I will arrange a further appointment for you in around six weeks' time. If the appointment date you receive is not convenient, or you no longer wish to be seen in this clinic, please contact the Diabetes Centre on 01904 726510.

Yours sincerely

Letter verified and signed electronically

Hayley Briggs
Diabetes Specialist Nurse

Copy To: Dr R Fisher
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

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Attachment
22-Oct-2021 Miss Charlotte Hellowell
Additional: Attachment
Hospital Letter from COPD Pulmonary Rehabilitation, Physiotherapy Department, York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust

22 October 2021

Dr R Fisher
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Dear Dr Fisher

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191

This patient was referred for Pulmonary Rehabilitation. Due to COVID-19 we have suspended all non-essential face to face outpatient clinics and classes, in line with local and national guidelines, which is likely to continue into 2021. We therefore envisage a change in the delivery of the Pulmonary Rehabilitation service for the foreseeable future.

This patient has been sent an opt in letter offering our six week remote Pulmonary Rehabilitation options which are: the British Lung Foundation Exercise Handbook, Home Exercise DVD or online exercise videos alongside an educational handbook and clinician support.

The patient has not responded to the opt in letter and has therefore been discharged from the pulmonary rehabilitation service.

Yours Sincerely,

The Pulmonary Rehabilitation Team
(01904) 726145

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Attachment
21-Sept-2021 Miya Hukins
Additional: Attachment
Retinal Screening to Priory Medical Group
Filename:
Extension:.tif
Pages:

North Yorkshire NHS Diabetic Eye Screening Programme

York Teaching Hospital NHS
NHS Foundation Trust

Confidential
Dr J Hamilton
Priory Medical Centre
Cornlands Road
Acomb
York
North Yorkshire
YO24 3WX

28 September 2021

Dear Dr Hamilton

RE: Mr John Cavanagh
Address: 15 Etty Avenue, York, N Yorkshire, YO10 3TJ
NHS Number: 400 079 4191 DOB: 22/09/1963

DIABETIC EYE SCREENING TEST RESULT

The above patient had a diabetic eye screening test on 21 September 2021. The patient has been informed of the outcome of their screening. Their screening results, along with any recommended follow-up, are detailed below:

Type of appointment: Routine screening

	Right eye	**Left eye**
Visual acuity	6/5	6/4
Final grade	R0 - No Retinopathy M0 - No Maculopathy	R0 - No Retinopathy M0 - No Maculopathy
Follow-up requirements	Annual recall	
Referral arrangements	**This patient does not require a referral to ophthalmology for diabetic retinopathy or maculopathy.**	
Rescreen due	Twelve months	

For patients with R1, R2 or R3 grades, the diabetic and blood pressure management should be reviewed as good control reduces rate of progression. If appropriate, please refer to specialist diabetes team.

	Right eye	**Left eye**
Other significant (non-DR) lesions		
Referral arrangements for non-DR lesions		

If you require any further information, please contact us on 01904 726640.
Yours sincerely

North Yorkshire Diabetic Eye Screening Programme

063

NYDESP, Regus, Tower Court, Oakdale Road, Clifton Moor, York, YO30 4XL Tel 01904 726640

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Attachment
06-Sept-2021 Helen Thompson
Additional: Attachment
from H Thompson, Park View Surgery -> Physiotherapy - Hospital

Filename:
Extension:.tif
Pages:

AHP Physiotherapy Outpatients Referral Form

Reference/Priority

Referral Date:	Priority:	NHS Number:
06 Sep 2021		400 079 4191

Patient Details

Title:	Forename(s):	Surname:
Mr	John	Cavanagh
Date of Birth:	**Gender:**	**Ethnicity:**
22 Sep 1963	Male	British or mixed British - ethnic category 2001 census

Contact Details

Address Line 1:	Address Line 2	Address Line 3:
	15 Etty Avenue	
Town:	**County:**	**Postcode:**
York	N Yorkshire	YO10 3TJ
Phone:	**Mobile:**	**Text Message Consent:**
	07851 306734	No

Referrer/Practice Details

Referring Name:	Referrer Code:	Practice Code:
Helen Thompson	81L0339E	B82005

Referral Details

Specialty:	Clinic Type:	Named Clinician:
Physiotherapy	Not Otherwise Specified	

Patient Choice Preferences

AHP Provider Choice:
Please select below

Preferences

Assistance Required:	Assistance Notes:	Confidential/Silent Referral:
No		No
Preferred Contact Time:	**Interpreter Required:**	**Preferred Language:**
	No	language not specified

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AHP Physiotherapy Outpatients Referral Form

Referral Details

Non-clinical information for the booking team:

Provisional Diagnosis:
Mod/severe copd

Smoking Status Readcode:
06 Sep 2021, Ex-smoker (Ub1na)

Referral Reason/Letter Text

Takes his wife shopping but sits in the car. IF breathless stop.Rates his Mrc 5

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Family History

Consultation date and time	Read code and description
08 May 2000	No FH: Ischaemic Heart Disease >60 (Y0ce2)
08 May 2000	No FH: Stroke/TIA (1225.)
08 May 2000	No FH: Ischaemic Heart Disease <60 (Y0ce1)
18 Aug 2020 10:27	FH: Respiratory disease (XE0oJ)

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AHP Physiotherapy Outpatients Referral Form

Active Problems

Date	Problem	Severity
20 Nov 2009	Type II diabetes mellitus (X40J5)	Major
03 May 2011	Lower abdominal pain (197C.)	Major
23 Aug 2012	Osteoarthritis NOS (XE1Da)	Major
08 Jul 2016	[X]Depressive episode, unspecified (XE1Zb)	Major
28 Jul 2016	Opioid drug dependence NOS (E240z)	Minor
01 Aug 2016	Ischaemic heart disease (XE2uV)	Major
08 May 2019	Moderate frailty (Xabdb)	Major
17 Jan 2020	Chronic obstructive lung disease (H3...)	Major
15 Jun 2020	Nonspecific abdominal pain (XaA06)	Minor
15 Jun 2020	Acute pancreatitis (J670.)	Minor
22 Jun 2020	Gastritis (X301N)	Minor

Summary

None recorded

Significant Past

Severity	Start date	End date	Problem
Major	01 Jan 1973 00:00	01 Jan 1973	Fracture of shaft of tibia (S337.)
Major	13 Jun 1986 00:00	13 Jun 1986	Digital nerve of hand (7N086)
Major	01 Jan 1992 00:00	01 Jan 1992	Duodenitis (J157.)
Major	12 May 1992 00:00	12 May 1992	Barium meal (X70fj)
Major	19 Oct 1994 00:00	19 Oct 1994	Acute bronchitis (XE0Xr)
Major	01 Jan 1996 00:00	01 Jan 1996	Problem drinker (Ub0lR)
Major	01 Jan 1996 00:00	01 Jan 1996	Duodenal ulcer (J12..)
Major	16 Aug 1996 00:00	16 Aug 1996	Oesophagitis (J101.)
Major	16 Aug 1996 00:00	16 Aug 1996	Problem drinker (Ub0lR)
Major	16 Aug 1996 00:00	16 Aug 1996	Duodenal ulcer (J12..)
Major	16 Aug 1996 00:00	16 Aug 1996	[D]Helicobac pylori-abnor microbiolog finding gastric fluid (XaBMX)
Major	17 Jun 1997 00:00	17 Jun 1997	Drug dependence (E24..)
Major	19 Aug 2002 00:00	19 Aug 2002	Ankle pain (X75sF)
Major	19 Mar 2009 00:00	16 Oct 2020	Ankle pain (X75sF)
Major	07 Aug 2009 00:00	16 Oct 2020	Drainage of abscess NEC (Xa1pj)
Major	03 May 2011 00:00	16 Oct 2020	Appendicectomy NEC (Xa9U0)

Current Repeat Medication

Start date	End date	Full description
29 Jul 2021	27 Sep 2021	Salbutamol 100micrograms/dose inhaler CFC free 200 dose - inhale 2 doses as needed (for COPD) *Chronic obstructive lung disease (H3...)*
16 Aug 2021	11 Oct 2021	Metformin 500mg tablets 224 tablet - take two twice a day *Type II diabetes mellitus (X40J5)*
16 Aug	13 Sep	Lactulose 3.1-3.7g/5ml oral solution

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AHP Physiotherapy Outpatients Referral Form

2021	2021	1000 ml - 20ml To be taken Twice Daily
02 Sep 2021	30 Sep 2021	Sildenafil 100mg tablets 4 tablet - AS DIRECTED *Type II diabetes mellitus (X40J5)*
02 Sep 2021	16 Sep 2021	Codeine 30mg tablets 112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain) *Script Notes: do not issue early*
31 Aug 2021	28 Sep 2021	Lactulose 3.1-3.7g/5ml oral solution 1000 ml - 20ml To be taken Twice Daily

Acute Medication (last 3mths)

Staff initials	Start date	End date	Full description
PS	17 Jun 2021	12 Aug 2021	GlucoRx FinePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) 100 needle - use as directed *Script Notes: Whilst Carepoint and Ultra OOS*
BS	28 Jun 2021	10 Jul 2021	Paracetamol 500mg tablets 100 tablet - take one or two tablets up to four times daily when needed for pain relief (maximum of 8 tablets in 24hrs)
GS	16 Jul 2021	13 Aug 2021	Flexitol 25% Urea Heel Balm (Thornton & Ross Ltd) 42 gram - apply twice daily *Administrative Notes: Issued as per Podiatry*
JBA	22 Jul 2021	03 Aug 2021	Paracetamol 500mg tablets 100 tablet - take one or two tablets up to four times daily when needed for pain relief (maximum of 8 tablets in 24hrs)

Measurements

BP (last 10):

Date	Reading
30 Apr 2018	132 / 85 mmHg
19 Jul 2018	118 / 78 mmHg
01 Oct 2018	199 / 77 mmHg
12 Nov 2018	134 / 78 mmHg
09 Jan 2019	110 / 81 mmHg
14 May 2019	108 / 76 mmHg
01 Jul 2019	140 / 80 mmHg
15 Aug 2019	117 / 87 mmHg
06 Mar 2020	119 / 65 mmHg
14 Jul 2021	129 / 78 mmHg

Weight (last 3):
13 Jun 2020, O/E - weight (22A..), 105 Kg
10 Aug 2020, O/E - weight (22A..), 99.2 Kg
14 Jul 2021, O/E - weight (22A..), 100 Kg

Height (last 3):

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AHP Physiotherapy Outpatients Referral Form

17 Jan 2020, O/E - height (229..), 1.66 m
17 Jan 2020, O/E - height (229..), 1.66 m
14 Jul 2021, O/E - height (229..), 1.67 m

BMI (last 3):
13 Jun 2020, Body mass index - observation (22K..), 39 Kg/m²
10 Aug 2020, Body mass index - observation (22K..), 34.3 Kg/m²
14 Jul 2021, Body mass index - observation (22K..), 35.86 Kg/m²

Oxford Knee Score (last 3):
None recorded

Allergies

Lab Results

14 Jul 2021 09:43, Liver function tests;Serum cholesterol level;eGFR using creatinine (CKD-EPI) per 1.73 square metres;Serum TSH level, Normal
14 Jul 2021 09:43, Urea and electrolytes, Abnormal, but expected
14 Jul 2021 09:43, Haemoglobin A1c level - IFCC standardised, Abnormal, but expected

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Attachment
28-July-2021 Sophie Burder
Additional: Attachment
Clinic Letter from Diabetes Clinic, York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust
Wigginton Road, York, YO31 8HE

Telephone enquiries please contact:

Centre for Diabetes & Endocrinology
Direct Dial: (01904) 726510

Letter dictated: 28 July 2021
Letter typed: 29 July 2021

JG/lt

29 July 2021

Dr R Fisher

Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Dear Dr Fisher

Mr John Cavanagh **DOB:** 22-SEP-1963

15, Etty Avenue, YORK, YO10 3TJ

Casenote: 99/39862 **NHS Number:** 400 079 4191

Clinic: DNS EXTRA APPOINTMENTS **Clinic Date:** 28 July 2021

Diagnosis:
Type 2 diabetes

Current diabetes medication:
Metformin 1g twice daily
Humalog mix 25 28 units (am) and 52 units (pm)

HbA1c 76mmol/mol

I have spoken to Mr Cavanagh on the telephone today and he reports that he is feeling "well". We have discussed how his HbA1c has reduced from 108mmol/mol this time last year to 76mmol/mol currently. Mr Cavanagh reports that he is taking the above dose of insulin which is different to what we had recorded for him. I have advised that we would normally recommend that the larger dose of insulin be taken with breakfast and the lower dose be taken with evening meal. I have advised that he reduce the evening dose of insulin and increase the morning dose of insulin if needed but Mr Cavanagh reports that he thinks the doses that he is on are working. We have discussed hypoglycaemia and Mr Cavanagh denies any low glucose levels. We have discussed the symptoms associated with hypoglycaemia and Mr Cavanagh reports that he has good hypo awareness. Mr Cavanagh is not checking his glucose levels daily and I have advised that it is good practice to test at least twice per day and before he is taking his insulin. We have

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discussed ACR as this has not been checked since 2009. I have offered to send a sample pot in the post but Mr Cavanagh already has one at home. I have advised that Mr Cavanagh stay in touch by phone as required and we will review in three months time face to face to allow for screening. Mr Cavanagh reports that he has reduced his weight slightly but that he knows he should attempt to lose more.

Yours sincerely

Letter verified and signed electronically

Joanne Gill
Diabetes Specialist Nurse

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Attachment
27-July-2021 Miss Mary Georgiou
Additional: Attachment
from A Stewart, Park View Surgery -> Referral Support Services
Filename:
Extension:.tif
Pages:

New Referral Form

Reference/Priority

Referral Date:	Priority:	NHS Number:
27 Jul 2021	Routine	400 079 4191

Patient Details

Title:	Forename(s):	Surname:
Mr	John	Cavanagh
Date of Birth:	**Gender:**	**Ethnicity:**
22 Sep 1963	Male	British or mixed British - ethnic category 2001 census

Contact Details

Address Line 1:	Address Line 2	Address Line 3:
	15 Etty Avenue	
Town:	**County:**	**Postcode:**
York	N Yorkshire	YO10 3TJ
Phone:	**Mobile:**	**Text Message Consent:**
	07851 306734	No

Referrer/Practice Details

Referring Name:	Referrer Code:	Practice Code:
Adele Stewart	00I5939E	B82005

Referral Details

Specialty:	Clinic Type:	Named Clinician:

Patient Choice Preferences

Provider 1:	Provider 2:
Referral Support Services	
Provider 3:	**Provider 4:**

Preferences

Assistance Required:	Assistance Notes:	Confidential/Silent Referral:
No		No
Preferred Contact Time:	**Interpreter Required:**	**Preferred Language:**
	No	language not specified

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New Referral Form

Referral Details

Non-clinical information for the booking team:

Provisional Diagnosis:

Smoking Status Readcode:

14 Jul 2021, Ex-smoker (Ub1na)

Referral Reason/Letter Text

27.07.2021 AS/MC

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New Referral Form

Referral Process Awareness

My patient is aware that their referral may be triaged by a local clinician and consents to this:
Yes

If No, please state why:

Referral Criteria -This policy only applies to patients age 18 and over

Is this referral for a surgical specialty? Please answer Yes or No If Yes, please tick the applicable option(s) below or tick exclusion reason If No, the remainder of this section does not require completion	No
Option 1 - Non-smoker with BMI <30 (**the rest of this form does not require completion**)	☐
Option 2 - Current Smoker or BMI of 30 or above but referral is to a surgical specialty for a medical condition only (**the rest of this form does not require completion**)	☐
Option 3 - Active smoker or BMI of 30 or above but referral is for a surgical opinion only	☐
Option 4 - Active smoker or BMI of 30 or above requiring surgery	☐

For options 3 & 4
Please complete BMI and smoking status in the table below:

Date of 'Time 0': ***Time 0 = date when initial smoking status and BMI taken and lifestyle advice given**

Smoking status:

Weight:

BMI:

Exclusions Criteria

If any of the following exclusions apply to this referral BMI and Smoking Status are not required.
Please select exclusion reason.

Patients requiring emergency surgery or with a clinically urgent need where delay would cause clinical risk	☐
Referral for interventions of a diagnostic nature e.g. gastroscopy, colonoscopy, laparoscopy, hysteroscopy, cystoscopy, nasopharyngolaryngoscopy	☐
Patients with advanced or severe neurological symptoms of Carpal Tunnel Syndrome i.e. constant pins and needles, numbness, muscle wasting and prominent pain and that are significantly affecting activities of daily living	☐
Patients who despite having a BMI >30 have a waist circumference of: • Less than 94cm (37 inches) male	☐

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New Referral Form

• Less than 80cm (31.5 inches) female	
Patients receiving surgery for the treatment of cancer or the suspicion of cancer	☐
Any surgical interventions that may be required as a result of pregnancy	☐
Patients requiring Cataract Surgery	☐
Patients with severe mental illness, learning disability or significant cognitive impairment ***(NB: Refer to Appendix A on the RSS website for more detail)***	☐
Surgery approved by IFR Panel (attach IFR Approval)	☐
12 month health optimisation period complete (BMI status)	☐
6 month health optimisation period complete (smoking status)	☐

Family History

Consultation date and time	Read code and description
08 May 2000	No FH: Ischaemic Heart Disease <60 (Y0ce1)
08 May 2000	No FH: Stroke/TIA (1225.)
08 May 2000	No FH: Ischaemic Heart Disease >60 (Y0ce2)
18 Aug 2020 10:27	FH: Respiratory disease (XE0oJ)

Active Problems

Date	Problem	Severity
20 Nov 2009	Type II diabetes mellitus (X40J5)	Major
03 May 2011	Lower abdominal pain (197C.)	Major
23 Aug 2012	Osteoarthritis NOS (XE1Da)	Major
08 Jul 2016	[X]Depressive episode, unspecified (XE1Zb)	Major
28 Jul 2016	Opioid drug dependence NOS (E240z)	Minor
01 Aug 2016	Ischaemic heart disease (XE2uV)	Major
08 May 2019	Moderate frailty (Xabdb)	Major
17 Jan 2020	Chronic obstructive lung disease (H3...)	Major
15 Jun 2020	Nonspecific abdominal pain (XaA06)	Minor
15 Jun 2020	Acute pancreatitis (J670.)	Minor
22 Jun 2020	Gastritis (X301N)	Minor

Summary

None recorded

Significant Past

Severity	Start date	End date	Problem
[redacted]			
Major	01 Jan 1973 00:00	01 Jan 1973	Fracture of shaft of tibia (S337.)
Major	13 Jun 1986 00:00	13 Jun 1986	Digital nerve of hand (7N086)
Major	01 Jan 1992 00:00	01 Jan 1992	Duodenitis (J157.)
Major	12 May 1992 00:00	12 May 1992	Barium meal (X70fj)
Major	19 Oct 1994 00:00	19 Oct 1994	Acute bronchitis (XE0Xr)

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New Referral Form

Major	01 Jan 1996 00:00	01 Jan 1996	Problem drinker (Ub0lR)
Major	01 Jan 1996 00:00	01 Jan 1996	Duodenal ulcer (J12..)
Major	16 Aug 1996 00:00	16 Aug 1996	Oesophagitis (J101.)
Major	16 Aug 1996 00:00	16 Aug 1996	Problem drinker (Ub0lR)
Major	16 Aug 1996 00:00	16 Aug 1996	Duodenal ulcer (J12..)
Major	16 Aug 1996 00:00	16 Aug 1996	[D]Helicobac pylori-abnor microbiolog finding gastric fluid (XaBMX)
Major	17 Jun 1997 00:00	17 Jun 1997	Drug dependence (E24..)
Major	19 Aug 2002 00:00	19 Aug 2002	Ankle pain (X75sF)
Major	19 Mar 2009 00:00	16 Oct 2020	Ankle pain (X75sF)
Major	07 Aug 2009 00:00	16 Oct 2020	Drainage of abscess NEC (Xa1pj)
Major	03 May 2011 00:00	16 Oct 2020	Appendicectomy NEC (Xa9U0)

Current Repeat Medication

Start date	End date	Full description
22 Jul 2021	05 Aug 2021	Codeine 30mg tablets 112 tablet - take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain) *Script Notes: do not issue early*
12 Jul 2021	09 Aug 2021	Sildenafil 100mg tablets 4 tablet - AS DIRECTED *Type II diabetes mellitus (X40J5)*
12 Jul 2021	09 Aug 2021	Lactulose 3.1-3.7g/5ml oral solution 1000 ml - 20ml To be taken Twice Daily
12 Jul 2021	11 Aug 2021	Anoro Ellipta 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd) 30 dose - inhale 1 dose daily (use as first line LABA/LAMA in COPD) *Chronic obstructive lung disease (H3...)*

Acute Medication (last 3mths)

Staff initials	Start date	End date	Full description
PS	17 Jun 2021	12 Aug 2021	GlucoRx FinePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd) 100 needle - use as directed *Script Notes: Whilst Carepoint and Ultra OOS*
BS	28 Jun 2021	10 Jul 2021	Paracetamol 500mg tablets 100 tablet - take one or two tablets up to four times daily when needed for pain relief (maximum of 8 tablets in 24hrs)
GS	16 Jul 2021	13 Aug 2021	Flexitol 25% Urea Heel Balm (Thornton & Ross Ltd) 42 gram - apply twice daily *Administrative Notes: Issued as per Podiatry*
JBA	22 Jul 2021	03 Aug 2021	Paracetamol 500mg tablets 100 tablet - take one or two tablets up to four times daily when needed for pain relief (maximum of 8 tablets in 24hrs)

Measurements

BP (last 10):

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New Referral Form

Date	Reading
30 Apr 2018	132 / 85 mmHg
19 Jul 2018	118 / 78 mmHg
01 Oct 2018	199 / 77 mmHg
12 Nov 2018	134 / 78 mmHg
09 Jan 2019	110 / 81 mmHg
14 May 2019	108 / 76 mmHg
01 Jul 2019	140 / 80 mmHg
15 Aug 2019	117 / 87 mmHg
06 Mar 2020	119 / 65 mmHg
14 Jul 2021	129 / 78 mmHg

Weight (last 3):
13 Jun 2020, O/E - weight (22A..), 105 Kg
10 Aug 2020, O/E - weight (22A..), 99.2 Kg
14 Jul 2021, O/E - weight (22A..), 100 Kg

Height (last 3):
17 Jan 2020, O/E - height (229..), 1.66 m
17 Jan 2020, O/E - height (229..), 1.66 m
14 Jul 2021, O/E - height (229..), 1.67 m

BMI (last 3):
13 Jun 2020, Body mass index - observation (22K..), 39 Kg/m²
10 Aug 2020, Body mass index - observation (22K..), 34.3 Kg/m²
14 Jul 2021, Body mass index - observation (22K..), 35.86 Kg/m²

Oxford Knee Score (last 3):
None recorded

Allergies

Lab Results

14 Jul 2021 09:43, Liver function tests;Serum cholesterol level;eGFR using creatinine (CKD-EPI) per 1.73 square metres;Serum TSH level, Normal
14 Jul 2021 09:43, Urea and electrolytes, Abnormal, but expected
14 Jul 2021 09:43, Haemoglobin A1c level - IFCC standardised, Abnormal, but expected

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Attachment
23-July-2021 Adele Stewart
Additional: Attachment
from A Stewart, Park View Surgery -> Diabetes Service
Filename:
Extension:.tif
Pages:

York Teaching Hospital NHS
NHS Foundation Trust

COMMUNITY DIABETES TEAM REFERRAL FORM

Phone without delay on 01904 724938/724942 for
- **Suspected new Type 1 patients**
- **Any diabetic patient, with positive urinary ketones**

(Please refer to guidelines for support regarding referral) Make this text a LINK

Date of Referral	23 Jul 2021	Referring GP	Adele Stewart
Patient Name	Mr John Cavanagh	Address	28 Millfield Avenue, York, North Yorkshire
Address	15 Etty Avenue, York, N Yorkshire		
Postcode	YO10 3TJ	Postcode	YO10 3AB
DOB	22 Sep 1963	Practice phone	01904 404100
Age	57 y	Practice email	
Home number		Hospital No	
Mobile number	07851 306734	NHS No	400 079 4191
Type of Diabetes	Type 1 ☐ Type 2 ☒	Gender	Male
Date of Diagnosis	03 Dec 2020, Type II diabetes mellitus	Ethnicity	British or mixed British - ethnic category 2001 census
Occupation		Interpreter required	No ☐ Yes ☐ -
		Language?	language not specified

Key data	Result	Date
HbA1c	76 mmol/mol	14 Jul 2021
Creatinine	58 umol/L	14 Jul 2021
eGFR	108	14 Jul 2021
Total Cholesterol	5.4 mmol/L	14 Jul 2021
HDL		14 Jul 2021
LDL		14 Jul 2021
Triglycerides		14 Jul 2021
Weight (kg)	100 Kg	14 Jul 2021
Height (cm)	1.67 m	14 Jul 2021
Waist Circumference(cm)		
BMI	35.86 Kg/m²	14 Jul 2021

REASON FOR REFERRAL (Tick Box)

Tick if Urgent ☐
Level 2 Care ☐
Dietitian ☐

Structured Education Programmes for People with Diabetes (See Criteria and tick session required)

☐ **GOOD2GO (Type 2) Group Session lasts one full day**
☐ **INSULIN SKILLS – Group Session over a 3 hour workshop**
☐ **BITES (Type 1) – Group Session on 3 days split over 4 weeks. Also available 4 evening sessions**

Do not use this form for Referrals for Foot Protection Team/Podiatry

Please give reason for referral (must be completed)
DO YOU WANT SOME FREETEXT HERE OR IS TICKING A BOX ABOVE SUFFICIENT?

History: TC - spoke with after bloods . HbA1c reducing and patient feeling better - waiting for annual r/v with YDH team. I will send referral.
Patient happy to continue with medications.

FOR OFFICE USE ONLY

REVIEWER: **DATE RECEIVED:**

LEVEL 2 CARE
☐ **NURSE**
☐ **DIETITIAN**

STRUCTURED EDUCATION
☐ **GOOD2GO**
☐ **INSULIN SKILLS**
☐ **BITES**

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York Teaching Hospital NHS
NHS Foundation Trust

Summary Problem List:

Medication:

Acutes	GlucoRx FinePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd), use as directed
	Flexitol 25% Urea Heel Balm (Thornton & Ross Ltd), apply twice daily
	Paracetamol 500mg tablets, take one or two tablets up to four times daily when needed for pain relief (maximum of 8 tablets in 24hrs)
Repeats	Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray, spray 1-2 puffs As required under the tongue when needed to relieve chest pain
	Voltarol 1.16% Emulgel (GlaxoSmithKline Consumer Healthcare UK Ltd), apply 3 times/day
	Metformin 500mg tablets, take two twice a day
	GlucoRx Nexus testing strips (GlucoRx Ltd), use as directed
	Sildenafil 100mg tablets, AS DIRECTED
	Salbutamol 100micrograms/dose inhaler CFC free, inhale 2 doses as needed (for COPD)
	Anoro Ellipta 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd), inhale 1 dose daily (use as first line LABA/LAMA in COPD)
	Sharpsafe disposal unit 7litre Yellow (Frontier Medical Group), use as directed
	GlucoRx lancets 0.31mm/30gauge (GlucoRx Ltd), use as directed
	GlucoRx CarePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 4mm/31gauge (GlucoRx Ltd), use as directed
	Humalog Mix25 KwikPen 100units/ml suspension for injection 3ml pre-filled pens (Eli Lilly and Company Ltd), use as directed
	Lactulose 3.1-3.7g/5ml oral solution, 20ml To be taken Twice Daily
	Codeine 30mg tablets, take 1- 2 tablets 4 times a day as required for pain (uses it for non specific abdominal pain as per letter from hospital dated August 2020 and arthritic pain)

Allergies:
None

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Attachment
19-May-2021 Lyn Spreadborough-Park
Additional: Attachment
DNA Letter from NYDESP -> Priory Medical Centre, Acomb
Filename:
Extension:.tif
Pages:

North Yorkshire
NHS Diabetic Eye
Screening Programme

York Teaching Hospital NHS
NHS Foundation Trust

Confidential
Dr J Hamilton
Priory Medical Centre
Cornlands Road
Acomb
York
North Yorkshire
YO24 3WX

19 May 2021

Dear Dr Hamilton

RE: Mr John Cavanagh
Address: 15 Etty Avenue, York, N Yorkshire, YO10 3TJ
NHS Number: 400 079 4191 DOB: 22/09/1963

The above named has been offered 2 retinal screening appointments in the current screening year.

Unfortunately they have not taken up the offer to attend for screening. We will not be offering further screening appointments this year. However if the patient attends your surgery perhaps you could suggest and encourage the need for routine diabetic eye screening.

We will of course include them in the next years screening programme.

If you have any queries please contact us.

Yours sincerely

North Yorkshire Diabetic Eye Screening Programme

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161

NYDESP, Regus, Tower Court, Oakdale Road, Clifton Moor, York, YO30 4XL Tel 01904 726640

Attachment
06-Jan-2021 Mr James Dourandish
Additional: Attachment
Letter to Patients from Mr J Dourandish, Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

Priory Medical Group

Mr John Cavanagh

15 Etty Avenue
York
N Yorkshire
YO10 3TJ

06 Jan 2021

Letter reference: Diabetes PN1

Dear Mr Cavanagh

We have reviewed our pen needle prescribing to ensure that patients who use injectable diabetes medicines are being provided with single-use pen needles that are supported by our local prescribing guidelines.

We have changed the pen needles that we will be providing you with to GlucoRx CarePoint 4mm/31g.

You should not notice any difference when using these new pen needles.

To make sure that your medicine is injected effectively and to reduce the risk of skin irritation:

- Use a new pen needle each time you inject your medicine
- Change your injection site each time you inject your medicine – make sure the new injection site is at least 1cm away from the previous injection site

What you should do next:

- Order your new prescription in the same way as your other prescriptions
- Please read and follow the advice in the injection technique guide included with this letter
- If you have any queries about this information or using your new pen needles, please contact one of the practice nurses who will be able to help you

Yours sincerely

On behalf of the doctors

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Clementhorpe Health Centre	Fulford	Heworth	Lavender Grove	Park View	Priory Medical Centre	Rawcliffe	Tang Hall Lane	Victoria Way
Cherry Street, York, YO23 1AP	2 Fulford Park, York, YO10 4QE	45 Heworth Green, York, YO31 7SX	Boroughbridge Road, York, YO26 5RX	28 Millfield Avenue, York, YO10 3AB	Cornlands Road, York, YO24 3WX	Water Lane, York, YO30 6ND	190 Tang Hall Lane, York, YO10 3RL	2 Victoria Way, York, YO32 9GE

Phone number for all surgeries: 01904 404100

Full details of the Priory Medical Group partnership can be found at: www.priorymedicalgroup.com

Attachment
04-Dec-2020 Mr James Dourandish
Additional: Attachment
Letter to Patients from Mr J Dourandish, Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

Priory Medical Group

Mr John Cavanagh

15 Etty Avenue
York
N Yorkshire
YO10 3TJ

04 Dec 2020

Letter reference: DiabetesSMBG5

Dear Mr Cavanagh

You recently had a telephone consultation with a clinical pharmacist working closely with the practice to discuss diabetic blood testing to monitor the control of your diabetes.

As discussed during the consultation, please find enclosed the educational leaflets that the pharmacist said would be sent out to you.

If you have not done so already: Please contact the following telephone number and quote the code to arrange delivery of your new meter to your home: 01483 755133 or 0800 007 5892 Code: B82005NEXUS

If you have any questions, please call the practice to speak with a diabetic nurse.

Yours sincerely

On behalf of the doctors

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Clementhorpe Health Centre	Fulford	Heworth	Lavender Grove	Park View	Priory Medical Centre	Rawcliffe	Tang Hall Lane	Victoria Way
Cherry Street, York, YO23 1AP	2 Fulford Park, York, YO10 4QE	45 Heworth Green, York, YO31 7SX	Boroughbridge Road, York, YO26 5RX	28 Millfield Avenue, York, YO10 3AB	Cornlands Road, York, YO24 3WX	Water Lane, York, YO30 6ND	190 Tang Hall Lane, York, YO10 3RL	2 Victoria Way, York, YO32 9GE

Phone number for all surgeries: 01904 404100

Full details of the Priory Medical Group partnership can be found at: www.priorymedicalgroup.com

Attachment
05-Nov-2020 Louisa Royds-Tree
Additional: Attachment
DNA Letter from Diabetes and Endocrinology, York Hospital -> Priory Medical Group

Filename:
Extension:.tif
Pages:

York Teaching Hospital
NHS Foundation Trust
York Hospital Wigginton Road York YO31 8HE

Telephone Enquiries Contact:
Centre for Diabetes & Endocrinology
Telephone: (01904) 726510

RB/PA

16 November 2020

Mr John Cavanagh
15, Etty Avenue
YORK
YO10 3TJ

Dear Mr Cavanagh

Mr John Cavanagh **DOB:** 22-SEP-1963

15, Etty Avenue, YORK, YO10 3TJ

Casenote: 99/39862 **NHS Number:** 400 079 4191

Clinic: DIABETES NURSE LED CLINIC - COMMUNITY **Clinic Date:** 5 November 2020

I tried to contact you for your diabetes clinic appointment today. Unfortunately I was not able to reach you. I hope that all is well. As this is the second consecutive time we have not been able to contact you for an appointment, I have discharged you. Please see your GP for ongoing support with your diabetes.

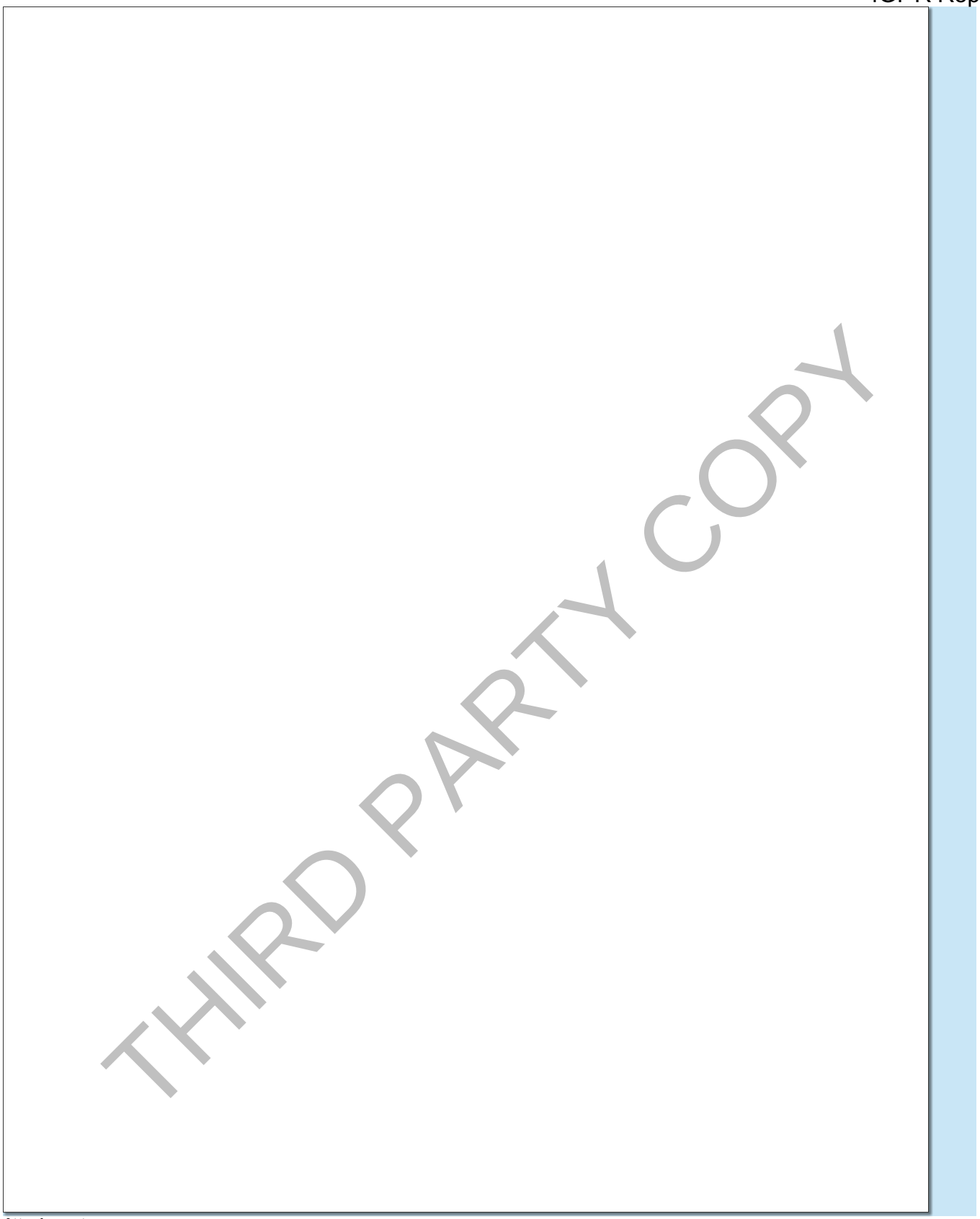
Yours sincerely

Letter verified and signed electronically

Rachael Bealey
Diabetes Specialist Nurse

Copy To: Dr R Fisher
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

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Attachment
17-Sept-2020 Ian Reeves
Additional: Attachment
Request Form from Premier Medical, -> Priory Medical Group
Filename:
Extension:.tif
Pages:

PREMIER

EVIDENCE BETTER PRACTICE

333 A

Abbey Medical Group
Tang Hall Surgery
190 Tang Hall Lane
YORK
YO10 3RL

C42459MQ8M
A333 c1.212/221 b1

Date: 17-09-2020
Our Ref: CMR20994305/MRA101

Dear Sirs

Name: **Mr John Cavanagh**
Address: **15 Etty Avenue**
York
YO10 3TJ
DOB: **22/09/1963**

We have been instructed by UK Insurance Limited to provide medical evidence on behalf of the above named client in their pursuit of legal action. In order to compile the medical evidence, the instructed expert will require sight of the following medical records.

In accordance with your patient's wishes, please provide the Medical Records to us via our free and secure Webform https://PremierMedical.Egressforms.com as soon as possible

Records Requirement

Type of Records Required	GP Records from past 10 years including computer print-out
Special Instructions	
Is Form of Authority attached?	If not, please contact CaseManaged8@Premiermedical.co.uk or call 0345 130 1347

Access is sought under Article 15 of the General Data Protection Regulation, EU 2016/679. Under Article 12 of the General Data Protection Regulation, Subject Access Requests are not subject to a fee unless manifestly unfounded or excessive. We do not consider this request for medical records, pursuant to a SAR, to be manifestly unfounded or excessive and therefore no charge should be incurred. Furthermore, Article 12 makes clear that records should be "provided" and as such, granting the patient access via a portal does not fulfil the criterion. Similarly, we draw your attention to the client's wishes on the consent form that states the records should be sent directly to Premier Medical.

We also recognise Caldicott principles whereby data requested should be the minimum required to meet the purpose for which it is intended and we have limited our request accordingly.

Informed Consent

We can confirm that we have explained to your patient what records we are requesting on their behalf, why we are requesting them and the implications of each part of the consent they have signed along with their right to refuse to sign the consent. We have further indicated that you may want to contact them to confirm this, although would ask that you first contact us to understand why the requested records are required.

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Records Content

We recognise your role as Data Controller of the records and accept the records from you on the understanding that any third party detailed within has been advised of this disclosure, or that their names or details have been appropriately redacted.

Sending the Records

Please contact us to confirm receipt of this request so that we can record the date (within 1 month) by which you intend to send us the records and we will not send unnecessary chase letters.

In accordance with your patient's wishes, please provide the Medical Records to us Via our free and secure Webform https://PremierMedical.Egressforms.com as soon as possible.

Secure Webform (Preferred Method)	https://PremierMedical.Egressforms.com
Via encrypted email, or as an encrypted attachment	MedicalRecordsProcessing@Premiermedical.co.uk
By Post (Secure & trackable method) **Note:** we will not be responsible for postage and packaging costs if you choose to send the records by post.	Premier Medical, Premier House, Ludlow Eco Business Park, Ludlow, Shropshire, SY8 1ES

Passwords

In the interest of data security, if the medical records that you are providing will be encrypted with a password, please forward the password to the following address (as opposed to enclosing it with the records you are providing).

Please quote this reference number on the on the correspondence	CMR20994305/MRA101
Please send password to:	Email: Passwords@Premiermedical.co.uk

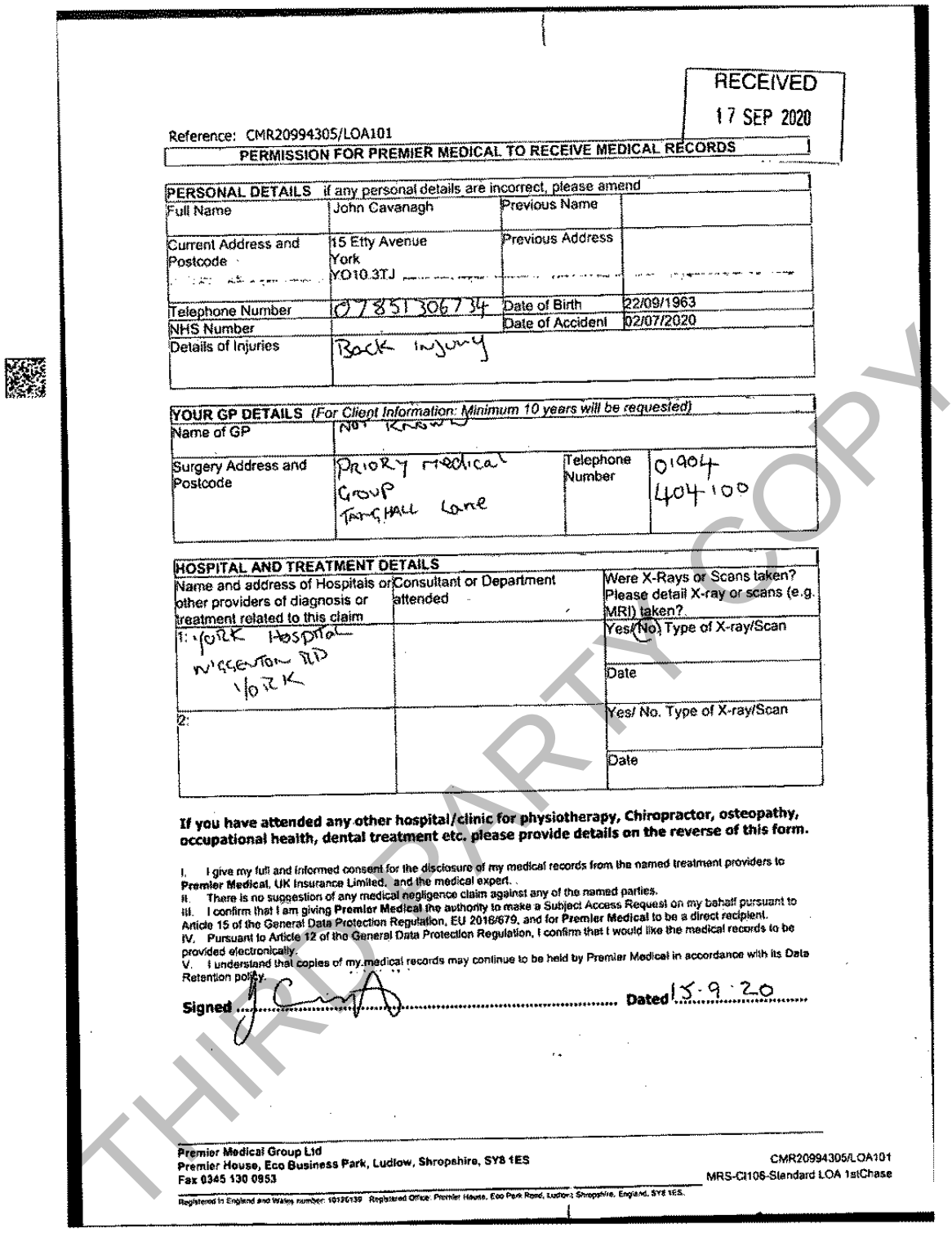
There is no suggestion of a medical negligence claim against any party.

Many thanks in advance; we look forward to receiving the records as soon as possible.

Yours faithfully

Case Managed Team 8
Premier Medical
0345 130 1347
CaseManaged8@Premiermedical.co.uk
<>

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RECEIVED
17 SEP 2020

Reference: CMR20994305/LOA101

PERMISSION FOR PREMIER MEDICAL TO RECEIVE MEDICAL RECORDS

PERSONAL DETAILS if any personal details are incorrect, please amend			
Full Name	John Cavanagh	Previous Name	
Current Address and Postcode	15 Etty Avenue York YO10 3TJ	Previous Address	
Telephone Number	07851306734	Date of Birth	22/09/1963
NHS Number		Date of Accident	02/07/2020
Details of Injuries	Back injury		

YOUR GP DETAILS (For Client Information: Minimum 10 years will be requested)			
Name of GP	Not Known		
Surgery Address and Postcode	Priory medical Group Tang Hall Lane	Telephone Number	01904 404100

HOSPITAL AND TREATMENT DETAILS		
Name and address of Hospitals or other providers of diagnosis or treatment related to this claim	Consultant or Department attended	Were X-Rays or Scans taken? Please detail X-ray or scans (e.g. MRI) taken?
1: York Hospital Wigginton Rd York		Yes/No Type of X-ray/Scan Date
2:		Yes/ No. Type of X-ray/Scan Date

If you have attended any other hospital/clinic for physiotherapy, Chiropractor, osteopathy, occupational health, dental treatment etc. please provide details on the reverse of this form.

I. I give my full and informed consent for the disclosure of my medical records from the named treatment providers to **Premier Medical**, UK Insurance Limited, and the medical expert.
II. There is no suggestion of any medical negligence claim against any of the named parties.
III. I confirm that I am giving **Premier Medical** the authority to make a Subject Access Request on my behalf pursuant to Article 15 of the General Data Protection Regulation, EU 2016/679, and for **Premier Medical** to be a direct recipient.
IV. Pursuant to Article 12 of the General Data Protection Regulation, I confirm that I would like the medical records to be provided electronically.
V. I understand that copies of my medical records may continue to be held by Premier Medical in accordance with its Data Retention policy.

Signed JCavA **Dated** 15.9.20

Premier Medical Group Ltd
Premier House, Eco Business Park, Ludlow, Shropshire, SY8 1ES
Fax 0345 130 0853

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MRS-CI106-Standard LOA 1stChase

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Attachment
20-Aug-2020 Kathryn Gibson
Additional: Attachment
Discharge summary from York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
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Pages:

YORK HOSPITAL Switchboard 01904 631

Discharge Notification

20th August 2020

Dr Robert Fisher
Priory Medical Group
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Consultant : Mr Michael Lim
Admitted : 20-AUG-2020, Emergency
Specialty : General Surgery
Discharging Doctor : Knighton, Alexander
Discharged From : Ward ESA
On : 20-AUG-2020

Dear Dr Fisher

Mr John M Cavanagh
15, Etty Avenue, YORK, YO10 3TJ

NHS No: 400 079 4191 Date Of Birth: 22/09/1963
Casenote: 99/39862

Notes / Other Treatments

Dear Doctor,

Mr Cavanagh was admitted with epigastric pain. This was his fourth admission in the last 3 months. He was admitted for analgesia and observation. Fortunately his liver function tests were all normal.

He is now medically fit for discharge.

Diagnosis

Non Specific Abdominal Pain

No changes to pre-admission medications other than the changes identified below
Medication not validated or dispensed by Pharmacy

Medication on Discharge (NOT VALIDATED)

Medication	Days Supply	GP Co
codeine phosphate - tablet - DOSE 30 to 60 mg - Oral - FOUR times a DAY - as required	14	)
glyceryl trinitrate - sublingual spray - DOSE 1 to 2 sprays - Sublingual - when required - (GTN)	0	)
insulin lispro biphasic human - HUMALOG MIX 25 KWIKPEN - STRENGTH 100 units/ml - injection suspension - DOSE 40 units - Subcutaneous - in the MORNING - MIXED insulin administered WITH MEALS	0	)
insulin lispro biphasic human - HUMALOG MIX 25 KWIKPEN - STRENGTH 100 units/ml - injection suspension - DOSE 24 units - Subcutaneous - in the EVENING - MIXED insulin administered WITH MEALS	0	)
lactulose - oral liquid - DOSE 20 ml - Oral - TWICE a DAY	0	)

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metformin - tablet - DOSE 1 g - Oral - TWICE a DAY - with or after food	0	)
omeprazole - gastro-resistant capsule - DOSE 20 mg - Oral - in the MORNING	0	)
salbutamol - STRENGTH 100micrograms/actuation - inhaler cfc-free - DOSE 1 to 2 doses - Inhalation - FOUR times a DAY - as required	0	)
umeclidinium with vilanterol - ANORO ELLIPTA - STRENGTH 55micrograms + 22micrograms/actuation - inhalation powder - DOSE 1 dose - Inhalation - in the MORNING	0	)

Medications Stopped or Amended

Medication	Notes
paracetamol - DOSE 1 g - Oral / IV - FOUR times a DAY - as required	Inpatient only

Allergies
No Known Allergies
Weight
Weight not recorded.

Secondary Care Follow Up
No medical follow up required

Suggested Primary Care Follow up plan
GP please consider regular codeine prescription if well tolerated and provides good symptomatic control

Nurse Discharge Notes

Cannula removed.
EDN and TTOs given to patient and explained.
Own transport arranged home.

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For further advice about Coronavirus, please visit nhs.uk/coronavirus
If you feel unwell or have further symptoms after you have been discharged from hospital, please call 111 for further advice

Attachment
19-Aug-2020 Kathryn Gibson
Additional: Attachment
Accident and Emergency Letter from York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

York ED Notification

Current GP: Dr Robert FISHER
Abbey Medical Group, Tang Hall Lane Surgery, 190 Tang Hall Lane,
YORK, YO10 3RL

Patient Details

Name:	CAVANAGH, John M, Mr
DOB:	22-SEP-1963
A&E Number:	84876- 20
NHS Number:	400 079 4191
Address:	15, Etty Avenue, YORK, YO10 3TJ
Referral Source:	Self / family / friends / education / work colleague
Arrival:	19-AUG-2020 22:20
Departure:	20-AUG-2020 03:20
Presenting Comp:	Abdominal Pain In Adults
Chief Comp:	Abdominal pain
Diagnosis:	Chronic pancreatitis - [Confirmed diagnosis] Comment: Acute pancreatitis - [Suspected diagnosis]
Treatments:	Observation / cardiac monitor, pulse oximetry / head injury / trends Administration of medication Intravenous cannula Intravenous drug : bolus
Investigations:	C reactive protein (CRP) Amylase Liver function tests (LFTs) Biochemistry Haematology Lactate Venous blood gas Arterial / capillary blood gas Glucose X-ray plain film
Safeguarding:	No Safeguarding concerns recorded
	Actions Taken
Disposal:	Discharge Status: Treatment in ED complete Discharge Dest: Admitted to Trust

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(York Hospital - Ward: ESA - Specialty: General Surgery)
Reason: Abdominal pain

Clinical Narrative / Plan & Requested Actions / Medications:

Attended with flare of chronic pancreatitis pain.
Admitted surgeons.

Signed off by: Dr Christopher Roper

Contact Details: ED Secretary 01904 725616

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Attachment
18-Aug-2020 Peter Marsland
Additional: Attachment
Assessments from Priory Medical Group -> Priory Medical Group
Filename:
Extension:.tif
Pages:

COPD Therapy Review: Individual Assessment Form

Consultation Date: 18/08/20

Patient Details

Patient ID	15395616	NHS Number	4000794191
Full Name	John Cavanagh	Usual GP	Dr Christopher Bennett
Date of birth	22/09/1963 (56yrs)	Housebound Status	

Baseline COPD Data from POINTS Plus and/or clinical system

Earliest recorded COPD diagnosis detail

Read Code	(H3...) Chronic obstructive lung disease	Date	17/01/20

Latest recorded COPD diagnosis detail

Read Code	(Xalet) Chronic obstructive pulmonary disease annual review	Date	17/01/20

Latest recorded asthma diagnosis detail

Read Code		Date	

Other relevant comorbidities (Y/N)

Asthma		Heart failure		Arrhythmias	
Bronchiectasis		Ischemic heart disease		Skeletal muscle dysfunction	
Obstructive sleep apnoea		Peripheral vascular disease		Anxiety/depression	✓
Diabetes/metabolic synd.	✓	Hypertension		Gastro oesophageal reflux	
Osteoporosis		Other cardiovascular		Chronic kidney disease	

Key clinical markers relevant to the management of COPD

Latest smoking status (current/past/never/no data)	Smoker	Ever smoked (Y/N/no data)	Y
Offered smoking cessation in preceding 12m (Y/N/no data/NA)	Y	Date offered	17/01/20
COPD review performed in last 12 months (Y/N)	Y	Review date	17/01/20
Spirometry performed in last 12 months (Y/N)	Y	Spirometry date	17/01/20
Pulmonary rehabilitation in last 12 months (Y/N)	Y	Pulmonary rehab date	17/01/20
Latest BMI measurement in last 12 months (kg/m^2)	37.63	BMI date	06/03/20

Baseline exacerbation, symptom and severity data from POINTS Plus and clinical system

Assessment of COPD severity defined by latest recorded FEV_1 percent predicted

Latest FEV_1 percent predicted (%)	Value	49.53	Date	17/01/2020	
GOLD assessment of airflow limitation (1-4)	3	NICE assessment (mild - very severe)			

Assessment of symptoms from clinical system

Latest MRC assessment of dyspnoea	Value	(al)Un) MRC Breathlessness Scale: grade	Date	17/01/20
Latest assessment of symptoms using CAT	Value		Date	

*mMRC equivalent to MRC score - 1

Latest mMRC score ≥ 2, or a latest CAT score ≥ 10? (Y/N) Y

Exacerbation history from clinical system (count of codes in past 12 months)

Annual COPD exacerbations	0	Respiratory antibiotic courses	1
Oral steroid courses	1	Recorded respiratory infections	2
Emergency COPD admissions			

≥ 2 exacerbations, or ≥ 1 exacerbation leading to hospital admission in last 12m? (Y/N)

Classification of COPD from clinical system data according to GOLD 'ABCD' assessment tool

TICK		
	4	mMRC <2 and CAT <10 with <2 Exacerbations and 0 exacerbations leading to hospital admission
✓	1	mMRC ≥ 2 or CAT ≥10 with <2 Exacerbations and 0 exacerbations leading to hospital admission
	2	mMRC <2 and CAT <10 with ≥2 exacerbations, or ≥1 exacerbation leading to hospital admission
	3	mMRC ≥ 2 or CAT ≥10 with ≥2 exacerbations, or ≥1 exacerbation leading to hospital admission

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JOB BAG CODE: UK/RESP/0057/19e
DOP: FEBRUARY 2019

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COPD Therapy Review: Individual Assessment Form

Consultation Date 18/08/20

Patient Details

Patient ID	15395616	NHS Number	4000794191
Full Name	John Cavanagh	Usual GP	Dr Christopher Bennett
Date of birth	22/09/1963 (56yrs)	Housebound Status	

Current management of COPD

Table of current therapies relevant to the pharmacological management of COPD

Drug name	Prescribed dose	Issues (T-12m)	Latest issue date	Compliance alert (Y/N)
Salbutamol 100micrograms/dose inhaler CFC free		**5**	**30/04/2020**	
Anoro Ellipta 55micrograms/dose / 22micrograms/dose dry powder inhaler (GlaxoSmithKline UK Ltd)		**4**	**30/04/2020**	

Additional data points relevant to the management of COPD

Latest recorded inhaler technique (good/moderate/poor)		Date recorded	
Record of self management plan in past 12 months (Y/N)		Date recorded	
Currently prescribed oral steroids (Y/N)	N	Last issue date	
Current prescribed respiratory antibiotics (Y/N)	N	Last issue date	17/07/19
COPD rescue pack issue in past 12 months (Y/N)		Latest rescue pack date	
Record of oxygen therapy for management of COPD (Y/N)	N	Date recorded	
Flu vaccination in preceding 12m (Y/N)	Y	Vaccination date	22/10/19
Pneumococcal vaccination Ever (Y/N)	N	Vaccination date	

Analysis of spirometry and/or pulse oximetry results from POINTS Plus and clinical system

Latest FEV_1 percent predicted (%)	Value	49.53	%	Date	17/01/20
Latest FEV_1 value (L)	Value	1.29	L	Date	17/01/20
Latest FEV_1/FVC (%)	Value	63.7%	%	Date	17/01/20
Latest FEV_1/FVC ratio < 70% (Y/N)	Y	Previous evidence of FEV_1/FVC < 70% (Y/N)			Y
Latest pulse oximetry value (%)	Value	98	%	Date	17/01/2020

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DOP: FEBRUARY 2019

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COPD Therapy Review: Individual Assessment Form

Consultation Date 18/08/20

Patient Details

Patient ID	15395616	NHS Number	4000794191
Full Name	John Cavanagh	Usual GP	Dr Christopher Bennett
Date of birth	22/09/1963	Housebound Status	

Patient reported measures from face to face consultation with clinical pharmacist

Previous respiratory history (including assessment against exclusion criteria)

Any history of asthma or other respiratory conditions prior to COPD diagnosis (tick)

If YES then detail previous non COPD respiratory issues

COPD currently managed under secondary or integrated care service (tick) Detail

Smoking history

What is the patient's current smoking status (current/past/never): Current

If current or previous smoking history state number of pack years smoked:

If current smoker is the patient ready to stop smoking (Y/N): Y

Previous quit attempt (Y/N): Y

Values from point of care measurements taken during patient clinic

Patients weight	kg	Patients height	m	Patients BMI	kg/m^2
FEV_1 value	L	FEV_1 percent predicted	%	Pulse oximetry	%
Airflow limitation banding (FEV_1)*		GOLD severity*		NICE severity*	

*Post bronchodilator FEV; % predicted ≥80 = Mild (NICE) or GOLD 1, 50-79 = Moderate (NICE) or GOLD 2, 30-49 = Severe (NICE) or GOLD 3, <30 = Very severe (NICE) or GOLD 4)

Number of different inhaler devices in use: 2

Assessment/training using in-check DIAL (Y/N): N

Inhaler technique with current prescribed inhaler devices (good/moderate/poor):

Compliance with current prescribed therapies for COPD (good/poor): Good

Patient reported COPD exacerbations, urgent encounters due to COPD and COPD related admissions

Has the patient experienced any COPD exacerbations in the last 12 months (Y/N)	N	Episodes
Has the patient presented to OOH or A&E due to their COPD in the last 12 months (Y/N)	N	Episodes
Has the patient been hospitalised due to COPD in the last 12 months (Y/N)	N	Episodes
Has the patient ever been hospitalised due to their COPD (Y/N)	n	
≥ 2 exacerbations, or ≥ 1 exacerbation leading to hospital admission in last 12m (Y/N)		

Patient reported dyspnoea using mMRC and COPD related symptoms using CAT

Patient reported dyspnoea scoring using mMRC	3	/4
Patient reported dyspnoea scoring using MRC	4	/5
Patient reported COPD related symptom score using CAT	31	/40
Patient reported mMRC score ≥ 2, or CAT score ≥ 10 (Y/N)	Y	

*mMRC equivalent to MRC score - 1

Classification of COPD according to GOLD 'ABCD' assessment tool following patient assessment

TICK		
	4	mMRC <2 and CAT <10 with <2 Exacerbations and 0 exacerbations leading to hospital admission
✓	1	mMRC ≥ 2 or CAT ≥10 with <2 Exacerbations and 0 exacerbations leading to hospital admission
	2	mMRC <2 and CAT <10 with ≥2 exacerbations, or ≥1 exacerbation leading to hospital admission
	3	mMRC ≥ 2 or CAT ≥10 with ≥2 exacerbations, or ≥1 exacerbation leading to hospital admission

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DOP: FEBRUARY 2019

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COPD Therapy Review: Individual Assessment Form

Consultation Date 18/08/20

Patient Details

Patient ID	15395616	NHS Number	4000794191
Full Name	John Cavanagh	Usual GP	Dr Christopher Bennett
Date of birth	22/09/1963 (56yrs)	Housebound Status	

Recommendations from pharmacist led COPD management clinic

Comments and overall recommendation following patient facing assessment and COPD management review:

Clinical pharmacist comments

Telephone consultation: Symptomatic but not clear if he has had any exacerbations in last 12 months or not. No recorded chest infections in new journal since July 2019, but he has had various hospital admissions (not related to chest) where he has been on continuous antibiotics. He feels he may have had some chest infections, green phiegm etc. but I do not feel warranted in stepping him up to triple therapy based on this. His eosinophil counts have been very raised in the past, but this could also be due to inflammation elsewhere. Remain on current therapy as happy with inhalers.

Overall clinical pharmacist recommendation

Refer to GP / Nurse for further assessment / management

Non pharmacological intervention recommendations in line with intervention scope

List of non-pharmacological intervention recommendations for individual consideration and sign off by authorising GP

Recommendation	GP Auth

Pharmacological intervention recommendations in line with intervention scope

List of pharmacological intervention recommendations for individual consideration and sign off by authorising GP

Action	Therapy class	Recommendation rationale	GP to insert new therapy (if any)	GP Auth
Compliance / education	LAMA_LABA	In line with practice authorised pathway		

Authorisation to implement authorised interventions (if any) and document on clinical system

I the GP hereby agree to the recommendations and rationale for medication change(s), given above and have added any additional instructions and/or comments I deem appropriate and agree to the interface pharmacist implementing the authorised activity onto the practice clinical system.

Lead authorising GP signature and date

18/08/2020

Interface Clinical Pharmacist signature and date

18/08/2020

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DOP: FEBRUARY 2019

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DOP: FEBRUARY 2019

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Attachment
14-Aug-2020 Rebecca Starkey
Additional: Attachment
Clinic Letter from T KADIS, Diabetes York Hospital -> Priory Medical Group
Filename:
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FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust
York Hospital Wigginton Road York YO31 8HE

Telephone Enquiries Contact:
Centre for Diabetes & Endocrinology
Telephone: (01904) 726510

TK/PA

17 August 2020

Dr R Fisher
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Dear Dr Fisher

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191
Clinic: DNS EXTRA APPOINTMENTS **Clinic Date:** 14 August 2020

We have tried to make contact with John following his recent self discharge from York Hospital. His recent HbA1c is 108 mmol/mol and **he was discharged with a change of insulin to:**

Humalog Mix 25 KwikPens

I am unsure if he is taking this now and has adequate supply and he is not answering his phone.

I will continue to try and make contact with him and hope he engages with us but wanted to let you know the current issue.

Yours sincerely

Letter verified and signed electronically

Tara Kadis
Lead Nurse Diabetes and Endocrinology

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Attachment
12-Aug-2020 Rebecca Starkey
Additional: Attachment
Discharge summary from Mr A Krishnan, General Surgery York Hospital -> Priory Medical Group
Filename:
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Pages:

YORK HOSPITAL Switchboard 01904 631

Discharge Notification

12th August 2020

Dr Robert Fisher
Priory Medical Group
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Consultant : Mr Amaran Krishnan
Admitted : 10-AUG-2020, Emergency
Specialty : General Surgery
Discharging Doctor : Badas, Vanessa
Discharged From : Ward 16
On : 12-AUG-2020

Dear Dr Fisher

Mr John M Cavanagh
15, Etty Avenue, YORK, YO10 3TJ

NHS No: 400 079 4191 Date Of Birth: 22/09/1963
Casenote: 99/39862

Diagnosis

Acute pancreatitis

Chronic Diagnosis

Chronic pancreatitis

Medication on Discharge

Medication	Days Supply	GP Co
glyceryl trinitrate - sublingual spray - DOSE 1 to 2 sprays - Sublingual - when required - (GTN)	0	)
insulin lispro biphasic human - HUMALOG MIX 25 KWIKPEN - STRENGTH 100 units/ml - injection suspension - DOSE 40 units - Subcutaneous - in the MORNING - MIXED insulin administered WITH MEALS	28	)
insulin lispro biphasic human - HUMALOG MIX 25 KWIKPEN - STRENGTH 100 units/ml - injection suspension - DOSE 24 units - Subcutaneous - in the EVENING - MIXED insulin administered WITH MEALS	28	)
lactulose - oral liquid - DOSE 20 ml - Oral - TWICE a DAY	0	)
metformin - tablet - DOSE 1 g - Oral - TWICE a DAY - with or after food	0	)
omeprazole - gastro-resistant capsule - DOSE 20 mg - Oral - in the MORNING	0	)
paracetamol - tablet - DOSE 1 g - Oral - FOUR times a DAY - as required - for patient weight greater than 50kg	0	)
salbutamol - STRENGTH 100micrograms/actuation - inhaler cfc-free - DOSE 1 to 2 doses - Inhalation - FOUR times a DAY - as required	0	)
umeclidinium with vilanterol - ANORO ELLIPTA - STRENGTH 55micrograms + 22micrograms/actuation - inhalation powder - DOSE 1 dose - Inhalation - in the MORNING	0	)

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Medications Stopped or Amended

Medication	Notes
insulin degludec - TRESIBA FLEXTOUCH - STRENGTH 100 units/ml - injection solution - DOSE 64 units - Subcutaneous - at NIGHT - LONGER acting insulin	Switched to mixed insulin

Allergies

No Known Allergies

Weight

10-AUG-2020 BMI: 34.3, Weight: 99.2kg, BSA: 2.10

Frailty (Rockwood) Score

2

Secondary Care Follow Up

No medical follow up required

Nurse Discharge Notes

Following ward round, surgical team happy for Mr Cavanagh to be discharged.
No canula in situ on discharge.
Medications explained and will collect medications in morning.
Pressurre areas intact and mobilising independantly.
Friend collecting Mr Cavanagh on discharge.
Any concerns please contact ward 16 on 01904 726016 or contact your GP.

For further advice about Coronavirus, please visit nhs.uk/coronavirus
If you feel unwell or have further symptoms after you have been discharged from hospital, please call 111 for further advice

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Attachment
10-Aug-2020 Rebecca Starkey
Additional: Attachment
Out of Hours from Nduc Northumberland Ooh -> Priory Medical Group
Filename:
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Pages:

NDUC (OWL) OOH Call Incident Report

Case Number:	**9684836**	Receive Date:	**10-Aug-2020 01:44**
Patient's Name:	**John Cavanagh**		
Date of Birth:	**22-Sep-1963 (56 years)**	Gender:	**M**
Address:	**15 Etty Avenue** **York YO10 3TJ**	Current Address:	**15 Etty Avenue** **York** **North Yorkshire** **YO10 3TJ**
Return Contact No:			
Tel No:	**07927 603500**		**07927 603500**
Mobile No:	**07842 439871**		
Priority:	**Routine**	Call Origin:	
Received:	**10-Aug-2020 01:44**	Case Type:	**TELEPHONE ADVICE**
Advised:	**02:51**	Arrived PCC:	
Cons Start:		Cons End:	
Consulting Doctor:	**Mark Wakerley**	Own Doctor:	

NHS Number:
4000794191

Received From External System Details:

External 111 Site Name - **Rotherham (Yorkshire Ambulance Service - 111)**

Consultation Summary - **The consultation has identified**
Illness
Cool or cold
Abdominal pain with associated rectal bleeding
Moderately severe pain
Able to carry out some normal activities
Blood in bowel motion
Severe pain

Outcome Code - **Dx05**

Outcome Description - **To contact a Primary Care Service within 2 hours**

Triage Details:

History - **During covid19**

c/o moderate to severe epigastric/RUQ pain for few days, worse after food, self discharged from Wd22 last week, ?diagnosis, was due a scan ??gallstones, PHx of pancreatitis, also fever and cough with mucus, PMHx of T2DM and COPD, Dhx see SCR, discussed and advised to attend AED for assessment, if unable to get there himself may call 999 for ambulance, TRIP

Phoned AED to advise of his attendance - has already arrived.

Examination - **No investigation [XX]**

Treatment - **No treatment given [XX]**

Followups:

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None

Clinical Codes:

R090. [D]Abdominal pain

Case Questions:

ECDS - Discharge

Patient admitted or discharged	**Discharged**
Emergency care discharge status category	**Treatment complete**
Safeguarding Concern	**No**
Discharge Information Given	**Discharge Information Not Given**

ECDS - Referrals

Patient Referred To Other Service	**No**

ECDS - Patient Identity / Characteristics

ECDS - Attendance Activity Characteristics

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Attachment
10-Aug-2020 Toby Sefton
Additional: Attachment
Accident and Emergency Letter from York Hospital -> Priory Medical Group
Filename:
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Pages:

York ED Notification

Current GP: Dr Robert FISHER
Abbey Medical Group, Tang Hall Lane Surgery, 190 Tang Hall Lane,
YORK, YO10 3RL

Patient Details

Name:	CAVANAGH, John M, Mr
DOB:	22-SEP-1963
A&E Number:	80378- 20
NHS Number:	400 079 4191
Address:	15, Etty Avenue, YORK, YO10 3TJ
Referral Source:	NHS telephone / internet advice e.g. NHS 111
Arrival:	10-AUG-2020 02:46
Departure:	10-AUG-2020 06:17
Chief Comp:	Abdominal pain
Diagnosis:	Comment: Cholecystitis - [Suspected diagnosis]
Treatments:	Administration of medication
Investigations:	Amylase Liver function tests (LFTs) Biochemistry Haematology X-ray plain film
Safeguarding:	No Safeguarding concerns recorded

Actions Taken

Disposal:	Discharge Status: Treatment in ED complete Discharge Dest: Admitted to Trust (York Hospital - Ward: SAU - Specialty: General Surgery) Reason: Abdominal pain

Clinical Narrative / Plan & Requested Actions / Medications:

recently self-discharged from YTH with RUQ pains, reattended
with same pain. Readmitted for pain management and further investigation

Signed off by: Dr Marcus Baw

Reviewed by: Dr Marcus Baw

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Contact Details: ED Secretary 01904 725616

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Attachment
06-Aug-2020 Jordan Cook
Additional: Attachment
Out of Hours from Yorkshire Ambulance Service NHS Trust -> Priory Medical Group
Filename:
Extension:.tif
Pages:

NHS 111 Report - For Information

CAVANAGH, John *Born* 22-Sep-1963 *Gender* Male *NHS No.* 400 079 4191
Local Patient ID 5847C97F-2FF2-46DE-9C68-0BB15D31C2E8

Home Address
15 Etty Avenue
York
North Yorkshire
YO10 3TJ

Emergency Phone 07927603500

GP Practice
Victoria Way (Priory Medical Group)
Victoria Way Surgery
2 Victoria Way
Huntington
YORK
YO32 9GE

Phone 01904411139

Patient's Reported Condition

pain in bowels blood in stool had it for weeks been in hospital for pancreatitis

Case Summary

Disposition:
The disposition is: Emergency Ambulance Response for Acute Coronary Syndrome
Dx0112

Selected care service:
No referral made.

Rationale:
Illness
Warm to touch
Abdominal pain associated with the rectal bleeding
Moderately severe pain
Crushing/severe aching pain in chest, back or abdomen
No indication scene unsafe
No help available to get medication

Pathways Assessment:
An injury or health problem was the reason for the contact.
Heavy bleeding had not occurred in the previous 2 hours.
An illness or health problem was the main problem.
User Comments: pain in bowels blood in stool had it for weeks been in hospital for pancreatitis
The individual was not fighting for breath.
The main reason for the assessment was not a heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, a probable allergic reaction or ICD shock.
The skin on the torso felt normal, warm or hot.
Pathway selected - Rectal Bleeding
There was abdominal pain as well as rectal bleeding.
The pain interfered with normal activity.
User Comments: not been to the toilet for 3 days
The pain had not come on suddenly.
There had been no previous diagnosis of aortic aneurysm or Marfan's syndrome.
There was crushing or severe aching pain in the chest, upper back or upper abdomen.
Instructions given were: An emergency ambulance is being arranged.
There was no further information to help with dispatch.
User Comments: 10518906
There was no safeguarding concern.
Risk of Coronavirus not declared.
The scene was safe.
The individual did not use GTN medication.
The individual was not allergic to aspirin.
There had been no vomiting of red or altered (coffee grounds) blood.
The individual was not taking anticoagulant medication.
There was no aspirin within easy reach.
Nobody else was present who could access medication.
Closing instructions

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Advice given:
None recorded.

Document Created	**06-Aug-2020, 14:36**
Document Owner	**Yorkshire Ambulance Service - 111**
Authored by	**Mahmood Bham - Call handler, Wakefield (Yorkshire Ambulance Service - 111) on 06-Aug-2020, 14:34**
Consent Status	**Consent given for electronic record sharing**

Encounter Type	**NHS111 Encounter**
Encounter Time	**06-Aug-2020, 14:27 to 06-Aug-2020, 14:34**
Case Reference	**98805FFE-F9BF-4501-BAA0-444A4CDD2824**
Case ID	**1087725**
Encounter Disposition	**The disposition is: Emergency Ambulance Response for Acute Coronary Syndrome**
Care Setting Location	**Incident Location**
Care Setting Address	*Visit Address* **15 Etty Avenue** **York** **North Yorkshire** **YO10 3TJ**
Care Setting Type	
Responsible Party	**Eithne Cummins - Medical Director, Yorkshire Ambulance Service - 111**

Document ID **1125D47C-BAF8-4109-919E-0551C2DD0AD8** *Version* **1**

THIRD PARTY COPY

Attachment
06-Aug-2020 Kathryn Gibson
Additional: Attachment
Accident and Emergency Letter from York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

York ED Notification

Current GP: Dr Robert FISHER
Abbey Medical Group, Tang Hall Lane Surgery, 190 Tang Hall Lane,
YORK, YO10 3RL

Patient Details

Name:	CAVANAGH, John M, Mr
DOB:	22-SEP-1963
A&E Number:	78816- 20
NHS Number:	400 079 4191
Address:	15, Etty Avenue, YORK, YO10 3TJ
Referral Source:	Ambulance service - patient in transit
Arrival:	06-AUG-2020 15:14
Departure:	06-AUG-2020 17:38
Presenting Comp:	abdo pain
Chief Comp:	Blood in stools
Diagnosis:	Chronic pancreatitis - [Confirmed diagnosis] Comment: Acute pancreatitis - [Suspected diagnosis]
Treatments:	Observation / cardiac monitor, pulse oximetry / head injury / trends Intravenous cannula
Investigations:	C reactive protein (CRP) Amylase Liver function tests (LFTs) Biochemistry Haematology Clotting studies Lactate Venous blood gas Arterial / capillary blood gas X-ray plain film
Safeguarding:	No Safeguarding concerns recorded

Actions Taken

Disposal:	Discharge Status: Treatment in ED complete Discharge Dest: Admitted to Trust (York Hospital - Ward: ESA - Specialty: General Surgery)

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Reason: Blood in stools

Clinical Narrative / Plan & Requested Actions / Medications:

Known pancreatitis approx 6 weeks ago. Presented with RUQ and epigastric pain. Referred to surgeons for review.

Signed off by: Dr William Hughes

Contact Details: ED Secretary 01904 725616

THIRD PARTY COPY

Attachment
03-July-2020 Jordan Cook
Additional: Attachment
Out of Hours from Yorkshire Ambulance Service NHS Trust -> Priory Medical Group
Filename:
Extension:.tif
Pages:

NHS 111 Report - For Information

CAVANAGH, John *Born* 22-Sep-1963 *Gender* Male *NHS No.* 400 079 4191
Local Patient ID 5847C97F-2FF2-46DE-9C68-0BB15D31C2E8

Home Address
15 Etty Avenue
York
North Yorkshire
YO10 3TJ

Emergency Phone 07927603500

GP Practice
Cornlands Road (Priory Medical Group - York)
Priory Medical Group
Priory Medical Centre
Cornlands Road
YORK
YO24 3WX

Phone 01904781423

Patient's Reported Condition

car accident yesterday - lower back pain

Case Summary

Disposition:
The disposition is: Ambulance for Clinical Reasons
Dx017

Selected care service:
No referral made.

Rationale:
Injury
Warm to touch
Able to weight-bear
Worsening pain/swelling
No indication scene unsafe

Pathways Assessment:
An injury or health problem was the reason for the contact.
Heavy bleeding had not occurred in the previous 2 hours.
An injury or symptom relating to an injury was the main problem.
User Comments: back
The injury was not minor in nature.
The individual was not fighting for breath.
The skin on the torso felt normal, warm or hot.
Major trauma had not occurred.
The problem did not result from a suicide attempt or self-harm.
The individual was not trapped at the scene.
There was no feeling of illness or other unusual symptoms before the injury.
Pathway selected - Lower Back Injury, Blunt
There was no new/worsening breathlessness since the injury.
Spinal pain, loss of bladder/bowel control or leg movement or saddle or lower limb paraesthesia could not be confirmed.
User Comments: unsure about the tenderness of the spine
There had been no vomiting of red or altered (coffee grounds) blood.
There had been no black and tarry or red/maroon bowel motions.
User Comments: passed a red bowel motion before the accident - common for the patient has haemorroids
The individual was able to weight-bear at the time of assessment.
There was no abdominal pain.
User Comments: has pancreatitis at the moment - nothing new at the moment
The pain did not begin suddenly during physical activity.
User Comments: stationary in a car - hit from behind wearing a seat belt
An assault had not occurred.
There had been no blood in the urine since the injury.
There was worsening pain or swelling.
There was no new genital pain or swelling.
Instructions given were: An ambulance is being arranged.
User Comments: Disposition Override Reason: needs assessment
The individual was not in unsafe conditions nor in a public place.
Instructions given were: An ambulance is being arranged.

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There was no further information to help with dispatch.
There was no safeguarding concern.
Risk of Coronavirus not declared.
The scene was safe.
Advice given: Closing instructions 1st party Flank and/or back pain Medication, pain and/or fever Swelling, trauma
User Comments: ? bony tenderness - involved in rtc yesterday referred to the ambulance service

Advice given:
If you can, ask for someone to meet and direct the vehicle.
If you do need to contact somebody do so now, then try and keep the line free as we may need to call you back.
If there are any new symptoms, or their condition gets worse, changes or you have any other concerns call 999.
Don't cut down on fluids, drink at least as much as usual.
Collect a urine specimen in a clean jar
Unless advised not to take, paracetamol or ibuprofen can be used to relieve pain or fever. Follow the instructions in the pack. If in doubt ask a pharmacist
The individual should not eat or drink anything before going to hospital (a sip of water is fine if medication needs to be taken).

Document Created	**03-Jul-2020, 12:51**
Document Owner	**Yorkshire Ambulance Service - 111**
Authored by	**Andrea Speak - Call handler, Remote Working (Yorkshire Ambulance Service - 111) on 03-Jul-2020, 12:47**
Consent Status	**Consent given for electronic record sharing**

Encounter Type	**NHS111 Encounter**
Encounter Time	**03-Jul-2020, 12:04 to 03-Jul-2020, 12:47**
Case Reference	**C06B063E-BF29-4C72-A9FC-16A8A285F6A4**
Case ID	**9945463**
Encounter Disposition	**The disposition is: Ambulance for Clinical Reasons**
Care Setting Location	**Incident Location**
Care Setting Address	*Visit Address* **15 Etty Avenue** **York** **North Yorkshire** **YO10 3TJ**
Care Setting Type	
Responsible Party	**Eithne Cummins - Medical Director, Yorkshire Ambulance Service - 111**

Document ID **27C1188E-0816-4DC2-9BC0-AD74BAFC558E** *Version* **1**

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Attachment
03-July-2020 Jordan Cook
Additional: Attachment
Out of Hours from Yorkshire Ambulance Service NHS Trust -> Priory Medical Group
Filename:
Extension:.tif
Pages:

NHS 111 Report - For Information

CAVANAGH, John *Born* 22-Sep-1963 *Gender* Male *NHS No.* 400 079 4191
Local Patient ID 5847C97F-2FF2-46DE-9C68-0BB15D31C2E8

Home Address
15 Etty Avenue
York
North Yorkshire
YO10 3TJ

Emergency Phone 07927603500

GP Practice
Cornlands Road (Priory Medical Group - York)
Priory Medical Group
Priory Medical Centre
Cornlands Road
YORK
YO24 3WX

Phone 01904781423

Patient's Reported Condition

Car Accident yesterday - back pain.

Case Summary

Disposition:
Call is closed with no further action needed
Dx108

Selected care service:
No referral made.

Rationale:
Injury
Warm to touch
Passed bloody stools
Assessment ended, system user or caller terminated call
No disposition accepted

Pathways Assessment:
An injury or health problem was the reason for the contact.
Heavy bleeding had not occurred in the previous 2 hours.
An injury or symptom relating to an injury was the main problem.
User Comments: Back Pain
The injury was not minor in nature.
The individual was not fighting for breath.
The skin on the torso felt normal, warm or hot.
Major trauma had not occurred.
The problem did not result from a suicide attempt or self-harm.
The individual was not trapped at the scene.
There was no feeling of illness or other unusual symptoms before the injury.
Pathway selected - Lower Back Injury, Blunt
There was no new/worsening breathlessness since the injury.
There was no spinal pain, loss of bladder/bowel control or leg movement and no saddle or lower limb paraesthesia.
There had been no vomiting of red or altered (coffee grounds) blood.
The individual had passed a red or maroon-coloured bowel motion.
Early Exit selected
User Comments: CTL Jackie advised A&E York hospital within the hour.
The assessment ended because the caller or the calltaker terminated the call.
User Comments: CTL Jackie advised York hospital within the hour - Full worsening given
A disposition had not been accepted before the assessment ended.
The call is closed with no further action required.

Advice given:
None recorded.

Document Created	**03-Jul-2020, 09:39**
Document Owner	**Yorkshire Ambulance Service - 111**
Authored by	**Andreas Parperi - Call handler, Rotherham (Yorkshire Ambulance Service - 111) on 03-Jul-2020, 09:37**

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Consent Status	**Consent given for electronic record sharing**

Encounter Type	**NHS111 Encounter**
Encounter Time	**03-Jul-2020, 09:31 to 03-Jul-2020, 09:37**
Case Reference	**4908011A-8493-4CDE-9D6C-5C321ABBE722**
Case ID	**9945048**
Encounter Disposition	**Call is closed with no further action needed**
Care Setting Location	**Incident Location**
	Visit Address
Care Setting Address	**15 Etty Avenue York North Yorkshire YO10 3TJ**
Care Setting Type	
Responsible Party	**Eithne Cummins - Medical Director, Yorkshire Ambulance Service - 111**

Document ID	**8A5C232F-08BF-4911-8A13-0138DF814624**	*Version*	**1**

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Attachment
22-Jun-2020 Kathryn Gibson
Additional: Attachment
Gastroscopy Report from York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

York Hospital, Wigginton Road, YORK, YO31 8HE

DR FISHER
PRIORY MEDICAL GROUP
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Patient: Mr John Cavanagh
15, Etty Avenue
YORK
YO10 3TJ
Date of Birth: 22-SEP-1963
Casenote: 99/39862
NHS No: 400 079 4191

Gastroscopy

Performed on: **22-JUN-2020**

Indications: Epigastric Pain

GP: Dr Fisher
Resp. Cons: Mr Wing Wong
Endoscopist: Dr Thomas Berriman

Glasgow-Blatchford Score:

Start Time: **End Time:**

Sedation: Throat Spray, Midazolam 4 mg, Score = 2 (Drowsy),
Discomfort: 0. None

Inserted To: D2
J Manoeuvre: Yes
Oesophagus **Z Line:** 39 (cm)

Stomach

Gastritis **Erythematous:** Mild

Duodenum Y Normal

Biopsy
Stomach: 2

Diagnoses

Gastritis - non-erosive

Outcomes and Disposition
Complications/Patient Safety
No complications

Summary
Mild gastritis. Biopsies taken.

Cancer Information
FT pathway not applicable.
Disposition

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Return to Ward

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Attachment
22-Jun-2020 Kathryn Gibson
Additional: Attachment
Gastroscopy Report from York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

York Hospital, Wigginton Road, YORK, YO31 8HE

***** This report is not marked as complete *****

DR FISHER
PRIORY MEDICAL GROUP
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Patient: Mr John Cavanagh
15, Etty Avenue
YORK
YO10 3TJ
Date of Birth: 22-SEP-1963
Casenote: 99/39862
NHS No: 400 079 4191

Gastroscopy

Performed on: **22-JUN-2020**

Indications: Epigastric Pain

GP: Dr Fisher
Resp. Cons: Mr Wing Wong
Endoscopist: Dr Thomas Berriman

Glasgow-Blatchford Score:

Start Time: **End Time:**

Sedation: Throat Spray, Midazolam 4 mg, Score = 2 (Drowsy),
Discomfort: 0. None

Inserted To: D2
J Manoeuvre: Yes
Oesophagus **Z Line:** 39 (cm)

Stomach

Gastritis **Erythematous:** Mild

Duodenum Y Normal

Biopsy
Stomach: 2

Diagnoses

Gastritis - non-erosive

Outcomes and Disposition
Complications/Patient Safety
No complications

Summary
Mild gastritis. Biopsies taken.

Cancer Information
FT pathway not applicable.
Disposition

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Return to Ward

THIRD PARTY COPY

Attachment
22-Jun-2020 Toby Sefton
Additional: Attachment
Discharge summary from York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

YORK HOSPITAL Switchboard 01904 631313

Discharge Notification

22nd June 2020

Dr Robert Fisher
Priory Medical Group
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Consultant : Mr Wing Z Wong
Admitted : 18-JUN-2020, Emergency
Specialty : General Surgery
Discharging Doctor : Hussain, Aneesah
Discharged From : Ward 14
On : 22-JUN-2020

Dear Dr Fisher

Mr John M Cavanagh
15, Etty Avenue, YORK, YO10 3TJ

NHS No: 400 079 4191 Date Of Birth: 22/09/1963
Casenote: 99/39862

Notes / Other Treatments
Written from notes.

Admitted 18/6/20 with left sided upper abdo pain. He has had a recent admission with acute pancreatitis. He was managed with PPI and has had an OGD.

Metformin has been stopped as patient requested. Please kindly review.

Bloods have improved and patient feeling well and very eager to be discharged.

Chronic Diagnosis
Chronic Obstructive Pulmonary Disease (COPD)

No changes to pre-admission medications other than the changes identified below
Medication not validated or dispensed by Pharmacy

Medications Stopped or Amended

Medication	Notes
metformin - tablet - DOSE 1 g - Oral - TWICE a DAY - with or after food	Patient Choice

Allergies
No Known Allergies

Weight
Weight not recorded.

Secondary Care Follow Up
no routine follow up

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Suggested Primary Care Follow up plan

Diabetes Specialist Nurse - seen whilst in hospital. GP to review if GLP-1 treatment for diabetes remains appropriate in view of possible pancreatitis (diagnosis not known at time of admission).

Describes erythema of lateral aspect of right foot for a number of years. Please review.

Please could GP kindly review medication changes.

Nurse Discharge Notes

Nil nursing concerns, patient feeling well and discharged post OGD. Own transport and cannula removed. Nil worries.

For further advice about Coronavirus, please visit nhs.uk/coronavirus
If you feel unwell or have further symptoms after you have been discharged from hospital, please call 111 for further advice

THIRD PARTY COPY

Attachment
22-Jun-2020 Kathryn Gibson
Additional: Attachment
Discharge Letter from General Surgeon, York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust

Ref WW/PH

Upper GI Surgical Unit
Department of General Surgery Fax 01904 726886
Mr G V Miller & Mr A Krishnan's Secretary Tel 01904 725523
Mr W Wong & Mr M Giles's Secretary Tel 01904 725968
Mr R Young & Mr A Andreou's Secretary Tel 01723 385347
Mr K Polyzois & Mr A Banerjee's Secretary Tel 01904 724553

26 June 2020

Dr R Fisher
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Dear Dr Fisher

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191
Discharging Ward: York Hospital From 18-Jun-2020 To 22-Jun-2020 (Ward 14)

Diagnosis: Alcohol related pancreatitis.

Comments: Emergency admission with epigastric pain. Previously had a history of pancreatitis and admitted recently under the care of Mr Giles with similar problems. I understand there has been a history of bereavement in the family. This could mean that the epigastric pain could be secondary to his stress.

He underwent an upper GI endoscopy which only showed mild gastritis.

Eventually he responded to conservative management.

Plan: No routine follow up.

Yours sincerely

Electronically verified

Mr W Wong MD FRCS (Gen)
Consultant General/Upper GI Surgeon

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f.up:

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Attachment
22-Jun-2020 Kathryn Gibson
Additional: Attachment
Gastroscopy Report from York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

York Hospital, Wigginton Road, YORK, YO31 8HE

DR FISHER
PRIORY MEDICAL GROUP
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Patient: Mr John Cavanagh
15, Etty Avenue
YORK
YO10 3TJ
Date of Birth: 22-SEP-1963
Casenote: 99/39862
NHS No: 400 079 4191

Gastroscopy

Performed on: **22-JUN-2020**

Indications: Epigastric Pain

GP: Dr Fisher
Resp. Cons: Mr Wing Wong
Endoscopist: Dr Thomas Berriman

Glasgow-Blatchford Score:

Start Time: **End Time:**

Sedation: Throat Spray, Midazolam 4 mg, Score = 2 (Drowsy),
Discomfort: 0. None

Inserted To: D2
J Manoeuvre: Yes
Oesophagus **Z Line:** 39 (cm)

Stomach

Gastritis **Erythematous:** Mild

Duodenum Y Normal

Biopsy
Stomach: 2

Diagnoses

Gastritis - non-erosive

Outcomes and Disposition
Complications/Patient Safety
No complications

Summary
Mild gastritis. Biopsies taken.

Cancer Information
FT pathway not applicable.
Disposition

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Return to Ward
Histology Results
Report

Reporting Pathologist: Seemeen Umar Consultant Pathologist Seemeen Umar Date Authorised 25.06.20

CLINICAL

Mild gastritis ? H pylori.
MACRO
Gastric biopsy.
MICRO
These are fragments of gastric mucosa showing reactive (chemical) gastritis-type changes such as foveolar hyperplasia and fibromuscular replacement of the lamina propria. Only very minimal chronic inflammatory cell infiltration is present and polymorph activity is not seen. There is no intestinal metaplasia or glandular atrophy. Helicobacter pylori are not identified on H&E. There is no evidence of

dysplasia or malignancy.

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Attachment
18-Jun-2020 Jordan Cook
Additional: Attachment
Accident and Emergency Letter from York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

York ED Notification

Current GP: Dr Robert FISHER
Abbey Medical Group, Tang Hall Lane Surgery, 190 Tang Hall Lane,
YORK, YO10 3RL

Patient Details

Name:	CAVANAGH, John M, Mr
DOB:	22-SEP-1963
A&E Number:	59352- 20
NHS Number:	400 079 4191
Address:	15, Etty Avenue, YORK, YO10 3TJ
Referral Source:	Self / family / friends / education / work colleague
Arrival:	18-JUN-2020 02:25
Departure:	18-JUN-2020 05:03
Chief Comp:	Abdominal pain
Diagnosis:	Comment: Acute pancreatitis - [Suspected diagnosis]
Treatments:	Intravenous cannula Administration of medication
Investigations:	Toxicology Liver function tests (LFTs) Biochemistry Haematology Clotting studies Amylase C reactive protein (CRP)
Safeguarding:	No Safeguarding concerns recorded

Actions Taken

Disposal:	Discharge Status: Treatment in ED complete Discharge Dest: Admitted to Trust (York Hospital - Ward: ESA - Specialty: General Surgery) Reason: Abdominal pain/ ?pancreatitis

Clinical Narrative / Plan & Requested Actions / Medications:

3RD ATTENDENCE
GENERALZED UPPER ABDO PAIN
STAGGERED PARACETAMOL OVEERDOSE

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RECENT CT SHOWED MILD CHANGES IN THE PANCREAS (
EDEMA +STRANDING OF SURROUNDING FAT)
O/E: TENDERNESS UPPER ABDOMEN+++
REFERRED TO SURGERY

Signed off by: Dr Salma Abdullahi Hussein Abdi

Reviewed by: Dr Salma Abdullahi Hussein Abdi (7632130)

Contact Details: ED Secretary 01904 725616

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Attachment
15-Jun-2020 Peter Marsland
Additional: Attachment
Discharge summary from General Surgery, York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

YORK HOSPITAL Switchboard 01904 631

Discharge Notification

15th June 2020

Dr Robert Fisher
Priory Medical Group
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Consultant : Mr Mathew S Giles
Admitted : 13-JUN-2020, Emergency
Specialty : General Surgery
Discharging Doctor : Stainthorpe, Luisa
Discharged From : Ward 11
On : 15-JUN-2020

Dear Dr Fisher

Mr John M Cavanagh
15, Etty Avenue, YORK, YO10 3TJ

NHS No: 400 079 4191 Date Of Birth: 22/09/1963
Casenote: 99/39862

Notes / Other Treatments

Patient admitted acutley with abdominal pain, CT showed some mild changes to the pancreas. USS negative for gall stones. Patient anxious to be discharged. Bloods normal on discharge home, patient not expressing any pain. Safe for discharge home.

Diagnosis

Non Specific Abdominal Pain
Acute pancreatitis

Not all Medication has been validated/dispensed by Pharmacy

Medication on Discharge (NOT VALIDATED)

Medication	Days Supply	GP Cc
atorvastatin - tablet - DOSE 20 mg - Oral - DAILY	28	Y
glyceryl trinitrate - sublingual spray - DOSE 1 to 2 sprays - Sublingual - when required - (GTN)	28	Y
insulin degludec - TRESIBA FLEXTOUCH - STRENGTH 100 units/ml - injection solution - DOSE 64 units - Subcutaneous - at NIGHT - LONGER acting insulin	28	Y
lactulose - oral liquid - DOSE 20 ml - Oral - TWICE a DAY	28	Y
metformin - tablet - DOSE 1 g - Oral - TWICE a DAY - with or after food	28	Y
omeprazole - gastro-resistant capsule - DOSE 20 mg - Oral - in the MORNING	28	Y
salbutamol - STRENGTH 100micrograms/actuation - inhaler cfc-free - DOSE 1 to 2 doses - Inhalation - DAILY - as required	28	Y

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umeclidinium with vilanterol - ANORO ELLIPTA - STRENGTH 55micrograms + 22micrograms/actuation - inhalation powder - DOSE 1 dose - Inhalation - DAILY 28 Y

Medications Stopped or Amended

Medication	Notes
metformin - tablet - DOSE 1 g - Oral - TWICE a DAY - with or after food	stopped for scan

Allergies

No Known Allergies

Weight

13-JUN-2020 BMI: 39, Weight: 105kg, BSA: 2.09

Frailty (Rockwood) Score

2

Radiology

XR545902: CABPEC Ct Abdomen And Pelvis With Contrast Exam Status: Completed , Reported By: H HLSEVEN , Report Date: 13-JUN-2020
Report Text:
Report from Radiology Reporting Outsourcing Provider

CT abdomen pelvis

CLINICAL HISTORY
Central abdominal pain radiating to the back, previous gastric ulcers, tender abdomen, raised inflammatory markers, last week passing small amount of perirectal bleeding. ? Perforation ? Diverticulitis

FINDINGS
Lung bases clear.
The pancreas seems showing some oedematous changes associated with stranding of the surrounding fat, no hypodense parenchymal lesion is noted.
Gallbladder free from radiopaque stone, no CT sign of cholecystitis or dilation of the biliary tree is seen.
No significant focal lesion demonstrated in the liver, spleen, adrenals and kidneys. No radiopaque stone identified in the kidneys and ureters, no hydronephrosis or perinephric fat stranding visualized bilaterally.
Urinary bladder partially filled, free from stone.
Prostate enlarged 52 x 42 mm in transverse diameters. Bony structure unremarkable.
Normal enhancement and calibre of the abdominal aorta and main visceral/iliac arteries.
Limited assessment of the unprepared bowel with no sign of obstruction/perforation/ischemia: distal oesophagus and stomach collapsed, their wall is not assessable; small bowel loops not dilated; no significant diverticulum or large parietal lesion seen in the colon, allowing for the presence of the faecal content.

CONCLUSION
No evidence of bowel obstruction, perforation or diverticulitis.
The pancreas shows mild oedematous changes associated with mild stranding of the peripancreatic fat: in the proper clinical context, the finding might represent acute pancreatitis? Please correlate with amylase.

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No other significant finding identified, allowing for the mentioned limitations of the study.

Electronically signed by:

Dr Guerino Centini
GMC 6158004
Consultant Radiologist
Everlight Radiology

Reported by Centini Guerino.

++++++++ END OF REPORT ++++++++

Secondary Care Follow Up
No medical follow up required

Nurse Discharge Notes
Cannula removed.

For further advice about Coronavirus, please visit nhs.uk/coronavirus
If you feel unwell or have further symptoms after you have been discharged from hospital, please call 111 for further advice

THIRD PARTY COPY

Attachment
13-Jun-2020 Peter Marsland
Additional: Attachment
Accident and Emergency Letter from York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

York ED Notification

Current GP: Dr Robert FISHER
Abbey Medical Group, Tang Hall Lane Surgery, 190 Tang Hall Lane,
YORK, YO10 3RL

Patient Details

Name:	CAVANAGH, John M, Mr
DOB:	22-SEP-1963
A&E Number:	56969- 20
NHS Number:	400 079 4191
Address:	15, Etty Avenue, YORK, YO10 3TJ
Referral Source:	Self / family / friends / education / work colleague
Arrival:	13-JUN-2020 03:36
Departure:	13-JUN-2020 07:23

Presenting Comp:

THIRD PARTY COPY

Chief Comp:	Pain on passing urine
Diagnosis:	Comment: Acute pancreatitis - [Suspected diagnosis]
Treatments:	Guidance / advice - written
Investigations:	Computerised Tomography C reactive protein (CRP) Liver function tests (LFTs) Biochemistry

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Haematology
Clotting studies
Amylase

Safeguarding: No Safeguarding concerns recorded

Actions Taken

Disposal: Discharge Status: Treatment in ED complete
Discharge Dest: Admitted to Trust
(York Hospital - Ward: ESA - Specialty: General Surgery)
Reason: a

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York ED Notification

THIRD PARTY COPY

Clinical Narrative / Plan & Requested Actions / Medications:

representing with abdo pain. still in pain. req iv analgesia. wcc still up. ct abdo to rule out diverticular disease. nad. pancreas appearances noted. ref to surgeons for review

Radiology:

XR545902: CABPEC Ct Abdomen And Pelvis With Contrast
Exam Status: Completed , Reported By: H HLSEVEN , Report Date: 13-JUN-2020
Report Text:
Report from Radiology Reporting Outsourcing Provider

CT abdomen pelvis

CLINICAL HISTORY
Central abdominal pain radiating to the back, previous gastric ulcers, tender abdomen, raised inflammatory markers, last week passing small amount of perirectal bleeding. ? Perforation ? Diverticulitis

FINDINGS
Lung bases clear.
The pancreas seems showing some oedematous changes associated with stranding of the surrounding fat, no hypodense parenchymal lesion is noted.

THIRD PARTY COPY

Gallbladder free from radiopaque stone, no CT sign of cholecystitis or dilation of the biliary tree is seen.
No significant focal lesion demonstrated in the liver, spleen, adrenals and kidneys. No radiopaque stone identified in the kidneys and ureters, no hydronephrosis or perinephric fat stranding visualized bilaterally. Urinary bladder partially filled, free from stone.
Prostate enlarged 52 x 42 mm in transverse diameters. Bony structure unremarkable.
Normal enhancement and calibre of the abdominal aorta and main visceral/iliac arteries.
Limited assessment of the unprepared bowel with no sign of obstruction/perforation/ischemia: distal oesophagus and stomach collapsed, their wall is not assessable; small bowel loops not dilated; no significant diverticulum or large parietal lesion seen in the colon, allowing for the presence of the faecal content.

CONCLUSION
No evidence of bowel obstruction, perforation or diverticulitis.
The pancreas shows mild oedematous changes associated with mild stranding of the peripancreatic fat: in the proper clinical context, the finding might represent acute pancreatitis? Please correlate with amylase.
No other significant finding identified, allowing for the mentioned limitations of the study.

Electronically signed by:

Dr Guerino Centini
GMC 6158004
Consultant Radiologist
Everlight Radiology

Reported by Centini Guerino:

++++++++ END OF REPORT ++++++++

Signed off by: Dr Noah Tonkin

Reviewed by: Dr Noah Tonkin

Contact Details: ED Secretary 01904 725616

THIRD PARTY COPY

Attachment
10-Jun-2020 Jordan Cook
Additional: Attachment
Clinic Letter from York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

York ED Notification

Current GP: Dr Robert FISHER
Abbey Medical Group, Tang Hall Lane Surgery, 190 Tang Hall Lane,
YORK, YO10 3RL

Patient Details

Name:	CAVANAGH, John M, Mr
DOB:	22-SEP-1963
A&E Number:	56969- 20
NHS Number:	400 079 4191
Address:	15, Etty Avenue, YORK, YO10 3TJ
Referral Source:	Self / family / friends / education / work colleague
Arrival:	10-JUN-2020 23:53
Departure:	11-JUN-2020 02:52
Presenting Comp:	Abdominal Pain In Adults
Chief Comp:	Abdominal pain
Diagnosis:	Urinary tract infection - [Confirmed diagnosis]
Treatments:	Administration of medication Prescription / medicines prepared to take away
Investigations:	C reactive protein (CRP) Amylase Liver function tests (LFTs) Biochemistry Haematology Clotting studies
Safeguarding:	No Safeguarding concerns recorded

Actions Taken

Disposal:	Discharge Status: Treatment in ED complete Discharge Dest: Home

Clinical Narrative / Plan & Requested Actions / Medications:

Presented with left sided abdominal pain. working diagnosis is upper UTI. Given trimethoprime and analgesia. Advised to seek medical attention if not improving after 48hours.

Signed off by: Dr Mohamad Kajouj

THIRD PARTY COPY

Contact Details: ED Secretary 01904 725616

THIRD PARTY COPY

Attachment
06-Mar-2020 Peter Marsland
Additional: Attachment
Clinic Letter from H Briggs, York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust

York Hospital, Wigginton Road, York, YO31 8HE

Telephone enquiries please contact:

Centre for Diabetes & Endocrinology
Direct Dial: (01904) 726510

Letter dictated: 6 March 2020
Letter typed: 13 March 2020

HB/aj

13 March 2020

Dr R Fisher
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Dear Dr Fisher

Mr John Cavanagh **DOB:** 22-SEP-1963

15, Etty Avenue, YORK, YO10 3TJ

Casenote: 99/39862 **NHS Number:** 400 079 4191

Clinic: COMMUNITY DIABETES NURSE LED CLINIC-HAYLEY BRIGGS **Clinic Date:** 6 March 2020

HbA1c: 109 mmols/mol

Blood pressure: 119/65

Weight: 103.7 kgs

BMI: 36.7

Medication: Degludec 60 units pm
Metformin 1g twice a day
Victoza 1.2mg daily injections (started in clinic)

I have reviewed John in Community Diabetes Clinic. Unfortunately his HbA1c remains out of target and elevated at 109 mmols/mol. John is aware of the need to improve his diabetes however he still continues to eat takeaways on a regular basis, only tests his blood sugar levels once a week and is not adjusting his insulin doses, which we have recommended to adjust on a weekly basis instead of on a monthly basis.

Today in clinic I discussed about the complications of diabetes and also the mode of action of all his medications. I did consider adding in Gliclazide, an SGLT-2 or a GLP-1 however John is keen to lose weight and with his history of over eating, especially around takeaways, he feels that a GLP-1 would be more appropriate. He has attempted Trulicity in the past and unfortunately had to come off it after one injection due to the risk of side effects. He is aware that the daily GLP-1 may reduce the risk of side

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effects however he is aware that if he does experience severe side effects then he will stop taking his Victoza. I discussed the mode of action and side effects. He will start off at 0.6mg for two weeks, if there is no side effects he will increase the dose to 1.2mg after two weeks.

I have inspected John's injection sites and there is an area of lipohypertrophy which I have asked him to avoid. I have shown him alternative injection sites to use. I have also reduced his insulin dose by a small amount. I will try to maintain telephone contact in order to help him adjust his insulin doses and therefore I have encouraged him to test his blood sugar levels again at least on a daily basis.

Please prescribe:

Victoza 1.2mg daily injections.

Yours sincerely

Hayley Briggs
Diabetes Specialist Nurse

THIRD PARTY COPY

Attachment
17-Jan-2020 Ms Gillian Baigrie
Additional: Attachment
Appointment Letter from G Baigrie, -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:



Patient Appointment Card

Name: Mr John Michael Cavanagh

Date/Time: 13 Feb 2020 15:30

Location: Park View Surgery

Clinician: Joanne Anderson

Attachment
17-Jan-2020 Ms Gillian Baigrie
Additional: Attachment
Letter to Patients from Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

THIRD PARTY COPY

Priory Medical Group

Private & Confidential
To Be Opened By Addressee Only
Mr J M Cavanagh
15 Etty Avenue
York
YO10 3TJ

17 January 2020

Our Ref: 400 079 4191

Dear Mr Cavanagh

We have booked a Diabetic Appointment with Jo Anderson at Park View Surgery 3.30pm Thursday 13th February 2020.

Please telephone the surgery to speak to one of the receptionists regarding this letter if you need to alter this appointment.

Yours sincerely

Reception

THIRD PARTY COPY

Attachment
17-Jan-2020 Danielle Arundale
Additional: Attachment
A test file attachment
Filename: C:\ProgramData\ndd\PlugIns\ExchangeData\14013823JohnCavanagh.pdf
Extension:.tif
Pages:

Cavanagh, John **ID: 14013823** **Age: 56 (22/09/1963)**

Gender	Male	Height	166 cm		
Ethnicity	Caucasian	Weight	-	BMI	

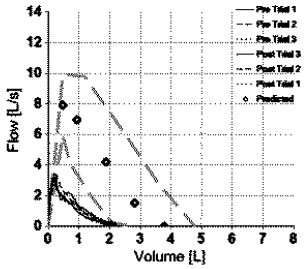
FVC (ex only) **Your FEV1 / Predicted: 50%** **Your Lung Age: 109**

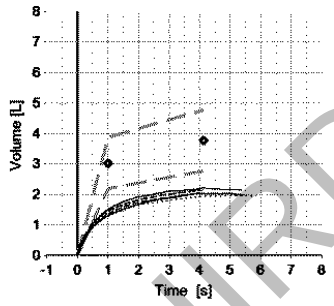
Test Date	17/01/2020 14:41:07	Interpretation	NICE(2010)	Value Selection	Best Value
Post Time	17/01/2020 15:00:26	Predicted	ERS/ECCS	BTPS (IN/EX)	1.12/1.02

			Pre					Post					
Parameter	Pred	LLN	Best	Trial 1	Trial 2	Trial 3	%Pred	Best	Trial 3	Trial 2	Trial 1	%Pred	%Chg
VC [L]	3.91	2.99	2.25*	2.25*	2.25*	2.25*	58	2.25*	2.25*	2.25*	2.25*	58	0
FEV1 [L]	3.02	2.18	1.50*	1.50*	1.35*	1.27*	50	1.29*	1.29*	1.44*	1.39*	43	-14
FVC [L]	3.76	2.76	2.20*	2.20*	2.03*	1.96*	59	2.03*	2.03*	2.13*	2.14*	54	-8
PEF [L/min]	476	357	179*	179*	149*	163*	38	193*	193*	207*	173*	41	8
FEV1/FVC [%]	77.1	65.3	68.0	68.0	66.4	64.7*	88	63.7*	63.7*	67.7	65.3	83	-6
FEV1/VC [%]	77	65	67	67	60*	56*	86	58*	58*	64*	62*	75	-14

Session Quality	Pre	C (FEV1 Var=0.15L (10.0%); FVC Var=0.17L (7.8%))
	Post	D - Only one acceptable trial (FEV1 Var= --L (); FVC Var= --L ())
System Interpretation	Pre	Severe Obstruction
	Post	No interpretation, not enough acceptable maneuvers

Caution: Poor session quality. Interpret with care
* Indicates value outside normal range or significant post change.





THIRD PARTY COPY

Attachment
17-Jan-2020 Danielle Arundale
Additional: Attachment
A test file attachment
Filename: C:\ProgramData\ndd\PlugIns\ExchangeData\14013823JohnCavanagh.pdf
Extension:.tif
Pages:

Cavanagh, John **ID: 14013823** **Age: 56 (22/09/1963)**

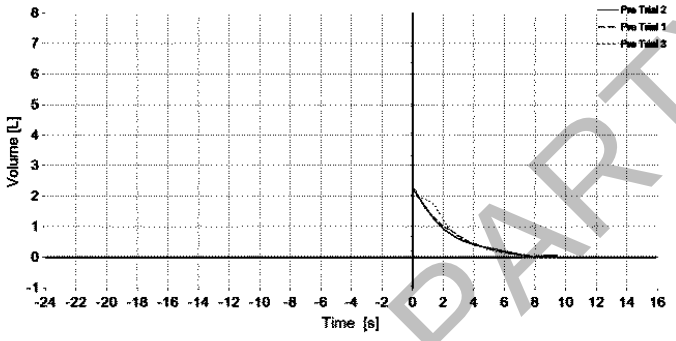
Gender	Male	Height	166 cm		
Ethnicity	Caucasian	Weight	-	BMI	

SVC (VC)

Test Date	17/01/2020 14:39:23	Interpretation	NICE(2010)	Value Selection	Best Value
Post Time		Predicted	ERS/ECCS	BTPS (IN/EX)	1.12/1.02

			Pre				
Parameter	**Pred**	**LLN**	**Best**	**Trial 2**	**Trial 1**	**Trial 3**	**%Pred**
VC [L]	3.91	2.99	2.25*	2.25*	2.25*	2.02*	58
Session Quality		Pre	A (VC Var=0.00L (0.1%))				

* Indicates value outside normal range or significant post change.



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Attachment
22-Oct-2019 Amanda Cameron
Additional: Attachment
Vaccination from Boots -> Priory Medical Group
Filename:
Extension:.tif
Pages:

22nd Oct 2019

Your Local Boots
153A Tang Hall Lane
York YO10 3SD
01904 413285

NHS Community Pharmacy Seasonal Influenza Vaccination Service
Notification of administration of flu vaccination to Patients GP Practice

GP practice Priory Medical Group, Cornlands Road, York YO24 3WX (B82005)

Patient Name	JOHN MICHAEL CAVANAGH
Patient Address	15 Etty Avenue, York, N Yorkshire
Date of Birth	22-Sep-1963
NHS Number (where known)	4000794191
This patient was administered a seasonal influenza vaccination on:	22nd Oct 2019
To ensure your records are complete, you may find it useful to record this as:	Seasonal influenza vaccination given by pharmacist SNOMED CT: **955691000000108**
Eligible patient group	Diabetes
Adverse reaction information if relevant	
Adverse reaction suffered	No
Severity if applicable	
Reaction description	

THIRD PARTY COPY

Attachment
10-Sept-2019 Kathryn Gibson
Additional: Attachment
Letter to Patients from K Gibson, Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

Priory Medical Group

Mr John Cavanagh
15 Etty Avenue
York
N Yorkshire
YO10 3TJ

Date 10 Sep 2019

Dear Mr Cavanagh

ANNUAL CHECK-UP INVITATION

We aim to complete your review in your month of birth each year. Our records show that you have the following condition(s) which require(s) an annual review:

Diabetes

To complete your review, you need the following appointments:

Blood Test, Specialist Diabetes Nurse (please bring a urine sample),

Please telephone your usual surgery after 11:00 am, inform the receptionist that you have received this letter, and they will arrange the appointment(s) that you need.

If you think you might have already had your full annual review (including blood tests) within the last 2 months, please telephone the practice to check whether you need to attend again.

COPD patients only
If you have recently had a course of steroids or antibiotics, please do not make your review appointment until 6 weeks after this treatment course has finished.

Yours sincerely

PRIORY MEDICAL GROUP

THIRD PARTY COPY

Attachment
10-Sept-2019 Kathryn Gibson
Additional: Attachment
Letter to Patients from K Gibson, Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

Priory Medical Group

Mr John Cavanagh
15 Etty Avenue
York
N Yorkshire
YO10 3TJ

Date 10 Sep 2019

Dear Mr Cavanagh

ANNUAL CHECK-UP INVITATION

We aim to complete your review in your month of birth each year. Our records show that you have the following condition(s) which require(s) an annual review:

Diabetes

To complete your review, you need the following appointments:

Blood Test, Specialist Diabetes Nurse (please bring a urine sample),

Please telephone your usual surgery after 11:00 am, inform the receptionist that you have received this letter, and they will arrange the appointment(s) that you need.

If you think you might have already had your full annual review (including blood tests) within the last 2 months, please telephone the practice to check whether you need to attend again.

COPD patients only
If you have recently had a course of steroids or antibiotics, please do not make your review appointment until 6 weeks after this treatment course has finished.

Yours sincerely

PRIORY MEDICAL GROUP

THIRD PARTY COPY

Attachment
02-Sept-2019 Julia Pittock
Additional: Attachment
Hospital Letter from Dr V Robins, Renal Department, York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

York Teaching Hospital
NHS Foundation Trust

York Hospital, Wigginton Road, York, YO31 8HE

Our ref: VR / ls

Telephone enquiries please contact:
RENAL DEPARTMENT
Dr V Robins's secretary
Telephone: 01904 725393
Fax: 01904 726391
E-mail: yhs-tr.yorkrenalmedsecs@nhs.net

2 September 2019

Private and Confidential

Mr John Cavanagh
15, Etty Avenue
YORK
YO10 3TJ

Dear Mr Cavanagh

Casenote: 99/39862 **NHS Number:** 400 079 4191

I hope this letter finds you well. Thank you for attending for your chest x-ray, this has shown that the pneumonia has now resolved.

Yours sincerely

Signed electronically

Dr V Robins
Consultant Physician/Nephrologist

Copy To: Dr R Fisher
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

THIRD PARTY COPY

Attachment
16-Aug-2019 Ingrid Griffin
Additional: Attachment
Letter to Patients from Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

Private & Confidential
To Be Opened By Addressee Only
Mr John Cavanagh
15 Etty Avenue
York
YO10 3TJ

16 Aug 2019

Dear Mr Cavanagh

COPD/SPIROMETRY APPOINTMENT

We can now offer you an appointment on Thursday 19th September at 11.00am at Park View Surgery for your **COPD/SPIROMETRY** appointment. Before you attend this appointment, could you please note the following points:

- No large meal for 4 hours before
- No alcohol
- No smoking for 24 hours
- No blue inhaler for 4 hours
- No exceptional activity
- Wear loose clothing

If you have recently had a course of antibiotics or steroids in the past 6 weeks, please contact the surgery to re-arrange this appointment.

Please contact the surgery if this is not convenient.

Yours sincerely

Reception

THIRD PARTY COPY

Attachment
15-Aug-2019 Niall McKeary
Additional: Attachment
Clinic Letter from Dr J Thow, Endocrinology Clinic, York Hospital -> Priory Medical Group

Filename:
Extension: .tif
Pages:

YORK HEALTH SERVICES TRUST
DIABETES CDT CLINIC HOSPITAL on 15-Aug-2019
Mr John Cavanagh (22-Sep-1963)

Name : **Mr John Cavanagh**
Address : **15, Etty Avenue**
YORK
YO10 3TJ

GP: **Dr Robert Fisher**
Priory Medical Group
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

NHS No: 400 079 4191 DOB: 22-Sep-1963 Casenote: 99/39862

Responsible Consultant: Dr Jonathan Thow Reviewing Clinician: Hayley Briggs
Type of diabetes: Type 2 Diabetes
Date of Diagnosis: 14-Dec-2011 Duration (yrs): 7
Alcohol: Score 0 - (0-1) No action required. Exercise:
Smoking: Current Advice Offered: Y
Occupation: Driving License: Null

DIABETES TREATMENT

TREATMENT	PREPARATION	DOSE (with last change date) Breakfast	Lunch	Eve Meal	Night
Degludec Insulin	Disposable Pen				60 (14/05/19)
Gliclazide Mg	Tablets	80 (09/01/19)		80 (15/08/19)	
Metformin Mg	Tablets	1G (05/12/16)		1G (05/12/16)	

Injection Sites: Not Applicable Hypoglycaemia awareness:

FEET (Attending Podiatry Clinic)

Dorsal Pedis	Weak	Weak
Posterior Tibial	Weak	Weak
10g Monofilament	Impaired	Impaired

Peripheral Vascular Disease: Y Peripheral Neuropathy: Y
Ulceration: None High Risk Feet: High Risk

INVESTIGATIONS

Weight:	**100**	15/08/19	Cholesterol (mmol/L):	**6.3**	22/10/18
BMI:	**35.4**		Cholesterol (HDL):	**1.5**	22/10/18
BP:	**117/87**	15/08/19	Cholesterol (LDL):		
			TC/HDL ratio:	**4.2**	22/10/18
eGFR:	**115**	04/07/19	Creatinine:	**51**	04/07/19
HbA1c:	**102**	15/08/19	ACR:	**0.8**	02/09/09

ADDITIONAL TREATMENT (verify with primary care record) **DIAGNOSIS (Year)**

COMMENTS

HB/lt

I have reviewed John in the Community Diabetes Clinic today.

Unfortunately his HbA1c remains elevated at 102mmol/mol. John tells me he is recovering from pneumonia which has elevated his blood glucose levels. John tests his blood glucose levels intermittently and he states that his levels are between 10mmol/L and 18mmol/L.

I have added in a dose of Gliclazide with his evening meal. We talked about the importance of adjusting his insulin doses and he is aware he can contact the Diabetes Centre for help and support with this if necessary. If his blood glucose levels are all above 8mmol/L in the coming week, he can increase his

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YORK HEALTH SERVICES TRUST
DIABETES CDT CLINIC HOSPITAL on 15-Aug-2019
Mr John Cavanagh (22-Sep-1963)

Tresiba by 2 to 4 units.

I will see John again in four months' time.

Hayley Briggs
Diabetes Specialist Nurse

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Attachment
17-July-2019 Angela Mackay
Additional: Attachment
from Mrs A Mackay, Park View Surgery -> Specialist Stop Smoking Service, Referral Forms
Filename:
Extension:.tif
Pages:

CITY OF YORK COUNCIL

Specialist Stop Smoking Support
Referral

Please complete and email to: yorkwellbeing@york.gcsx.gov.uk

Client's details:

Title (e.g. Mr/Mrs/Miss/Ms/Dr):	Mr	Date of birth:	22 Sep 1963
First name:	John	Last name:	Cavanagh
Address:	15 Etty Avenue, York, N Yorkshire		
			Postcode: YO10 3TJ
Mobile phone number:	07927 603500		
Land line number:			
GP Practice:	Priory Medical Group, York		

Please indicate which health conditions apply:

Asthma	☐	Cancer	☐	Heart Disease	☐
COPD	☐	Mental Health	☐	Diabetes	☒
Pregnancy	☐	Stop B4 your Op	☐	Other (please state)	

Referred by (please enter name):

Midwife	
GP practice	Mrs Angela Mackay
Hospital	
Other *(please state)*	

Please use this space for any information about the smoker that you feel is important to know.
this man is likley also to have COPD but is awaiting formal assessment of this many thanks for your support

---

For Office Use:

Date received:

Passed to name and date passed:

Appointment Made:

1563386645425_B6253910812_L992008851_1563386648186.docm

THIRD PARTY COPY

Attachment
05-July-2019 Peter Marsland
Additional: Attachment
Discharge summary from Dr N Pantzaris, York Hospital, Nephrology -> Priory Medical Group

Filename:
Extension:.tif
Pages:

YORK HOSPITAL Switchboard 01904 631313

Discharge Notification

5th July 2019

Dr Robert Fisher
Priory Medical Group
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Consultant : Dr Victoria Robins
Admitted : 02-JUL-2019, Emergency
Specialty : Nephrology
Discharging Doctor : Pantzaris, Nikolaos-Dimitrios
Discharged From : Ward PLG
On : 05-JUL-2019

Dear Dr Fisher

Mr John M Cavanagh
15, Etty Avenue, YORK, YO10 3TJ

NHS No: 400 079 4191 Date Of Birth: 22/09/1963
Casenote: 99/39862

Notes / Other Treatments

Mr Cavanagh was admitted pyrexic with a productive cough. Inflammatory markers were raised and a right sided consolidation was shown on the xray.
He had 4 days of IV Abx that were then switched to oral. He clinically and biochemichaly improved.
Thank you for your ongoing care.

Pharmacy Notes for GP

Please refer patient for smoking cessation

Diagnosis

Pneumonia - Community acquired pneumonia (CAP)

Medication on Discharge

Medication	Days Supply	GP To Cont.
amoxicillin - capsule - DOSE 500 mg - Oral - THREE times a DAY - for 3 days **Reason started or changed:** Community Acquired Pneumonia	3	N
gliclazide - tablet - DOSE 80 mg - Oral - in the MORNING	28	Y
insulin degludec - TRESIBA FLEXTOUCH - STRENGTH 100 units/ml - injection solution - DOSE 60 units - Subcutaneous - in the EVENING - LONGER acting insulin	28	Y
lactulose - oral liquid - DOSE 10 ml - Oral - TWICE a DAY	28	Y
metformin - tablet - DOSE 1 g - Oral - TWICE a DAY - with or after food	28	Y
nicotine - STRENGTH 14mg/24 hours - patch - DOSE 1 patch - Transdermal - DAILY	7	N
omeprazole - gastro-resistant capsule - DOSE 20 mg - Oral - in the MORNING	28	Y

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sildenafil - tablet - DOSE 100 mg - Oral - when required	28	Y

Allergies
No Known Allergies

Weight
04-JUL-2019 BMI: 38.3, Weight: 108kg (estimated), BSA: 2.16

Secondary Care Follow Up
AMC review next week if unwell.
CXR card given for repeat xray in 6 weeks.

Suggested Primary Care Follow up plan
Please refer this gentleman for spirometry and investigations if COPD is suspected

No further letter will be sent in relation to this discharge

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Attachment
02-July-2019 Amanda Cameron
Additional: Attachment
Retinal Screening from North Yorkshire Retinal Screening Service -> Priory Medical Group
Filename:
Extension:.tif
Pages:

North Yorkshire nydesp
NHS Diabetic Eye
Screening Programme

York Teaching Hospital NHS
NHS Foundation Trust

Confidential
Dr J Hamilton
Priory Medical Centre
Cornlands Road
Acomb
York
North Yorkshire
YO24 3WX

02 July 2019

Dear Dr Hamilton

RE: Mr John Cavanagh
Address: 15 Etty Avenue, York, N Yorkshire, YO10 3TJ
NHS Number: 400 079 4191 DOB: 22/09/1963

DIABETIC EYE SCREENING TEST RESULT

The above patient had a diabetic eye screening test on 02 July 2019. The patient has been informed of the outcome of their screening. Their screening results, along with any recommended follow-up, are detailed below:

Type of appointment: Routine screening

	Right eye	**Left eye**
Visual acuity	6/6	6/6
Final grade	R0 - No Retinopathy M0 - No Maculopathy	R0 - No Retinopathy M0 - No Maculopathy
Follow-up requirements	Annual recall	
Referral arrangements	**This patient does not require a referral to ophthalmology for diabetic retinopathy or maculopathy.**	
Rescreen due	Twelve months	

For patients with R1, R2 or R3 grades, the diabetic and blood pressure management should be reviewed as good control reduces rate of progression. If appropriate, please refer to specialist diabetes team.

	Right eye	**Left eye**
Other significant (non-DR) lesions		
Referral arrangements for non-DR lesions		

If you require any further information, please contact us on 01904 726640.
Yours sincerely

North Yorkshire Diabetic Eye Screening Programme

063

2 Cayley Court, George Cayley Drive, Clifton Moor, York YO30 4WH. Tel: 01904 726640

THIRD PARTY COPY

Attachment
01-July-2019 Peter Marsland
Additional: Attachment
Accident and Emergency Letter from York Hospital -> Priory Medical Group

Filename:
Extension:.tif
Pages:

York ED Notification

Current GP: Dr Robert FISHER
Abbey Medical Group, Tang Hall Lane Surgery, 190 Tang Hall Lane,
YORK, YO10 3RL

Patient Details

Name:	CAVANAGH, John M, Mr
DOB:	22-SEP-1963
A&E Number:	84705- 19
NHS Number:	400 079 4191
Address:	15, Etty Avenue, YORK, YO10 3TJ
Referral Source:	Ambulance service - patient in transit
Arrival:	01-JUL-2019 15:22
Departure:	02-JUL-2019 01:53
Chief Comp:	Generalised weakness
Diagnosis:	Comment: Lobar pneumonia - [Suspected diagnosis]
Treatments:	Intravenous cannula Infusion fluids Intravenous drug : infusion
Investigations:	C reactive protein (CRP) Blood culture Liver function tests (LFTs) Biochemistry Haematology Clotting studies Lactate Venous blood gas Arterial / capillary blood gas X-ray plain film Electrocardiogram Glucose
Safeguarding:	No Safeguarding concerns recorded
	Actions Taken
Disposal:	Discharge Status: Treatment in ED complete Discharge Dest: Admitted to Trust (York Hospital - Ward: AMU - Specialty: General Medicine)

THIRD PARTY COPY

Reason: Chest sepsis

Clinical Narrative / Plan & Requested Actions / Medications:

2 history of productive cough, associated with 40 degree fever this morning.

Signed off by: . Festus Ogunjimi

Reviewed by: . Festus Ogunjimi

Contact Details: · ED Secretary 01904 725616

THIRD PARTY COPY

Attachment
22-May-2019 Amanda Cameron
Additional: Attachment
Clinic Letter from Mr W General Surgeon, York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

York Teaching Hospital
NHS Foundation Trust

Ref WW/PH

Upper GI Surgical Unit
Department of General Surgery Fax 01904 726886
Mr G V Miller's Secretary Tel 01904 725523
Mr W Wong's Secretary Tel 01904 725968
Mr M Giles' Secretary Tel 01904 725968
Mr A Krishnan's Secretary Tel 01904 725523

22 May 2019

Mr John Cavanagh
15, Etty Avenue
YORK
YO10 3TJ

Dear Mr Cavanagh

Casenote: 99/39862 **NHS Number:** 400 079 4191

I understand from the endoscopy unit that you have again not attended your upper GI endoscopy on 18th May 2019.

Your GP wrote to us 27th February 2019 explaining how important it is for you to have the endoscopy, despite you having not attended previously. I understand that this could have been due to arrangements of suitable child care.

Could you kindly let the endoscopy unit know when you are able to attend. Otherwise you will be removed from the Waiting List.

Yours sincerely

Electronically verified

Mr W Wong MD FRCS (Gen)
Consultant General/Upper GI Surgeon

Copy To: Dr R Fisher
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

THIRD PARTY COPY

Attachment
14-May-2019 Ian Blackburn
Additional: Attachment
Clinic Letter from H Briggs, York Health Services Trust - Diabetes CDT Clinic -> Priory Medical Group
Filename:
Extension:.tif
Pages:

YORK HEALTH SERVICES TRUST
DIABETES CDT CLINIC HOSPITAL on 14-May-2019
Mr John Cavanagh (22-Sep-1963)

Name : **Mr John Cavanagh**
Address : **15, Etty Avenue**
YORK
YO10 3TJ

NHS No: 400 079 4191 DOB: 22-Sep-1963 Casenote: 99/39862

GP: **Dr Robert Fisher**
Priory Medical Group
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Responsible Consultant: Dr Jonathan Thow
Reviewing Clinician: Hayley Briggs
Type of diabetes: Type 2 Diabetes
Date of Diagnosis: 14-Dec-2011
Duration (yrs): 7
Alcohol: Score 0 - (0-1) No action required.
Exercise:
Smoking: Current
Advice Offered: Y
Occupation:
Driving License: Null

DIABETES TREATMENT

TREATMENT	PREPARATION	DOSE (with last change date) Breakfast	Lunch	Eve Meal	Night
Degludec Insulin	Disposable Pen				60 (14/05/19)
Gliclazide Mg	Tablets	80 (09/01/19)			
Metformin Mg	Tablets	1G (05/12/16)		1G (05/12/16)	

Injection Sites: Not Applicable
Hypoglycaemia awareness:

FEET (Attending Podiatry Clinic)

Dorsal Pedis	Weak	Weak	
Posterior Tibial	Weak	Weak	
10g Monofilament	Impaired	Impaired	
Peripheral Vascular Disease: Y		Peripheral Neuropathy: Y	
Ulceration: None		High Risk Feet: High Risk	

INVESTIGATIONS

Weight:	**100.5**	14/05/19	Cholesterol (mmol/L):	**6.3**	22/10/18
BMI:	**35.6**		Cholesterol (HDL):	**1.5**	22/10/18
BP:	**108/76**	14/05/19	Cholesterol (LDL):		
			TC/HDL ratio:	**4.2**	22/10/18
eGFR:	**>90**	24/12/18	Creatinine:	**57**	24/12/18
HbA1c:	**98**	15/05/19	ACR:	**0.8**	02/09/09

ADDITIONAL TREATMENT (verify with primary care record)

DIAGNOSIS (Year)

COMMENTS

HB/lt

I have reviewed John in the Community Diabetes Clinic today.

His HbA1c remains elevated at 98mmol/mol. John states he takes his insulin and medications with no problems but only checks his blood glucose in the evenings which are around 10mmol/L to 12mmol/L. Today in clinic I have increased his insulin and asked him to check his blood glucose levels in the morning and if they are elevated we could add another dose of Gliclazide in the evening. I have asked John to email/telephone his blood glucose levels in so we can titrate his diabetes medications.

We will review him again in clinic in three months.

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YORK HEALTH SERVICES TRUST
DIABETES CDT CLINIC HOSPITAL on 14-May-2019
Mr John Cavanagh (22-Sep-1963)

Hayley Briggs
Diabetes Specialist Nurse

THIRD PARTY COPY

Attachment
25-Apr-2019 Denise Macmillan
Additional: Attachment
Letter to Patients from Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

Priory Medical Group

Private & Confidential
To Be Opened By Addressee Only
Mr J M Cavanagh
15 Etty Avenue
York
YO10 3TJ

25 April 2019

Our Ref: 400 079 4191

Dear Mr Cavanagh

We have been asked to contact you with a routine message from your doctor.

Please telephone the surgery to speak to one of the receptionists regarding this letter.

Yours sincerely

Reception

THIRD PARTY COPY

Clementhorpe Health Centre	Fulford	Heworth	Lavender Grove	Park View	Priory Medical Centre	Rawcliffe	Tang Hall Lane	Victoria Way
Cherry Street, York, YO23 1AP	2 Fulford Park, York, YO10 4QE	45 Heworth Green, York, YO31 7SX	Boroughbridge Road, York, YO26 5RX	28 Millfield Avenue, York, YO10 3AB	Cornlands Road, York, YO24 3WX	Water Lane, York, YO30 6ND	190 Tang Hall Lane, York, YO10 3RL	2 Victoria Way, York, YO32 9GE
01904646898	01904625566	01904425241	01904798262	01904411139	01904781423	01904654228	01904411139	01904411139

Full details of the Priory Medical Group partnership can be found at: www.priorymedicalgroup.com

Attachment
18-Apr-2019 Niall McKeary
Additional: Attachment
Hospital Letter from North Yorkshire Retinal Screening Service -> Priory Medical Group
Filename:
Extension:.tif
Pages:

North Yorkshire nydesp
NHS Diabetic Eye
Screening Programme

York Teaching Hospital NHS
NHS Foundation Trust

Confidential
Dr J Hamilton
Priory Medical Centre
Cornlands Road
Acomb
York
North Yorkshire
YO24 3WX

18 April 2019

Dear Dr Hamilton

RE: Mr John Cavanagh
Address: 15 Etty Avenue, York, N Yorkshire, YO10 3TJ
NHS Number: 400 079 4191 DOB: 22/09/1963

The above named has been offered 2 retinal screening appointments in the current screening year.

Unfortunately they have not taken up the offer to attend for screening. We will not be offering further screening appointments this year. However if the patient attends your surgery perhaps you could suggest and encourage the need for routine diabetic eye screening.

We will of course include them in the next years screening programme.

If you have any queries please contact us.

Yours sincerely

North Yorkshire Diabetic Eye Screening Programme

THIRD PARTY COPY

161

2 Cayley Court, George Cayley Drive, Clifton Moor, York YO30 4WH. Tel: 01904 726640

Attachment
08-Mar-2019 Amanda Cameron
Additional: Attachment
Advice Request from Mr W, York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

Advice + Guidance Response Ref: 000323554671 raised by FISHER, Dr R (Priory Medical Group)
for CAVANAGH, John, Mr, DOB: 22-SEP-1963, NHS No: 400 079 4191, Casenote: 99/39862

No advice & opnion requested. Listed for OGD

From: WONG, Mr Wing

THIRD PARTY COPY

Attachment
16-Jan-2019 Przemyslaw Kral
Additional: Attachment
Hospital Letter from Mr W Wong, General Surgeon, York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust

Upper GI Surgical Unit
Department of General Surgery Fax 01904 726886
Mr G V Miller's Secretary Tel 01904 725523
Mr W Wong's Secretary Tel 01904 725968
Mr M Giles' Secretary Tel 01904 725968
Mr A Krishnan's Secretary Tel 01904 725523

Ref WW/PH

16 January 2019

Dr R Fisher
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Dear Dr Fisher

Mr John Cavanagh **DOB:** 22-SEP-1963

15, Etty Avenue, YORK, YO10 3TJ

Casenote: 99/39862 **NHS Number:** 400 079 4191

I had arranged for an urgent upper GI endoscopy for Mr Cavanagh to further investigate his epigastric pain, since his last admission as an emergency.

I have now been informed by the endoscopy unit that he has not turned up for x 4 endoscopy appointments.

In view of that no further investigations will be done and he has been discharged back to your care.

Yours sincerely

Electronically verified

Mr W Wong MD FRCS (Gen)
Consultant General/Upper GI Surgeon

THIRD PARTY COPY

Attachment
09-Jan-2019 Amanda Cameron
Additional: Attachment
Clinic Letter from Diabetes Clinic, York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

YORK HEALTH SERVICES TRUST
DIABETES CDT CLINIC HOSPITAL on 09-Jan-2019
Mr John Cavanagh (22-Sep-1963)

Name : **Mr John Cavanagh**
Address : **15, Etty Avenue**
YORK
YO10 3TJ

GP: **Dr Robert Fisher**
Priory Medical Group
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

NHS No: 400 079 4191 DOB: 22-Sep-1963 Casenote: 99/39862

ACTIONED BY (GP)

Responsible Consultant: Dr Jonathan Thow
Reviewing Clinician: Tara Kadis
Type of diabetes: Type 2 Diabetes
Date of Diagnosis: 14-Dec-2011
Duration (yrs): 7
Alcohol: Score 0 - (0-1) No action required.
Exercise:
Smoking: Current
Advice Offered: Y
Occupation:
Driving License: Null

DIABETES TREATMENT

TREATMENT	PREPARATION	DOSE (with last change date) Breakfast	Lunch	Eve Meal	Night
Degludec Insulin	Disposable Pen				56 (01/10/18)
Gliclazide Mg	Tablets	80 (09/01/19)			
Metformin Mg	Tablets	1G (05/12/16)		1G (05/12/16)	

Injection Sites: Not Applicable
Hypoglycaemia awareness:

FEET (Attending Podiatry Clinic)

Dorsal Pedis	Weak	Weak
Posterior Tibial	Weak	Weak
10g Monofilament	Impaired	Impaired

Peripheral Vascular Disease: Y
Peripheral Neuropathy: Y
Ulceration: None
High Risk Feet: High Risk

INVESTIGATIONS

Weight:	**98.8**	09/01/19	Cholesterol (mmol/L):	**6.3**	22/10/18
BMI:	**35**		Cholesterol (HDL):	**1.5**	22/10/18
BP:	**110/81**	09/01/19	Cholesterol (LDL):		
			TC/HDL ratio:	**4.2**	22/10/18
eGFR:	**>90**	24/12/18	Creatinine:	**57**	24/12/18
HbA1c:	**97**	09/01/19	ACR:	**0.8**	02/09/09

ADDITIONAL TREATMENT (verify with primary care record)
DIAGNOSIS (Year)

COMMENTS

TK/lt

I have reviewed John in the Community Diabetes Clinic today.

His HbA1c remains high in the 90's. John struggles with multiple medications but he realises we need to add in further therapy. As his HbA1c so high still, I have recommended we add in Gliclazide in the first instance. This was removed previously when he started on biphasic insulin which was subsequently stopped as he kept forgetting to inject twice a day. We need to keep his therapy options as simple as possible.

I will review in clinic again in two months where, if necessary we could increase his morning dose of

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YORK HEALTH SERVICES TRUST
DIABETES CDT CLINIC HOSPITAL on 09-Jan-2019
Mr John Cavanagh (22-Sep-1963)

Gliclazide.

Please add to his repeat prescription:

- Gliclazide 80mgs once daily

Tara Kadis
Diabetes Specialist Nurse / Team Leader

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Attachment
24-Dec-2018 Amanda Cameron
Additional: Attachment
Preliminary Discharge Letter from York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

YORK HOSPITAL Switchboard 01904 631

Discharge Notification

28th December 2018

Dr Robert Fisher
Priory Medical Group
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Consultant : Mr Wing Z Wong
Admitted : 23-DEC-2018, Emergency
Specialty : General Surgery
Discharging Doctor : Lawless, Michael
Discharged From : Ward 11
On : 24-DEC-2018

Dear Dr Fisher

Mr John M Cavanagh
15, Etty Avenue, YORK, YO10 3TJ

NHS No: 400 079 4191 Date Of Birth: 22/09/1963
Casenote: 99/39862

Notes / Other Treatments

Patient presented with RUQ abdominal pain. Tender over RUQ. Bloods largely normal, CRP 7. USS unremarkable. Diagnosis of exclusion of non specific abdo pain, ?gastritis. Endoscopy booked as outpatient, omeprazole and analgesia as TTO. Patient deemed fit for discharge.

Diagnosis

Non specific abdominal pain

Not all Medication has been validated/dispensed by Pharmacy

Medication on Discharge (NOT VALIDATED)

Medication	Days Supply	GP Co
insulin degludec - TRESIBA FLEXTOUCH - STRENGTH 100 units/ml - injection solution - DOSE 56 units - Subcutaneous - DAILY - LONGER acting insulin	0	Y
metformin - tablet - DOSE 1 g - Oral - TWICE a DAY - with or after food	0	Y
omeprazole - gastro-resistant capsule - DOSE 20 mg - Oral - in the MORNING	14	Y

Medications Stopped

Medication	Notes
ibuprofen - tablet - DOSE 1200 mg - Oral - THREE times a DAY	not required
insulin degludec - TRESIBA FLEXTOUCH - STRENGTH 100 units/ml - injection solution - DOSE 56 units - Subcutaneous - DAILY - LONGER acting insulin	Please ignore, this is an admission drug and should continued by GP
lactulose - oral liquid - DOSE 10 ml - Oral - in the MORNING	not required

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Allergies

No Known Allergies

Weight

23-DEC-2018 BMI: 34.7, Weight: 97.8kg, BSA: 2.07

Smoking

This patient has been screened for smoking status during this admission and is currently a smoker.
They have been given very brief advice.

Secondary Care Follow Up

Endocsopy appointment will arrive in post.

Suggested Primary Care Follow up plan

. None required

A full discharge letter will be sent to the GP shown above

THIRD PARTY COPY

Attachment
24-Dec-2018 Niall McKeary
Additional: Attachment
Discharge summary from Mr W Wong, General Surgery, York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust
Wigginton Road, York YO31 8HE. Tel 01904 631313

WW/SP

31 January 2019

Dr R Fisher
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Upper GI Surgical Unit
Department of General Surgery Fax 01904 726886
Mr G V Miller's Secretary Tel 01904 725523
Mr W Wong's Secretary Tel 01904 725968
Mr M Giles' Secretary Tel 01904 725968
Mr A Krishnan's Secretary Tel 01904 725523

Dear Dr Fisher

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191
Discharging Ward: York Hospital From 23-Dec-2018 To 24-Dec-2018 (Ward 11)

Diagnosis: Non-specific upper abdominal pain.

Comments: Emergency admission with right upper quadrant pain.

Clinically, he was tender at the right upper quadrant. Both blood tests and ultrasound scan were unremarkable.

The aetiology of his upper abdominal pain is unknown. The differential has to include gastritis.

Plan: Outpatient upper GI endoscopy and to review back in clinic after the procedure.

Yours sincerely

Electronically verified

Mr W Wong MD FRCS (Gen)
Consultant General/Upper GI Surgeon

f.up: Disch'd

THIRD PARTY COPY

Attachment
23-Dec-2018 Fabio Mattison
Additional: Attachment
Accident and Emergency Letter from York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

York ED Notification

Current GP: Dr Robert FISHER
Abbey Medical Group, Tang Hall Lane Surgery, 190 Tang Hall Lane,
YORK, YO10 3RL

Patient Details

Name:	CAVANAGH, John M, Mr
DOB:	22-SEP-1963
A&E Number:	158575- 18
NHS Number:	400 079 4191
Address:	15, Etty Avenue, YORK, YO10 3TJ
Referral Source:	Self / family / friends / education / work colleague
Arrival:	23-DEC-2018 12:27
Departure:	23-DEC-2018 15:09
Presenting Comp:	Chest Pain
Chief Comp:	Abdominal pain
Diagnosis:	Comment: Cholecystitis - [Suspected diagnosis]
Treatments:	Intravenous cannula Intravenous drug : bolus
Investigations:	C reactive protein (CRP) Amylase Liver function tests (LFTs) Biochemistry Haematology X-ray plain film
Safeguarding:	No Safeguarding concerns recorded
Disposal:	Discharge Status: Treatment in ED complete Discharge Dest: Admitted to Trust (York Hospital - Ward: 14 - Specialty: General Surgery) Reason: Abdominal pain

Clinical Narrative / Plan & Requested Actions / Medications:

presented with RUQ pain, suspected cholecystitis, admit under surgeon

Signed off by: Dr Khaing Win

THIRD PARTY COPY

Contact Details: ED Secretary 01904 725616

THIRD PARTY COPY

Attachment
22-Oct-2018 Jacqueline Cartledge
Additional: Attachment
Appointment Letter from Mrs J Cartledge, -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:



Patient Appointment Card

Name: Mr John Michael Cavanagh

Date/Time: 12 Nov 2018 10:35

Location: Park View Surgery

Clinician: Ms Carol Suchecki

THIRD PARTY COPY

Attachment
02-Oct-2018 Niall McKeary
Additional: Attachment
DNA Letter from North Yorkshire Retinal Screening Service -> Priory Medical Group
Filename:
Extension:.tif
Pages:

North Yorkshire NHS Diabetic Eye Screening Programme

York Teaching Hospital NHS
NHS Foundation Trust

Confidential
Dr J Hamilton
Priory Medical Centre
Cornlands Road
Acomb
York
North Yorkshire
YO24 3WX

02 October 2018

Dear Dr Hamilton

RE: Mr John Cavanagh
Address: 15 Etty Avenue, York, N Yorkshire, YO10 3TJ
NHS Number: 400 079 4191 DOB: 22/09/1963

The above named has been offered 2 retinal screening appointments in the current screening year.

Unfortunately they have not taken up the offer to attend for screening. We will not be offering further screening appointments this year. However if the patient attends your surgery perhaps you could suggest and encourage the need for routine diabetic eye screening.

We will of course include them in the next years screening programme.

If you have any queries please contact us.

Yours sincerely

North Yorkshire Diabetic Eye Screening Programme

THIRD PARTY COPY

2 Cayley Court, George Cayley Drive, Clifton Moor, York YO30 4WH. Tel: 01904 726640

Attachment
01-Oct-2018 Niall McKeary
Additional: Attachment
Clinic Letter from H Briggs, York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

YORK HEALTH SERVICES TRUST
DIABETES CDT CLINIC HOSPITAL on 01-Oct-2018
Mr John Cavanagh (22-Sep-1963)

Name : **Mr John Cavanagh**
Address : **15, Etty Avenue**
YORK
YO10 3TJ

NHS No: 400 079 4191 DOB: 22-Sep-1963 Casenote: 99/39862

GP: **Dr Robert Fisher**
Priory Medical Group
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Responsible Consultant: Reviewing Clinician: Hayley Briggs
Type of diabetes: Type 2 Diabetes
Date of Diagnosis: 14-Dec-2011 Duration (yrs): 6
Alcohol: Heavy In The Past Exercise:
Smoking: Current Advice Offered: N
Occupation: Driving License: Null

DIABETES TREATMENT

TREATMENT	PREPARATION	DOSE (with last change date) Breakfast	Lunch	Eve Meal	Night
Degludec Insulin	Disposable Pen				56 (01/10/18)
Metformin Mg	Tablets	1G (05/12/16)		1G (05/12/16)	

Injection Sites: Not Applicable Hypoglycaemia awareness:

FEET

INVESTIGATIONS

Weight:	**101**	01/10/18	Cholesterol (mmol/L):	**4.8**	14/02/17
BMI:	**35.8**		Cholesterol (HDL):	**1.1**	23/02/16
BP:	**199/77**	01/10/18	Cholesterol (LDL):		
			TC/HDL ratio:	**4.3**	23/02/16
eGFR:	**>90**	06/11/17	Creatinine:	**51**	06/11/17
HbA1c:	**105**	01/10/18	ACR:	**0.8**	02/09/09

ADDITIONAL TREATMENT (verify with primary care record) **DIAGNOSIS (Year)**

COMMENTS

HB/lt

I have reviewed John in the Community Diabetes Clinic today.

His HbA1c has slightly decreased to 105mmol/mol. John is now adjusting his insulin therapy which is a big achievement. He has noticed that his blood glucose levels have decreased as a consequence, they are around 15mmol/L. I have suggested he adjust his insulin on a weekly basis rather than monthly. John is currently checking his blood glucose levels three times a week, I have advised him to increase his testing as we are aiming for a blood glucose target of around 8 to 12mmol/L. He is remembering to take his insulin injections on a daily basis.

John tells me that he has not attended for his annual diabetes check. I checked his feet today and he will be seen by the Podiatrist. I have encouraged him to attend retinal eye screening. I have reiterated the importance of attending his annual diabetes checks and retinal eye screening. I note his ACR is outstanding. He refused to provide a urine sample today.

I will see John again in clinic in two months' time.

Hayley Briggs

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YORK HEALTH SERVICES TRUST
DIABETES CDT CLINIC HOSPITAL on 01-Oct-2018
Mr John Cavanagh (22-Sep-1963)

Diabetes Specialist Nurse

THIRD PARTY COPY

Attachment
21-Sept-2018 Victoria Miles
Additional: Attachment
Vaccination from Boots -> Priory Medical Group
Filename:
Extension:.tif
Pages:

21st Sep 2018

Your Local Boots
153A Tang Hall Lane
York YO10 3SD
01904 413285

NHS Community Pharmacy Seasonal Influenza Vaccination Service
Notification of administration of flu vaccination to Patients GP Practice

GP practice Priory Medical Group (Tang Hall), 190 Tang Hall Lane, York YO10 3RL (B82005+)

Patient Name	John Cavanagh
Patient Address	15 Etty Avenue, York, North Yorkshire, YO10 3TJ
Date of Birth	22-Sep-1963
NHS Number (where known)	Unknown
This patient was administered a seasonal influenza vaccination on:	21st Sep 2018
To ensure your records are complete, you may find it useful to record this as:	Seasonal influenza vaccination given by pharmacist SNOMED CT: **955691000000108**
Eligible patient group	Diabetes
Additional comments including adverse reactions to vaccine	

THIRD PARTY COPY

Attachment
10-Sept-2018 Mrs Jane Knaggs
Additional: Attachment
Letter to Patients from Mrs J Knaggs, Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

Priory Medical Group

Mr John Cavanagh
15 Etty Avenue
York
N Yorkshire
YO10 3TJ

Date 10 Sep 2018

Dear Mr Cavanagh

ANNUAL CHECK-UP INVITATION

We aim to complete your review in your month of birth each year. Our records show that you have the following condition(s) which require(s) an annual review:

Diabetes

To complete your review, you need the following appointments:

Blood Test, Specialist Diabetes Nurse (please bring a urine sample),

Please telephone your usual surgery after 11:00 am, inform the receptionist that you have received this letter, and they will arrange the appointment(s) that you need.

If you think you might have already had your full annual review (including blood tests) within the last 2 months, please telephone the practice to check whether you need to attend again.

COPD patients only
If you have recently had a course of steroids or antibiotics, please do not make your review appointment until 6 weeks after this treatment course has finished.

Yours sincerely

PRIORY MEDICAL GROUP

THIRD PARTY COPY

Attachment
19-July-2018 Miss Rachel Allinson
Additional: Attachment
Clinic Letter from Diabetes Clinic, York Hospital -> Priory Medical Group

Filename:
Extension:.tif
Pages:

YORK HEALTH SERVICES TRUST
DIABETES CDT CLINIC HOSPITAL on 19-Jul-2018
Mr John Cavanagh (22-Sep-1963)

Name : **Mr John Cavanagh**
Address : **15, Etty Avenue**
YORK
YO10 3TJ

GP: **Dr Robert Fisher**
Priory Medical Group
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

NHS No: 400 079 4191 DOB: 22-Sep-1963 Casenote: 99/39862

Responsible Consultant:
Reviewing Clinician: Hayley Briggs
Type of diabetes: Type 2 Diabetes
Date of Diagnosis: 14-Dec-2011
Duration (yrs): 6
Alcohol: Heavy In The Past
Exercise:
Smoking: Current
Advice Offered: N
Occupation:
Driving License: Null

DIABETES TREATMENT

TREATMENT	PREPARATION	DOSE (with last change date) Breakfast	Lunch	Eve Meal	Night
Degludec Insulin	Disposable Pen				52 (19/07/18)
Metformin Mg	Tablets	1G (05/12/16)		1G (05/12/16)	

Injection Sites: Not Applicable
Hypoglycaemia awareness:

FEET

INVESTIGATIONS

Weight:	**102.3**	19/07/18	Cholesterol (mmol/L):	**4.8**	14/02/17
BMI:	**36.2**		Cholesterol (HDL):	**1.1**	23/02/16
BP:	**118/78**	19/07/18	Cholesterol (LDL):		
			TC/HDL ratio:	**4.3**	23/02/16
eGFR:	**>90**	06/11/17	Creatinine:	**51**	06/11/17
HbA1c:	**111**	20/07/18	ACR:	**0.8**	02/09/09

ADDITIONAL TREATMENT
(verify with primary care record)

DIAGNOSIS (Year)

COMMENTS

SL/lt

I reviewed John in clinic today.

His HbA1c remains at 111mmol/mol. John has previously tried a GLP-1 therapy called Trulicity. He discontinued this after a week due to side effects, at present he does not want to try another GLP-1 therapy.

Injection sites okay to abdomen - no hard areas or lumps - discussed rotation of injection sites, already using fresh needle every time. John states that he now takes his Degludec insulin pre bed and he has been leaving messages around the house to remind him to take his medication.

Discussed diet in clinic, John has breakfast and an evening meal, he is having sugar free fluids during the day. I have provided John with a booklet on Type 2 Diabetes with a section on healthy eating.

John has not brought any blood glucose readings to clinic as he has been having issues with his blood glucose meter. He also states that when he checks his blood glucose levels they are always high and this makes him feel 'fed up'. I have provided a replacement blood glucose meter and checked his level in clinic as he will be driving home. His blood glucose level was 11.9mmol/L, John was happy with this result. Today I have discussed the following and provided the relevant literature:-

THIRD PARTY COPY

YORK HEALTH SERVICES TRUST
DIABETES CDT CLINIC HOSPITAL on 19-Jul-2018
Mr John Cavanagh (22-Sep-1963)

- Importance of blood glucose monitoring for titration of insulin.

- Advised to check blood glucose level before administering insulin and one more time at alternate time during the day.

- Discussed DVLA guidance on blood glucose monitoring and hypoglycaemia management - DVLA leaflet and Hypoglycaemia leaflet provided.

John is keen to reduce his HbA1c so that he can have an operation on his ankle. I have asked him to ring the Diabetes Centre in the next couple of weeks so that we can review his blood glucose control. I will also arrange follow up in clinic.

Sarah Lea

Diabetes Specialist Nurse

THIRD PARTY COPY

Attachment
30-Apr-2018 Fabio Mattison
Additional: Attachment
Clinic Letter from Diabetes Clinic, York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

YORK HEALTH SERVICES TRUST
DIABETES CDT CLINIC HOSPITAL on 30-Apr-2018
Mr John Cavanagh (22-Sep-1963)

Name : **Mr John Cavanagh**
Address : **15, Etty Avenue**
YORK
YO10 3TJ

04 MAY 2018

GP: **Dr Peter Anderson**
Priory Medical Group
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

NHS No: 400 079 4191 DOB: 22-Sep-1963 Casenote: 99/39862

Responsible Consultant: Reviewing Clinician: Hayley Briggs
Type of diabetes: Type 2 Diabetes
Date of Diagnosis: 14-Dec-2011 Duration (yrs): 6
Alcohol: Heavy In The Past Exercise:
Smoking: Current Advice Offered: N
Occupation: Driving License: Null

DIABETES TREATMENT

TREATMENT	PREPARATION	DOSE (with last change date) Breakfast	Lunch	Eve Meal	Night
Degludec Insulin	Disposable Pen	52 (30/04/18)			
Metformin Mg	Tablets	1G (05/12/16)		1G (05/12/16)	

Injection Sites: Not Applicable Hypoglycaemia awareness:

FEET

INVESTIGATIONS

Weight:	**102.2**	30/04/18	Cholesterol (mmol/L):	**4.8**	14/02/17
BMI:	**36.2**		Cholesterol (HDL):	**1.1**	23/02/16
BP:	**132/85**	30/04/18	Cholesterol (LDL):		
			TC/HDL ratio:	**4.3**	23/02/16
eGFR:	**>90**	06/11/17	Creatinine:	**51**	06/11/17
HbA1c:	**111**	01/05/18	ACR:	**0.8**	02/09/09

ADDITIONAL TREATMENT (verify with primary care record)

DIAGNOSIS (Year)

COMMENTS

HB/lt

I reviewed John in the Community Diabetes Clinic today.

Unfortunately his HbA1c continues to be elevated at 111mmols/mol. He has made significant changes and is now taking his Metformin. He is still running high across the day, his blood glucose levels are between 18 and 30mmols/L. He continues to take his daily insulin. I have discussed with him about adjusting his own insulin therapy.

John will start a weekly GLP-1. Mode of action and side effects discussed. No history of pancreatitis. I have demonstrated how to use the pen device and he is aware that he must reduce his insulin doses by 20% upon starting this medication. He will keep in contact with the Diabetes Centre.

I will see him again in clinic in three months' time.

Please prescribe:

-Trulicity 1.5mg prefilled pen
- 5 - 7.5L sharps bin

THIRD PARTY COPY

YORK HEALTH SERVICES TRUST
DIABETES CDT CLINIC HOSPITAL on 30-Apr-2018
Mr John Cavanagh (22-Sep-1963)

Hayley Briggs
Diabetes Specialist Nurse

THIRD PARTY COPY

Attachment
30-Apr-2018 Miss Rachel Allinson
Additional: Attachment
Outpatient Treatment Recommendation from York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

Outpatient Treatment Advice Note

York Teaching Hospital NHS
NHS Foundation Trust

PLEASE FILL THIS FORM IN WITH A BALL POINT PEN AND PRESS FIRMLY

HOSPITAL (Tick one): York Hospital ✓ | Selby Hospital ☐ | Scarborough Hospital ☐ | Bridlington Hospital ☐ | Malton Hospital ☐ | Whitby Hospital ☐ | Other ☐

Affix Patient Label (to both pages) or complete details below:

Patient Name: John Cavanagh
Address: 1 S Etty Avenue, York
Postcode: YO10 3TJ Date of Birth: 22/09/1963
Hospital / NHS Number: 400 079 4191

Enter known allergies, sensitivities and reaction or write NIL KNOWN:
None known

Weight in Kg (must include if under 16years): ..... Kg
Date seen in clinic: 30/04/18
~~DSN~~ Consultant Hayley Briggs Specialty
GP Anderson Surgery Abbey M/C

Diagnosis and treatment given:
Type 2 diabetes

Other information (e.g. responsibility for further tests, reference to shared care protocol, side effects discussed):
9 HbaIc + BMI - 36

Follow up arrangements: Next outpatient appointment / planned in-patient admission:
F/u 3/12.

MEDICATION

RECOMMENDED NEW MEDICATION AND DOSE CHANGES

Drug and Form (or Drug Class)	Dose	Directions	Indication/ Rationale	Duration or Indefinite
Trulicity 1.5mg prefilled pen weekly injection				

I confirm that the medication listed above is included in the Trust Formulary (YES) / NO

INFORMATION ON DISCONTINUED MEDICATION

Drug	Reason for discontinuation

Doctor's signature	Doctor's name (PRINT)	Grade	Ext/Bleep	Date
Hayley Briggs	HAYLEY BRIGGS	6	6510	30/4/18

PATIENT COPY: GIVE TO PATIENT TO TAKE TO GP – THIS IS NOT A PRESCRIPTION

THIRD PARTY COPY

Attachment
02-Mar-2018 Fabio Mattison
Additional: Attachment
Hospital Letter from Mr G Miller, General Surgeon, Nuffield Hospital York -> Priory Medical Group
Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust
Wigginton Road, York YO31 8HE. Tel 01904 631313

GVM/LT

2 March 2018

Dr P Anderson
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Upper GI Surgical Unit
Department of General Surgery Fax 01904 726886
Mr G V Miller's Secretary Tel 01904 725523
Mr W Wong's Secretary Tel 01904 725968
Mr M Giles' Secretary Tel 01904 725968

Dear Dr Anderson

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191

This gentleman was referred as a straight to test upper GI case for an upper GI endoscopy but cancelled his appointment on 11 January and subsequently he has asked for it to be cancelled altogether as he has nobody to bring him home afterwards and he wants heavy sedation. He said he will go back to the general practice if he feels he needs to be re-referred. I thought you should know this information.

Yours sincerely

Electronically verified

Mr Glenn Miller MD FRCS (Gen)
Consultant General/Upper GI Surgeon

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Attachment
29-Jan-2018 Fabio Mattison
Additional: Attachment
Clinic Letter from Rachael Bealey (Diabetes Specialist Nurse), Diabetes Clinic, York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

YORK HEALTH SERVICES TRUST
DIABETES CDT CLINIC HOSPITAL on 29-Jan-2018
Mr John Cavanagh (22-Sep-1963)

Name : **Mr John Cavanagh**
Address : **15, Etty Avenue**
YORK
YO10 3TJ

NHS No: 400 079 4191 DOB: 22-Sep-1963 Casenote: 99/39862

GP: **Dr Peter Anderson**
Priory Medical Group
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Responsible Consultant: Reviewing Clinician: Rachael Bealey
Type of diabetes: Type 2 Diabetes
Date of Diagnosis: 14-Dec-2011 Duration (yrs): 6
Alcohol: Heavy In The Past Exercise:
Smoking: Current Advice Offered: N
Occupation: Driving License: Null

DIABETES TREATMENT

TREATMENT	PREPARATION	DOSE (with last change date) Breakfast	Lunch	Eve Meal	Night
Degludec Insulin	Disposable Pen	48 (29/01/18)			
Metformin Mg	Tablets	1G (05/12/16)		1G (05/12/16)	

Injection Sites: Not Applicable Hypoglycaemia awareness:

FEET

INVESTIGATIONS

Weight:	**99.5**	29/01/18	Cholesterol (mmol/L):	**4.8**	14/02/17
BMI:	**35.3**		Cholesterol (HDL):	**1.1**	23/02/16
BP:	**124/73**	29/01/18	Cholesterol (LDL):		
			TC/HDL ratio:	**4.3**	23/02/16
eGFR:	**>90**	06/11/17	Creatinine:	**51**	06/11/17
HbA1c:	**113**	30/01/18	ACR:	**0.8**	02/09/09

ADDITIONAL TREATMENT (verify with primary care record) **DIAGNOSIS (Year)**

COMMENTS

RB/lt

I reviewed Mr Cavanagh in the Community Diabetes Clinic today.

There has only been a marginal improvement in HbA1c from 119mmol/mol to 113mmol/mol. Mr Cavanagh tells me that he takes his Tresiba every day without fail. He is still forgetting to take his Metformin most days and we discussed strategies to try and improve this. Mr Cavanagh is not regularly testing blood glucose levels, I have encouraged him to try and test once a day as a minimum. The readings he has undertaken have all been in the 20's and he denies any symptoms of hypoglycaemia, therefore I have made a cautious increase in his insulin dose.

I will attempt to maintain telephone contact for titration support but based on previous experience it is difficult to contact Mr Cavanagh. I will arrange a follow up appointment for three months' time.

Rachael Bealey
Diabetes Specialist Nurse

THIRD PARTY COPY

Attachment
28-Dec-2017 Dr Christine Johnston
Additional: Attachment
from Dr C Johnston, Park View Surgery -> Upper GI 2WW Suspected Cancer, FAST TRACK REFERRAL FORMS, Referral Forms

Filename:
Extension:.tif
Pages:

Suspected Upper GI Cancer – Referral Form

This form should be submitted via the Referral Support Service

Reference/Priority

Referral Date:	Priority:	NHS Number:
28 Dec 2017	2WW	400 079 4191

Patient Details

Title:	Forename(s):	Surname:
Mr	John	Cavanagh
Date of Birth:	**Gender:**	**Ethnicity:**
22 Sep 1963	Male	British or mixed British - ethnic category 2001 census

Contact Details

Address Line 1:	Address Line 2	Address Line 3:
	15 Etty Avenue	
Town:	**County:**	**Postcode:**
York	N Yorkshire	YO10 3TJ
Phone:	**Mobile:**	**Text Message Consent:**
	07927 603500	No
Email:		

Referrer/Practice Details

Referring Name:	Referrer Code:	Practice Code:
Dr Christine Johnston	4507549	B82005

Referral Details

Specialty:	Clinic Type:	Named Clinician:
2WW	2WW Upper GI	

Patient Choice Preferences

Provider 1:	Provider 2:
Upper GI 2WW Suspected Cancer, FAST TRACK REFERRAL FORMS, Referral Forms	

Preferences

Assistance Required:	Assistance Notes:	Confidential/Silent Referral:
No		No
Preferred Contact Time:	**Interpreter Required:**	**Preferred Language:**
	No	language not specified

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Suspected Upper GI Cancer – Referral Form

Referral Details

Non-clinical information for the booking team:

Provisional Diagnosis:

Smoking Status Readcode:

26 Sep 2017, Smoker (137R.)

Referral Reason/Letter Text

Thank you for seeing this man who has got upper abdominal pain for the past 2m, associated with satiety. He feels his "upper abdomen balloons up after eating".
o/e his epigastrium feels firm.
He is a diabetic, and is concerned about the possibility of pancreatic cancer. HI HBA1c was 119 recently., he takes tresiba insulin
??gastric/ pancreatic pathology

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Suspected Upper GI Cancer – Referral Form

Patient Awareness

Confirm that your patient understands that they have been referred onto a "suspected cancer pathway":	Yes
Confirm that your patient has received the information leaflet:	Yes
Confirm that your patient is available to attend an appointment within 2 weeks of this referral:	Yes
If, after discussion, your patient chooses to not attend within 2 weeks, when will they be available:	

Condition Details (tick appropriate boxes)

Patients meeting any of the criteria in this section will have a gastroscopy (with clinical assessment) arranged by the hospital:

Dysphagia	☐
Age ≥55 with **weight loss** and **upper abdominal pain**	☐
Age ≥55 with **weight loss** and **reflux**	☐
Age ≥55 with **weight loss** and **dyspepsia**	☐
Upper abdominal mass (suspected oesophago-gastric aetiology)	☒

Patients meeting any of the criteria in this section will have an outpatient appointment arranged by the hospital:
Attach copies of the radiology reports with this referral form

Suspected oesophago-gastric cancer found on **imaging**	☐
Suspected primary liver cancer found on **imaging**	☐
Suspected gall bladder cancer found on **imaging**	☐
Suspected pancreatic cancer found on **imaging**	☐

Patients meeting this criterion will have an outpatient appointment and an ultrasound scan arranged by the hospital

Age ≥40 with **jaundice** (otherwise well)	☐

*If patient is **unwell** and has **painless** jaundice admit to **Medicine on Call***
*If patient is **unwell** and has **painful** jaundice admit to **General Surgery on Call***

Family History

Consultation date and time	Read code and description
08 May 2000	No FH: Ischaemic Heart Disease >60 (Y0ce2)
08 May 2000	No FH: Ischaemic Heart Disease <60 (Y0ce1)
08 May 2000	No FH: Stroke/TIA (1225.)

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Suspected Upper GI Cancer – Referral Form

Active Problems

Date	Problem	Severity
19 Mar 2009	Ankle pain (X75sF)	Major
07 Aug 2009	Drainage of abscess NEC (Xa1pj)	Major
20 Nov 2009	Type II diabetes mellitus (X40J5)	Major
07 Oct 2010	Diabetes mellitus (C10..)	Minor
03 May 2011	Appendicectomy NEC (Xa9U0)	Major
03 May 2011	Lower abdominal pain (197C.)	Major
23 Aug 2012	Osteoarthritis NOS (XE1Da)	Major
22 Mar 2013	Chesty cough (1719.)	Minor
06 Jun 2014	Epigastric pain (1972.)	Minor
19 Apr 2016	Chest pain (182..)	Minor
08 Jul 2016	[X]Depressive episode, unspecified (XE1Zb)	Major
22 Jul 2016	Eosinophil count raised (42K3.)	Minor
28 Jul 2016	Opioid drug dependence NOS (E240z)	Minor

Summary

None recorded

Significant Past

Severity	Start date	End date	Problem
[redacted]			
Major	01 Jan 1973 00:00	01 Jan 1973	Fracture of shaft of tibia (S337.)
Major	13 Jun 1986 00:00	13 Jun 1986	Digital nerve of hand (7N086)
Major	01 Jan 1992 00:00	01 Jan 1992	Duodenitis (J157.)
Major	12 May 1992 00:00	12 May 1992	Barium meal (X70fj)
Major	19 Oct 1994 00:00	19 Oct 1994	Acute bronchitis (XE0Xr)
Major	01 Jan 1996 00:00	01 Jan 1996	Duodenal ulcer (J12..)
Major	01 Jan 1996 00:00	01 Jan 1996	Problem drinker (Ub0lR)
Major	16 Aug 1996 00:00	16 Aug 1996	Duodenal ulcer (J12..)
Major	16 Aug 1996 00:00	16 Aug 1996	[D]Helicobac pylori-abnor microbiolog finding gastric fluid (XaBMX)
Major	16 Aug 1996 00:00	16 Aug 1996	Problem drinker (Ub0lR)
Major	16 Aug 1996 00:00	16 Aug 1996	Oesophagitis (J101.)
Major	17 Jun 1997 00:00	17 Jun 1997	Drug dependence (E24..)
Major	19 Aug 2002 00:00	19 Aug 2002	Ankle pain (X75sF)

Current Repeat Medication

Start date	End date	Full description
05 Dec 2017	02 Jan 2018	Sildenafil 100mg tablets 4 tablet - AS DIRECTED *Type II diabetes mellitus (X40J5)*
05 Dec 2017	30 Dec 2017	Lactulose 3.1-3.7g/5ml oral solution 500 ml - 10ml twice daily - can increase to 20ml twice daily if needed
05 Dec 2017	30 Jan 2018	Metformin 500mg tablets 224 tablet - take two twice a day *Type II diabetes mellitus (X40J5)*

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Suspected Upper GI Cancer – Referral Form

Acute Medication (last 3mths)

None recorded

Measurements

BP (last 3):

Date	Reading
22 Sep 2017	114 / 72 mmHg
26 Sep 2017	112 / 78 mmHg
01 Dec 2017	121 / 77 mmHg

Weight (last 3):
22 Sep 2017, O/E - weight (22A..), 90.8 Kg
26 Sep 2017, O/E - weight (22A..), 94 Kg
01 Dec 2017, O/E - weight (22A..), 97 Kg

Height (last 3):
14 Dec 2012, O/E - height (229..), 1.66 m
29 Apr 2013, O/E - height (229..), 1.66 m
26 Sep 2017, O/E - height (229..), 1.66 m

BMI (last 3):
22 Sep 2017, Body mass index - observation (22K..), 32.2 Kg/m²
26 Sep 2017, Body mass index - observation (22K..), 34.11 Kg/m²
01 Dec 2017, Body mass index - observation (22K..), 34.4 Kg/m²

Oxford Knee Score (last 3):
None recorded

Allergies

None recorded

Lab Results

None recorded

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Attachment
01-Dec-2017 Kerry Redhead
Additional: Attachment
Clinic Letter from Diabetes Clinic, York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

YORK HEALTH SERVICES TRUST
DIABETES Nurse Clinic on 01-Dec-2017
Mr John Cavanagh (22-Sep-1963)

Name : **Mr John Cavanagh**
Address : **15, Etty Avenue**
YORK
YO10 3TJ

NHS No: 400 079 4191 DOB: 22-Sep-1963 Casenote: 99/39862

GP: **Dr Peter Anderson**
Priory Medical Group
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Responsible Consultant: Reviewing Clinician: Hayley Briggs
Type of diabetes: Type 2 Diabetes
Date of Diagnosis: 14-Dec-2011 Duration (yrs): 5
Alcohol: Heavy In The Past Exercise:
Smoking: Current Advice Offered: N
Occupation: Driving License: Null

DIABETES TREATMENT

TREATMENT	PREPARATION	DOSE (with last change date) Breakfast	Lunch	Eve Meal	Night
Degludec Insulin	Disposable Pen	44 (12/10/17)			
Metformin Mg	Tablets	1G (05/12/16)		1G (05/12/16)	

Injection Sites: Not Applicable Hypoglycaemia awareness:

FEET

INVESTIGATIONS

Weight:	**97.1**	01/12/17	Cholesterol (mmol/L):	**4.8**	14/02/17
BMI:	**34.4**		Cholesterol (HDL):	**1.1**	23/02/16
BP:	**121/77**	01/12/17	Cholesterol (LDL):		
			TC/HDL ratio:	**4.3**	23/02/16
eGFR:	**>90**	06/11/17	Creatinine:	**51**	06/11/17
HbA1c:	**119**	01/12/17	ACR:	**0.8**	02/09/09

ADDITIONAL TREATMENT (verify with primary care record) **DIAGNOSIS (Year)**

COMMENTS

HB/lt

I have reviewed John in Community Diabetes Clinic today.

John has had a slight reduction in his blood glucose. He continues to forget to take his Metformin and his insulin. I have discussed the importance of taking both medications on a daily basis. I have discussed techniques in remembering including buying a pill box, writing down when he has taken his insulin and asking his Wife to support him in remembering to take his medications.

John is aware of the importance of trying to reduce his HbA1c further to improve his symptoms of hyperglycaemia including thirst, tiredness, increased urine output and poor wound healing. John is awaiting foot surgery but he reports he is unable to have the procedure due to high HbA1C. I have asked John to keep in contact with the Diabetes Centre with his blood glucose readings. If John improves and starts to remember to take his medications then I could consider adding in other medications for his diabetes.

He admits his memory has worsened over the past few months. I have asked him to see his GP to investigate this.

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YORK HEALTH SERVICES TRUST
DIABETES Nurse Clinic on 01-Dec-2017
Mr John Cavanagh (22-Sep-1963)

Hayley Briggs
Diabetes Specialist Nurse

THIRD PARTY COPY

Attachment
06-Nov-2017 Fabio Mattison
Additional: Attachment
Accident and Emergency Letter from York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

York ED Notification

Current GP: Dr Peter ANDERSON
Abbey Medical Group, Tang Hall Lane Surgery, 190 Tang Hall Lane,
YORK, YO10 3RL

Patient Details

Name:	CAVANAGH, John M, Mr
DOB:	22-SEP-1963
A&E Number:	132241- 17
NHS Number:	400 079 4191
Address:	15, Etty Avenue, YORK, YO10 3TJ
Referral Source:	Self / family / friends / education / work colleague
Arrival:	06-NOV-2017 20:01
Departure:	06-NOV-2017 21:00
Chief Comp:	Abdominal pain
Investigations:	C reactive protein (CRP) Amylase Liver function tests (LFTs) Biochemistry Haematology
Safeguarding:	No Safeguarding concerns recorded
Disposal:	Discharge Status: Left after assessment with intent to attend other healthcare provider Discharge Dest: Home Discharge Follow Up: General Practitioner
Notes/ Info for GP:	Attended with 2 day hx of abdo pain did not wait to See Dr - said would see GP as felt better
Signed off by:	Donna Exton
Contact Details:	ED Secretary 01904 725616

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Attachment
23-Oct-2017 Fabio Mattison
Additional: Attachment
Retinal Screening from North Yorkshire Retinal Screening Service -> Priory Medical Group
Filename:
Extension:.tif
Pages:

North Yorkshire nydesp
NHS Diabetic Eye
Screening Programme

York Teaching Hospital NHS
NHS Foundation Trust

Confidential
Dr J Hamilton
Priory Medical Group
Victoria Way Surgery
2 Victoria Way
Huntington, York
North Yorkshire
YO32 9GE

23 October 2017

Dear Dr Hamilton

RE: Mr John Cavanagh
Address: 15, Etty Avenue, York, YO10 3TJ
NHS Number: 400 079 4191 DOB: 22/09/1963

The above named has been offered 2 retinal screening appointments in the current screening year.

Unfortunately they have not taken up the offer to attend for screening. We will not be offering further screening appointments this year. However if the patient attends your surgery perhaps you could suggest and encourage the need for routine diabetic eye screening.

We will of course include them in the next years screening programme.

If you have any queries please contact us.

Yours sincerely

North Yorkshire Diabetic Eye Screening Programme

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2 Cayley Court, George Cayley Drive, Clifton Moor, York YO30 4WH. Tel: 01904 726640

Attachment
22-Sept-2017 Qasib Nazir
Additional: Attachment
Clinic Letter from Diabetes Clinic, York Hospital -> Priory Medical Group

Filename:
Extension:.tif
Pages:

YORK HEALTH SERVICES TRUST
DIABETES CDT CLINIC HOSPITAL on 22-Sep-2017
Mr John Cavanagh (22-Sep-1963)

Name : **Mr John Cavanagh**
Address : **15, Etty Avenue**
YORK
YO10 3TJ

NHS No: 400 079 4191 DOB: 22-Sep-1963 Casenote: 99/39862

GP: **Dr Peter Anderson**
Priory Medical Group
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Responsible Consultant: Reviewing Clinician: Rachael Bealey
Type of diabetes: Type 2 Diabetes
Date of Diagnosis: 14-Dec-2011 Duration (yrs): 5
Alcohol: Heavy In The Past Exercise:
Smoking: Current Advice Offered: N
Occupation: Driving License: Null

DIABETES TREATMENT

TREATMENT	PREPARATION	DOSE (with last change date) Breakfast	Lunch	Eve Meal	Night
Degludec Insulin	Disposable Pen	40 (22/09/17)			
Metformin Mg	Tablets	1G (05/12/16)		1G (05/12/16)	

Injection Sites: Not Applicable Hypoglycaemia awareness:

FEET

INVESTIGATIONS

Weight:	**90.8**	22/09/17	Cholesterol (mmol/L):	**4.8**	14/02/17
BMI:	**32.2**		Cholesterol (HDL):	**1.1**	23/02/16
BP:	**114/72**	22/09/17	Cholesterol (LDL):		
			TC/HDL ratio:	**4.3**	23/02/16
eGFR:	**>90**	14/02/17	Creatinine:	**52**	14/02/17
HbA1c:	**127**	22/09/17	ACR:	**0.8**	02/09/09

ADDITIONAL TREATMENT
(verify with primary care record)

DIAGNOSIS (Year)

COMMENTS

RB/lt

I reviewed Mr Cavanagh in the Community Diabetes Clinic today.

Unfortunately he has experienced a further rise in HbA1c to 127mmol/mol. Mr Cavanagh tells me that his blood glucose levels have risen significantly since he stopped taking heroin at the end of last year.

He is still not managing to give his evening dose of Humulin M3 on a consistent basis and reports forgetting this one to two times per week. We have agreed today to stop the Humulin M3 and start Tresiba. This should provide a flatter profile and due to the length of action there will still be some coverage should Mr Cavanagh miss a dose. With Tresiba there will not be any prandial cover. I did consider adding in Gliclazide but Mr Cavanagh does not feel he would remember to take this and also often misses meals.

I will attempt to maintain telephone contact for titration support, and arrange a follow up appointment for three months' time.

NB: Mr Cavanagh does not appear to have had a urinary ACR check since 2009. I would be grateful if you could follow this up.

In summary please add to repeat prescription:

THIRD PARTY COPY

YORK HEALTH SERVICES TRUST
DIABETES CDT CLINIC HOSPITAL on 22-Sep-2017
Mr John Cavanagh (22-Sep-1963)

1. Tresiba (100units/mL) FlexTouch prefilled pen

Please discontinue:

1. Humulin M3

Rachael Bealey
Diabetes Specialist Nurse

THIRD PARTY COPY

Attachment
11-Sept-2017 Mrs Jane Knaggs
Additional: Attachment
Letter to Patients from Mrs J Knaggs, Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

Priory Medical Group

Mr John Cavanagh
15 Etty Avenue
York
N Yorkshire
YO10 3TJ

Date 11 Sep 2017

Dear Mr Cavanagh

ANNUAL CHECK-UP INVITATION

We aim to complete your review in your month of birth each year. Our records show that you have the following condition(s) which require(s) an annual review:

Diabetes

To complete your review, you need the following appointments:

Blood Test, Specialist Diabetes Nurse (please bring a urine sample),

Please telephone your usual surgery after 11:00 am, inform the receptionist that you have received this letter, and they will arrange the appointment(s) that you need.

If you think you might have already had your full annual review (including blood tests) within the last 2 months, please telephone the practice to check whether you need to attend again.

COPD patients only
If you have recently had a course of steroids or antibiotics, please do not make your review appointment until 6 weeks after this treatment course has finished.

Yours sincerely

PRIORY MEDICAL GROUP

THIRD PARTY COPY

Attachment
15-Jun-2017 Kerry Redhead
Additional: Attachment
Clinic Letter from Diabetes Clinic, York Hospital -> Priory Medical Group

Filename:
Extension:.tif
Pages:

YORK HEALTH SERVICES TRUST
DIABETES CDT CLINIC HOSPITAL on 15-Jun-2017
Mr John Cavanagh (22-Sep-1963)

Name : **Mr John Cavanagh**
Address : **15, Etty Avenue**
YORK
YO10 3TJ

NHS No: 400 079 4191 DOB: 22-Sep-1963 Casenote: 99/39862

GP: **Dr Peter Anderson**
Priory Medical Group
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Responsible Consultant: Dr Jagannath Gopalappa Reviewing Clinician: Hayley Briggs
Type of diabetes: Type 2 Diabetes
Date of Diagnosis: 14-Dec-2011 Duration (yrs): 5
Alcohol: Heavy In The Past Exercise:
Smoking: Current Advice Offered: N
Occupation: Driving License: Null

DIABETES TREATMENT

TREATMENT	PREPARATION	DOSE (with last change date) Breakfast	Lunch	Eve Meal	Night
Humulin M3 Units		26 (15/06/17)		26 (15/06/17)	
Metformin Mg		1G (05/12/16)		1G (05/12/16)	

Injection Sites: Not Applicable Hypoglycaemia awareness:

FEET

INVESTIGATIONS

Weight:	**93**	15/06/17	Cholesterol (mmol/L):	**4.8**	14/02/17
BMI:	**33**		Cholesterol (HDL):	**1.1**	23/02/16
BP:	**123/80**	15/06/17	Cholesterol (LDL):		
			TC/HDL ratio:	**4.3**	23/02/16
eGFR:	**>90**	14/02/17	Creatinine:	**52**	14/02/17
HbA1c:	**119**	19/06/17	ACR:	**0.8**	02/09/09

ADDITIONAL TREATMENT
(verify with primary care record)

DIAGNOSIS (Year)

COMMENTS

HB/lt

Typed without notes

I have reviewed John in Community Diabetes Clinic today. Unfortunately John's HbA1c continues to be sub-optimal at 119mmol/mol. John is currently taking Humulin M3 26 units twice a day and metformin twice a day.

John is disappointed with his result and would like to try and improve as well as to feel better and have more energy so he is able to look after his family. I have suggested that taking extra time to concentrate on his diabetes initially so we can titrate his insulin to help improve his HbA1c and his symptoms would be extremely beneficial to him.

I have asked him to check his blood glucose levels before pre meals. I will work with John via the telephone to try and help his diabetes. He appears quite motivated to make these positive changes because he now realises the importance of checking his blood glucose glucose so he can adjust his insulin and improve his HbA1c.

John has informed me that he stopped taking his Metformin a month ago because of the extra insulin increases. I have reiterated to him the importance of taking Metformin and how it works in the body. I have asked him to recommence his Metformin today 500mg in a morning and 500mg with his evening

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YORK HEALTH SERVICES TRUST
DIABETES CDT CLINIC HOSPITAL on 15-Jun-2017
Mr John Cavanagh (22-Sep-1963)

meal. He will titrate the dose slowly so he will end up taking 1g in the morning and 1g with his evening meal.

I will review him again in Community Diabetes Clinic in two months' time. John has no other concerns. All his other parameters are within target. I have mentioned to John that we may need to switch regimes in the future if we are not managing to improve his HbA1c and his overall diabetes control.

Hayley Briggs

Hayley Briggs
Diabetes Specialist Nurse

THIRD PARTY COPY

Attachment
20-Feb-2017 Mrs Pauline Harper
Additional: Attachment
Clinic Letter from Consultant Diabetologist, Diabetes Clinic, York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

YORK HEALTH SERVICES TRUST
DIABETES CDT CLINIC HOSPITAL on 20-Feb-2017
Mr John Cavanagh (22-Sep-1963)

Name : **Mr John Cavanagh**
Address : **15, Etty Avenue**
YORK
YO10 3TJ

NHS No: 400 079 4191 DOB: 22-Sep-1963 Casenote: 99/39862

GP: **Dr Peter Anderson**
Priory Medical Group
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Responsible Consultant: Dr Jagannath Gopalappa Reviewing Clinician: Laura Barrett
Type of diabetes: Type 2 Diabetes
Date of Diagnosis: 14-Dec-2011 Duration (yrs): 5
Alcohol: Heavy In The Past Exercise:
Smoking: Current Advice Offered: N
Occupation: Driving License: Null

DIABETES TREATMENT

TREATMENT	PREPARATION	DOSE (with last change date) Breakfast	Lunch	Eve Meal	Night
Humulin M3 Units		20 (12/01/17)		20 (12/01/17)	
Metformin Mg		1G (05/12/16)		1G (05/12/16)	

Injection Sites: Not Applicable Hypoglycaemia awareness:

FEET

INVESTIGATIONS

Weight:	**94.5**	20/02/17	Cholesterol (mmol/L):	**4.8**	14/02/17
BMI:	**33.5**		Cholesterol (HDL):	**1.1**	23/02/16
BP:	**135/84**	20/02/17	Cholesterol (LDL):		
			TC/HDL ratio:	**4.3**	23/02/16
eGFR:	**>90**	14/02/17	Creatinine:	**52**	14/02/17
HbA1c:	**125**	14/02/17	ACR:	**0.8**	02/09/09

ADDITIONAL TREATMENT
(verify with primary care record)

DIAGNOSIS (Year)

COMMENTS

LB/lt
Typed without notes.
Reviewed in the nurse led clinic.

His HbA1c has increased since he started insulin in December. He reports he is only taking it once a day in the morning but was unaware that he was supposed to be taking it in the evening also. He told me he is only talking Metformin 1g on an evening and omits the morning dose. I have instructed him on the correct doses and times.

I explained about the profile of his insulin and how it is affecting his blood sugars, I have provided him with information on dose adjustment. As his HbA1c is very high still, I will review him again in the nurse led clinic in one month. There is a possibility I will transfer him to a different regime as he does describe not having regular meal patterns. Over the next month he will try to take his insulin as prescribed.

I double checked his injection technique which was fine and he confirmed he is rotating where he injects.

Please can you continue to prescribe the Humulin M3 as a box of five insulin pens as he says he is running out quite quickly and then he is having long gaps of no insulin while he is waiting for his new prescription.

We have been unable to him by phone and I double checked his telephone number with him and rang it

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YORK HEALTH SERVICES TRUST
DIABETES CDT CLINIC HOSPITAL on 20-Feb-2017
Mr John Cavanagh (22-Sep-1963)

while he was with me. He admits that he does not answer the phone to a withheld number which it will be from the hospital. I will try to make a note on his notes to ensure we unblock this when calling him.

Laura Barrett
Diabetes Specialist Nurse

THIRD PARTY COPY

Attachment
19-Jan-2017 Kathryn Gibson
Additional: Attachment
Hospital Letter from Mr Stanley, York Hospital (Orthopaedic Surgeon), Express re-referral -> Priory Medical Group
Filename:
Extension:.tif
Pages:

York Teaching Hospital NHS
NHS Foundation Trust

Hospital Ref: 99/39862
NHS Number: 400 079 4191
19th January 2017

York Hospital
Wigginton Road
YORK
YO31 8HE

Private & Confidential
Dr Peter Anderson
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Dear Dr Peter Anderson

Re: John Cavanagh
15, Etty Avenue
YORK
YO10 3TJ
NHS: 400 079 4191

The above patient has been removed from Mr J Stanley's waiting list at York Hospitals NHS Foundation Trust. We were unable to proceed with the admission due to Mr Cavanagh being unavailable for surgery for an extended period due to medical reasons.

The patient has been informed that they have been removed from the waiting list and that you will be able to express re-refer within in the next 6 months, should their condition improve and they are fit to proceed with the planned surgery. Please find attached an express re-referral form.

Yours sincerely

Waiting List Co-ordinator

THIRD PARTY COPY

York Teaching Hospital NHS
NHS Foundation Trust

Express Re-Referral

This form is for use by GPs to ensure express access back to Pre Operative Assessment or Waiting List for patients who have previously been declared medically unfit for more than 4 weeks or have been unavailable for surgery for more than 8 weeks at York Hospital within the last 6 months.

Please Fax to: (01904) 457884

Patient Surname: Cavanagh	NHS Number: 400 079 4191 Hospital Number: 99/39862
Patient Forename: John	Address: 15, Etty Avenue YORK YO10 3TJ
Referring GP: Dr Peter Anderson	GP Address: Abbey Medical Group Tang Hall Lane Surgery 190 Tang Hall Lane YORK YO10 3RL
Consultant Firm: Mr J Stanley	Specialty:
Reason patient was returned to care of GP:	
Update on patients condition:	
Is the patient available for surgery within the next 18 weeks? (with less than 8 weeks unavailability)	
For Office use only: Do not register this as a new referral - WL	

THIRD PARTY COPY

Attachment
11-Jan-2017 John Sheeran
Additional: Attachment
Clinic Letter from York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

York Teaching Hospital
NHS Foundation Trust

19 January 2017

Mr John Cavanagh
15, Etty Avenue
YORK
YO10 3TJ

Dear Mr Cavanagh

Mr John Cavanagh **DOB:** 22-SEP-1963

15, Etty Avenue, YORK, YO10 3TJ

Casenote: 99/39862 **NHS Number:** 400 079 4191

Clinic: PRE-OP ASSESSMENT CLINIC DAILY **Clinic Date:** 11 January 2017

Copy To: Dr P Anderson
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Sorry, I seem to be unable to contact you by phone. After pre assessment last week your HbA1c result was even higher than previous levels. The result was forwarded to your GP & I contacted your surgeon, Mr Stanley and the diabetic team, for advice - as I am sure you are already aware.

In view of this high reading, we are again, unable to proceed with your surgery. Your GP will need to re-refer you once your diabetes control is acceptable, then we will be able to proceed.

Yours sincerely

Sharon Lanham
Orthopaedic Pre Assessment Nurse
01904 726591

THIRD PARTY COPY

Attachment
05-Dec-2016 Kathryn Gibson
Additional: Attachment
Clinic Letter from Mr A Thompson, Vascular Surgeon, York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust
York Hospital, Wigginton Road, YORK, YO31 8HE

Andrew R Thompson, FRCS
Consultant Vascular Surgeon

Secretary: Claire Bowes
Direct Line: **01904 726287**
Fax: **01904 726345**
E-mail: Claire.Bowes@York.NHS.UK
Vascular Nurse: **01904 724150**
Waiting list: **01904 724102 (Nathan Lee)**
Appointments: **01904 726400**

Our ref: ART/cmb

6 December 2016

Typed without case notes

Dr P Anderson
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Dear Dr Anderson

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191
Clinic: JOINT PODIATRY/VASCULAR MDT CLINIC **Clinic Date:** 5 December 2016

Vascular review:
No vascular review.

Diabetic review:
Mr Cavanagh has Type II diabetes which he has had for the past 5-6 years which was reasonably well controlled up until a few months ago. His latest HbA1c is 102. I think a combination of diabetic foot disease and poor compliance with medication has led to the deterioration. I have today switched Insulin Lantus to Insulin Humulin M3 10 units twice daily. I have recommended stopping Gliclazide completely but continuing Metformin as before. I have arranged for our diabetes specialist nurse to titrate insulin via telephone consultation.

THIRD PARTY COPY

/continued overleaf .....

Mr John Cavanagh **DOB:** 22-SEP-1963

15, Etty Avenue, YORK, YO10 3TJ

Casenote: 99/39862 **NHS Number:** 400 079 4191

Orthopaedic review:

I reviewed this delightful gentleman today who has longstanding diabetes controlled with insulin. A recent HbA1c was very high but it has previously been very good. Our diabetologist is helping manage this. He presents with a fifth metatarsal fracture which is painful and is likely to be a non-union with some hypertrophic bone around it associated with hind foot varus and a previous failed ankle arthrodesis which is also very painful for him. He has been left with some equinus of his forefoot and supernation of his hind / mid foot areas. In order to deal with his fifth MT fracture I would recommend that we would perform a hind foot and ankle revision arthrodesis, removal of metalwork +/- autograft, +/- a fifth MT fracture fixation. This may well require a Tib ant transfer procedure. A decision that will be made on table and we would get some pre-op CT scans. He is also a known smoker and has been advised he must stop this prior to surgery for at least two weeks before and 4-6 weeks following. He is aware of all of the above and should be booked in for surgery for January 2017.

Yours sincerely

Mr Andrew R Thompson MD, FRCS (Gen)
Consultant Vascular Surgeon

Dr J Gopalappa
Consultant Diabetologist

Mr J Stanley
Orthopaedic Consultant

SIGNED FOR VASCULAR DEPARTMENT ONLY

YORK & NORTH YORKSHIRE VASCULAR UNIT

Mr S G Brooks, MA,ChM, FRCS, Mr A J McCleary, FRCS, Mr S P Cavanagh, MD, FRCS, Mr M L Baroni, FRCS, Mr A R Thompson, FRCS., Ms A Ikpomwosa, MD, FRCS

THIRD PARTY COPY

Attachment
03-Nov-2016 John Sheeran
Additional: Attachment
DNA Letter from Dr L Munro, Haematology Consultant, York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust

York Hospital, Wigginton Road, YORK YO31 8HE

LRM/ec

DEPARTMENT OF HAEMATOLOGY
Dr L Munro's/Dr A M Whittle's/Dr M Jain's
Secretary
Direct Line: 01904 725777
Fax: 01904 457883

7 November 2016

Dr P Anderson
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Dear Dr Anderson

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191
Clinic: Dr Munro **Clinic Date:** 3 November 2016

This gentleman failed to attend the Haematology clinic today. I have, therefore, discharged him from the clinic.

Yours sincerely

DR L MUNRO
Consultant Haematologist

THIRD PARTY COPY

Attachment
17-Oct-2016 Dr Iqbal Hussain
Additional: Attachment
from Dr I Hussain, Park View Surgery -> Podiatry (YHFT), Referral Forms
Filename:
Extension:.tif
Pages:

Priory Medical Group
Millfield Avenue
York
YO10 3AB

Telephone: 01904 411139
Practice B82005

Podiatry Department
White Cross Court
Wilson Drive
Huntington Road
York
YO31 7FT

PODIATRY REFERRAL FORM

Date of Referral 17 Oct 2016

PATIENT'S NAME	Mr John Cavanagh		
ADDRESS	15 Etty Avenue, York YO10 3TJ		
TEL NO		DATE OF BIRTH	22 Sep 1963
NHS NO	400 079 4191	AGE	53 y

REASON FOR REFERRAL

problems with corns and callous on his feet. type 2 diabetic.

IF DOMICILIARY TREATMENT IS ESSENTIAL PLEASE GIVE REASONS

USUAL DOCTOR Dr Christopher Bennett **REFERRED BY** Dr Iqbal Hussain

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Medical History of Mr John Cavanagh - 22 Sep 1963- 400 079 4191

Significant Active Problems

Start date	Problem
19 Mar 2009	Ankle pain (X75sF)
07 Aug 2009	Drainage of abscess NEC (Xa1pj)
20 Nov 2009	Type II diabetes mellitus (X40J5)
03 May 2011	Appendicectomy NEC (Xa9U0)
03 May 2011	Lower abdominal pain (197C.)
23 Aug 2012	Osteoarthritis NOS (XE1Da)
08 Jul 2016	[X]Depressive episode, unspecified (XE1Zb)

Allergies

None recorded

Blood Pressure

128 / 76 mmHg

Current Repeats

Drug name	Dose
Metformin 500mg tablets	take two twice a day
Omeprazole 20mg gastro-resistant capsules	2 od
GlucoRx lancets 0.31mm/30gauge (GlucoRx Ltd)	use as directed
GlucoRx Nexus testing strips (GlucoRx Ltd)	use as directed
Laxido Orange oral powder sachets sugar free (Galen Ltd)	One sachet Twice Daily
Atorvastatin 40mg tablets	1 To be taken Each Night
Sharpsafe disposal unit Yellow (Frontier Medical Products Ltd)	use as directed
Glipizide 5mg tablets	take one daily with breakfast
Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray	spray 1-2 puffs As required under the tongue when needed to relieve chest pain
Lixisenatide 20micrograms/0.2ml solution for injection 3ml pre-filled disposable devices	use as directed
Sildenafil 100mg tablets	AS DIRECTED
Aspirin 75mg gastro-resistant tablets	take one daily
GlucoRx FinePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd)	use as directed
Ibuprofen 600mg tablets	ONE TO BE TAKEN TWICE A DAY
Lactulose 3.1-3.7g/5ml oral solution	10ml twice daily - can increase to 20ml twice daily if needed

THIRD PARTY COPY

Attachment
15-Sept-2016 Georgina Simms
Additional: Attachment
Request Form from Dr A Brooks, Doctors, Priory Medical Group -> Dr A Brooks, Doctors, Priory Medical Group
Filename:
Extension:.tif
Pages:

York Directorate of Laboratory Medicine
BIOCHEMISTRY/HAEMATOLOGY REQUEST

Surname **Cavanagh**	Forenames **John**	Hospital Number	
Gender **Male**	D.O.B. **22 Sep 1963**	NHS Number **400 079 4191**	NHS/PP/Other NHS
Patient Address **15 Etty Avenue** **York** **YO10 3TJ**		Specimen type Venous blood	Non Fasting
		Sample date	Time taken
Requester's Name **Dr Abbie Brooks**	Usual Doctor (if not requester) **Dr Christopher Bennett**	Location **Priory Medical Group - B82005 - CR**	Requester's signature
Clinical Details / Therapy			

BIOCHEMISTRY		HAEMATOLOGY	IMMUNOLOGY
☐ U&E	☐ B12	☐ FBC	☐ Antinuclear Antibodies
☐ U&E + Calcium	☐ Serum Folate	☐ ESR	☐ Rheumatoid Factor
☐ LFTs	☐ PSA	☐ IM Screen	☐ Coeliac screen
☐ Bone Profile	☐ Testosterone	☐ Warfarin Control	☐ Anti-Cardiolipin
☐ Cholesterol	☐ FSH	☐ Heparin Control	☐ Thyroid Antibodies
☐ Cholesterol / HDL-C	☐ LH	☐ Coagulation Screen	☐ ANCA
☐ Troponin I	☐ CRP	☐ Retics	☐ H Pylori
☐ GGT	☐ TSH only		
☐ Urate	☐ TFT (TSH & fT4)		
☐ Glucose	☐ Ferritin		
☒ HbA1c	☐ TPO Antibodies		
☐ ACR			
FSH only is recommended for ?Menopause			
☐ Others		☐ Others	☐ Others

- Tests required for annual review:
  Diabetes – U&E, LFTs, Cholesterol, HbA1c, ACR
  CHD/Stroke/TIA/PAD – U&E, Cholesterol
  CKD – U&E, ACR
  Hypertension – U&E
  Hypothyroid - TSH
- Lithium blood tests – Lithium level every 3 months and U&E, TFT every 9 months
- Memory problems blood tests - FBC, U&E + Calcium, LFTs, Glucose, B12, Serum Folate, TFT

Instructions for the blood test

If asked to fast please have only water and no food for 12 hours before the blood test.

The practice has a regular blood taking (phlebotomy) service by appointment at all surgery locations which we encourage you to use. Please bring this form with you when you attend. Alternative option is Asda at Monks Cross - drop in; weekdays 8.30am to 4.30pm (2.15pm Fri)

The results of your blood test will be sent back to us. We ask you to check whether the result is normal or not by telephoning the surgery about 1 week after the blood test unless you have been asked to make a follow-up appointment. It is best to call after 2pm when telephone lines are less busy.

THIRD PARTY COPY

Attachment
14-Sept-2016 Joanne Anderson
Additional: Attachment
Request Form from Mrs J Anderson (code: PN1), Nurses, Priory Medical Group -> Biochem form, Pathology Department, York Hospital
Filename:
Extension:.tif
Pages:

York Directorate of Laboratory Medicine **BIOCHEMISTRY/HAEMATOLOGY REQUEST**			
Surname **Cavanagh**	Forenames **John**	Hospital Number	
Gender **Male**	D.O.B. **22 Sep 1963**	NHS Number **400 079 4191**	NHS/PP/Other **NHS**
Patient Address **15 Etty Avenue** **York** **YO10 3TJ**		Specimen type **Venous blood** Sample date	**Non Fasting** Time taken
Requester's Name **Mrs Joanne Anderson (code: PN1)**	Usual Doctor (if not requester) **Dr Christopher Bennett**	Location **Clementhorpe Health Centre - B82005 - CS**	Requester's signature
Clinical Details / Therapy **Reduced glipizide**			

BIOCHEMISTRY		HAEMATOLOGY	IMMUNOLOGY
☐ U&E	☐ B12	☐ FBC	☐ Antinuclear Antibodies
☐ U&E + Calcium	☐ Serum Folate	☐ ESR	☐ Rheumatoid Factor
☐ LFTs	☐ PSA	☐ IM Screen	☐ Coeliac screen
☐ Bone Profile	☐ Testosterone	☐ Warfarin Control	☐ Anti-Cardiolipin
☐ Cholesterol	☐ FSH	☐ Heparin Control	☐ Thyroid Antibodies
☐ Cholesterol / HDL-C	☐ LH	☐ Coagulation Screen	☐ ANCA
☐ Troponin I	☐ CRP	☐ Retics	☐ H Pylori
☐ GGT	☐ TSH only		
☐ Urate	☐ TFT (TSH & fT4)		
☐ Glucose	☐ Ferritin		
☒ HbA1c	☐ TPO Antibodies		
☐ ACR			
FSH only is recommended for ?Menopause			
☐ Others		☐ Others	☐ Others

- Tests required for annual review:
  Diabetes – U&E, LFTs, Cholesterol, HbA1c, ACR
  CHD/Stroke/TIA/PAD – U&E, Cholesterol
  CKD – U&E, ACR
  Hypertension – U&E
  Hypothyroid - TSH
- Lithium blood tests – Lithium level every 3 months and U&E, TFT every 9 months
- Memory problems blood tests - FBC, U&E + Calcium, LFTs, Glucose, B12, Serum Folate, TFT

Instructions for the blood test

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The results of your blood test will be sent back to us. We ask you to check whether the result is normal or not by telephoning the surgery about 1 week after the blood test unless you have been asked to make a follow-up appointment. It is best to call after 2pm when telephone lines are less busy.

THIRD PARTY COPY

Attachment
12-Sept-2016 Mrs Jane Knaggs
Additional: Attachment
Letter to Patients from Mrs J Knaggs, Priory Medical Group -> Mr J Cavanagh,

Filename:
Extension:.tif
Pages:

Priory Medical Group

Mr John Cavanagh
15 Etty Avenue
York
N Yorkshire
YO10 3TJ

Date 12 Sep 2016

Dear Mr Cavanagh

ANNUAL CHECK-UP INVITATION

We aim to complete your review in your month of birth each year. Our records show that you have the following condition(s) which require(s) an annual review:

Diabetes

To complete your review, you need the following appointments:

Blood Test, Specialist Diabetes Nurse (please bring a urine sample),

Please telephone your usual surgery after 11:00 am, inform the receptionist that you have received this letter, and they will arrange the appointment(s) that you need.

If you think you might have already had your full annual review (including blood tests) within the last 2 months, please telephone the practice to check whether you need to attend again.

COPD patients only
If you have recently had a course of steroids or antibiotics, please do not make your review appointment until 6 weeks after this treatment course has finished.

Yours sincerely

PRIORY MEDICAL GROUP

THIRD PARTY COPY

Chronic Kidney Disease

The following information is only relevant to you if the invitation overleaf indicates that you need an annual check-up for Chronic Kidney Disease. You may not be aware that you have any problems with your kidneys and we do not wish for you to be alarmed. You will have been attending for the necessary blood pressure, blood and urine test monitoring, but may not have been aware of this as the same tests are required for other problems such as diabetes or high blood pressure.

The following information explains more about Chronic Kidney Disease. If you have any further questions please ask the nurse at your annual check-up appointment.

What is Chronic Kidney Disease?

- Chronic Kidney Disease or CKD is a common condition that affects as many as 1 in 10 of the general population.
- The term chronic is used in medicine to describe a long-lasting condition, rather than an illness that is bound to be very serious or life-threatening.
- For most patients CKD does not affect their quality of life, and only a very small minority of people will eventually need dialysis or a kidney transplant.

How is Chronic Kidney Disease diagnosed?

- Blood and urine tests are used to diagnose kidney disease.
- Often people with CKD do not have any symptoms.
- Anyone can develop CKD but it is more common with increasing age, and in people with diabetes and high blood pressure.

How is Chronic Kidney Disease monitored or treated?

- Annual blood pressure checks, blood and urine tests are needed to monitor the condition and we will contact you when these are required.
- Good blood pressure control and good diabetes control can help to stop CKD getting worse.

What can I do to help myself?

- Don't smoke
- Keep weight down
- Take regular exercise
- Avoid excess salt and alcohol

More information can be found at

- Renal Association: www.renal.org.uk
- British Heart Foundation: www.bhf.org.uk
- Diabetes UK: www.diabetes.org.uk
- National Kidney Federation: www.kidney.org.uk/Medical-Info/ckd-info

THIRD PARTY COPY

Attachment
02-Sept-2016 Chloe Naismith
Additional: Attachment
Appointment Letter from Miss C Naismith, -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:



Patient Appointment Card

Name: Mr John Michael Cavanagh

Date/Time: 09 Sep 2016 10:30

Location: Park view Surgery

Clinician: Dr Christopher Bennett

THIRD PARTY COPY

Attachment
24-Aug-2016 Mrs Pauline Harper
Additional: Attachment
Clinic Letter from Dr M Pye, Cardiology Consultant, York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust

York Hospital, Wigginton Road, York YO31 8HE

MPP/HH

25 August 2016

Dr P Anderson
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Personal Secretary:

Direct Line: (01904) 725606
Fax Number: (01904) 726340
email: Lynsay.Lamb@York.NHS.UK

Dear Dr Anderson

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191
Clinic: Dr Pye **Clinic Date:** 24 August 2016

I saw this gentleman back in clinic in today. I have reviewed this history and his chest pain is very atypical for any form of cardiac pain and it is positional altered by respiration comes on at rest but not on exertion. I think this combined with the angiographic findings means this is not angina pain. Having said that obviously, he is at longer term risk so I would like him to stay on Aspirin and statin longer term but he can stop the Clopidogrel and we don't need to review him back here routinely.

Yours sincerely

Dr M Pye
Consultant Cardiologist

THIRD PARTY COPY

Attachment
10-Aug-2016 Cristiana Frasina
Additional: Attachment
Clinic Letter from Dr L Munro, Haematology Consultant, York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust

York Hospital, Wigginton Road, YORK YO31 8HE

LRM/ng

TYPED WITHOUT CASE NOTES

10 August 2016

Dr P Anderson
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

DEPARTMENT OF HAEMATOLOGY
Dr M Jain, Dr L Munro & Dr A Whittle's Secretary
Direct Line: 01904 725777
Fax: 01904 457883

Dear Dr Anderson

Mr John Cavanagh **DOB:** 22-SEP-1963

15, Etty Avenue, YORK, YO10 3TJ

Casenote: 99/39862 **NHS Number:** 400 079 4191

Clinic: DR L MUNRO WEDNESDAY AM CLINIC **Clinic Date:** 10 August 2016

DIAGNOSIS

Reactive blood picture
Type II diabetes
Chronic arthritis following an RTA
Previous excess alcohol

I reviewed Mr Cavanagh in the haematology clinic today. He had no new symptoms of note. I was pleased to be able to tell him that his CT scan has shown no significant abnormality and also his JAK2 pcr, which was done in Leeds, is also normal.

His full blood count today shows a Hb of 156g/l, WBC 16 x 10^9/l, neutrophils 10 x 10^9/l, monocytes 1.5 x 10^9/l and platelets 260 x 10^9/l. His lymphocytes on this occasion were normal at 3.8 x 10^9/l. I have also looked at his blood film which doesn't show any specific morphological abnormalities other than the high WBC. Mr Cavanagh tells me that he has now managed to stop smoking the heroin but he continues to smoke cigarettes.

Overall I haven't found a significant underlying cause for this gentleman's leucocytosis. I don't think a bone marrow is going to be helpful. I have arranged to see him again in a further three months and if his count is stable at that time I think we could discharge him.

Yours sincerely

THIRD PARTY COPY

DR L MUNRO
Consultant Haematologist

THIRD PARTY COPY

Attachment
05-Aug-2016 Kathryn Gibson
Additional: Attachment
Hospital Letter from Dr M Pye, Cardiology Consultant, York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
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FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust

York Hospital, Wigginton Road, York YO31 8HE

MPP/HH

5 August 2016

Dr P Anderson
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Personal Secretary:

Direct Line: (01904) 725606
Fax Number: (01904) 726340
email: Lynsay.Lamb@York.NHS.UK

Dear Dr Anderson

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191

This gentleman underwent elective coronary arteriography on the 1st August 2016, with some atypical symptoms of chest discomfort. His dominant right coronary artery was normal. Left main stem intermediate were normal. There was a mild osteal LAD stenosis less than 50% in some views. It is unlikely that his symptoms are related to this degree of coronary artery disease.

I will review him back in clinic and go over his history again and if there is still suspicion then I will move onto a stress echo.

Yours sincerely

Dr M Pye
Consultant Cardiologist

THIRD PARTY COPY

Attachment
01-Aug-2016 Kathryn Gibson
Additional: Attachment
Discharge summary from York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
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Pages:

YORK HOSPITAL Switchboard 01904 631313

Nurse Led Discharge Notification

1st August 2016

Dr Peter Anderson
Priory Medical Group
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Consultant : Dr Maurice P Pye
Admitted : 01-AUG-2016, Elective
Specialty : Cardiology
Discharging Nurse : Keenan, Colette
Discharged From : VASCULAR IMAGING UNIT
On : 01-AUG-2016

Dear Dr Anderson

Mr John M Cavanagh
15, Etty Avenue, YORK, YO10 3TJ

NHS No: 400 079 4191 Date Of Birth: 22/09/1963
Casenote: 99/39862

Procedures
Coronary Angiography

Allergies
No known Allergies

Weight
This patient's weight is not available

Nurse Discharge Notes
Patient attended VIU for Diagnostic Coronary Angiogram, Radial approach.
Observations satisfactory throughout procedure.
After care advice written and verbal explained.
Radial puncture site satisfactory on discharge.

THIRD PARTY COPY

Attachment
28-July-2016 Cristiana Frasina
Additional: Attachment
Clinic Letter from Lifeline Project -> Priory Medical Group
Filename:
Extension:.tif
Pages:

Lifeline Project
Lifeline York
3 Blossom Street
York,
YO24 1AU
Tel: 01904 464680
Fax: 01904 464688
Email: York@lifeline.org.uk

28/07/16

Dr C Bennett
Priory Medical Group
Tang Hall Surgery
190 Tang Hall Lane
York
YO10 3RL

Client Name: John O'Kanagh
[illegible] 22/05/1963
Client Address: 15 Etty Avenue, Tang Hall, York, YO10 3TJ

Dear Dr,

Your client was seen in the Lifeline York clinic today, and we would like to update you with the following information:

John started on 10mls methadone today.

On time and well presented with wife.

Drug use - heroin dependence 20 years ago IVDU, came off it when in prison, about 7 months ago started using again, daily for the last 4 months.
3 bags heroin a day split smoking.

[illegible] used last weekend - friend over, had "a few lines"

Attributes relapse to boredom, stays in a lot due to health and friend came over and ended dabbling but led to habit.

Describes only mild opiate withdrawals, says sweats and sleep poor, general aches, wife said when could not get heroin a few days ago was sweating a lot and agitated, describes anxiety a little also.

We really want to avoid the risk of death by overdosing and drug interactions. Could you please let us know if you prescribe your patient any:

- Benzodiazepine or 'Z' drugs
- Any opioid analgesics
- Any other drugs that are CNS sedatives, including antidepressant medication. Please note that methadone and citalopram are contraindicated for use together
- Any drugs that are known to prolong the QTc interval (please see http://www.crediblemeds.org/ or equivalent resource for a list)

Please also let us know when transferring prescribing any medication that has a misuse/dependence potential including

THIRD PARTY COPY

F-661

Lifeline Project
Lifeline York
3 Blossom Street
York,
YO24 1AU
Tel: 01904 464680
Fax: 01904 464688
Email: York@lifeline.org.uk

No heroin yet today and no observed opiate withdrawals.

PH - type 2 diabetes.
osteoarthritis in ankles - walks with crutches.
angina - has GTN spray but does not use, seeing YDH on Monday
hx perforated ulcer.

MH - bored as in a lot, some low mood but no thoughts DSH / suicide.

POM
Metformin and gliclazide, GTN spray, lansoprazole, sertraline, ibuprofen PRN

SOCIAL

Social - lives with wife, children age 7, 18 and 20.
Wife here today - very supportive but desperate for him to stop using heroin.

John expresses wish to stop heroin use from today - keen to be in and out of Tx quickly.

Chat re options and agree low dose MMSF 10mls - agree 6/7 sos and wife to supervise Sundays done - happy to do so.

To see in a week for clinician if needed.

Methadone info leaflet given

Previously Dihydrocodeine and Diazepam not had MMSF in last 20 years (although has used Tramadol)

Regards

Jenny MacSwiggan
Clinical Lead

We regularly audit to avoid the risk of poor prescribing and drug misuse deaths. Could you please let us know if you prescribe your patient

- Any zopiclone or z-drugs
- Any opioid and gabapentinoids
- Any other drugs that are CNS depressant, including antidepressant medication. Please note that methadone and citalopram are contraindicated if QTc is prolonged
- Any drug that is known to prolong the QTc interval (please see http://www.qtdrugs.org/ or equivalent resource for a list)

Please advise caution when considering prescribing any medication that has a misuse/dependence potential including

THIRD PARTY COPY

Attachment
22-July-2016 Kathryn Gibson
Additional: Attachment
Clinic Letter from Dr L Munro, Haematology Consultant, York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust

York Hospital, Wigginton Road, YORK YO31 8HE

LRM/ec

DEPARTMENT OF HAEMATOLOGY
Dr L Munro's/Dr A M Whittle's/Dr M Jain's Secretary
Direct Line: 01904 725777
Fax: 01904 457883

21 July 2016

Dr C J Bennett
Priory Medical Centre
Cornlands Road
YORK
YO24 3WX

Dear Dr Bennett

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191
Clinic: DR L MUNRO WEDNESDAY AM CLINIC **Clinic Date:** 20 July 2016 - 1st attendance

DIAGNOSIS

Leukocytosis ? cause
Type II diabetes
Chronic arthritis following an RTA
Previous excess alcohol
Smokes heroin

Thank you for referring this rather complicated 52 year old gentleman to the Haematology clinic for investigation of eosinophilia. He has a somewhat complicated past medical history which I have summarised above. He complains of feeling generally unwell. He tells me that he has lost three to four stone in weight over the last year which he has been putting down to his diabetic medication. In addition for the last three months he has had drenching sweats. He is also currently being investigated for chest pain and is awaiting an angiogram to investigate this.

He has not had any rashes, itching, joint pain or swelling other than his long standing arthritis following trauma.

His medication includes Lixisenatide which he has been on for about 12 months, Gliclazide, Metformin and laxatives including Laxido and Lactulose. He smokes approximately 20 cigarettes per day but doesn't drink any alcohol now.

THIRD PARTY COPY

On examination he had multiple tattoos. There was no lymphadenopathy or hepatosplenomegaly. On auscultation of his chest, he had widespread wheeze. Heart sounds were normal.

His full blood count today showed a haemoglobin 152g/l, white cells 15 x 10^9/l, platelets 252 x 10^9/l, lymphocytes 4.8 x 10^9/l, eosinophils 0.85 x 10^9/l and monocytes 1.5 x 10^9/l. The blood abnormalities go back approximately 3 years.

The fact that he has an increase in both myeloid and lymphoid blood lines suggest that this is a reactive picture. In view of his sweats and weight loss I think we need to exclude an underlying malignancy and I have requested a CT scan of his chest, abdomen and pelvis today.

I have also requested some molecular testing for BCR:ABL and JAK2 and I suspect that he will also require some lymphocyte markers. If all this comes back negative, he may require a bone marrow. I have arranged to see him back in the clinic in three weeks time with the results of his CT.

Yours sincerely

DR L MUNRO
Consultant Haematologist

THIRD PARTY COPY

Attachment
18-July-2016 Georgina Simms
Additional: Attachment
Request Form from Dr J Maloney, Doctors, Priory Medical Group -> Dr J Maloney, Doctors, Priory Medical Group
Filename:
Extension:.tif
Pages:

York Directorate of Laboratory Medicine
BIOCHEMISTRY/HAEMATOLOGY REQUEST

Surname	Forenames	Hospital Number	
Cavanagh	**John**		
Gender: **Male**	D.O.B.: **22 Sep 1963**	NHS Number: **400 079 4191**	NHS/PP/Other: **NHS**
Patient Address: **15 Etty Avenue, York, YO10 3TJ**		Specimen type: **Venous blood**	**Non Fasting**
		Sample date	Time taken
Requester's Name: **Dr Jane Maloney**	Usual Doctor (if not requester): **Dr Christopher Bennett**	Location: **Priory Medical Group - B82005 - CR**	Requester's signature
Clinical Details / Therapy			

BIOCHEMISTRY		HAEMATOLOGY	IMMUNOLOGY
☒ U&E	☐ B12	☐ FBC	☐ Antinuclear Antibodies
☐ U&E + Calcium	☐ Serum Folate	☐ ESR	☐ Rheumatoid Factor
☒ LFTs	☐ PSA	☐ IM Screen	☐ Coeliac screen
☐ Bone Profile	☐ Testosterone	☐ Warfarin Control	☐ Anti-Cardiolipin
☒ Cholesterol	☐ FSH	☐ Heparin Control	☐ Thyroid Antibodies
☐ Cholesterol / HDL-C	☐ LH	☐ Coagulation Screen	☐ ANCA
☐ Troponin I	☐ CRP	☐ Retics	☐ H Pylori
☐ GGT	☐ TSH only		
☐ Urate	☐ TFT (TSH & fT4)		
☐ Glucose	☐ Ferritin		
☒ HbA1c	☐ TPO Antibodies		
☐ ACR			
FSH only is recommended for ?Menopause			
☐ Others		☐ Others	☐ Others

- Tests required for annual review:
  Diabetes – U&E, LFTs, Cholesterol, HbA1c, ACR
  CHD/Stroke/TIA/PAD – U&E, Cholesterol
  CKD – U&E, ACR
  Hypertension – U&E
  Hypothyroid - TSH
- Lithium blood tests – Lithium level every 3 months and U&E, TFT every 9 months
- Memory problems blood tests - FBC, U&E + Calcium, LFTs, Glucose, B12, Serum Folate, TFT

Instructions for the blood test

If asked to fast please have only water and no food for 12 hours before the blood test.

The practice has a regular blood taking (phlebotomy) service by appointment at all surgery locations which we encourage you to use. Please bring this form with you when you attend. Alternative option is Asda at Monks Cross - drop in; weekdays 8.30am to 4.30pm (2.15pm Fri)

The results of your blood test will be sent back to us. We ask you to check whether the result is normal or not by telephoning the surgery about 1 week after the blood test unless you have been asked to make a follow-up appointment. It is best to call after 2pm when telephone lines are less busy.

THIRD PARTY COPY

Attachment
18-July-2016 Qasib Nazir
Additional: Attachment
Accident and Emergency Letter from York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

York ED Notification

Current GP: Dr Peter ANDERSON
Abbey Medical Group, Tang Hall Lane Surgery, 190 Tang Hall Lane,
YORK, YO10 3RL

Patient Details

Name:	Mr John Cavanagh
DOB:	22-SEP-1963
A&E Number:	85413-16
NHS Number:	400 079 4191
Address:	15, Etty Avenue, YORK, YO10 3TJ
Referral Source:	SELF REFERRAL
Arrival:	18-JUL-2016 17:51
Departure:	18-JUL-2016 18:03

Disposal: Discharged to Yorkshire Doctors

Notes/ Info for GP:

Signed off by: Ms Dorothy Gallimore

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Attachment
08-July-2016 Lynne Wootton
Additional: Attachment
Appointment Letter from Mrs L Wootton, -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:



Patient Appointment Card

Name: Mr John Michael Cavanagh

Date/Time: 18 Jul 2016 10:25

Location: Park View Surgery

Clinician: Miss Georgina Richards

THIRD PARTY COPY

Attachment
08-July-2016 Lynne Wootton
Additional: Attachment
Appointment Letter from Mrs L Wootton, -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:



Patient Appointment Card

Name: Mr John Michael Cavanagh

Date/Time: 29 Jul 2016 14:40

Location: Park View Surgery

Clinician: Mrs Joanne Anderson

Attachment
19-Jun-2016 Kathryn Gibson
Additional: Attachment
Accident and Emergency Letter from York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

York ED Notification

Current GP: Dr Peter ANDERSON
Abbey Medical Group, Tang Hall Lane Surgery, 190 Tang Hall Lane,
YORK, YO10 3RL

Patient Details

Name:	Mr John Cavanagh
DOB:	22-SEP-1963
A&E Number:	72209- 16
NHS Number:	400 079 4191
Address:	15, Etty Avenue, YORK, YO10 3TJ
Referral Source:	EMERGENCY SERVICES
Arrival:	19-JUN-2016 11:17
Departure:	19-JUN-2016 16:25
Diagnosis:	Constipation
Treatments:	Prescription/Medicines Prepared To Take Away Medication Administered - Per Rectum
Investigations:	Haematology Biochemistry Clotting Studies
Disposal:	Discharged
Notes/ Info for GP:	BNO for 5 days. Discomfort +++ and haemorrhoids. had suppositries and enema with no resolution. Seen by surgical reg who manually evacuated. Discahrged with movicol and anusol
Signed off by:	Dr Adam Clark

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Attachment
19-Jun-2016 Kathryn Gibson
Additional: Attachment
Out of Hours from Yorkshire Ambulance Service NHS Trust -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

Yorkshire Ambulance Service - 111 OOH Call Incident Report

Call number:	**4037641**	Receive Date:	**19-Jun-2016 10:20**
Patient's Name:	**John Cavanagh**		
Date of birth:	**22-Sep-1963 (52 years)**	Gender:	**M**
Address:	**15 Etty Avenue** **York YO10 3TJ**	Current Address:	**15 Etty Avenue** **York YO10 3TJ**
Return Contact No:			
Tel No:			
Mobile No:	**07927 603500**		
Priority:	**Emergency**	Call Origin:	
Received:	**19-Jun-2016 10:20**	Calltype:	**111 Cases**
Advised:	**:**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	

Patients Own Surgery:
Surgery Name - **Parkview (Abbey Med, YORK)**
Surgery Telephone - **01904 411139**

Reported Condition:
Symptoms: Constipated for the last 4-5 days prescribed lactulose despite using still not been able to open bowels.

Pathways Details:
Pathways Notes - **An injury or health problem was the reason for the contact.**

Heavy bleeding had not occurred in the previous 30 minutes.

An illness or health problem was the main problem. [Constipated for the last 4-5 days prescribed lactulose despite using still not been able to open bowels.]
The individual was not fighting for breath.

The main reason for the assessment was not a heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, a probable allergic reaction or ICD shock.
The skin on the torso felt normal, warm or hot.

Pathway selected - Constipation
There was rectal bleeding.
There was abdominal pain as well as rectal bleeding.
The pain interfered with normal activity.

There was no sudden onset of ripping or tearing pain.
There had been no previous diagnosis of aortic aneurysm or Marfan's syndrome.

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There was crushing or severe aching pain in the chest, upper back or upper abdomen.

Instructions given were: An emergency ambulance is being arranged.

Further information to help with dispatch was not described.
There was no safeguarding concern.

The scene was safe.
The individual did not use GTN medication.

The individual was not allergic to aspirin.
There had been no vomiting of red or altered (coffee grounds) blood.
The individual was not taking anticoagulant medication.
There was no aspirin within easy reach.
Nobody else was present who could access medication.

Closing instructions

Pathways Final Disposition - **The disposition is: Emergency Ambulance Response (Red 2) (Dx011)**

Followups:
None

THIRD PARTY COPY

Attachment
09-Jun-2016 Mrs Pauline Harper
Additional: Attachment
Hospital Letter from Dr L Munro, Haematology Consultant, York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust

York Hospital, Wigginton Road, YORK YO31 8HE

LRM/ha

TYPED WITHOUT CASE NOTES

9 June 2016

Dr C Bennett
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

DEPARTMENT OF HAEMATOLOGY
Dr L Munro's/Dr A M Whittle's/Dr M Jain's
Secretary
Direct Line: 01904 725777
Fax: 01904 457883

Dear Dr Bennett

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191

ADVICE & GUIDANCE LETTER ONLY

Thank you for your letter regarding this gentleman who has a persistently raised white cell count and eosinophilia. This is most likely reactive particularly in view of his slight lymphocytosis as well. However, I am concerned with the fact that he has been getting chest pain and being investigated by the cardiologists. I therefore feel that we should see him and send his blood for a JAK2 PCR and to look for evidence of a myeloproliferative condition. I have therefore taken the liberty of arranging an appointment for him and if you have any objection to this please let me know.

Yours sincerely

DR L MUNRO
Consultant Haematologist

THIRD PARTY COPY

Attachment
06-Jun-2016 Georgina Simms
Additional: Attachment
Request Form from Dr C Bennett, Doctors, Priory Medical Group -> Dr C Bennett, Doctors, Priory Medical Group
Filename:
Extension:.tif
Pages:

York Directorate of Laboratory Medicine
BIOCHEMISTRY/HAEMATOLOGY REQUEST

Surname **Cavanagh**	Forenames **John**	Hospital Number	
Gender **Male**	D.O.B. **22 Sep 1963**	NHS Number **400 079 4191**	NHS/PP/Other **NHS**
Patient Address **15 Etty Avenue** **York** **YO10 3TJ**		Specimen type **Venous blood** Sample date	**Non Fasting** Time taken
Requester's Name **Dr Christopher Bennett**	Usual Doctor (if not requester) **Dr Christopher Bennett**	Location **Priory Medical Group - B82005 - CR**	Requester's signature
Clinical Details / Therapy			

BIOCHEMISTRY		HAEMATOLOGY	IMMUNOLOGY
☐ U&E	☐ B12	☒ FBC	☐ Antinuclear Antibodies
☐ U&E + Calcium	☐ Serum Folate	☐ ESR	☐ Rheumatoid Factor
☐ LFTs	☐ PSA	☐ IM Screen	☐ Coeliac screen
☐ Bone Profile	☐ Testosterone	☐ Warfarin Control	☐ Anti-Cardiolipin
☐ Cholesterol	☐ FSH	☐ Heparin Control	☐ Thyroid Antibodies
☐ Cholesterol / HDL-C	☐ LH	☐ Coagulation Screen	☐ ANCA
☐ Troponin I	☐ CRP	☐ Retics	☐ H Pylori
☐ GGT	☐ TSH only		
☐ Urate	☐ TFT (TSH & fT4)		
☐ Glucose	☐ Ferritin		
☐ HbA1c	☐ TPO Antibodies		
☐ ACR			
FSH only is recommended for ?Menopause			
☐ Others		☐ Others	☐ Others

- Tests required for annual review:
  Diabetes – U&E, LFTs, Cholesterol, HbA1c, ACR
  CHD/Stroke/TIA/PAD – U&E, Cholesterol
  CKD – U&E, ACR
  Hypertension – U&E
  Hypothyroid - TSH
- Lithium blood tests – Lithium level every 3 months and U&E, TFT every 9 months
- Memory problems blood tests - FBC, U&E + Calcium, LFTs, Glucose, B12, Serum Folate, TFT

Instructions for the blood test

If asked to fast please have only water and no food for 12 hours before the blood test.

The practice has a regular blood taking (phlebotomy) service by appointment at all surgery locations which we encourage you to use. Please bring this form with you when you attend. Alternative option is Asda at Monks Cross - drop in; weekdays 8.30am to 4.30pm (2.15pm Fri)

The results of your blood test will be sent back to us. We ask you to check whether the result is normal or not by telephoning the surgery about 1 week after the blood test unless you have been asked to make a follow-up appointment. It is best to call after 2pm when telephone lines are less busy.

THIRD PARTY COPY

Attachment
28-Apr-2016 Cristiana Frasina
Additional: Attachment
Retinal Screening from North Yorkshire Retinal Screening Service -> Priory Medical Group
Filename:
Extension:.tif
Pages:

North Yorkshire wydesp
NHS Diabetic Eye
Screening Programme

York Teaching Hospital NHS
NHS Foundation Trust

Confidential
Dr J Hamilton
Priory Medical Group
Victoria Way Surgery
2 Victoria Way
Huntington, York
North Yorkshire
YO32 9GE

28 April 2016

Dear Dr Hamilton

RE: Mr John Cavanagh
Address: 15, Etty Avenue, York, YO10 3TJ
NHS Number: 400 079 4191 DOB: 22/09/1963

The above named has been offered 2 retinal screening appointments in the current screening year.

Unfortunately they have not taken up the offer to attend for screening. We will not be offering further screening appointments this year. However if the patient attends your surgery perhaps you could suggest and encourage the need for routine diabetic eye screening.

We will of course include them in the next years screening programme.

If you have any queries please contact us.

Yours sincerely

North Yorkshire Diabetic Eye Screening Programme

THIRD PARTY COPY

2 Cayley Court, George Cayley Drive, Clifton Moor, York YO30 4WH. Tel: 01904 726640

Attachment
26-Apr-2016 Kathryn Gibson
Additional: Attachment
DNA Letter from Podiatry, Tang Hall Clinic -> Priory Medical Group
Filename:
Extension:.tif
Pages:

Harrogate and District NHS
NHS Foundation Trust

NHS No: 400 079 4191

Department of Podiatry
Tang Hall Clinic, Selby & York Locality
Fifth Avenue
York
YO31 0PR
Tel No: 01904 724334

E-mail: podiatry.appointments@hdft.nhs.uk

26 Apr 2016

Dr Pooled List Priory Medical Group
Priory Medical Centre
Cornlands Road
York
YO24 3WX

Dear Colleagues, Priory Medical Group

Re: Mr John Cavanagh (22 Sep 1963)
15 Etty Avenue, York YO10 3TJ

Thank you for referring this patient. Unfortunately they did not attend their appointment today.

We have written to them and advised them that if they do not contact us in the next 28 days, we will presume that they no longer require treatment and will discharge them.
This is the second appointment that Mr. Cavanagh has failed to attend.

Yours sincerely

Julie Yates-Housley
PODIATRIST .
TANG HALL CLINIC.

DEPARTMENT OF PODIATRY

THIRD PARTY COPY

Harrogate & District NHS Foundation Trust provides Podiatry Services across North Yorkshire
Chairman - Mrs Sandra Dodson A NATIONAL HEALTH SERVICE FOUNDATION TRUST Chief Executive - Richard Ord

Attachment
22-Apr-2016 Joanne Anderson
Additional: Attachment
Request Form from Mrs J Anderson (code: PN1), Nurses, Priory Medical Group -> Biochem form, Pathology Department, York Hospital
Filename:
Extension:.tif
Pages:

York Directorate of Laboratory Medicine **BIOCHEMISTRY/HAEMATOLOGY REQUEST**			
Surname **Cavanagh**	Forenames **John**	Hospital Number	
Gender **Male**	D.O.B. **22 Sep 1963**	NHS Number **400 079 4191**	NHS/PP/Other **NHS**
Patient Address **15 Etty Avenue** **York** **YO10 3TJ**		Specimen type **Venous blood** Sample date	**Non Fasting** Time taken
Requester's Name **Mrs Joanne Anderson (code: PN1)**	Usual Doctor (if not requester) **Dr Christopher Bennett**	Location **Clementhorpe Health Centre - B82005 - CS**	Requester's signature
Clinical Details / Therapy **inc in glipizide**			

BIOCHEMISTRY		HAEMATOLOGY	IMMUNOLOGY
☐ U&E	☐ B12	☐ FBC	☐ Antinuclear Antibodies
☐ U&E + Calcium	☐ Serum Folate	☐ ESR	☐ Rheumatoid Factor
☐ LFTs	☐ PSA	☐ IM Screen	☐ Coeliac screen
☐ Bone Profile	☐ Testosterone	☐ Warfarin Control	☐ Anti-Cardiolipin
☐ Cholesterol	☐ FSH	☐ Heparin Control	☐ Thyroid Antibodies
☐ Cholesterol / HDL-C	☐ LH	☐ Coagulation Screen	☐ ANCA
☐ Troponin I	☐ CRP	☐ Retics	☐ H Pylori
☐ GGT	☐ TSH only		
☐ Urate	☐ TFT (TSH & fT4)		
☐ Glucose	☐ Ferritin		
☒ HbA1c	☐ TPO Antibodies		
☐ ACR			
FSH only is recommended for ?Menopause			
☐ Others		☐ Others	☐ Others

- Tests required for annual review:
  Diabetes – U&E, LFTs, Cholesterol, HbA1c, ACR
  CHD/Stroke/TIA/PAD – U&E, Cholesterol
  CKD – U&E, ACR
  Hypertension – U&E
  Hypothyroid - TSH
- Lithium blood tests – Lithium level every 3 months and U&E, TFT every 9 months
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THIRD PARTY COPY

Attachment
19-Apr-2016 Mrs Susan Lumb
Additional: Attachment
Clinic Letter from Dr M Pye, Cardiology Consultant, York Hospital -> Dr P Priory Medical Group, Priory Medical Group

Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust

York Hospital, Wigginton Road, York YO31 8HE

MPP/HH

21 April 2016

Dr P Anderson
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Personal Secretary:

Direct Line: (01904) 725606
Fax Number: (01904) 726340
email: Lynsay.Lamb@York.NHS.UK

Dear Dr Anderson

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191
Clinic: Dr Pye **Clinic Date:** 19 April 2016

Diagnoses: Type II diabetes
Osteoarthritis

Medications: Ibuprofen
Insulin
Metformin
Gliclazide
Lixisenatide

Thank you for referring Mr John Cavanagh, a 52 year old gentleman who I saw in Dr Pye's rapid access chest pain clinic today.

For the past 12 months, he has noticed getting left sided chest pain which feels like pressure on his chest. The pain often radiates down his left arm and causes pins and needles in his hands. He says he usually gets them at rest and they only last about 20-30 seconds but he does notice that on occasion they get worse when he starts walking around the room. He does not get any shortness of breath with this but does feel nauseous and clammy. His osteoarthritis limits his exercise capacity, therefore he is unable to carry out any strenuous activity.

Mr Cavanagh is a diabetic and an ex-smoker with 25 pack years. He has got a significant family history of ischaemic heart disease, his dad had a heart attack in his early sixties and his mother had a heart attack in her late fifties. His brother also had a heart attacks in his late forties. I understand the last cholesterol level was 4.7. He does not have any diagnosis of hypertension.

In clinic his blood pressure was 126/76mmHg and his pulse was 88 beats per minute. His weight

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was 100kg. His chest was clear to auscultate and his heart sounds were normal. His ECG showed normal sinus rhythm.

I agree that the chest pain is slightly atypical in the sense that they occur at rest but it does sound like angina overall. With the combination of risk factors Mr Cavanagh has, I would like to put him forward for a angiogram +/- angioplasty. I have explained the procedure to him and prescribed him Aspirin 75mg once a day, GTN spray and I have given him a pack of Clopidogrel 75mg once a day which he is to start 5 days prior to the date of his angiogram. I also explained to him that his Metformin will need to be stopped for 48 hours following the procedure. He will need some more up-to-date bloods ideally a week or two before the angiogram. He will need FBC and U&E's. I have started the coronary angiography multi-professional pathway. He has got a leaflet about the procedure with him.

We look forward to seeing him for his angiogram but if there are any problems in the meantime, please do not hesitate to get in touch.

Yours sincerely

Dr A Das
SpR to Dr M Pye, Consultant Cardiologist

Copy To: Mr J Cavanagh
15 Etty Avenue
York
YO10 3TJ

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Attachment
08-Mar-2016 Katy Maskell-Edwards
Additional: Attachment
from Dr C Bennett, Park View Surgery -> Referral Support Services
Filename:
Extension:.tif
Pages:

New Referral Form

Reference/Priority

Referral Date:	Priority:	NHS Number:
08 Mar 2016	Routine	400 079 4191

Patient Details

Title:	Forename(s):	Surname:
Mr	John	Cavanagh
Date of Birth:	**Gender:**	**Ethnicity:**
22 Sep 1963	Male	British or mixed British - ethnic category 2001 census

Contact Details

Address Line 1:	Address Line 2	Address Line 3:
	15 Etty Avenue	
Town:	**County:**	**Postcode:**
York	N Yorkshire	YO10 3TJ
Phone:	**Mobile:**	**Text Message Consent:**
	07927 603500	No

Referrer/Practice Details

Referring Name:	Referrer Code:	Practice Code:
Dr Christopher Bennett	6128403	B82005

Referral Details

Specialty:	Clinic Type:	Named Clinician:
Cardiology		

Patient Choice Preferences

Provider 1:	Provider 2:
Referral Support Services	
Provider 3:	**Provider 4:**

Preferences

Assistance Required:	Assistance Notes:	Confidential/Silent Referral:
No		No
Preferred Contact Time:	**Interpreter Required:**	**Preferred Language:**
	No	language not specified

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New Referral Form

Referral Details

Non-clinical information for the booking team:

Provisional Diagnosis:

Smoking Status Readcode:
07 Mar 2016, Ex-smoker (Ub1na)

Referral Reason/Letter Text

08.03.2016/CB/KME

Dear Colleague

I would be grateful for your assessment of this 52 year old gentle-man with a history of Osteo Arthritis and Type 2 Diabetes. For the past 8 to 9 months he has been complaining of sharp pains in the centre of his chest and just to the left hand side. It seems to be happening at present every day and can happen several times a day. He describes it as feeling like he is being poked in the chest and like there is a pressure feeling there. It does occur whilst he is at rest but he does notice it does get worse when he exerts himself. Interestingly moving his arm at times can improve the pain. He does not notice any radiation into his neck or his arms. He denies any new shortness of breath or any light headedness or Syncopy. There have been no palpitations. He has had said that this is not an indigestion type pain. At worse the pain is 7/10 and can last for several minutes when it comes on.

There is a significant history of cardiac problems in this family with his Dad dying of a heart attack at the age of 62 and his brother having had several heart attacks already starting in his late 40's.

He is an ex smoker having smoked thirty a day for 25 years having stopped 4 years ago. On examination his blood pressure is 120/76, his pulse was 82 regular. There was no chest wall tenderness. His heart sounds are normal and his chest is clear.

He has undergone some routine bloods which have shown a normal Haemoglobin, Cholesterol of 4.7 and an Hba1c level of 86 (this is a significant improvement on the 116 in December). He has also undergone a chest Xray which was normal.

I appreciate his chest pains are some what A Typical for Cardiac but I am concerned given his significant risk that is including being an ex smoker, his Type 2 Diabetes, and the significant family history of early heart attacks. On this basis I would therefore be grateful of your assessment and whether you feel further investigation is warranted

Kind regards

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New Referral Form

Family History

Consultation date and time	Read code and description
08 May 2000	No FH: Stroke/TIA (1225.)
08 May 2000	No FH: Ischaemic Heart Disease >60 (Y0ce2)
08 May 2000	No FH: Ischaemic Heart Disease <60 (Y0ce1)

Active Problems

Date	Problem	Severity
19 Mar 2009	Ankle pain (X75sF)	Major
07 Aug 2009	Drainage of abscess NEC (Xa1pj)	Major
20 Nov 2009	Type II diabetes mellitus (X40J5)	Major
07 Oct 2010	Diabetes mellitus (C10..)	Minor
03 May 2011	Appendicectomy NEC (Xa9U0)	Major
03 May 2011	Lower abdominal pain (197C.)	Major
23 Aug 2012	Osteoarthritis NOS (XE1Da)	Major
22 Mar 2013	Chesty cough (1719.)	Minor
06 Jun 2014	Epigastric pain (1972.)	Minor

Summary

None recorded

Significant Past

Severity	Start date	End date	Problem
[redacted]			
Major	01 Jan 1973 00:00	01 Jan 1973	Fracture of shaft of tibia (S337.)
Major	13 Jun 1986 00:00	13 Jun 1986	Digital nerve of hand (7N086)
Major	01 Jan 1992 00:00	01 Jan 1992	Duodenitis (J157.)
Major	12 May 1992 00:00	12 May 1992	Barium meal (X70fj)
Major	19 Oct 1994 00:00	19 Oct 1994	Acute bronchitis (XE0Xr)
Major	01 Jan 1996 00:00	01 Jan 1996	Problem drinker (Ub0lR)
Major	01 Jan 1996 00:00	01 Jan 1996	Duodenal ulcer (J12..)
Major	16 Aug 1996 00:00	16 Aug 1996	Oesophagitis (J101.)
Major	16 Aug 1996 00:00	16 Aug 1996	Duodenal ulcer (J12..)
Major	16 Aug 1996 00:00	16 Aug 1996	[D]Helicobac pylori-abnor microbiolog finding gastric fluid (XaBMX)
Major	16 Aug 1996 00:00	16 Aug 1996	Problem drinker (Ub0lR)
Major	17 Jun 1997 00:00	17 Jun 1997	Drug dependence (E24..)
Major	19 Aug 2002 00:00	19 Aug 2002	Ankle pain (X75sF)

Current Repeat Medication

Start date	End date	Full description
22 Feb 2016	21 Mar 2016	Lixisenatide 20micrograms/0.2ml solution for injection 3ml pre-filled disposable devices 2 pre-filled disposable injection - use as directed Type II diabetes mellitus (X40J5)

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New Referral Form

Acute Medication (last 3mths)

None recorded

Measurements

BP (last 3):

Date	Reading
12 Jun 2015	130 / 76 mmHg
16 Sep 2015	134 / 78 mmHg
22 Feb 2016	120 / 76 mmHg

Weight (last 3):
12 Jun 2015, O/E - weight (22A..), 108 Kg
16 Sep 2015, O/E - weight (22A..), 110 Kg
11 Dec 2015, O/E - weight (22A..), 98 Kg

Height (last 3):
25 Nov 2011, O/E - height (229..), 1.66 m
14 Dec 2012, O/E - height (229..), 1.66 m
29 Apr 2013, O/E - height (229..), 1.66 m

BMI (last 3):
12 Jun 2015, Body mass index - observation (22K..), 39.19 Kg/m^2
16 Sep 2015, Body mass index - observation (22K..), 39.92 Kg/m^2
11 Dec 2015, Body mass index - observation (22K..), 35.56 Kg/m^2

Oxford Knee Score (last 3):
None recorded

Allergies

None recorded

Lab Results

Date filed	Battery Headers	Result indicator
11 Dec 2015	Liver function tests;Serum cholesterol level	Satisfactory
11 Dec 2015	Urea and electrolytes	Abnormal
11 Dec 2015	Haemoglobin A1c level - IFCC standardised	Abnormal, but expected
17 Dec 2015	Full blood count	Abnormal
17 Dec 2015	Film/Manual WBC Diff	Unknown
17 Dec	Haemoglobin A1c level - IFCC standardised	Abnormal, but

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New Referral Form

2015		expected
22 Feb 2016	Serum cholesterol level;Serum HDL cholesterol level;Cholest./HDL ratio;Full blood count	Unknown
22 Feb 2016	Haemoglobin A1c level - IFCC standardised	Abnormal, but expected
22 Feb 2016	Film/Manual WBC Diff	Abnormal

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Attachment
04-Mar-2016 Dr Christopher Bennett
Additional: Attachment
Request Form from Dr C Bennett, Doctors, Priory Medical Group -> Biochem form, Pathology Department, York Hospital
Filename:
Extension:.tif
Pages:

York Directorate of Laboratory Medicine
BIOCHEMISTRY/HAEMATOLOGY REQUEST

Surname	Forenames	Hospital Number	
Cavanagh	**John**		
Gender **Male**	D.O.B. **22 Sep 1963**	NHS Number **400 079 4191**	NHS/PP/Other NHS
Patient Address **15 Etty Avenue York YO10 3TJ**		Specimen type Venous blood	Non Fasting
		Sample date	Time taken
Requester's Name **Dr Christopher Bennett**	Usual Doctor (if not requester) **Dr Christopher Bennett**	Location **Priory Medical Group - B82005 - CR**	Requester's signature
Clinical Details / Therapy **raised WCC/lymphocytes**			

BIOCHEMISTRY		HAEMATOLOGY	IMMUNOLOGY
☐ U&E	☐ B12	☒ FBC	☐ Antinuclear Antibodies
☐ U&E + Calcium	☐ Serum Folate	☐ ESR	☐ Rheumatoid Factor
☐ LFTs	☐ PSA	☐ IM Screen	☐ Coeliac screen
☐ Bone Profile	☐ Testosterone	☐ Warfarin Control	☐ Anti-Cardiolipin
☐ Cholesterol	☐ FSH	☐ Heparin Control	☐ Thyroid Antibodies
☐ Cholesterol / HDL-C	☐ LH	☐ Coagulation Screen	☐ ANCA
☐ Troponin I	☐ CRP	☐ Retics	☐ H Pylori
☐ GGT	☐ TSH only		
☐ Urate	☐ TFT (TSH & fT4)		
☐ Glucose	☐ Ferritin		
☐ HbA1c	☐ TPO Antibodies		
☐ ACR			
FSH only is recommended for ?Menopause			
☐ Others		☐ Others	☐ Others

- Tests required for annual review:
  Diabetes – U&E, LFTs, Cholesterol, HbA1c, ACR
  CHD/Stroke/TIA/PAD – U&E, Cholesterol
  CKD – U&E, ACR
  Hypertension – U&E
  Hypothyroid - TSH
- Lithium blood tests – Lithium level every 3 months and U&E, TFT every 9 months
- Memory problems blood tests - FBC, U&E + Calcium, LFTs, Glucose, B12, Serum Folate, TFT

Instructions for the blood test

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The results of your blood test will be sent back to us. We ask you to check whether the result is normal or not by telephoning the surgery about 1 week after the blood test unless you have been asked to make a follow-up appointment. It is best to call after 2pm when telephone lines are less busy.

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Attachment
23-Feb-2016 Mrs Valerie Howlett
Additional: Attachment
Radiology from York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

York Hospitals NHS Trust

Radiology Report

Report sent on: 26-FEB-2016 16:45

Practice: PRIORY MEDICAL GROUP

GP Name: BENNETT, Christopher J, Dr

Patient Details

Name: CAVANAGH, John M, Mr **DOB:** 22-SEP-1963

NHS Number: 400 079 4191 **Casenote:** XR545902

Report

Examination: XR CHEST
Exam Date: 23-FEB-2016 **Report Date:** 26-FEB-2016 11:48
Report Status: Verified **Reporter:** MAGKANAS, Eleftherios

Indications: Ex-smoker. Chest pain.? Underlying pathology.
Chest x-ray: Previous CXR of 07/05/2011.
Heart size is normal. No consolidation or nodular lesions within the lungs. No pleural fluid. The mediastinal and hilar outlines are clear.

Dr Eleftherios Magkanas
Locum Consultant Radiologist
GMC 7476515

Authors: Dr Eleftherios Magkanas - Authoriser: Dr Eleftherios Magkanas

For enquiries on the content of this report please ring the York Hospital X-ray Helpdesk on (01904) 72 6328

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Attachment
22-Feb-2016 Sylvia Barlow
Additional: Attachment
Appointment Letter from Mrs S Barlow, -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:



Patient Appointment Card

Name: Mr John Michael Cavanagh

Date/Time: 04 Mar 2016 15:40

Location: Tang Hall Surgery

Clinician: Dr Christopher Bennett

Attachment
22-Feb-2016 Dr Christopher Bennett
Additional: Attachment
Request Form from Dr C Bennett, Doctors, Priory Medical Group -> X-Ray, Referral Forms
Filename:
Extension:.tif
Pages:

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Surname **Cavanagh**	D.O.B. **22 Sep 1963**	**York Hospitals NHS Foundation Trust** **X-ray Request Form**
Forenames **John**	Gender **Male**	patient arrival time
Patient Address **15 Etty Avenue, York, N Yorkshire, YO10 3TJ**	Telephone Number **07927 603500**	**WARNING** **Incomplete, illegible or unsigned requests could delay this examination or result in an incomplete investigation** packet location
Usual Doctor's Name **Dr Christopher Bennett**	NHS Number **400 079 4191**	last examination
Location **Priory Medical Group**	Hospital Number	
Examination required **Chest X-ray**		

Clinical Details and Diagnosis **Ex smoker 2-0-25 a day since age 9** **Chest pains** **?underlying lung pathology**		**Possible pregnancy?** N **Diabetic?** N **Disability?** None	**GP OPEN ACCESS SERVICE AVAILABLE 8:30am – 5:00pm Monday - Friday** **No appointment required** **Request card valid for 1 month from date of signing**
Referrer's name **Dr Christopher Bennett**	**Requests only accepted from Trust approved referrers - Ionising Radiation (Medical Exposure) Regulations 2000**	**Mobility?** N/A	*For radiology dept use:* Radiology appointment date & time: Date received: (Urgent / Soon / Routine) Authorised by: Practitioner Operator
Doctor's signature	Request date **22 Feb 2016**		

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Attachment
22-Feb-2016 Dr Christopher Bennett
Additional: Attachment
Request Form from Dr C Bennett, Doctors, Priory Medical Group -> Biochem form, Pathology Department, York Hospital
Filename:
Extension:.tif
Pages:

York Directorate of Laboratory Medicine
BIOCHEMISTRY/HAEMATOLOGY REQUEST

Surname	Forenames	Hospital Number	
Cavanagh	**John**		
Gender **Male**	D.O.B. **22 Sep 1963**	NHS Number **400 079 4191**	NHS/PP/Other NHS
Patient Address **15 Etty Avenue York YO10 3TJ**		Specimen type Venous blood	Non Fasting
		Sample date	Time taken
Requester's Name **Dr Christopher Bennett**	Usual Doctor (if not requester) **Dr Christopher Bennett**	Location **Priory Medical Group - B82005 - CR**	Requester's signature
Clinical Details / Therapy **chest pains**			

BIOCHEMISTRY		HAEMATOLOGY	IMMUNOLOGY
☐ U&E	☐ B12	☒ FBC	☐ Antinuclear Antibodies
☐ U&E + Calcium	☐ Serum Folate	☐ ESR	☐ Rheumatoid Factor
☐ LFTs	☐ PSA	☐ IM Screen	☐ Coeliac screen
☐ Bone Profile	☐ Testosterone	☐ Warfarin Control	☐ Anti-Cardiolipin
☒ Cholesterol	☐ FSH	☐ Heparin Control	☐ Thyroid Antibodies
☒ Cholesterol / HDL-C	☐ LH	☐ Coagulation Screen	☐ ANCA
☐ Troponin I	☐ CRP	☐ Retics	☐ H Pylori
☐ GGT	☐ TSH only		
☐ Urate	☐ TFT (TSH & fT4)		
☐ Glucose	☐ Ferritin		
☐ HbA1c	☐ TPO Antibodies		
☐ ACR			
FSH only is recommended for ?Menopause			
☐ Others		☐ Others	☐ Others

- Tests required for annual review:
  Diabetes – U&E, LFTs, Cholesterol, HbA1c, ACR
  CHD/Stroke/TIA/PAD – U&E, Cholesterol
  CKD – U&E, ACR
  Hypertension – U&E
  Hypothyroid - TSH
- Lithium blood tests – Lithium level every 3 months and U&E, TFT every 9 months
- Memory problems blood tests - FBC, U&E + Calcium, LFTs, Glucose, B12, Serum Folate, TFT

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Attachment
22-Feb-2016 Dr Christopher Bennett
Additional: Attachment
from Dr C Bennett, Park View Surgery -> Podiatry (YHFT), Referral Forms

Filename:
Extension:.tif
Pages:

Priory Medical Group
Millfield Avenue
York
YO10 3AB

Telephone: 01904 411139
Practice B82005

Podiatry Department
White Cross Court
Wilson Drive
Huntington Road
York
YO31 7FT

PODIATRY REFERRAL FORM

Date of Referral 22 Feb 2016

PATIENT'S NAME	Mr John Cavanagh		
ADDRESS	15 Etty Avenue, York YO10 3TJ		
TEL NO		DATE OF BIRTH	22 Sep 1963
NHS NO	400 079 4191	AGE	52 y

REASON FOR REFERRAL

Diabetic- soon please

Sore outer right foot for months

Callus ++++ built up outer forefoot and sore ++
Pedal pulses felt, no infection warm feet

IF DOMICILIARY TREATMENT IS ESSENTIAL PLEASE GIVE REASONS

USUAL DOCTOR	Dr Christopher Bennett	**REFERRED BY**	Dr Christopher Bennett

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Medical History of Mr John Cavanagh - 22 Sep 1963- 400 079 4191

Significant Active Problems

Start date	Problem
19 Mar 2009	Ankle pain (X75sF)
07 Aug 2009	Drainage of abscess NEC (Xa1pj)
20 Nov 2009	Type II diabetes mellitus (X40J5)
03 May 2011	Appendicectomy NEC (Xa9U0)
03 May 2011	Lower abdominal pain (197C.)
23 Aug 2012	Osteoarthritis NOS (XE1Da)

Allergies

None recorded

Blood Pressure

120 / 76 mmHg

Current Repeats

Drug name	Dose
Metformin 500mg tablets	take two twice a day
Sildenafil 100mg tablets	AS DIRECTED
Omeprazole 20mg gastro-resistant capsules	2 od
Sodium alginate 500mg/5ml / Potassium bicarbonate 100mg/5ml oral suspension sugar free	5ml - 10ml 4 times/day
GlucoRx lancets 0.31mm/30gauge (GlucoRx Ltd)	use as directed
GlucoRx Nexus testing strips (GlucoRx Ltd)	use as directed
Laxido Orange oral powder sachets sugar free (Galen Ltd)	One sachet Twice Daily
Ibuprofen 600mg tablets	ONE TO BE TAKEN TWICE A DAY
Atorvastatin 40mg tablets	1 To be taken Each Night
Lixisenatide 20micrograms/0.2ml solution for injection 3ml pre-filled disposable devices	use as directed
GlucoRx FinePoint hypodermic insulin needles for pre-filled / reusable pen injectors screw on 5mm/31gauge (GlucoRx Ltd)	use as directed
Sharpsafe disposal unit Yellow (Frontier Medical Products Ltd)	use as directed
Glipizide 5mg tablets	take one daily

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Attachment
19-Feb-2016 Joanne Anderson
Additional: Attachment
Request Form from Mrs J Anderson (code: PN1), Nurses, Priory Medical Group -> Biochem form, Pathology Department, York Hospital
Filename:
Extension:.tif
Pages:

York Directorate of Laboratory Medicine **BIOCHEMISTRY/HAEMATOLOGY REQUEST**			
Surname **Cavanagh**	Forenames **John**	Hospital Number	
Gender **Male**	D.O.B. **22 Sep 1963**	NHS Number **400 079 4191**	NHS/PP/Other **NHS**
Patient Address **15 Etty Avenue** **York** **YO10 3TJ**		Specimen type **Venous blood** Sample date	**Non Fasting** Time taken
Requester's Name **Mrs Joanne Anderson (code: PN1)**	Usual Doctor (if not requester) **Dr Christopher Bennett**	Location **Clementhorpe Health Centre - B82005 - CS**	Requester's signature
Clinical Details / Therapy **Restarted glipizide**			

BIOCHEMISTRY		HAEMATOLOGY	IMMUNOLOGY
☐ U&E	☐ B12	☐ FBC	☐ Antinuclear Antibodies
☐ U&E + Calcium	☐ Serum Folate	☐ ESR	☐ Rheumatoid Factor
☐ LFTs	☐ PSA	☐ IM Screen	☐ Coeliac screen
☐ Bone Profile	☐ Testosterone	☐ Warfarin Control	☐ Anti-Cardiolipin
☐ Cholesterol	☐ FSH	☐ Heparin Control	☐ Thyroid Antibodies
☐ Cholesterol / HDL-C	☐ LH	☐ Coagulation Screen	☐ ANCA
☐ Troponin I	☐ CRP	☐ Retics	☐ H Pylori
☐ GGT	☐ TSH only		
☐ Urate	☐ TFT (TSH & fT4)		
☐ Glucose	☐ Ferritin		
☒ HbA1c	☐ TPO Antibodies		
☐ ACR			
FSH only is recommended for ?Menopause			
☐ Others		☐ Others	☐ Others

- Tests required for annual review:
  Diabetes – U&E, LFTs, Cholesterol, HbA1c, ACR
  CHD/Stroke/TIA/PAD – U&E, Cholesterol
  CKD – U&E, ACR
  Hypertension – U&E
  Hypothyroid - TSH
- Lithium blood tests – Lithium level every 3 months and U&E, TFT every 9 months
- Memory problems blood tests - FBC, U&E + Calcium, LFTs, Glucose, B12, Serum Folate, TFT

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Attachment
16-Dec-2015 Joanne Anderson
Additional: Attachment
Request Form from Mrs J Anderson (code: PN1), Nurses, Priory Medical Group -> Biochem form, Pathology Department, York Hospital
Filename:
Extension:.tif
Pages:

York Directorate of Laboratory Medicine **BIOCHEMISTRY/HAEMATOLOGY REQUEST**			
Surname **Cavanagh**	Forenames **John**	Hospital Number	
Gender **Male**	D.O.B. **22 Sep 1963**	NHS Number **400 079 4191**	NHS/PP/Other **NHS**
Patient Address **15 Etty Avenue** **York** **YO10 3TJ**		Specimen type **Venous blood** Sample date	**Non Fasting** Time taken
Requester's Name **Mrs Joanne Anderson (code: PN1)**	Usual Doctor (if not requester) **Dr Christopher Bennett**	Location **Clementhorpe Health Centre - B82005 - CS**	Requester's signature
Clinical Details / Therapy **Diabetes - deterioration in diabetes control**			

BIOCHEMISTRY		HAEMATOLOGY	IMMUNOLOGY
☐ U&E	☐ B12	☒ FBC	☐ Antinuclear Antibodies
☐ U&E + Calcium	☐ Serum Folate	☐ ESR	☐ Rheumatoid Factor
☐ LFTs	☐ PSA	☐ IM Screen	☐ Coeliac screen
☐ Bone Profile	☐ Testosterone	☐ Warfarin Control	☐ Anti-Cardiolipin
☐ Cholesterol	☐ FSH	☐ Heparin Control	☐ Thyroid Antibodies
☐ Cholesterol / HDL-C	☐ LH	☐ Coagulation Screen	☐ ANCA
☐ Troponin I	☐ CRP	☐ Retics	☐ H Pylori
☐ GGT	☐ TSH only		
☐ Urate	☐ TFT (TSH & fT4)		
☐ Glucose	☐ Ferritin		
☒ HbA1c	☐ TPO Antibodies		
☐ ACR			
FSH only is recommended for ?Menopause			
☐ Others		☐ Others	☐ Others

- Tests required for annual review:
  Diabetes – U&E, LFTs, Cholesterol, HbA1c, ACR
  CHD/Stroke/TIA/PAD – U&E, Cholesterol
  CKD – U&E, ACR
  Hypertension – U&E
  Hypothyroid - TSH
- Lithium blood tests – Lithium level every 3 months and U&E, TFT every 9 months
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Attachment
11-Dec-2015 Joanne Anderson
Additional: Attachment
Request Form from Mrs J Anderson (code: PN1), Nurses, Priory Medical Group -> Biochem form, Pathology Department, York Hospital
Filename:
Extension:.tif
Pages:

York Directorate of Laboratory Medicine **BIOCHEMISTRY/HAEMATOLOGY REQUEST**			
Surname **Cavanagh**	Forenames **John**	Hospital Number	
Gender **Male**	D.O.B. **22 Sep 1963**	NHS Number **400 079 4191**	NHS/PP/Other **NHS**
Patient Address **15 Etty Avenue** **York** **YO10 3TJ**		Specimen type **Venous blood** Sample date	**Non Fasting** Time taken
Requester's Name **Mrs Joanne Anderson (code: PN1)**	Usual Doctor (if not requester) **Dr Christopher Bennett**	Location **Clementhorpe Health Centre - B82005 - CS**	Requester's signature
Clinical Details / Therapy **Diabetes - commenced lixi**			

BIOCHEMISTRY		HAEMATOLOGY	IMMUNOLOGY
☒ U&E	☐ B12	☐ FBC	☐ Antinuclear Antibodies
☐ U&E + Calcium	☐ Serum Folate	☐ ESR	☐ Rheumatoid Factor
☒ LFTs	☐ PSA	☐ IM Screen	☐ Coeliac screen
☐ Bone Profile	☐ Testosterone	☐ Warfarin Control	☐ Anti-Cardiolipin
☒ Cholesterol	☐ FSH	☐ Heparin Control	☐ Thyroid Antibodies
☐ Cholesterol / HDL-C	☐ LH	☐ Coagulation Screen	☐ ANCA
☐ Troponin I	☐ CRP	☐ Retics	☐ H Pylori
☐ GGT	☐ TSH only		
☐ Urate	☐ TFT (TSH & fT4)		
☐ Glucose	☐ Ferritin		
☒ HbA1c	☐ TPO Antibodies		
☐ ACR			
FSH only is recommended for ?Menopause			
☐ Others		☐ Others	☐ Others

- Tests required for annual review:
  Diabetes – U&E, LFTs, Cholesterol, HbA1c, ACR
  CHD/Stroke/TIA/PAD – U&E, Cholesterol
  CKD – U&E, ACR
  Hypertension – U&E
  Hypothyroid - TSH
- Lithium blood tests – Lithium level every 3 months and U&E, TFT every 9 months
- Memory problems blood tests - FBC, U&E + Calcium, LFTs, Glucose, B12, Serum Folate, TFT

Instructions for the blood test

If asked to fast please have only water and no food for 12 hours before the blood test.

The practice has a regular blood taking (phlebotomy) service by appointment at all surgery locations which we encourage you to use. Please bring this form with you when you attend. Alternative option is Asda at Monks Cross - drop in; weekdays 8.30am to 4.30pm (2.15pm Fri)

The results of your blood test will be sent back to us. We ask you to check whether the result is normal or not by telephoning the surgery about 1 week after the blood test unless you have been asked to make a follow-up appointment. It is best to call after 2pm when telephone lines are less busy.

THIRD PARTY COPY

Attachment
11-Nov-2015 Ms Gillian Baigrie
Additional: Attachment
Letter to Patients from Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

Mr J M Cavanagh
15 Etty Avenue
York
YO10 3TJ

11 November 2015

Our Ref: 400 079 4191

Dear Mr Cavanagh

We have been trying to contact you with a routine message from your doctor, but unfortunately have been unable to speak to you.

Please telephone the surgery after 11:00 am to speak to one of the receptionists regarding this letter.

Yours sincerely

Reception

THIRD PARTY COPY

Attachment
27-Oct-2015 Charlotte Genever
Additional: Attachment
Letter to Patients from Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

Mr J M Cavanagh
15 Etty Avenue
York
YO10 3TJ

27 Oct 2015

Our Ref: 400 079 4191

Dear Mr Cavanagh

Due to unforeseen circumstances your appointment on Friday 6th Nov at 11.00am has had to be cancelled.

Your new appointment will be the same day Friday 6th Nov at 2.45pm. If this is inconvenient please contact us as soon as possible.

Yours sincerely

RECEPTIONIST

THIRD PARTY COPY

Attachment
13-Oct-2015 Cristiana Frasina
Additional: Attachment
GOS18 report from Specsavers -> Priory Medical Group
Filename:
Extension:.tif
Pages:

Specsavers®

15 Low Ousegate
York
North Yorkshire
YO1 9QX

Tel 01904 655611
Fax 01904 640768
Web specsavers.co.uk/york

General Practitioners
Priory Medical Group
Tang Hall Surgery
Tang Hall Lane
York
YO

13 October 2015

Dear General Practitioners,

RE: Information for GP: Other

Mr John Cavanagh
DOB : 22/09/1963 **NHS No.:**
Address: 15 Etty Avenue, YORK, YO10 3TJ
Telephone No.: 07927 603500

Prescription details from current sight test: 13 October 2015

	Vision	Sph	Cyl	Axis	Prism H	Prism V	VA	Add	Near VA	Previous VA 18 April 2014
RE		+1.00	-0.25	65			6/5	+ 2.25	N5	6/5
LE		+0.75	-0.25	110			6/5	+2.25	N5	6/5

RE Intra-Ocular Pressure 21.0 mmHg	Applanation Tonometer
LE Intra-Ocular Pressure 20.0 mmHg	

RE Disc Appearance c/d 0.35 healthy	**Visual Fields**
LE Disc Appearance c/d 0.35 healthy	

Reason for Referral: Other

I would be very grateful for your looking into this chap's diabetic retinal screening record. He tells me it hasn't been done for about 2 years and I was wondering whether he's been lost to recall. Through dilated pupils today, there was no obvious diabetic retinopathy in either eye but he should be on the formal screening programme if possible.

Yours Sincerely,

for GP (information)

Richard Peacock

GOC/GMC No.: 01-18124 MR. R. PEACOCK BSc (HONS) MCOptor
OPHTHALMIC OPTICIAN

Statement: The reason for this referral has been explained to the patient or guardian who agrees to it. The patient or guardian also consents to information being exchanged between the Hospital Eye Service, their General Medical Practitioner and optometrist or ophthalmic medical practitioner.

Registered Company York Vistonplus Limited
Registered in England No 2290715 VAT No 500 8828 60
Registered Office Forum 6 Parkway Solent Business Park Whiteley Fareham PO15 7PA
Directors A list of directors is available from the Registered Office

THIRD PARTY COPY

Attachment
09-Sept-2015 Mrs Jane Knaggs
Additional: Attachment
Letter to Patients from Mrs J Knaggs, Priory Medical Group -> Mr J Cavanagh,

Filename:
Extension:.tif
Pages:

Priory Medical Group

Mr John Cavanagh
15 Etty Avenue
York
N Yorkshire
YO10 3TJ

Date 09 Sep 2015

Dear Mr Cavanagh

ANNUAL CHECK-UP INVITATION

We aim to complete your review in your month of birth each year. Our records show that you have the following condition(s) which require(s) an annual review:

Diabetes

To complete your review, you need the following appointments:

Blood Test, Specialist Diabetes Nurse (please bring a urine sample),

Please telephone your usual surgery after 11:00 am, inform the receptionist that you have received this letter, and they will arrange the appointment(s) that you need.

If you think you might have already had your full annual review (including blood tests) within the last 2 months, please telephone the practice to check whether you need to attend again.

COPD patients only
If you have recently had a course of steroids or antibiotics, please do not make your review appointment until 6 weeks after this treatment course has finished.

Yours sincerely

PRIORY MEDICAL GROUP

THIRD PARTY COPY

Chronic Kidney Disease

The following information is only relevant to you if the invitation overleaf indicates that you need an annual check-up for Chronic Kidney Disease. You may not be aware that you have any problems with your kidneys and we do not wish for you to be alarmed. You will have been attending for the necessary blood pressure, blood and urine test monitoring, but may not have been aware of this as the same tests are required for other problems such as diabetes or high blood pressure.

The following information explains more about Chronic Kidney Disease. If you have any further questions please ask the nurse at your annual check-up appointment.

What is Chronic Kidney Disease?

- Chronic Kidney Disease or CKD is a common condition that affects as many as 1 in 10 of the general population.
- The term chronic is used in medicine to describe a long-lasting condition, rather than an illness that is bound to be very serious or life-threatening.
- For most patients CKD does not affect their quality of life, and only a very small minority of people will eventually need dialysis or a kidney transplant.

How is Chronic Kidney Disease diagnosed?

- Blood and urine tests are used to diagnose kidney disease.
- Often people with CKD do not have any symptoms.
- Anyone can develop CKD but it is more common with increasing age, and in people with diabetes and high blood pressure.

How is Chronic Kidney Disease monitored or treated?

- Annual blood pressure checks, blood and urine tests are needed to monitor the condition and we will contact you when these are required.
- Good blood pressure control and good diabetes control can help to stop CKD getting worse.

What can I do to help myself?

- Don't smoke
- Keep weight down
- Take regular exercise
- Avoid excess salt and alcohol

More information can be found at

- Renal Association: www.renal.org.uk
- British Heart Foundation: www.bhf.org.uk
- Diabetes UK: www.diabetes.org.uk
- National Kidney Federation: www.kidney.org.uk/Medical-Info/ckd-info

THIRD PARTY COPY

Attachment
04-Sept-2015 Dr Christopher Bennett
Additional: Attachment
Letter to Patients from Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

Controlled Drug Prescription Collection

Patient Name	John Cavanagh
NHS number	400 079 4191
Date of prescription	04 September 2015
Controlled Drug	Tramadol 50mg capsules 100 capsule - take 1-2 To be taken Four Times Daily Script Notes: Please make an appt with the Dr for review of this medication BEFORE next script is due.
Pregabalin/Lyrica	
Signature	
Relationship to patient	
Date collected	

THIRD PARTY COPY

Attachment
23-July-2015 Cristiana Frasina
Additional: Attachment
Hospital Letter from Mr A Budgen, York Hospital (Orthopaedic Surgeon) -> Priory Medical Group

Filename:
Extension:.tif
Pages:

York Teaching Hospital NHS
NHS Foundation Trust

Hospital Ref: 99/39862
NHS Number: 400 079 4191
23rd July 2015

York Hospital
Wigginton Road
YORK
YO31 8HE

Private & Confidential
Dr John Hamilton
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Actioned By (GP)

Dear Dr John Hamilton

Re: John Cavanagh
15, Etty Avenue
YORK
YO10 3TJ
NHS: 400 079 4191

The above patient has been removed from Mr A Budgen's waiting list at York Hospitals NHS Foundation Trust. We were unable to proceed with the admission due to Mr Cavanagh being unavailable for surgery for an extended period due to medical reasons.

The patient has been informed that they have been removed from the waiting list and that you will be able to express re-refer within in the next 6 months, should their condition improve and they are fit to proceed with the planned surgery. Please find attached an express re-referral form.

Yours sincerely

AR

Waiting List Co-ordinator

THIRD PARTY COPY

York Teaching Hospital NHS
NHS Foundation Trust

Express Re-Referral

This form is for use by GPs to ensure express access back to Pre Operative Assessment or Waiting List for patients who have previously been declared medically unfit for more than 4 weeks or have been unavailable for surgery for more than 8 weeks at York Hospital within the last 6 months.

Please Fax to: (01904) 457884

Patient Surname: Cavanagh	NHS Number: 400 079 4191 Hospital Number: 99/39862
Patient Forename: John	Address: 15, Etty Avenue YORK YO10 3TJ
Referring GP: Dr John Hamilton	GP Address: Abbey Medical Group Tang Hall Lane Surgery 190 Tang Hall Lane YORK YO10 3RL
Consultant Firm: Mr A Budgen	Specialty:
Reason patient was returned to care of GP:	
Update on patients condition:	
Is the patient available for surgery within the next 18 weeks? (with less than 8 weeks unavailability)	
For Office use only: Do not register this as a new referral - WL	

THIRD PARTY COPY

Attachment
20-July-2015 Ms Linda Cook
Additional: Attachment
Clinic Letter from S, Orthopaedic Surgeon, York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

York Hospital, Wigginton Road, YORK, YO31 8HE

FOR ELECTRONIC TRANSMISSION
YORK HOSPITALS NHS TRUST TRAUMA AND ORTHOPAEDIC SURGERY

THIRD PARTY COPY

23 July 2015

Dr C J Bennett
Priory Medical Group
Priory Medical Centre
Cornlands Road
YORK
YO24 3WX

Dear Dr Bennett

Mr John Cavanagh		**DOB:**	22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ			
Casenote:	99/39862	**NHS Number:**	4000794191
Clinic:	PRE-OP ASSESSMENT CLINIC DAILY	**Clinic Date:**	20 July 2015

Mr Cavanagh again attended this clinic prior to his planned open revision foot surgery with Mr Budgen. He had previously had surgery cancelled pending improvement in his diabetes management.

Although his HbA1c had improved by falling to 63mmol/mol on 12.6.15 his blood sugar at pre assessment was 12.3mmol. On rechecking the HbA1c it has risen to 78mmol/mol.

Unfortunately, this means that we again need to postpone surgery and Mr Cavanagh will need to come off the waiting list. I have just spoken to him on the telephone, so he is aware that we cannot proceed and he will make an appointment to be seen at your surgery soon.

Thank you for your assistance in this matter.

Yours sincerely

Sharon Lanham, Orthopaedic Pre Assessment Nurse
01904 726591

Cc Mr S A Budgen

Attachment
07-July-2015 Michelle Smith
Additional: Attachment
Letter to Patients from Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

Controlled Drug Prescription Collection

Patient Name	John Cavanagh
NHS number	400 079 4191
Date of prescription	07 July 2015
Controlled Drug	Tramadol 50mg capsules 100 capsule - take 1-2 To be taken Four Times Daily Script Notes: Please make an appt with the Dr for review of this medication BEFORE next script is due.
Signature	
Relationship to patient	
Date collected	

THIRD PARTY COPY

Attachment
07-July-2015 Jill Bargate
Additional: Attachment
Letter to Patients from Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

Controlled Drug Prescription Collection

Patient Name	John Cavanagh
NHS number	400 079 4191
Date of prescription	07 July 2015
Controlled Drug	Tramadol 50mg capsules 100 capsule - take 1-2 To be taken Four Times Daily Script Notes: Please make an appt with the Dr for review of this medication BEFORE next script is due.
Pregabalin/Lyrica	
Signature	
Relationship to patient	
Date collected	

THIRD PARTY COPY

Attachment
11-Jun-2015 Joanne Anderson
Additional: Attachment
Request Form from Mrs J Anderson (code: PN1), Nurses, Priory Medical Group -> Biochem form, Pathology Department, York Hospital
Filename:
Extension:.tif
Pages:

York Directorate of Laboratory Medicine **BIOCHEMISTRY/HAEMATOLOGY REQUEST**			
Surname **Cavanagh**	Forenames **John**	Hospital Number	
Gender **Male**	D.O.B. **22 Sep 1963**	NHS Number **400 079 4191**	NHS/PP/Other **NHS**
Patient Address **15 Etty Avenue** **York** **YO10 3TJ**		Specimen type **Venous blood** Sample date	**Non Fasting** Time taken
Requester's Name **Mrs Joanne Anderson (code: PN1)**	Usual Doctor (if not requester) **Dr Christopher Bennett**	Location **Clementhorpe Health Centre - B82005 - CS**	Requester's signature
Clinical Details / Therapy **Diabetes**			

BIOCHEMISTRY		HAEMATOLOGY	IMMUNOLOGY
☒ U&E	☐ B12	☐ FBC	☐ Antinuclear Antibodies
☐ U&E + Calcium	☐ Serum Folate	☐ ESR	☐ Rheumatoid Factor
☒ LFTs	☐ PSA	☐ IM Screen	☐ Coeliac screen
☐ Bone Profile	☐ Testosterone	☐ Warfarin Control	☐ Anti-Cardiolipin
☒ Cholesterol	☐ FSH	☐ Heparin Control	☐ Thyroid Antibodies
☐ Cholesterol / HDL-C	☐ LH	☐ Coagulation Screen	☐ ANCA
☐ Troponin I	☐ CRP	☐ Retics	☐ H Pylori
☐ GGT	☐ TSH only		
☐ Urate	☐ TFT (TSH & fT4)		
☐ Glucose	☐ Ferritin		
☒ HbA1c	☐ TPO Antibodies		
☐ ACR			
FSH only is recommended for ?Menopause			
☐ Others		☐ Others	☐ Others

- Tests required for annual review:
  Diabetes – U&E, LFTs, Cholesterol, HbA1c, ACR
  CHD/Stroke/TIA/PAD – U&E, Cholesterol
  CKD – U&E, ACR
  Hypertension – U&E
  Hypothyroid - TSH
- Lithium blood tests – Lithium level every 3 months and U&E, TFT every 9 months
- Memory problems blood tests - FBC, U&E + Calcium, LFTs, Glucose, B12, Serum Folate, TFT

Instructions for the blood test

If asked to fast please have only water and no food for 12 hours before the blood test.

The practice has a regular blood taking (phlebotomy) service by appointment at all surgery locations which we encourage you to use. Please bring this form with you when you attend. Alternative option is Asda at Monks Cross - drop in; weekdays 8.30am to 4.30pm (2.15pm Fri)

The results of your blood test will be sent back to us. We ask you to check whether the result is normal or not by telephoning the surgery about 1 week after the blood test unless you have been asked to make a follow-up appointment. It is best to call after 2pm when telephone lines are less busy.

THIRD PARTY COPY

Attachment
20-May-2015 Charlotte Genever
Additional: Attachment
Letter to Patients from Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

Controlled Drug Prescription Collection

Patient Name	John Cavanagh
NHS number	400 079 4191
Date of prescription	20 May 2015
Controlled Drug	Tramadol 50mg
Signature	
Relationship to patient	
Date collected	

THIRD PARTY COPY

Attachment
19-May-2015 Jill Bargate
Additional: Attachment
Letter to Patients from Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

Controlled Drug Prescription Collection

Patient Name	John Cavanagh
NHS number	400 079 4191
Date of prescription	19 May 2015
Controlled Drug	Tramadol 50mg capsules 100 capsule - take 1-2 To be taken Four Times Daily
Pregabalin/Lyrica	
Signature	
Relationship to patient	
Date collected	

THIRD PARTY COPY

Attachment
29-Apr-2015 Kathryn Gibson
Additional: Attachment
Retinal Screening from North Yorkshire Retinal Screening Service -> Priory Medical Group
Filename:
Extension:.tif
Pages:

North Yorkshire
NHS Diabetic Eye
Screening Programme

York Teaching Hospital NHS
NHS Foundation Trust

Confidential
Dr J Hamilton
Priory Medical Group
Victoria Way Surgery
2 Victoria Way
Huntington, York
North Yorkshire
YO32 9GE

29 April 2015

Dear Dr Hamilton

RE: Mr John Cavanagh
Address: 15, Etty Avenue, York, YO10 3TJ
NHS Number: 400 079 4191 DOB: 22/09/1963

The above named has been offered 2 retinal screening appointments in the current screening year.

Unfortunately they have not taken up the offer to attend for screening. We will not be offering further screening appointments this year. However if the patient attends your surgery perhaps you could suggest and encourage the need for routine diabetic eye screening.

We will of course include them in the next years screening programme.

If you have any queries please contact us.

Yours sincerely

North Yorkshire Diabetic Eye Screening Programme

THIRD PARTY COPY

2 Cayley Court, George Cayley Drive, Clifton Moor, York YO30 4WH. Tel: 01904 726640

Attachment
23-Apr-2015 Jill Bargate
Additional: Attachment
Letter to Patients from Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

Controlled Drug Prescription Collection

Patient Name	John Cavanagh
NHS number	400 079 4191
Date of prescription	23 April 2015
Controlled Drug	Tramadol 50mg capsules 100 capsule - take 1-2 To be taken Four Times Daily
Signature	
Relationship to patient	
Date collected	

THIRD PARTY COPY

Attachment
11-Mar-2015 Dr Christopher Bennett
Additional: Attachment
Letter to Patients from Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

Controlled Drug Prescription Collection

Patient Name	John Cavanagh
NHS number	400 079 4191
Date of prescription	11 March 2015
Controlled Drug	Tramadol 50mg capsules 100 capsule - take 1-2 To be taken Four Times Daily
Signature	
Relationship to patient	
Date collected	

THIRD PARTY COPY

Attachment
16-Jan-2015 Mrs Valerie Howlett
Additional: Attachment
Radiology from York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

York Hospitals NHS Trust

Radiology Report

Report sent on: 22-JAN-2015 09:36

Practice: PRIORY MEDICAL GROUP

GP Name: BENNETT, Christopher J, Dr

Patient Details

Name: CAVANAGH, John M, Mr **DOB:** 22-SEP-1963

NHS Number: 400 079 4191 **Casenote:** XR545902

Report

Examination: KNEE - LEFT

Exam Date: 16-JAN-2015 **Report Date:** 22-JAN-2015 09:36

Report Status: Verified **Reporter:** PORTE, Michael E, Dr

There is a little loss of joint space medially, this is perhaps slightly more pronounced than on a previous film of 23.8.12. No other lesion.

For enquiries on the content of this report please ring the York Hospital X-ray Helpdesk on (01904) 72 6328.

THIRD PARTY COPY

Attachment
09-Jan-2015 Joanne Anderson
Additional: Attachment
Request Form from Mrs J Anderson (code: PN1), Nurses, Priory Medical Group -> Biochem form, Pathology Department, York Hospital
Filename:
Extension:.tif
Pages:

York Directorate of Laboratory Medicine **BIOCHEMISTRY/HAEMATOLOGY REQUEST**			
Surname **Cavanagh**	Forenames **John**	Hospital Number	
Gender **Male**	D.O.B. **22 Sep 1963**	NHS Number **400 079 4191**	NHS/PP/Other **NHS**
Patient Address **15 Etty Avenue** **York** **YO10 3TJ**		Specimen type **Early morning urine** Sample date	**Non Fasting** Time taken
Requester's Name **Mrs Joanne Anderson (code: PN1)**	Usual Doctor (if not requester) **Dr Christopher Bennett**	Location **Clementhorpe Health Centre - B82005 - CS**	Requester's signature
Clinical Details / Therapy **Diabetes**			

BIOCHEMISTRY		HAEMATOLOGY	IMMUNOLOGY
☐ U&E	☐ B12	☐ FBC	☐ Antinuclear Antibodies
☐ U&E + Calcium	☐ Serum Folate	☐ ESR	☐ Rheumatoid Factor
☐ LFTs	☐ PSA	☐ IM Screen	☐ Coeliac screen
☐ Bone Profile	☐ Testosterone	☐ Warfarin Control	☐ Anti-Cardiolipin
☐ Cholesterol	☐ FSH	☐ Heparin Control	☐ Thyroid Antibodies
☐ Cholesterol / HDL-C	☐ LH	☐ Coagulation Screen	☐ ANCA
☐ Troponin I	☐ CRP	☐ Retics	☐ H Pylori
☐ GGT	☐ TSH only		
☐ Urate	☐ TFT (TSH & fT4)		
☐ Glucose	☐ Ferritin		
☐ HbA1c	☐ TPO Antibodies		
☒ ACR			
FSH only is recommended for ?Menopause			
☐ Others		☐ Others	☐ Others

- Tests required for annual review:
  Diabetes – U&E, LFTs, Cholesterol, HbA1c, ACR
  CHD/Stroke/TIA/PAD – U&E, Cholesterol
  CKD – U&E, ACR
  Hypertension – U&E
  Hypothyroid - TSH
- Lithium blood tests – Lithium level every 3 months and U&E, TFT every 9 months
- Memory problems blood tests - FBC, U&E + Calcium, LFTs, Glucose, B12, Serum Folate, TFT

Instructions for the blood test

If asked to fast please have only water and no food for 12 hours before the blood test.

The practice has a regular blood taking (phlebotomy) service by appointment at all surgery locations which we encourage you to use. Please bring this form with you when you attend.

The results of your blood test will be sent back to us. We ask you to check whether the result is normal or not by telephoning the surgery about 1 week after the blood test unless you have been asked to make a follow-up appointment. It is best to call after 2pm when telephone lines are less busy.

THIRD PARTY COPY

Attachment
09-Jan-2015 Joanne Anderson
Additional: Attachment
Request Form from Mrs J Anderson (code: PN1), Nurses, Priory Medical Group -> Biochem form, Pathology Department, York Hospital
Filename:
Extension:.tif
Pages:

York Directorate of Laboratory Medicine **BIOCHEMISTRY/HAEMATOLOGY REQUEST**			
Surname **Cavanagh**	Forenames **John**	Hospital Number	
Gender **Male**	D.O.B. **22 Sep 1963**	NHS Number **400 079 4191**	NHS/PP/Other **NHS**
Patient Address **15 Etty Avenue** **York** **YO10 3TJ**		Specimen type **Venous blood** Sample date	**Non Fasting** Time taken
Requester's Name **Mrs Joanne Anderson (code: PN1)**	Usual Doctor (if not requester) **Dr Christopher Bennett**	Location **Clementhorpe Health Centre - B82005 - CS**	Requester's signature
Clinical Details / Therapy **Commenced sitagliptin**			

BIOCHEMISTRY		HAEMATOLOGY	IMMUNOLOGY
☐ U&E	☐ B12	☐ FBC	☐ Antinuclear Antibodies
☐ U&E + Calcium	☐ Serum Folate	☐ ESR	☐ Rheumatoid Factor
☐ LFTs	☐ PSA	☐ IM Screen	☐ Coeliac screen
☐ Bone Profile	☐ Testosterone	☐ Warfarin Control	☐ Anti-Cardiolipin
☐ Cholesterol	☐ FSH	☐ Heparin Control	☐ Thyroid Antibodies
☐ Cholesterol / HDL-C	☐ LH	☐ Coagulation Screen	☐ ANCA
☐ Troponin I	☐ CRP	☐ Retics	☐ H Pylori
☐ GGT	☐ TSH only		
☐ Urate	☐ TFT (TSH & fT4)		
☐ Glucose	☐ Ferritin		
☒ HbA1c	☐ TPO Antibodies		
☐ ACR			
FSH only is recommended for ?Menopause			
☐ Others		☐ Others	☐ Others

- Tests required for annual review:
  Diabetes – U&E, LFTs, Cholesterol, HbA1c, ACR
  CHD/Stroke/TIA/PAD – U&E, Cholesterol
  CKD – U&E, ACR
  Hypertension – U&E
  Hypothyroid - TSH
- Lithium blood tests – Lithium level every 3 months and U&E, TFT every 9 months
- Memory problems blood tests - FBC, U&E + Calcium, LFTs, Glucose, B12, Serum Folate, TFT

Instructions for the blood test

If asked to fast please have only water and no food for 12 hours before the blood test.

The practice has a regular blood taking (phlebotomy) service by appointment at all surgery locations which we encourage you to use. Please bring this form with you when you attend.

The results of your blood test will be sent back to us. We ask you to check whether the result is normal or not by telephoning the surgery about 1 week after the blood test unless you have been asked to make a follow-up appointment. It is best to call after 2pm when telephone lines are less busy.

THIRD PARTY COPY

Attachment
09-Jan-2015 Dr Christopher Bennett
Additional: Attachment
Request Form from Dr C Bennett, Doctors, Priory Medical Group -> X-Ray, Referral Forms
Filename:
Extension:.tif
Pages:

Surname **Cavanagh**	D.O.B. **22 Sep 1963**	**York Hospitals NHS Foundation Trust** **X-ray Request Form**	
Forenames **John**	Gender **Male**	**WARNING** **Incomplete, illegible or unsigned requests could delay this examination or result in an incomplete investigation**	patient arrival time
Patient Address **15 Etty Avenue, York, N Yorkshire, YO10 3TJ**	Telephone Number **07927 603500**		packet location
Usual Doctor's Name **Dr Christopher Bennett**	NHS Number **400 079 4191**		last examination
Location **Priory Medical Group**	Hospital Number		
Examination required **XR Knee (weight bearing) Left**			
Clinical Details and Diagnosis **Left knee pain** **Tender medial joint line** **?worsening OA**		**Possible pregnancy?** **N** **Diabetic?** **N** **Disability?** **None**	**GP OPEN ACCESS SERVICE AVAILABLE 8:30am – 5:00pm Monday - Friday** **No appointment required** **Request card valid for 1 month from date of signing**
Referrer's name **Dr Christopher Bennett**	**Requests only accepted from Trust approved referrers - Ionising Radiation (Medical Exposure) Regulations 2000**	**Mobility?** N/A	For radiology dept use: Radiology appointment date & time: Date received: (Urgent / Soon / Routine) Authorised by: Practitioner Operator
Doctor's signature	Request date **09 Jan 2015**		

THIRD PARTY COPY

Attachment
28-Oct-2014 Mrs Elaine Harrison
Additional: Attachment
Request Form from Mrs E Harrison, Priory Medical Group -> Biochem form, Pathology Department, York Hospital
Filename:
Extension:.tif
Pages:

York Directorate of Laboratory Medicine **BIOCHEMISTRY/HAEMATOLOGY REQUEST**			
Surname **Cavanagh**	Forenames **John**	Hospital Number	
Gender **Male**	D.O.B. **22 Sep 1963**	NHS Number **400 079 4191**	NHS/PP/Other NHS
Patient Address **15 Etty Avenue** **York** **YO10 3TJ**		Specimen type Venous blood	Non Fasting
		Sample date 28/10/14	Time taken
Requester's Name **Mrs Elaine Harrison**	Usual Doctor (if not requester) **Dr Christopher Bennett**	Location **Priory Medical Centre**	Requester's signature
Clinical Details / Therapy **Type 2 diabetes**			

BIOCHEMISTRY		HAEMATOLOGY	IMMUNOLOGY
☒ U&E	☐ B12	☐ FBC	☐ Antinuclear Antibodies
☐ U&E + Calcium	☐ Serum Folate	☐ ESR	☐ Rheumatoid Factor
☒ LFTs	☐ PSA	☐ IM Screen	☐ Coeliac screen
☐ Bone Profile	☐ Testosterone	☐ Warfarin Control	☐ Anti-Cardiolipin
☒ Cholesterol	☐ FSH	☐ Heparin Control	☐ Thyroid Antibodies
☐ Cholesterol / HDL-C	☐ LH	☐ Coagulation Screen	☐ ANCA
☐ Troponin I	☐ CRP	☐ Retics	☐ H Pylori
☐ GGT	☐ TSH only		
☐ Urate	☐ TFT (TSH & fT4)		
☐ Glucose	☐ Ferritin		
☒ HbA1c	☐ TPO Antibodies		
☐ ACR			
FSH only is recommended for ?Menopause			
☐ Others		☐ Others	☐ Others

- Tests required for annual review:
  Diabetes – U&E, LFTs, Cholesterol, HbA1c, ACR
  CHD/Stroke/TIA/PAD – U&E, Cholesterol
  CKD – U&E, ACR
  Hypertension – U&E
  Hypothyroid - TSH
- Lithium blood tests – Lithium level every 3 months and U&E, TFT every 9 months
- Memory problems blood tests - FBC, U&E + Calcium, LFTs, Glucose, B12, Serum Folate, TFT

Instructions for the blood test

If asked to fast please have only water and no food for 12 hours before the blood test.

The practice has a regular blood taking (phlebotomy) service by appointment at all surgery locations which we encourage you to use. Please bring this form with you when you attend.

The results of your blood test will be sent back to us. We ask you to check whether the result is normal or not by telephoning the surgery about 1 week after the blood test unless you have been asked to make a follow-up appointment. It is best to call after 2pm when telephone lines are less busy.

THIRD PARTY COPY

Attachment
09-Oct-2014 Cristiana Frasina
Additional: Attachment
Hospital Letter from Trauma & Orthopaedics, York Hospital -> Dr P Priory Medical Group, Priory Medical Group

Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust
York Hospital
Wigginton Road
York YO31 8HE

SABB/AGC

9 October 2014

Dr J Hamilton
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Alison Cooper
Secretary to Mr Budgen & Mr Stanley
Tel: 01904 726178
Fax: 01904 726887
Alison.G.Cooper@York.NHS.UK

Dear Dr Hamilton,

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191

Your patient has recently attended a pre-operative assessment and is found to be medically unfit for surgery due to ongoing diabetic management.

In line with the locally agreed referral to treatment Policy, the patient cannot be added to the waiting list.

When the patient is deemed to be medically fit they should be re-referred using the attached form to the Orthopaedic Outpatient Department at York Hospital.

The patient will not require a second outpatient appointment but will be given a second pre-operative assessment and if found to be medically fit will be placed onto the waiting list.

Yours sincerely

DICTATED BUT NOT SIGNED

Paul Rafferty
Directorate Manager
Trauma & Orthopaedics

THIRD PARTY COPY

Express Re-Referral

This form is for use by GPs to ensure express access back to Pre Operative Assessment or Waiting List for patients who have previously been declared medically unfit or have been unavailable for surgery at York Hospital.

Please Fax to: (01904) 457884

Patient Surname: NHS Number:

Patient Forename: Address:

Referring GP: GP Address:

Consultant Firm: Specialty:

Reason patient was returned to care of GP:

Update on patients condition:

THIRD PARTY COPY

Is the patient available for surgery within the next 10 weeks?

For Office Use Only:

THIRD PARTY COPY

Attachment
23-Sept-2014 Mrs Jane Knaggs
Additional: Attachment
Letter to Patients from Mrs J Knaggs, Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

Priory Medical Group

Mr John Cavanagh
15 Etty Avenue
York
N Yorkshire
YO10 3TJ

Date 23 Sep 2014

Dear Mr Cavanagh

ANNUAL CHECK-UP INVITATION

We aim to complete your review in your month of birth each year. Our records show that you have the following condition(s) which require(s) an annual review:

Diabetes

To complete your review, you need the following appointments:

Blood Test, Specialist Diabetes Nurse (please bring a urine sample),

Please telephone your usual surgery after 11:00 am, inform the receptionist that you have received this letter, and they will arrange the appointment(s) that you need.

If you think you might have already had your full annual review (including blood tests) within the last 2 months, please telephone the practice to check whether you need to attend again.

Yours sincerely

PRIORY MEDICAL GROUP

THIRD PARTY COPY

Attachment
19-Sept-2014 Cristiana Frasina
Additional: Attachment
Clinic Letter from Pre-Op assessment clinic, Orthopaedic Surgeon, York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

York Hospital, Wigginton Road, YORK, YO31 8HE

FOR ELECTRONIC TRANSMISSION
YORK HOSPITALS NHS TRUST TRAUMA AND ORTHOPAEDIC SURGERY

6 October 2014

Dr J Hamilton
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Dear Dr Hamilton

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 4000794191
Clinic: PRE-OP ASSESSMENT CLINIC DAILY **Clinic Date:** 19 September 2014

Mr Cavanagh attended this clinic prior to his planned revision foot surgery with Mr S A Budgen.

His assessment has been reviewed by Dr B Williams, Consultant Anaesthetist. He is concerned that Mr Cavanaghs diabetic control remains very poor, with HbA1c at 86. We appreciate that the patient may be very non-compliant, but ask if anything further can be done to improve control, particularly as Mr Cavanagh is insisting on same day discharge.

Thank you for your assistance.

Yours sincerely

Sharon Lanham, Orthopaedic Pre Assessment Nurse
01904 726591

Cc Dr B Williams
Mr S A Budgen

THIRD PARTY COPY

Attachment
10-Sept-2014 Mrs Janet Dobson
Additional: Attachment
Miscellaneous from Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

Mr J M Cavanagh
15 Etty Avenue
York
YO10 3TJ

10 Sep 2014

Our Ref: 400 079 4191

Dear Mr Cavanagh

Your repeat prescription for Macrogol

The practice has been reviewing its prescribing of macrogol. This is to ensure our patients receive the best treatment with the lowest cost for the NHS. As a result we have changed your future prescriptions to Laxido orange sugar free sachets

The strength and dose of laxido is the same and you should not notice any difference in effect.
Your medication will be changed automatically so please order your next prescription in the usual way. It would help the NHS save money if you would use up any remaining macrogol first before starting to take your new supply.

If you have any queries regarding this letter please contact the surgery.

If for some reason you feel this letter is inappropriate please accept our apologies and please let us know so we can amend your records.

All medicines should be safely stored out of the reach of children.

Yours sincerely

Priory Medical Group

THIRD PARTY COPY

Attachment
18-Aug-2014 Ms Linda Cook
Additional: Attachment
Clinic Letter from Mr Z, Orthopaedic Surgeon, York Hospital -> Dr P Priory Medical Group, Priory Medical Group

Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust
York Hospital
Wigginton Road
York YO31 8HE

SABB/MZ/AGC

20 August 2014

Dr J Hamilton
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Alison Cooper
Secretary to Mr Budgen & Mr Stanley
Tel: 01904 726176
Fax: 01904 726887
Alison.G.Cooper@York.NHS.UK

Dear Dr Hamilton,

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191
Clinic: Mr Budgen **Clinic Date:** 18 August 2014

I reviewed this gentleman in clinic today. He had a right arthroscopic ankle fusion done which has been slow to unite. We had a CT scan arranged to evaluate if there is a non union. The CT scan mentions marked lucency around the screws within the tibia and the talus indicating that there are loose. There is no fusion of the ankle joint with no bridging bone and no callus formation.

Mr Cavanagh does mention that he is getting increasing pain and discomfort as well as swelling. He did mention that he has stopped smoking a while ago.

On examination, there is some paraesthesia of his 1st and 2nd toes. He also mentions some numbness of his right foot sole.

I have explained to him that he would require a revision to an open arthrodesis which was already discussed with Mr Budgen on the 9th June 2014. He will possibly also require incorporating the subtalar joint with a tibio-talar calcaneal arthrodesis.

I have explained the pros and cons. He is a type 2 diabetic patient. I have placed him on the list for surgery.

Yours sincerely,

Dictated, not signed

Mr M Zar
Registrar in Orthopaedics to
Mr S A B Budgen
Consultant Orthopaedic Surgeon

THIRD PARTY COPY



THIRD PARTY COPY

Attachment
16-July-2014 Mr Amritpal Kalyan
Additional: Attachment
Letter to Patients from Mr A Kalyan, Priory Medical Group -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:

Priory Medical Group

Mr John Cavanagh
15 Etty Avenue
York
YO10 3TJ

16 Jul 2014

Dear Mr Cavanagh,

Blood Glucose Monitoring Machines

As a practice Priory Medical Group are committed to ensuring all of our patients are receiving the best possible care, and that we are prescribing effectively and cost-efficiently. We are currently reviewing patients who are monitoring their blood glucose (sugar) levels, using a blood glucose meter, as part of their diabetes management.

You will no doubt be aware that the NHS is under immense pressure to realise cost-savings, and with this in mind we are writing to you today to ask for your support. The estimated spend on blood glucose testing strips in England is in excess of **£150 million** each year and in York all practices are reviewing whether we are making the best use of dwindling NHS resources.

With this in mind, we would like you to try the enclosed new GlucoRx Nexus meter. The strips for this new meter are more cost-effective than other strips on the market at present. This has been done as part of the Clinical Commissioning Group's 'Diabetes Redesign' Project. The independent meter appraisal was conducted by the Vale of York Clinical Commissioning Group, Diabetes Specialist Nurses, and patient representative feedback. The savings created can then be potentially reinvested into both a proposed Community Diabetes Team and enhanced service for primary care. If your current treatment requires carbohydrate counting using a meter or you are using an insulin pump then please inform the surgery as you may not require this new meter.

Your computer records have already been amended to include the **GlucoRx Nexus test strips** and **GlucoRx Lancets,** so you should have no trouble ordering these items when you have used the strips and lancets supplied with the meter. We will be holding training days for help with the GlucoRx Nexus meter:

Victoria Way Surgery 1st September 9am – 6pm
Heworth Green Surgery 2nd September 1pm – 8pm
Parkview Surgery 3rd September 9am – 6pm
Tang Hall Surgery 5th September 9am – 6pm
Priory Medical Centre 9th September 1pm – 8pm
Rawcliffe Surgery 10th September 9am – 6pm
Fulford Surgery 11th September 9am – 6pm
Lavendar Grove Surgery 12th September 9am – 6pm
Clementhorpe Health Centre 15th September 9am – 6pm

To book in for the training session please ring the surgery on 01904 781423

A more slim-line or a talking model is also available. If you would prefer one of the other models they will be available free of charge at the training day. If you have any questions or require further information about the Nexus meter, please feel free to contact the GlucoRx Customer Care team on **01483 755 133** where a trained member of staff will assist you. If you have internet access, please visit www.glucorx.co.uk for a video demonstration and further information on the meter.

Thank you for your continued support.

Yours sincerely,

Priory Medical Group

THIRD PARTY COPY

Attachment
09-Jun-2014 Ms Linda Cook
Additional: Attachment
Clinic Letter from Mr A Budgen, Orthopaedic Surgeon, York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust
York Hospital
Wigginton Road
York
YO31 8HE

SABB/AGC

12 June 2014

Dr J Hamilton
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Alison Cooper
Secretary to Mr Budgen & Mr Stanley
Tel: 01904 726176
Fax: 01904 726887
Alison.G.Cooper@York.NHS.UK

Dear Dr Hamilton,

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191
Clinic: Mr Budgen **Clinic Date:** 9 June 2014

There does not appear to be much progression to union on x-rays of the ankle. I think therefore that it would be worthwhile getting a CT scan to assess the state of the subtalar joint. I think he is likely to require a revision to an open arthrodesis or possibly incorporating the subtalar joint with a tibio talar calcaneal arthrodesis.

Yours sincerely,

Dictated, but not signed.

Mr S A B Budgen (FRCS Tr. & Orth)
Consultant Orthopaedic Surgeon
(Specialising in Foot and Ankle Disorders)

THIRD PARTY COPY

Attachment
06-Jun-2014 Ms Linda Cook
Additional: Attachment
Accident and Emergency Letter from York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

York ED Notification

Current GP: Dr John HAMILTON
Abbey Medical Group, Tang Hall Lane Surgery, 190 Tang Hall Lane,
YORK, YO10 3RL

Patient Details

Name:	Mr John Cavanagh
DOB:	22-SEP-1963
A&E Number:	67442- 14
NHS Number:	400 079 4191
Address:	15, Etty Avenue, YORK, YO10 3TJ
Referral Source:	GP WITH LETTER
Arrival:	06-JUN-2014 13:41
Departure:	06-JUN-2014 17:26
Diagnosis:	Gastro-oesophageal reflux - Probable Paracetamol Overdose - Probable
Treatments:	Observation/Electrocardiogram, Pulse Oximetry/Head Injury/Trends
Investigations:	Haematology Biochemistry Toxicology
Disposal:	Discharged
Notes/ Info for GP:	Presented from GP. Accidental OD paracetamol last 5/7. Also epigastric pain. PPI dose doubled today. Paracetamol levels normal and amylase and LFTs normal. Discharged home.
Signed off by:	Shanthi Vijaykumar

THIRD PARTY COPY

Attachment
14-Apr-2014 Cristiana Frasina
Additional: Attachment
Clinic Letter from Mr A Budgen, Orthopaedic Surgeon, York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust
York Hospital
Wigginton Road
York YO31 8HE

SABB/BL/AGC

23 April 2014

Dr J Hamilton
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Alison Cooper
Secretary to Mr Budgen & Mr Stanley
Tel: 01904 726176
Fax: 01904 726887
Alison.G.Cooper@York.NHS.UK

Dear Dr Hamilton,

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191
Clinic: Mr Budgen **Clinic Date:** 14 April 2014

I reviewed this gentleman in clinic today following his bone marrow aspirate injection into his right ankle fusion.

X-rays show that this remains as it did previously, but he is still complaining of pain around his ankle extending up into his tibia.

His operative site is clean and healthy and he remains well in himself.

I have advised him that it is too soon to tell the outcome of the injection, and we will see him again in two months to see difference it has made. I have warned him again of the need for revision fusion surgery.

Yours sincerely,

Dictated, not signed

Mr B Liu
Registrar in Orthopaedics to
Mr S A B Budgen
Consultant Orthopaedic Surgeon

THIRD PARTY COPY

Attachment
13-Mar-2014 Kathryn Gibson
Additional: Attachment
Discharge summary from York Hospital -> Priory Medical Group
Filename:
Extension:.tif
Pages:

York Hospitals NHS
NHS Foundation Trust

Date: 13 March 14

Actioned By (GP)

F.A.O. Dr J Hamilton
Tang Hall Lane Surgery

Re : Mr John Cavanagh
DoB: 22/09/1963

Fax no: Your fax .01904 431224

Please find attached Discharge against Advice paperwork. .
Any problems please contact the ward

From: York Hospital, Ward 29, Orthopaedic Dept

Contact Ward Clerk 01904 66 6029

No of pages: 2 (including this one)

Please contact the ward If you require any extra information. Tel: 01904 726028.

Confidential Note.
The information contained in this document may be confidential in nature. It is intended for the use of the person named above . If you are not the intended recipient, the circulation or copying of the contents of this communication is prohibited. If you receive this communication in error, please immediately telephone and return it to us at the address shown above

THIRD PARTY COPY

Drew

York Hospitals NHS
NHS Trust

DISCHARGE AGAINST ADVICE

(Patients discharging themselves from Hospital against Medical Advice)

I JOHN CAVANAGH being a patient of the York Hospital acknowledge that I am leaving the Hospital against advice and hereby accept full responsibility for the consequences of my decision.

The nature of my condition ELECTIVE ADMISSION FOR RIGHT ILIAC CREST BONE MARROW ASPIRATION & INJECTION INTO RIGHT ANKLE ARTHRODESIS

has been explained to me by Dr. ILI ROSSID in the presence of NURSE ANNA KILBURN and I am aware of the possible consequences of discharging myself against advice.

Signed [signature] Date 13.3.14

Time 1.30 p.m.

Attending Doctor [signature] ROSSID Date 13/3/2014

Time 13.45

Witness [signature] A. MILBURN Date 13-03-14

Time 1355

If the patient is under 16 the Parent or Guardian shall sign the declaration stating what relationship he or she stands to the patient.

General Practitioner D.R. John Hamilton informed
((Receptionist took message))

by Dep. SR. Heather Mavids on 13/3/14

WQN 521

THIRD PARTY COPY

Attachment
20-Jan-2014 Kathryn Gibson
Additional: Attachment
Clinic Letter from Mr A Budgen, Orthopaedic Surgeon, York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

FOR ELECTRONIC TRANSMISSION

York Teaching Hospital
NHS Foundation Trust
York Hospital
Wigginton Road
York YO31 8HE

SABB/AGC

23 January 2014

Dr J Hamilton
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Alison Cooper
Secretary to Mr Budgen & Mr Stanley
Tel: 01904 726176
Fax: 01904 726887
Alison.G.Cooper@York.NHS.UK

Dear Dr Hamilton,

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 400 079 4191
Clinic: Mr Budgen **Clinic Date:** 20 January 2014

I reviewed this gentleman in clinic today. He has a right arthroscopic ankle fusion which has been slow to unite. CT scan shows no significant progression to fusion, and I have arranged for a bone marrow aspirate and injection to the joint.

Yours sincerely,

Dictated, but not signed.

Mr S A B Budgen (FRCS Tr. & Orth)
Consultant Orthopaedic Surgeon
(Specialising in Foot and Ankle Disorders)

THIRD PARTY COPY

Attachment
17-Dec-2013 Deborah Shipley
Additional: Attachment
Retinal Screening from North Yorkshire Retinal Screening Service -> Priory Medical Group
Filename:
Extension:.tif
Pages:

North Yorkshire NHS Diabetic Eye Screening Programme

York Teaching Hospital NHS
NHS Foundation Trust

Confidential
Dr J Hamilton
Priory Medical Group
Victoria Way Surgery
2 Victoria Way
Huntington, York
North Yorkshire
YO32 9GE

18 December 2013

Dear Dr Hamilton

RE: Mr John Cavanagh
Address: 15, Etty Avenue, York, YO10 3TJ
NHS Number: 400 079 4191 DOB: 22/09/1963

The above named patient attended diabetic eye screening on 17 December 2013. The results of the screening were as follows:

Right Eye		Left Eye
(using pinhole) - 6/9	**Best Recorded Visual Acuity**	(using correction) - 6/5
Good	**Image Quality**	Good
R0 No retinopathy	**Diabetic Retinopathy**	R0 No retinopathy
M0 No maculopathy	**Maculopathy**	M0 No maculopathy
P0 No photocoagulation	**Photocoagulation**	P0 No photocoagulation
	Other Significant Lesions	

Re-screen Period: Annual recall

We will arrange to see them again in the re-screen period stated above.

Yours sincerely

North Yorkshire Diabetic Eye Screening Programme

THIRD PARTY COPY

063

2 Cayley Court, George Cayley Drive, Clifton Moor, York YO30 4WH. Tel: 01904 726640

Attachment
28-Oct-2013 Deborah Shipley
Additional: Attachment
Clinic Letter from Orthopaedic Surgery, York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

York Hospital, Wigginton Road, YORK, YO31 8HE

FOR ELECTRONIC TRANSMISSION
YORK HOSPITALS NHS TRUST TRAUMA AND ORTHOPAEDIC SURGERY
SABB/BL/AGC

THIRD PARTY COPY

4 November 2013

Dr J Hamilton
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Alison Cooper
Secretary to Mr Budgen & Mr Stanley
Tel: 01904 726176
Fax: 01904 726887
Alison.G.Cooper@York.NHS.UK

Dear Dr Hamilton,

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 4000794191
Clinic: Mr Budgen **Clinic Date:** 28 October 2013

Procedure: Right ankle fusion 9th May.

I reviewed this gentleman in clinic today. He still has a lot of pain in the ankle which extends proximally up his tibia.

X-rays show that there is still joint line present, and radiologically this does not appear to have fused.

Given that he is still symptomatic, I think the wisest course of action would be a CT scan to assess the level of fusion. It may be that he requires a revision procedure, and I have warned him about this today.

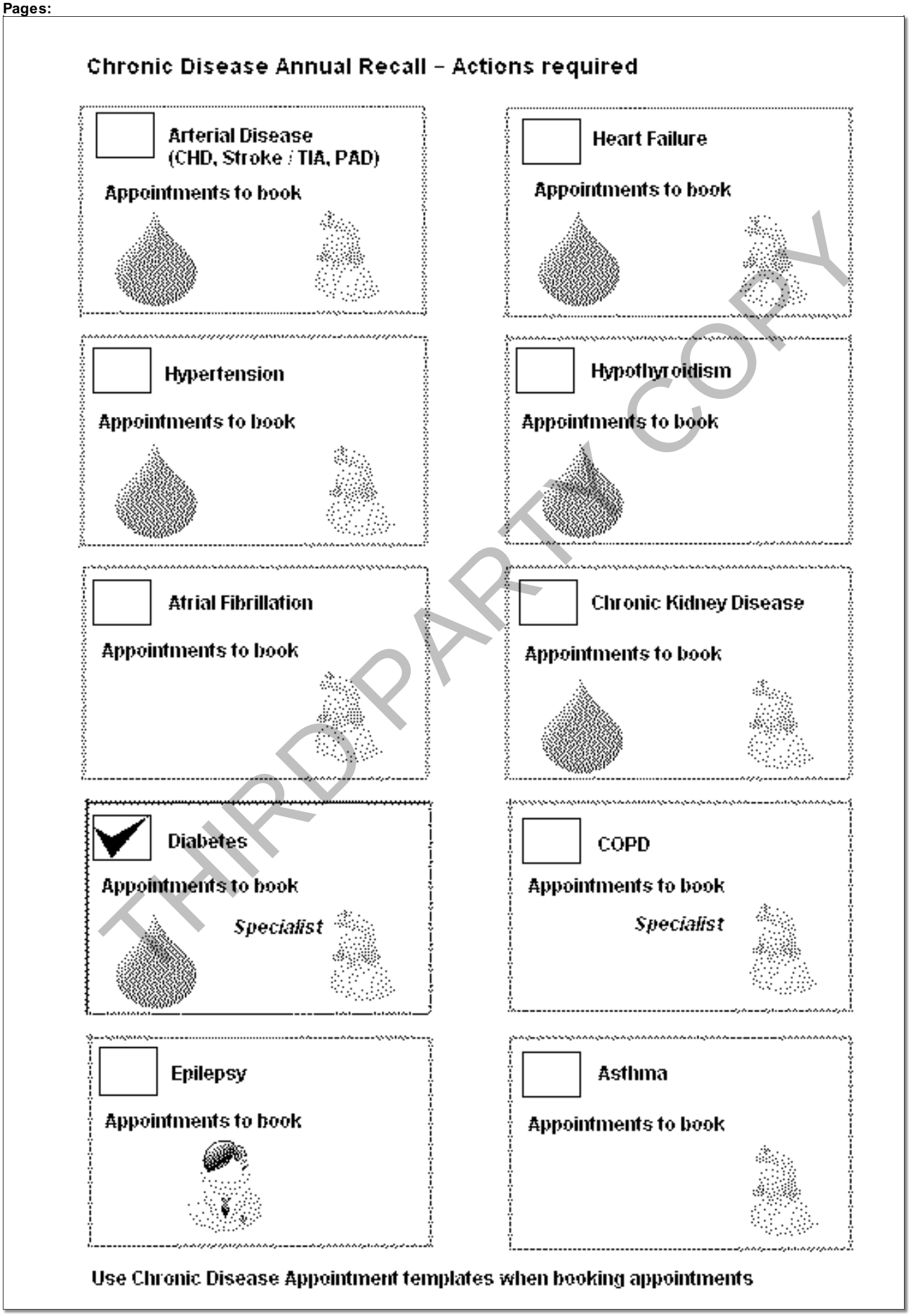
We will see him with the results of the CT.

Yours sincerely,

Dictated, but not signed.

Mr B Liu
Registrar

Attachment
13-Sept-2013 Susan Whitfield
Additional: Attachment
Chronic Disease Annual Review Letter from Mrs S Whitfield, -> Mr J Cavanagh,
Filename:
Extension:.tif
Pages:



THIRD PARTY COPY

Attachment
19-Aug-2013 Deborah Shipley
Additional: Attachment
Clinic Letter from Trauma and Orthopaedic Surgery, York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

York Hospital, Wigginton Road, YORK, YO31 8HE

FOR ELECTRONIC TRANSMISSION
YORK HOSPITALS NHS TRUST TRAUMA AND ORTHOPAEDIC SURGERY
SABB/CH/AGC

27 August 2013

Dr J Hamilton
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Alison Cooper
Secretary to Mr Budgen & Mr Stanley
Tel: 01904 726176
Fax: 01904 726887
Alison.G.Cooper@York.NHS.UK

Dear Dr Hamilton,

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 4000794191
Clinic: Mr Budgen **Clinic Date:** 19 August 2013

Procedure: Right ankle fusion 9th May 2013.

Plan: Review in two months with x-ray right ankle AP and lateral on arrival.

I reviewed this gentleman in Mr Budgens clinic today. His wounds have healed well. He is still suffering with pain in his right ankle and his x-rays confirm that there is still joint space present. He should therefore remain mobilising in his walker boot as pain allows, and we plan to see him back in two months with repeat x-ray. He is still managing to stop smoking in the meantime.

Yours sincerely,

Dictated, but not signed.

Mr C Holton
Registrar

THIRD PARTY COPY

Attachment
24-Jun-2013 Mrs Patricia Winning
Additional: Attachment
Clinic Letter from Mr A Budgen, Orthopaedic Surgeon, York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

York Hospital, Wigginton Road, YORK, YO31 8HE

FOR ELECTRONIC TRANSMISSION
YORK HOSPITALS NHS TRUST TRAUMA AND ORTHOPAEDIC SURGERY
SABB/NYS/AGC

24 June 2013

Dr J Hamilton
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Alison Cooper
Secretary to Mr Budgen & Mr Stanley
Tel: 01904 726176
Fax: 01904 726887
Alison.G.Cooper@York.NHS.UK

Dear Dr Hamilton,

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 4000794191
Clinic: Mr Budgen **Clinic Date:** 24 June 2013

Operation: Right ankle fusion 09.05.13.

Plan: Mobilise fully weight bearing in air cast boot, review in six weeks with x-ray on arrival right ankle AP lateral views.

I reviewed this gentleman in Mr Budgens clinic today who is experiencing some pain in the ankle joint.

On examination, the surgical wounds have healed. There is no movement at the ankle joint. I have encouraged him to move his toes. There is some residual swelling which is understandable after this operation.

I have reassured him and have advised him to remain in the air cast boot, but he may now commence weight bearing.

I have confirmed today that he has managed to stay smoking-free. I have encouraged him to continue with this, and we will see him again in six weeks.

Yours sincerely,

Dictated, but not signed.

Mr N Shah
Registrar in Orthopaedics to
Mr S A B Budgen
Consultant Orthopaedic Surgeon

THIRD PARTY COPY

Attachment
24-Jun-2013 Mrs Valerie Howlett
Additional: Attachment
Insurance Report from ATOS Healthcare -> Priory Medical Group
Filename:
Extension:.tif
Pages:

ESA113

jobcentreplus

Atos Healthcare

Employment and Support Allowance

Dr J C Hamilton
PARKVIEW SURGERY
28 MILLFIELD AVENUE
HULL ROAD
YORK
YO1 3AB

40130

180 E 79
134

Our phone number is: 0113 2303347

If you have a textphone, you can call on: 18001 0113 2303347

If you get in touch with us, tell us this reference number: NE482886C

Date: 24th June 2013

About your patient

Full Name	Mr John Cavanagh
NINo	NE482886C
Date of birth	22nd September 1963

Address: 15 Etty Av, York, YO10 3TJ

Dear Doctor,

Your patient is being assessed for Employment and Support Allowance and we need to find out whether they are able to do any work. By completing this form you will help our medical staff decide whether your patient needs a face-to-face medical assessment.

Please note

- NHS doctors have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- Your patient has given consent to allow us to approach you for this information, in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at **www.dwp.gov.uk/healthcare-professional/guidance**
- **A well completed form may mean that your patient will not need a further medical assessment and will help in making a fair decision on benefit entitlement.**

COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available, please make sure it includes the following:

- Active problems;
- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above.If you would like to discuss anything with our medical staff, please phone the number above and ask for a member of the medical staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that this can be withheld.

Please reply within 5 working days. A business reply envelope is enclosed for your use.

Thank you for your help.

Yours sincerely,

Mrs Marianne Bainbridge

COPY

About your patient - continued

3 Current conditions not affecting ability to work
Please **list** any other relevant conditions that do not affect the ability to work.

Diabetes

4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

Walking or moving	✓
Transferring between seats	?
Reaching	
Picking up objects	
Manual dexterity	
Communicating with others	
Continence	
Learning simple tasks	
Awareness of hazards	
Initiating and completing personal actions	
Coping with changes or social engagement	
Appropriateness of behaviour	
Eating or drinking	✓

As above waiting for cast removal
As above

Need to monitor sugar levels - should not affect w/c

5 Does the patient have a history of threatening or violent behaviour? No ✓ Yes ☐
Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at **Part 7**

6 Could your patient travel to an examination centre by public transport or taxi? No ✓ Yes ☐
Please tell us why at **Part 7**

7 Additional information
Please continue on a separate sheet if necessary

Mobility as above - until cast removed.

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature

Signature

Name IN CAPITALS Dr JAMES R MCNAY

Date 04/07/13

Practice stamp

Tang Hall Surgery
190 Tang Hall Lane
York YO10 3RL
Telephone 01904 781423

MEDICAL SERVICES Provided on behalf of the Department for Work and Pensions

Version 01/11

THIRD PARTY COPY

ESA113

Client Name:
Mr John Cavanagh

Client NINo: NE482886C

Client Date of Birth: 22.09.1963

Freepost Plus RSXG-KBXJ-LZHX

Atos Healthcare
Wing D, Block 1
Government Buildings
Otley Road
Lawnswood
Leeds
LS16 5PU

Your reply

Please answer the following questions from the information which is currently available to you.

If you need more space for any of your answers, please continue at Part 7.

1 When did your patient last see a GP?

21 / 5 / 13

2 Current conditions affecting ability to work:
Please give us details of these conditions **which may have significant effect on the person's capacity to work.** Include:

- Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
- Past, present and planned investigations and management, including medication, **where relevant.**

If you are sending a computerised printout of current medication you do not need to list this here.

*Please complete **both sides** of this form, and return the completed form in the supplied envelope - with the above address showing in the window*

Condition and date of diagnosis	Symptoms and signs	Investigations, management & medication
Right Ankle Fusion 9.5.13 for Osteoarthritis	Non weight bearing on Right leg Currently	See specialist appointment soon

THIRD PARTY COPY

Attachment
20-May-2013 Hannah Sharp
Additional: Attachment
Clinic Letter from Mr A Budgen, Orthopaedic Surgeon, York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

York Hospital, Wigginton Road, YORK, YO31 8HE

FOR ELECTRONIC TRANSMISSION
YORK HOSPITALS NHS TRUST TRAUMA AND ORTHOPAEDIC SURGERY
SABB/NS/AGC

22 May 2013

Dr J Hamilton
Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Alison Cooper
Secretary to Mr Budgen & Mr Stanley
Tel: 01904 726176
Fax: 01904 726887
Alison.G.Cooper@York.NHS.UK

Dear Dr Hamilton,

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Avenue, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 4000794191
Clinic: Mr Budgen **Clinic Date:** 20 May 2013

Operation: Right ankle fusion 09.05.13.

Plan: Change of back slab to air cast boot, non weight bearing, follow up six weeks post op.

I reviewed this gentleman in Mr Budgens clinic today who is doing well following the above operation. He has remained non weight bearing in the back slab.

Examination of the surgical wounds show that they are healthy and intact.

I have confirmed with him that he is not restarted smoking and he confirms this.

We will see him again six weeks after the operation and he is to remain non weight bearing until then. We have replaced the back slab with an air cast boot today.

Yours sincerely,

Dictated, but not signed.

Mr N Shah
Registrar in Orthopaedics to
Mr S A B Budgen
Consultant Orthopaedic Surgeon

THIRD PARTY COPY

Attachment
09-May-2013 Mrs Valerie Howlett
Additional: Attachment
Discharge summary from York Hospital -> Dr P Priory Medical Group, Priory Medical Group
Filename:
Extension:.tif
Pages:

YORK HOSPITAL **Switchboard** 01904 631313

Discharge Notification

9th May 2013

Dr John C. Hamilton
Priory Medical Group

Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall Lane
YORK
YO10 3RL

Consultant : Mr Adam Budgen
Admitted : 09-MAY-2013, Elective - Waiting List (Non-booked)
Specialty : Trauma And Orthopaedic Surgery
Discharging Doctor : Dannatt, Peter
Discharged From : Ward 29
On : 09-MAY-2013

Dear Dr Hamilton

Mr John M Cavanagh
15, Etty Avenue, YORK, YO10 3TJ

NHS No: 4000794191
Casenote: 99/39862

Date Of Birth: 22/09/1963

Reason for Admission Elective admission

Presenting Conditions Following his operation Mr Cavanagh discharged against medical advice despite knowledge of the risks including that of severe infection and loss of limb.

Diagnosis Right Arthroscopic ankle fusion (Confirmed)

Procedures Arthroscopic Surgery To Joint

No changes to pre-admission medications other than the changes identified below
Medication not validated or dispensed by Pharmacy

Medication on Discharge

			Days Supply	GP To Cont.
APIXABAN 2.5mg TABLETS	1	Twice Daily	42	N
FLUCLOXACILLIN 500MG CAPSULES	1	Four Times Daily	1	N

Allergies No known Allergies

Weight This patient's weight is not available

Notes / Other Treatments Patient Self Discharged

Secondary Care Follow Up 1 week follow-up in dressing clinic and change to aircast boot.

FU OPD 6 weeks

Nurse Discharge Notes Patient discharged home against medical advice.
S/B physio, practiced crutches but would benifit from further practice.
For high elevation
Strict NWB
OPA 1week to be posted then further 6 week follow up.

THIRD PARTY COPY

TED stocking to be worn for a minimum of 2 weeks. Spare pair supplied.
Backslab insitu, plaster cast instructions provided. Wound advice slip provided.

No further letter will be sent in relation to this discharge

THIRD PARTY COPY

Attachment
29-Apr-2013 Mrs Joanne Topping
Additional: Attachment
Request Form from Mrs J Topping (Code: PN10), Nurses, Priory Medical Group -> Mrs J Topping (Code: PN10), Nurses, Priory Medical Group
Filename:
Extension:.tif
Pages:

York Directorate of Laboratory Medicine
BIOCHEMISTRY/HAEMATOLOGY REQUEST

Surname	Forenames	Hospital Number	
Cavanagh	**John**		
Gender **Male**	D.O.B. **22 Sep 1963**	NHS Number **400 079 4191**	NHS/PP/Other **NHS**
Patient Address **15 Etty Avenue York YO10 3TJ**		Specimen type **Venous blood**	**Non Fasting**
		Sample date 29/04/13	Time taken 09:30
Requester's Name **Mrs Joanne Topping (Code: PN10)**	Usual Doctor (if not requester)	Location **Tang Hall Surgery**	Requester's signature
Clinical Details / Therapy			

BIOCHEMISTRY		HAEMATOLOGY	IMMUNOLOGY
☐ U&E	☐ B12	☐ FBC	☐ Antinuclear Antibodies
☐ U&E + Calcium	☐ Serum Folate	☐ ESR	☐ Rheumatoid Factor
☐ LFTs	☐ PSA	☐ IM Screen	☐ Coeliac screen
☐ Bone Profile	☐ Testosterone	☐ Warfarin Control	☐ Anti-Cardiolipin
☐ Cholesterol	☐ FSH	☐ Heparin Control	☐ Thyroid Antibodies
☐ Cholesterol / HDL-C	☐ LH	☐ Coagulation Screen	☐ ANCA
☐ Troponin I	☐ CRP	☐ Retics	☐ H Pylori
☐ GGT	☐ TSH only		
☐ Urate	☐ TFT (TSH & fT4)		
☐ Glucose	☐ Ferritin		
☒ HbA1c	☐ TPO Antibodies		
☐ ACR			
FSH only is recommended for ?Menopause			
☐ Others		☐ Others	☐ Others

- Tests required for annual review:
  Diabetes – U&E, LFTs, Cholesterol, HbA1c, ACR
  CHD/Stroke/TIA/PAD – U&E, Cholesterol
  CKD – U&E, ACR
  Mental Health – Glucose, Cholesterol/HDL-C
  Hypothyroid - TSH
- Lithium blood tests – Lithium level every 4 months and U&E, TFT every 9 months
- Memory problems blood tests - FBC, U&E + Calcium, LFTs, Glucose, B12, Serum Folate, TFT

Instructions for the blood test

If asked to fast please have only water and no food for 12 hours before the blood test.

The practice has a regular blood taking (phlebotomy) service by appointment at all surgery locations which we encourage you to use. Please bring this form with you when you attend.

The results of your blood test will be sent back to us. We ask you to check whether the result is normal or not by telephoning the surgery about 1 week after the blood test unless you have been asked to make a follow-up appointment. It is best to call after 2pm when telephone lines are less busy.

THIRD PARTY COPY

Attachment
12-Oct-2012 Unknown Staff Member
Additional: Attachment
Ophthalmic Services
Filename:
Extension: .tif
Pages:

North Yorkshire nydesp
NHS Diabetic Eye
Screening Programme

York Teaching Hospital NHS
NHS Foundation Trust

Private and confidential.

Dr J C Hamilton
Abbey Medical Group
Victoria Way Surgery
2 Victoria Way
Huntington
York
YO32 9GE.

12th October 2012

Dear Dr Hamilton,

Re: John Cavanagh
DOB 22/09/1963 NHS No 4000794191
Address: 15 Etty Avenue, York, YO10 3TJ.

The above named patient has contacted us to say they do not wish to have their eyes screened for diabetic retinopathy.

While patients have the right to opt out of screening it is in their best interests to undergo annual screening as part of their general diabetes care to prevent sight loss.

We will suspend the patient from screening at the present as they have asked us to. However if the patient attends your surgery perhaps you could suggest and encourage the need for routine retinal screening.

Should the patient change their mind we will be glad to offer an appointment to them.

Yours Sincerely

pp **John Featonby Programme Manager**
North Yorkshire Retinal Screening Service

THIRD PARTY COPY

2 Cayley Court, George Cayley Drive, Clifton Moor, York YO30 4WH. Tel: 01904 726640

Attachment
23-Aug-2012 Unknown Staff Member
Additional: Attachment

Filename:
Extension:.tif
Pages:

York Directorate of Laboratory Medicine
BIOCHEMISTRY/HAEMATOLOGY REQUEST

Cavanagh	**John Michael**	**4000794191**	
15 Etty Avenue **York** **N Yorkshire**		M / F **Male**	D.O.B. **22.09.1963**
Requester's Name	Usual Doctor (if not requester)	Location **Abbey Medical Group**	Category (Click for list)
Specimen type (Click for list)	Fasting Status (Click for list)	Sample date (dd/mm/yy)	Time taken (hh:mm)
Clinical Details / Therapy **diabetic, metformin been increased**			L.M.P date

BIOCHEMISTRY		HAEMATOLOGY	IMMUNOLOGY
Na, K, Creat, Urea	B12	FBC	Antinuclear Antibodies
U & E + Calcium	Folate	ESR	Rheumatoid Factor
LFTs	PSA	IM Screen	Coeliac screen
Bone Profile	Testosterone	Warfarin Control	Anti-cardiolipin
Cholesterol	FSH	Heparin Control	ANCA
Cholesterol / HDL-C	LH	Coagulation Screen	Others (type free text)
Troponin I	CRP	Reticulocytes	
GGT	TSH only	Others (type free text)	
Urate:	TFT (TSH and FT4)		
Glucose	Ferritin		
HbA1c	TPO Antibodies		**Requesters Signature**
Others (type free text)			

(4000794191)

(K)

Instructions for the blood test

If asked to fast please have only water and no food for 12 hours before the blood test.

The results of your blood test will be sent back to us. We ask you to check whether the result is normal or not by telephoning the surgery about 1 week after the blood test unless you have been asked to make a follow-up appointment. It is best to call after 2pm when telephone lines are less busy.

(NHSNumber)

Blood Taking Facilities.

York Hospital	Asda Monks Cross
Opening times	Opening Times
Monday –Friday 8:00 am to 5:15 pm	Monday – Thursday 8:30 am to 4:30 pm
	Friday 8:30 am to 2:45 pm
(Closed during public holidays)	(Closed during public holidays)

\\EMIS6227A\MSWDocs\Temporary Files\Biochemistry Haematology Sept 2011 Patient 11462_1.rtf Last saved by Selby & York Community User August 23, 2012 10:06:32 AM

THIRD PARTY COPY

Attachment
23-Aug-2012 Unknown Staff Member
Additional: Attachment
Radiology
Filename:
Extension:.tif
Pages:

Report ID: 4005558053

York Hospitals NHS Trust

Radiology Report

Report sent on: 28-AUG-2012 16:02

Practice: ABBEY MEDICAL GROUP

GP Name: TAMS, Jonathan W, Dr

Patient Details

Name: CAVANAGH, John M, Mr **DOB:** 22-SEP-1963

NHS Number: 400 079 4191 **Casenote:** XR545902

Report

Examination: KNEE - LEFT
Exam Date: 23-AUG-2012 **Report Date:** 28-AUG-2012 16:02

Report Status: Verified **Reporter:** POELS, Jon, Dr

Minimal narrowing of medial compartment may be very early OA.

For enquiries on the content of this report please ring the York Hospital X-ray Helpdesk on (01904) 72 6328.

THIRD PARTY COPY

Attachment
13-Aug-2012 Unknown Staff Member
Additional: Attachment

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Pages:

York Directorate of Laboratory Medicine
BIOCHEMISTRY/HAEMATOLOGY REQUEST

Cavanagh	**John Michael**	**4000794191**		
15 Etty Avenue **York** **N Yorkshire**		M / F **Male**	D.O.B. **22.09.1963**	
Requester's Name	Usual Doctor (if not requester)	Location **Abbey Medical Group**		Category (Click for list)
Specimen type (Click for list)	Fasting Status (Click for list)	Sample date (dd/mm/yy) **13/08/12**		Time taken (hh:mm) **10:30**
Clinical Details / Therapy				L.M.P date

BIOCHEMISTRY		HAEMATOLOGY	IMMUNOLOGY
Na, K, Creat, Urea	B12	FBC	Antinuclear Antibodies
U & E + Calcium	Folate	ESR	Rheumatoid Factor
LFTs	PSA	IM Screen	Coeliac screen
Bone Profile	Testosterone	Warfarin Control	Anti-cardiolipin
Cholesterol	FSH	Heparin Control	ANCA
Cholesterol / HDL-C	LH	Coagulation Screen	Others (type free text)
Troponin I	CRP	Reticulocytes	
GGT	TSH only	Others (type free text)	
Urate	TFT (TSH and FT4)		
Glucose	Ferritin		**Requesters Signature**
HbA1c	TPO Antibodies		
Others (type free text)		(4000794191)	

(K)

THIRD PARTY COPY

Instructions for the blood test

If asked to fast please have only water and no food for 12 hours before the blood test.

The results of your blood test will be sent back to us. We ask you to check whether the result is normal or not by telephoning the surgery about 1 week after the blood test unless you have been asked to make a follow-up appointment. It is best to call after 2pm when telephone lines are less busy.

(NHSNumber)

\\EMIS6227A\MSWDocs\Temporary Files\Biochemistry Haematology Sept 2011 Patient 11462.rtf Last saved by Selby & York Community User August 13, 2012 10:43:06 AM

Attachment
09-Aug-2012 Unknown Staff Member
Additional: Attachment

Filename:
Extension:.tif
Pages:

FAO Dr Macaulay. Seen. to Scan

jobcentreplus
Department for Work and Pensions

Mr J Cavanagh
15 Etty Avenue
Tanghall
York
YO10 3TJ

Bradford BC
Jobcentre Plus
Leodis Way
Leeds
LS88 8AE

09-Aug-2012

Fax:
www.direct.gov.uk
Ref: NE482886C / 127550
Telephone 0845 6088 556
Email

DR1

Dear Mr Cavanagh

We have looked again at our decision
You have made an appeal against a decision about Employment and Support Allowance issued to you on 06-Feb-2012.

We have looked again at the facts and evidence we used to make our decision and looked at the points you have raised. However, we have not changed our original decision. Please get in touch if you would like to know more about this.

What happens now
Your appeal will now be sent to an independent appeal tribunal who will look at the decision again.
We will write to you again shortly with more information about what happens next.

Joint claims for Jobseeker's Allowance
If you have made a joint claim for Jobseeker's Allowance, you must share the information in this letter with each other.

If you want to know more
If you want more information about anything in this letter, please get in touch with us. Our telephone number and address are at the top of this letter.

POSITIVE ABOUT DISABLED PEOPLE
INVESTORS IN PEOPLE

Printed on 100% recycled paper

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Attachment
09-July-2012 Mrs Deborah Arthur
Additional: Attachment

Filename:
Extension:.tif
Pages:



THIRD PARTY COPY

Attachment
05-July-2012 Unknown Staff Member
Additional: Attachment

Filename:
Extension:.tif
Pages:

York Teaching Hospital NHS
NHS Foundation Trust

Vale of York Clinical Commissioning Group

MSK Clinical Assessment, Triage and Treatment Service Referral Form Page 1 of 4

Patient Details

Patient Name	Mr John Michael Cavanagh
Patient Gender	Male
Date of Birth	22.09.1963
NHS Number	4000794191
Patient Address	15 Etty Avenue York YO10 3TJ
Email Address	~[E Mail Address]
Home Telephone	
Mobile Telephone	07927603500
Work Telephone	~[Work Phone Number]
First Language Interpreter Needed?	

GP Details

Referring GP	Dr J C Hamilton
Practice Name	Abbey Medical Group
Practice Address	Tang Hall Lane Surgery 190 Tang Hall Lane York Y010 3RL
Practice Telephone	01904 411139
Practice Code	82051
Date of referral	09.07.2012

Return this form to the York Hospital Foundation Trust MSK CATT Service Office

Via Choose and Book. The service is listed under Orthopaedic and Pain Management Specialities

By Fax: 01904 721574

By post: MSK CATT Service, York Teaching Hospital NHS Foundation Trust, Wigginton Road, YORK, YO31 8HE

MSK CATT Service Telephone Number: 01904 725252

Version 1.0 1/8/11 EMIS MSK CATT Form
Owner: Sammie Brambles, Vale of York Clinical Commissioning Group

THIRD PARTY COPY

York Teaching Hospital NHS
NHS Foundation Trust

Vale of York Clinical Commissioning Group

MSK Clinical Assessment, Triage and Treatment Service Referral Form Page 2 of 4

Service Relevant Details

Patient Name Mr John Michael Cavanagh
Date of Birth 22.09.1963
NHS Number 4000794191

Symptom Onset -

Physio

Has patient had previous physiotherapy for this episode? Yes/No
If Yes please give details?

Reason for Referral

Dear Colleague

I would be grateful if you would see this 48 year old type 2 diabetic who has been complaining of an increase in muscular skeletal chest pain over the past few months. He has had pains on the left side in his lateral chest for the past 2 – 3 years which come on in episodes. These are non exersional and get worse with movement particularly deep breathing and movement of his shoulder.

I am pretty sure that these are coming from is chest wall and would be grateful if you would assess him for this.

Yours sincerely

Dr J C Hamilton
Partner

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York Teaching Hospital NHS
NHS Foundation Trust

Vale of York Clinical Commissioning Group

MSK Clinical Assessment, Triage and Treatment Service Referral Form Page 3 of 4

Generic Patient Clinical Details

Patient Name	Mr John Michael Cavanagh
Date of Birth	22.09.1963
NHS Number	4000794191

Active Problems

3.5.2011	Lower abdominal pain
3.5.2011	Appendicectomy NEC
20.11.2009	Type 2 diabetes mellitus
7.8.2009	Drainage of abscess NEC
19.3.2009	Ankle pain

Significant Past

19.8.2002	Ankle pain
17.6.1997	Drug addiction
16.8.1996	Alcohol problem drinking
16.8.1996	Oesophagitis
16.8.1996	Duodenal ulcer - (DU)
16.8.1996	[D]HP-abn microb gastric fluid
1996	Alcohol problem drinking
1996	Duodenal ulcer - (DU)
19.10.1994	Acute bronchitis
12.5.1992	Barium meal - general
1992	Duodenitis
13.6.1986	[SO]Digital nerve of finger
1973	Fracture of shaft of tibia
[redacted]	

Current Medication

Acutes

Lansoprazole Capsules (Gastro-Resistant) 15 mg 1 -2 daily as needed 2*28 capsule	3.7.2012

Repeats

Ibuprofen Tablets 600 mg 1 bd 168 tablet	30.4.2012
Metformin Hydrochloride Tablets 500 mg 2 od 168 tablet	No issue
Macrogol Compound Oral Powder (Sachets) NPF Sugar Free 1 bd 56 sachet	30.4.2012
Atorvastatin Tablets 20 mg 1 nocte 3*28 tablet	22.5.2012
Sildenafil Citrate Tablets 100 mg asd 4 tablet	5.7.2012

THIRD PARTY COPY

York Teaching Hospital NHS
NHS Foundation Trust

Vale of York Clinical Commissioning Group

MSK Clinical Assessment, Triage and Treatment Service Referral Form Page 4 of 4

Glipizide Tablets 5 mg od 84 tablet 3.7.2012

Allergies & Sensitivities

Most recent BMI
Body Mass Index 40.3

Most recent Blood Pressure
22.5.2012 114/70 mm Hg

Most recent smoking record
Cigarette smoker 10

Other clinical relevant detail (include carer details if relevant)

THIRD PARTY COPY

Version 1.0 1/8/11 EMIS MSK CATT Form
Owner: Sammie Brambles, Vale of York Clinical Commissioning Group

Attachment
14-Jun-2012 Unknown Staff Member
Additional: Attachment

Filename:
Extension:.tif
Pages:

Report ID: 4005450942 - Sent: 14-JUN-2012 10:35

York Hospital, Wigginton Rd, YORK, YO31 8HE

FOR ELECTRONIC TRANSMISSION
YORK HOSPITALS NHS TRUST TRAUMA AND ORTHOPAEDIC SURGERY

SABB/LS/AGC

14 June 2012

Dr J Hamilton
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Alison Cooper
Secretary to Mr Budgen & Mr Stanley
Tel: 01904 726176
Fax: 01904 726887
Alison.G.Cooper@York.NHS.UK

Dear Dr Hamilton,

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Av, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 4000794191

The above patient recently attended a preoperative assessment and was found to be medically unfit for surgery due to uncontrolled diabetes and non cessation of smoking.

In line with the 18 week pathway set down by the Government, the patient cannot be added to the waiting list.

When the patient is deemed medically fit, they should be re-referred by letter to the Orthopaedic Department at York Hospital.

The patient will not require a second outpatient appointment, but will be given a second preoperative assessment, and if found to be medically fit, they will be placed on to the waiting list.

Yours sincerely,

Dictated, but not signed.

Lynda Smith
Trauma & Orthopaedic Admin Manager

THIRD PARTY COPY

Express Re-Referral

This form is for use by GPs to ensure express access back to Pre Operative Assessment or Waiting List for patients who have previously been declared medically unfit or have been unavailable for surgery at York Hospital.

Please Fax to: (01904) 457884

Patient Surname:	NHS Number:
Patient Forename:	Address:
Referring GP:	GP Address:
Consultant Firm:	Specialty:
Reason patient was returned to care of GP:	
Update on patients condition:	
Is the patient available for surgery within the next 10 weeks?	
For Office Use Only:	

THIRD PARTY COPY

*** * * LETTER DICTATION UNVERIFIED * * ***

Attachment
14-Jun-2012 Charlotte Genever
Additional: Attachment
Clinic Letter from York Hospital -> Abbey Medical Group - Park View Surgery
Filename:
Extension:.tif
Pages:

Scan

Express Re-Referral

This form is for use by GPs to ensure express access back to Pre Operative Assessment or Waiting List for patients who have previously been declared medically unfit or have been unavailable for surgery at York Hospital.

Please Fax to: (01904) 457884

Patient Surname: CAVANAGH	NHS Number: 400 079 4191
Patient Forename: JOHN	Address: 15 ETTY AVENUE YORK YO10 3TJ
Referring GP: MALONEY	GP Address: ABBEY MEDICAL GROUP
Consultant Firm: RUDGEN	Specialty: ORTHOPAEDICS

Reason patient was returned to care of GP:

UNCONTROLLED DIABETES
NON-CESSATION OF SMOKING

Update on patients condition:

- 14·12·12 HBA1c 57·0 (↓88·0 on 13·6·12)
- SMOKING cessation 3/12 ago.

Is the patient available for surgery within the next 10 weeks? YES

For Office Use Only:

THIRD PARTY COPY

*** * * LETTER DICTATION UNVERIFIED * * ***

Attachment
14-May-2012 Unknown Staff Member
Additional: Attachment
General Document
Filename:
Extension:.tif
Pages:

Report ID: 4005426690 - Sent: 28-MAY-2012 08:01

York Hospital, Wigginton Rd, YORK, YO31 8HE

FOR ELECTRONIC TRANSMISSION

YORK HOSPITALS NHS TRUST TRAUMA AND ORTHOPAEDIC SURGERY

SABB/AGC

14 May 2012

Dr J Hamilton
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Alison Cooper
Secretary to Mr Budgen & Mr Stanley
Tel: 01904 726176
Fax: 01904 726887
Alison.G.Cooper@York.NHS.UK

Dear Dr Hamilton,

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Av, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 4000794191
Clinic: Mr Budgen **Clinic Date:** 14 May 2012

Thank you for asking me to see this gentleman who is a 48-year-old gentleman who is a diabetic and who has right sided ankle arthritis. He has now given up smoking. He also has a history of alcohol dependency which is now under control. He has clear ankle arthritis and some subtalar joint changes.

I am willing to consider doing a right ankle arthroscopic ankle arthrodesis. He knows that there is a possibility of non union and that it is important that he continues not to smoke as this increases the risk of non union by five times.

Yours sincerely,

Dictated, but not signed.

Mr S A B Budgen (FRCS Tr. & Orth)
Consultant Orthopaedic Surgeon
(Specialising in Foot and Ankle Disorders)

*** * * LETTER DICTATION UNVERIFIED * * ***

THIRD PARTY COPY

Attachment
07-Feb-2012 Unknown Staff Member
Additional: Attachment

Filename:
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Pages:

07.02.2012 PCT Code: 82051

Mr A Budgen
Consultant Orthopaedic
York District Hospital
Wigginton Road
York
YO31 8HE

Dear Adam

NHS - NON URGENT

Re Mr John Michael Cavanagh **(Male)** Date of Birth: **22.09.1963**
15 Etty Avenue York YO10 3TJ
NHS No: **4000794191**
Home Telephone: Mobile Telephone 07927603500

I would be grateful if you could see this 48 year old gentleman whom you saw last year and you were considering fusing his ankle but he had to give up smoking and I think that may have been the reason why he didn't turn up for a follow up appointment in October.

He has now come to see me and says he is having more pain but he tells me that since the new year, he has significantly reduced his cigarette consumption from 20 a day to just 3 a day and I have told him to continue and hopefully stop and he has asked if I would re-refer him to yourself for consideration of surgery and I would be grateful for your advice on whether you are happy to see him on this basis or whether he has to have stopped smoking completely first.

I look forward to hearing your thoughts.

Yours sincerely

Dr A M Sweeney
Partner

Attached: Past Medical History - Mr J Cavanagh

THIRD PARTY COPY

Past Medical History - Mr J Cavanagh

Problems

Active Problems

16.1.2012	Cough	
3.5.2011	Lower abdominal pain	
3.5.2011	Appendicectomy NEC	laparoscopic
7.10.2010	Diabetes mellitus	Rash
20.11.2009	Type 2 diabetes mellitus	
7.8.2009	Drainage of abscess NEC	rt groin
19.3.2009	Ankle pain	

Significant Past

19.8.2002	Ankle pain	Tenosynovitis.Therapeutic injection of steroid offered
17.6.1997	Drug addiction	heroin / speed.
16.8.1996	Alcohol problem drinking	60 u per week
16.8.1996	Oesophagitis	
16.8.1996	Duodenal ulcer - (DU)	
16.8.1996	[D]HP-abn microb gastric fluid	Triple therapy commenced
1996	Alcohol problem drinking	
1996	Duodenal ulcer - (DU)	endoscopy -oesophagitis, CLO pos
19.10.1994	Acute bronchitis	
12.5.1992	Barium meal - general	gastritis/duodenitis.
1992	Duodenitis	on ba meal
13.6.1986	[SO]Digital nerve of finger	Exploration digital nerve of thumb + repair.
1973	Fracture of shaft of tibia	

[redacted]

Drugs

Acutes

Macrogol Compound Oral Powder (Sachets) NPF Sugar Free 1 bd 56 sachet	16.1.2012

Repeats

Ibuprofen Tablets 600 mg 1 bd 168 tablet	16.1.2012
Metformin Hydrochloride Tablets 500 mg 1 bd 168 tablet	16.1.2012
Simvastatin Tablets 20 mg nocte 3*28 tablet	1.12.2011

Allergies

Smoking Status

THIRD PARTY COPY

25.11.2011 Cigarette smoker 10

BMI

25.11.2011 Body Mass Index 40.3

Alcohol consumption

25.11.2011 Alcohol consumption 0 units/week

THIRD PARTY COPY

Attachment
07-Feb-2012 Mrs Marcia Greenaway
Additional: Attachment

Filename:
Extension:.tif
Pages:



THIRD PARTY COPY

Attachment
08-Nov-2011 Unknown Staff Member
Additional: Attachment
Ophthalmic Services
Filename:
Extension:.tif
Pages:

15 Low Ousegate
York
North Yorkshire
YO1 9QX
Tel 01904 655611
Fax 01904 640768
Specsavers Online:
www.specsavers.co.uk/york

Deryck Watts
BSc FSMC FBOA
Registered Ophthalmic Optician

DR HAMILTON
PARK VIEW SURGERY
MILLFIELD LANE
TANG HALL
YORK
yo

08 November 2011

Dear DR HAMILTON,

RE: Information for GP: Glaucoma / Diabetic Notification

Mr John Cavanagh
DOB : 22/09/1963 **NHS No.:**
Address: 15 Etty Avenue, YORK, YO10 3TJ
Telephone No.: 07927 603500

Prescription details from current sight test: 8 November 2011

	Vision	Sph	Cyl	Axis	Prism H	Prism V	VA	Add	Near VA	Previous VA 22 June 2009
RE	6/6	+0.50					6/5	+1.25	N5	6/5
LE	6/5	+0.25					6/5	+1.25	N5	6/5

RE Intra-Ocular Pressure 19.5 mmHg	Pneumo
LE Intra-Ocular Pressure 19.0 mmHg	

RE Disc Appearance 0.2	**Visual Fields**
LE Disc Appearance 0.2	

Reason for Referral: Other

Mr Cavanagh attended for a routine eye examination
Diabetic.
Retinal photos taken.
No dilation today.
Not had retinal screening as Mr Cavanagh says he can not get to surgery where it is done.
Explained the importance of the screening.
Please arrange an appointment for retinal screening.
Recall 12 months - earlier if problems

Regards

Anitha Krishnan BSc(HONS)MCOptom

Registered Company
York Visionplus Limited
VAT No. 753 5583 10
Registered in England
No. 3839780
Registered Office
Forum 6, Parkway,
Solent Business Park,
Whiteley, Fareham PO15 7PA
Director
D Watts BSc FSMC FBOA
Specsavers Optical Group Limited

THIRD PARTY COPY

Attachment
03-Oct-2011 Unknown Staff Member
Additional: Attachment

Filename:
Extension:.tif
Pages:

Report ID: 4005111011 - Transmitted on: 06-OCT-2011 12:14

York Hospital, Wigginton Rd, YORK, YO31 8HE

FOR ELECTRONIC TRANSMISSION

YORK HOSPITALS NHS TRUST TRAUMA AND ORTHOPAEDIC SURGERY

SABB/AGC

6 October 2011

Dr J Hamilton
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Alison Cooper
Secretary to Mr Budgen & Mr Stanley
Tel: 01904 726176
Fax: 01904 726887
Alison.G.Cooper@York.NHS.UK

Dear Dr Hamilton,

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Av, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 4000794191
Clinic: Mr Budgen **Clinic Date:** 3 October 2011

This gentleman did not attend my clinic today. No further appointment has been made.

Yours sincerely,

Dictated, but not signed.

Mr S A B Budgen (FRCS Tr. & Orth)
Consultant Orthopaedic Surgeon
(Specialising in Foot and Ankle Disorders)

THIRD PARTY COPY

Attachment
19-Sept-2011 Unknown Staff Member
Additional: Attachment
Ophthalmic Services
Filename:
Extension:.tif
Pages:

North Yorkshire OYRSS
Retinal Screening Service

York Teaching Hospital NHS
NHS Foundation Trust

Dr J C Hamilton
TANG HALL SURGERY
190 TANG HALL LANE
YORK
NORTH YORKSHIRE
YO10 3RL

19th September 2011

Dear Dr Hamilton

Re: John Cavanagh NHS Number 4000794191 DOB 22/09/1963
Address: 15 Etty Avenue York,YO10 3TJ

The above named patient has contacted us to say they do not wish to have their eyes screened for diabetic retinopathy.

While patients have the right to opt out of screening it is in their best interests to undergo annual screening as part of their general diabetes care to prevent sight loss.

We will suspend the patient from screening at the present as they have asked us to. However if the patient attends your surgery perhaps you could suggest and encourage the need for routine retinal screening.

Should the patient change their mind we will be glad to offer an appointment to them.

Yours Sincerely

pp **John Featonby Programme Manager**
North Yorkshire Retinal Screening Service

THIRD PARTY COPY

2 Cayley Court, George Cayley Drive, Clifton Moor, York YO30 4WH. Tel: 01904 726640

Attachment
16-May-2011 Unknown Staff Member
Additional: Attachment
Orthopaedics
Filename:
Extension:.tif
Pages:

Report ID: 4004943254 - Transmitted on: 23-MAY-2011 10:22

York Hospital, Wigginton Rd, YORK, YO31 8HE

FOR ELECTRONIC TRANSMISSION

YORK HOSPITALS NHS TRUST TRAUMA AND ORTHOPAEDIC SURGERY

SABB/AGC

17 May 2011

Dr J Hamilton
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Alison Cooper
Secretary to Mr Budgen & Mr Stanley
Tel: 01904 726176
Fax: 01904 726887
Alison.G.Cooper@York.NHS.UK

Dear Dr Hamilton,

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Av, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 4000794191
Clinic: Mr Budgen **Clinic Date:** 16 May 2011

I reviewed John Cavanagh in my clinic today. He is a diabetic gentleman who has a history of alcohol dependency and is also a chronic smoker. I have been seeing him over the last year with a right sided arthritis.

Clearly, the operative solution to this would be an arthroscopic ankle arthrodesis, however he is a poor surgical risk in view of his chronic smoking and also alcohol dependency. Unfortunately, smoking increases his risk of non union by about five times, and I think that this would leave him worse off than he is now if he were to develop a non union.

I think we will have to get him to stop smoking for us to consider surgery, and I have arranged to see him again in four months to check on his progress.

Yours sincerely,

Dictated, but not signed.

Mr S A B Budgen (FRCS Tr. & Orth)
Consultant Orthopaedic Surgeon
(Specialising in Foot and Ankle Disorders)

THIRD PARTY COPY

Attachment
13-May-2011 Unknown Staff Member
Additional: Attachment

Filename:
Extension:.tif
Pages:

Report ID: 4004932240

YORK HOSPITAL
Discharge Notification

13th May 2011

Dr John C. Hamilton
Abbey Medical Group
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Consultant : Mr Glenn Miller
Admission Date : 07-MAY-2011
Discharging Doctor : Mcqueen, Emma
Discharged From : Ward 14
On : 13-MAY-2011

Dear Dr Hamilton
Mr John Cavanagh
15, Etty Av,YORK,YO10 3TJ

NHS No: 4000794191 Date Of Birth: 22/09/1963 Casenote: 99/39862

Reason for Admission Admitted with right iliac fossa pain and distension, and was peritonitic on examination. on a background of previous laparoscopic appendicectomy with a gangrenous appendix. Ultrasound guided aspiration was carried out as detailed below. He was treated with IV antibiotics and discharged home with a further 3 days of orals.

Diagnosis pelvic collection - drained transrectally
recent lap appendicectomy
diabetic, smoker

No changes to pre-admission medications other than the changes identified below
Medication not validated or dispensed by Pharmacy

Medication on Discharge (NOT VALIDATED)				Days Supply	GP To Cont.
AMOXICILLIN 500MG CAPSULES	2	Three Times Daily	for further 3 days	3	N
METRONIDAZOLE 400 MG TABLETS	1	Three Times Daily	for further 3 days	3	N

Allergies No known Allergies

Investigations

Radiology
Exam Date: 12-MAY-11 - XR545902: USTR ULTRASOUND - TRANS RECTAL Exam
Status: Completed , Reported By: DR N WARNOCK , Report Date: 12-MAY-2011 16:49
Report Text:
Indication: Pelvic collection previously aspirated, need for further drainage?

Transrectal ultrasound shows that the collection in the recto-vesical fossa has re-accumulated. It is of similar size to 3 days ago prior to aspiration but is now much more complex with irregular margins and multiple internal echoes and septae. With the patient's verbal consent the lesion was again aspirated after Lidocaine 1% 5ml local but

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only 10ml of turbid straw coloured fluid could be aspirated. This eliminated the anechoic component but left the more echogenic material with residual diameters of 4.6 x 3.8 x 2.0cm. I doubt if this is blood as there was no blood staining of the aspirated material on either occasion. Again, the sample was sent for M,C&S. If he is failing to improve on overall clinical assessment (he claims to be feeling better though with low right sided pain) then I think a repeat CT will be needed to fully assess the extent of any collection.

Exam Date: 09-MAY-11 - XR545902: USMIS ULTRASOUND - MISCELLANEOUS
Exam Status: Completed , Reported By: DR N WARNOCK , Report Date: 10-MAY-2011 16:26
Report Text:
Indication: Unwell post appendicectomy with pelvic collection. ? Abscess.

Findings: The patient's informed consent for transrectal aspiration was obtained. He is aware of the risks of bleeding, introduction of infection and a need for repeated aspiration.

With the patient in the left lateral decubitus position the transrectal probe was inserted and confirmed the presence of a 4.6cm spherical well defined fluid collection in the vesico-rectal fossa. Lidocaine 1% 8ml local was infiltrated into the rectal wall and a single puncture made with an 18 gauge needle into the

Radiology
collection. 35ml of slightly turbid yellow fluid was aspirated which collapsed the fluid pocket. A sample was sent for culture.

Secondary Care Follow Up	To be seen in out patients in 4 weeks.
Nurse Discharge Notes	Canulla removed, Medication given. Appointment to be sent in post

A full discharge letter will be sent to the GP shown above

THIRD PARTY COPY

Attachment
13-May-2011 Unknown Staff Member
Additional: Attachment

Filename:
Extension:.tif
Pages:

Report ID: 4005006465 - Transmitted on: 13-JUL-2011 12:15

York Hospital, Wigginton Rd, YORK, YO31 8HE
01904 631313

FOR ELECTRONIC TRANSMISSION
YORK HOSPITALS NHS TRUST GENERAL SURGERY

Upper GI Surgical Unit
Department of General Surgery: Fax 01904 726345
Mr G V Miller Tel 01904 725523 E-mail Denise.Goodwin@York.NHS.UK
Mr W Wong Tel 01904 725968 E-mail Pam.Hallinan@York.NHS.UK
Mr M Giles Tel 01904 725968 E-mail Pam.Hallinan@York.NHS.UK

GVM/DG

11 July 2011

Dr J Hamilton
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Dear Dr Hamilton

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Av, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 4000794191
Ward Stays: York Hospital From 07-May-2011 To 13-May-2011 (Ward 14)

DIAGNOSIS: Pelvic abscess following previous appendicectomy

TREATMENT: Transrectal drainage of pelvic abscess and antibiotics

You will no doubt be aware that Mr Cavanagh had a pelvic collection after his appendicectomy carried out under Mr Alexander's care, and came in under my care with a high temperature and raised white count, necessitating i.v. antibiotics, CT and subsequent transrectal drainage.

He made a good recovery and was discharged home. I have notification that he no longer feels he wishes to have further follow up and cancelled his appointment in June. We have duly not arranged any further appointment for him.

Yours sincerely,

Mr Glenn V Miller MD FRCS (Gen)
Consultant General/Upper GI Surgeon

THIRD PARTY COPY

Attachment
05-May-2011 Unknown Staff Member
Additional: Attachment
A&E
Filename:
Extension: .tif
Pages:

05/05/2011 23:41 01904721897 HEALTH RECORDS PAGE 02/02

Continued Section I *Page 2 of 2 (must be completed)*

PLEASE COMPLETE & PT HEAD OR ATTACH LABEL ON ALL 4 COPIES

DISCHARGE INFORMATION FORM • *GP Copy*

FO CAVANAGH JOHN 99/39862
AT 15 ETTY AV 22-09-1963
400 079 4191
YORK YO10 3TJ MR
DR JC HAMILTON M
DOb No.

To be completed by Named Nurse/Deputy

Named Nurse: MARIA STEEL
Ward: ESA

Name and Address of GP on discharge: Dr Hamilton, Tang Hall Lane Surgery

Name and Address of Relative/Carer: Partner - STA

Telephone Number:

Address of Discharge (if different):

ALLERGIES: NONE KNOWN

DIETARY ADVICE:

Section 2. Must be completed.

DISCHARGE CHECKLIST

Discharge Item	Record of action taken	Date & sign	Discharge Item	Record of action taken	Date & sign
Patient informed	YES	M.Steel M.S	Pt informed	To Go.	
Relative/carer informed	YES		Dressings & pads	YES - Sent home	M.Steel M.Steel
Transport arranged	YES		Aids & equipment	NO	
Discharge drugs	YES - Paracetamol + Tramadol 4/5	14:00	Home prepared/Door key	YES	
Transfer letter	—		Valuables returned †	N/A	
Appointment on PDL	NO F/U		Venflon removed	YES.	14:00

† Please check safe

Ability on discharge (circle items applicable)
Mobility - Unaided - with frame/stick/tripod - needs help
Stairs - Unaided - with help - cannot manage stairs
Bed - Unaided - can get in/out with help
Dressing - Unaided - some help - maximum help
Toilet - Unaided - needs help - has catheter - needs help with catheter
Bathing - Unaided - with help - unable to bath
Domestic - Can/cannot manage to cook - light meals only
Can/cannot manage to do light housework

OTHER ADVICE/COMMENTS (Dressings, etc)

Section 3. If no services required tick box. ☐

Please circle any agencies involved and give details below

District Nurse	Care Manager	Midwife	Speech Therapist	*There may be a charge for these services
Health Visitor	**Meals-on-Wheels***	**Respite Care***	Voluntary Agencies	
CPN	**Frozen Meals***	Warden	**Private Agencies***	
Macmillan Nurse	**Day Care***	Physiotherapist	Community Alcohol Team	
Specialist Nurse	Dietitian	**Home Care Organiser***	Others	
Practice Nurse	Community Outreach	Liaison Sister		
Social Worker	Day Hospital	Occupational Therapist		

Item selected	Record of action taken	Date & sign
	Pt to arrange apt for removal of Sutures in 10 days.	04/05/11 14:00 M.Steel M.Steel

Section 4. Must be completed.

The above arrangements have been discussed with me by the named nurse/deputy on the ward; I understand and agree with my discharge plan/transfer of care. Where my transfer is to a residential or nursing home, the NHS does not accept responsibility for the funding cost.

Patient/Carer signature X ..... **Named Nurse/Deputy** M.Steel M.Steel

THIRD PARTY COPY

Attachment
05-May-2011 Unknown Staff Member
Additional: Attachment
A&E
Filename:
Extension: .tif
Pages:

Report ID: 4004920025

YORK HOSPITAL
Discharge Notification

4th May 2011

Dr John C. Hamilton
Abbey Medical Group
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Consultant : Mr David J Alexander
Admission Date : 03-MAY-2011
Discharging Doctor : Tsoulaki, Olga
Discharged From : Ward ESA
On : 04-MAY-2011

Dear Dr Hamilton
Mr John Cavanagh
15, Etty Av,YORK,YO10 3TJ

NHS No: 4000794191 Date Of Birth: 22/09/1963 Casenote: 99/39862

Reason for Admission Pt admitted with RIF pain. Laparoscopic appendicectomy perfomed on 03/05/11. Antibiotic course was given for 2 days post-op. Stitches to be removed week on Friday. Analgesia prescribed.

Diagnosis Appendicitis

Procedures Laparoscopic Appendicectomy

No changes to pre-admission medications other than the changes identified below
Medication not validated or dispensed by Pharmacy

Medication on Discharge (NOT VALIDATED)

				Days Supply	GP To Cont.
PARACETAMOL 500 MG CAPLET / TABLET	2	Four Times Daily		7	N
TRAMADOL SR 100MG TABLETS	1	Four Times Daily	When Required	7	N

Allergies No known Allergies

Secondary Care Follow Up No medical follow up required

Nurse Discharge Notes Relevant discharge advice given including wound care.
Removal of sutures at GP
Contact number given

A full discharge letter will be sent to the GP shown above

THIRD PARTY COPY

Attachment
04-May-2011 Unknown Staff Member
Additional: Attachment

Filename:
Extension:.tif
Pages:

Report ID: 4004920025

YORK HOSPITAL
Discharge Notification

4th May 2011

Dr John C. Hamilton
Abbey Medical Group
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Consultant : Mr David J Alexander
Admission Date : 03-MAY-2011
Discharging Doctor : Tsoulaki, Olga
Discharged From : Ward ESA
On : 04-MAY-2011

Dear Dr Hamilton
Mr John Cavanagh
15, Etty Av,YORK,YO10 3TJ

NHS No: 4000794191 Date Of Birth: 22/09/1963 Casenote: 99/39862

Reason for Admission Pt admitted with RIF pain. Laparoscopic appendicectomy perfomed on 03/05/11. Antibiotic course was given for 2 days post-op. Stitches to be removed week on Friday. Analgesia prescribed.

Diagnosis Appendicitis

Procedures Laparoscopic Appendicectomy

No changes to pre-admission medications other than the changes identified below
Medication not validated or dispensed by Pharmacy

Medication on Discharge (NOT VALIDATED)				Days Supply	GP To Cont.
PARACETAMOL 500 MG CAPLET / TABLET	2	Four Times Daily		7	N
TRAMADOL SR 100MG TABLETS	1	Four Times Daily	When Required	7	N

Allergies No known Allergies

Secondary Care Follow Up No medical follow up required

Nurse Discharge Notes Relevant discharge advice given including wound care.
Removal of sutures at GP
Contact number given

A full discharge letter will be sent to the GP shown above

THIRD PARTY COPY

Attachment
04-May-2011 Unknown Staff Member
Additional: Attachment
General Letter
Filename:
Extension:.tif
Pages:

Report ID: 4004959903 - Transmitted on: 06-JUN-2011 16:18

FOR ELECTRONIC TRANSMISSION

York Hospital, Wigginton Rd, YORK, YO31 8HE

DJA/AA/DJG
31 May 2011

Colorectal Unit, Department of General Surgery
Mr D J Alexander Tel: 01904 725609 Fax: 01904 726886

Acute Admission

Dr J Hamilton
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Dear Dr Hamilton

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Av, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 4000794191
Ward Stays: York Hospital From 03-May-2011 To 04-May-2011 (Ward ESA)

Presentation: Appendicitis
Operation: Laparoscopic appendicectomy

Comments: This 47 year old patient was admitted acutely under our care with a 24 hour history of increasing right iliac fossa pain. There was supporting evidence to support appendicitis, with white cell of over 220. We proceeded with laparoscopic appendicectomy, and the finding was of a gangrenous inflamed appendix. The operation was uneventful. He was given 2 more post-op doses of antibiotics and by the time of discharge was well in himself.

Histology: Suggested severe acute suppurative appendicitis.

Follow up: Since discharge from hospital, he was admitted under the care of Mr Miller with pelvic collection, which has been successfully drained. There is a follow up plan with Mr Miller's team in place on 13 June. I am sure you will be contacted with regards his further progress.

Yours sincerely

MR A AGHAHOSEINI, FRCS
Associate Specialist in General Surgery

Copy: Mr G V Miller, Consultant in General/Upper GI Surgery

THIRD PARTY COPY

Attachment
03-May-2011 Dr Jonathan Tams
Additional: Attachment

Filename:
Extension:.tif
Pages:



THIRD PARTY COPY

Attachment
11-Mar-2011 Unknown Staff Member
Additional: Attachment

Filename:
Extension:.tif
Pages:

14.03.2011

Dr Adam Budgen
Consultant Orthopaedic Surgeon
York District Hospital
Wigginton Road
York
YO31 8HE

Dear Adam

Re Mr John Michael Cavanagh Date of Birth: **22.09.1963**
15 Etty Avenue York YO10 3TJ
Home Telephone: NHS No: **4000794191**

This 47 year old alcoholic gentleman with a ankle problem has been in to tell me that he missed his last appointment and it is now required for me to write to you for another one.

Please consider this to be such a request.

Yours sincerely

Dr J C Hamilton
Partner

THIRD PARTY COPY

Past Medical History - Mr J Cavanagh

Problems

Active Problems

11.3.2011	Dyspepsia	
7.10.2010	Diabetes mellitus	Rash
20.11.2009	Type 2 diabetes mellitus	
7.8.2009	Drainage of abscess NEC	rt groin
19.3.2009	Ankle pain	

Significant Past

19.8.2002	Ankle pain	Tenosynovitis.Therapeutic injection of steroid offered
17.6.1997	Drug addiction	heroin / speed.
16.8.1996	Alcohol problem drinking	60 u per week
16.8.1996	Oesophagitis	
16.8.1996	Duodenal ulcer - (DU)	
16.8.1996	[D]HP-abn microb gastric fluid	Triple therapy commenced
1996	Alcohol problem drinking	
1996	Duodenal ulcer - (DU)	endoscopy -oesophagitis, CLO pos
19.10.1994	Acute bronchitis	
12.5.1992	Barium meal - general	gastritis/duodenitis.
1992	Duodenitis	on ba meal
13.6.1986	[SO]Digital nerve of finger	Exploration digital nerve of thumb + repair.
1973	Fracture of shaft of tibia	

[redacted]

Drugs

Acutes

Macrogol Compound Oral Powder (Sachets) NPF Sugar Free 1 bd 30 sachet	11.3.2011
Preparation H Ointment asd 50 gram	11.3.2011

Repeats

Ibuprofen Tablets 600 mg 1 bd 168 tablet	19.4.2010
Omeprazole Capsules (Gastro-Resistant) 20 mg 1 od 84 capsule	19.4.2010
Simvastatin Tablets 40 mg 1 nocte 3*28 tablet	19.4.2010
Metformin Hydrochloride Tablets 500 mg 1 bd 168 tablet	19.4.2010

Allergies

THIRD PARTY COPY

Attachment
07-Feb-2011 Unknown Staff Member
Additional: Attachment

Filename:
Extension:.tif
Pages:

North Yorkshire Retinal Screening Service

York Teaching Hospital NHS
NHS Foundation Trust

Dr J. C.Hamilton
Abbey Medical Group
Victoria Way Surgery
2 Victoria Way
Huntington, York
North Yorkshire

7 February 2011

Private and confidential.

RE: Mr John Cavanagh of:15, Etty Avenue, York, YO10 3TJ,

Dear Practice Manager

The above named has been offered 2 retinal screening appointments in the current screening year.

Unfortunately they have not taken up the offer to attend for screening. We will not be offering further screening appointments this year.

We will of course include them in next years screening programme.

If you have any queries please contact us.

Yours sincerely

North Yorkshire Retinal Screening Service

THIRD PARTY COPY

2 Cayley Court, George Cayley Drive, Clifton Moor, York YO30 4WH. Tel: 01904 726640

Attachment
02-Feb-2011 Unknown Staff Member
Additional: Attachment

Filename:
Extension:.tif
Pages:

York Teaching Hospital NHS
NHS Foundation Trust

Hospital No. 99/39862
NHS number: 4000794191
7th February 2011

Mr John Cavanagh
15 Etty Av
York
YO10 3TJ

York Hospital
Wigginton Rd
YORK
YO31 8HE

Dear Mr Cavanagh

We have noticed from our records that you did not attend your recent appointment at Mr Budgen's clinic at York Hospital on Monday, 7th February 2011.

As you did not keep your appointment, Mr Budgen assumes that you no longer wish to be seen in the clinic.

Please contact your GP if you have any further problems.

Yours sincerely

Appointment Clerk
Outpatient Department

Copy to:
Dr Hamilton
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

THIRD PARTY COPY

Attachment
18-Oct-2010 Unknown Staff Member
Additional: Attachment
Gynaecology
Filename:
Extension:.tif
Pages:

Report ID: 4004656648 - Transmitted on: 20-OCT-2010 14:39

FOR ELECTRONIC TRANSMISSION

YORK HOSPITALS NHS TRUST TRAUMA AND ORTHOPAEDIC SURGERY

SABB/JS/AGC

20 October 2010

Dr J Hamilton
Tang Hall Lane Surgery
190, Tang Hall La
YORK
YO10 3RL

Alison Cooper
Secretary to Mr Budgen
Tel: 01904 726176
Fax: 01904 726887
Alison.G.Cooper@York.NHS.UK

Dear Dr Hamilton,

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Av, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 4000794191
Clinic: Mr Budgen **Clinic Date:** 18 October 2010

This gentleman failed to attend clinic today. I assume that he still wants to see us, and he has been given another appointment. If he fails to attend, we will of course keep you informed.

Yours sincerely,

Dictated, but not signed.

Mr James Stanley
Foot & Ankle Fellow
Orthopaedics

THIRD PARTY COPY

Attachment
13-Oct-2010 Unknown Staff Member
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York Directorate of Laboratory Medicine
BIOCHEMISTRY/HAEMATOLOGY REQUEST

Cavanagh	**John Michael**	**4000794191**	
15 Etty Avenue **York** **N Yorkshire**		M / F **Male**	D.O.B. **22.09.1963**
Requester's Name	Usual Doctor (if not requester)	Location **Abbey Medical Group**	Category (Click for list)
Specimen type (Click for list)	Fasting Status (Click for list)	Sample date (dd/mm/yy) **13/10/10**	Time taken (hh:mm) **10:30**
Clinical Details / Therapy **diabetes**			L.M.P date

BIOCHEMISTRY		HAEMATOLOGY	IMMUNOLOGY
Na, K, Creat, Urea	B12	FBC	Antinuclear Antibodies
U & E + Calcium	Folate	ESR	Rheumatoid Factor
LFTs	PSA	IM Screen	Coeliac screen
Bone Profile	Testosterone	Warfarin Control	Anti-cardiolipin
Cholesterol	FSH	Heparin Control	ANCA
Cholesterol / HDL-C	LH	Coagulation Screen	Others (type free text)
Troponin I	CRP	Reticulocytes	
GGT	TSH only	Others (type free text)	
Urate	TFT (TSH and FT4)		
Glucose	Ferritin		**Requesters Signature**
HbA1c	TPO Antibodies		
Others (type free text)		(4000794191)	

(K)

THIRD PARTY COPY

Instructions for the blood test

If asked to fast please have only water and no food for 12 hours before the blood test.

The results of your blood test will be sent back to us. We ask you to check whether the result is normal or not by telephoning the surgery about 1 week after the blood test unless you have been asked to make a follow-up appointment. It is best to call after 2pm when telephone lines are less busy.

(NHSNumber)

\\EMIS6227A\MSWDocs\Temporary Files\Biochemistry Haematology June 2010 Patient 11462_1.rtf Last saved by Selby & York Community User October 13, 2010 10:40:32 AM

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23-Apr-2010 Mrs Susan Bannister
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21-Apr-2010 Unknown Staff Member
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DR J TAMS
DR J HAMILTON
DR J HEWITSON
DR J MACLEOD

ABBEY MEDICAL GROUP
TANG HALL LANE SURGERY
Tang Hall Lane, YORK YO10 3RL
Tel: 01904 411139 Fax: 01904 431224
PCT Code: 82051

DR J MALONEY
DR C PARRY
DR A SWEENEY
MR NICK GILES
(Practice Manager)

23.04.2010

Mr A Budgen
Consultant Orthopaedic Surgeon
Choose and Book Provider

Dear Adam

NHS - Non urgent

Re Mr John Michael Cavanagh Date of Birth: **22.09.1963**
15 Etty Avenue York YO10 3TJ
Home Telephone: NHS No: **4000794191**

I would be grateful if you could see this 46 year old patient for me who you last saw coming up 6 years ago with problems with instability and pain in his right ankle. At that time you discussed the possibility of a right ankle arthroscopy with possibly a right peroneal tendonoscopy and lateral ligament repair plus peroneal tendon repair following the MRI you had seen.

At that time his mother was ill and other social circumstances he decided to hold fire and get on with life. Unfortunately there has been a progressive deterioration in the ankle since then although he has not seen us really until recently that was because in 2009 he was diagnosed with diabetes and he came back into the system.

He was meant to come for follow up but I was told he was unable to come out of the house and he had lost his car and therefore could not attend the Surgery. I went to see him at home and found him over weight, with a virtually fixed ankle that was painful on all range of movements and he hobbled along the corridor to the bathroom when I was there. He says that he has not been further than the gate for the last few months and I believe him and he is now very keen understandably to take up your offer of further intervention with his ankle.

I would be grateful if you could review him again.

Best wishes.

Yours sincerely

Dr A M Sweeney
Partner
Attached: Past Medical History - Mr J Cavanagh

THIRD PARTY COPY

THIRD PARTY COPY

Past Medical History - Mr J Cavanagh

Problems

Active Problems

20.11.2009	Type 2 diabetes mellitus	
7.8.2009	Drainage of abscess NEC	rt groin
19.3.2009	Ankle pain	

Significant Past

19.8.2002	Ankle pain	Tenosynovitis.Therapeutic injection of steroid offered
17.6.1997	Drug addiction	heroin / speed.
16.8.1996	Alcohol problem drinking	60 u per week
16.8.1996	Oesophagitis	
16.8.1996	Duodenal ulcer - (DU)	
16.8.1996	[D]HP-abn microb gastric fluid	Triple therapy commenced
1996	Alcohol problem drinking	
1996	Duodenal ulcer - (DU)	endoscopy -oesophagitis, CLO pos
19.10.1994	Acute bronchitis	
12.5.1992	Barium meal - general	gastritis/duodenitis.
1992	Duodenitis	on ba meal
13.6.1986	[SO]Digital nerve of finger	Exploration digital nerve of thumb + repair.
1973	Fracture of shaft of tibia	
[redacted]		

Drugs

Repeats

Ibuprofen Tablets 600 mg 1 bd 168 tablet	19.4.2010
Omeprazole Capsules (Gastro-Resistant) 20 mg 1 od 84 capsule	19.4.2010
Simvastatin Tablets 40 mg 1 nocte 3*28 tablet	19.4.2010
Metformin Hydrochloride Tablets 500 mg 1 bd 168 tablet	19.4.2010

Allergies

THIRD PARTY COPY

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02-Mar-2010 *****
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Pages:

[redacted] - SOUTH WKBA

DR J TAMS
DR J HAMILTON
DR J HEWITSON
DR J MACLEOD

ABBEY MEDICAL GROUP
TANG HALL LANE SURGERY
Tang Hall Lane, YORK YO10 3RL
Tel: 01904 411139 Fax: 01904 431224
PCT Code: 82009

DR J MALONEY
DR C PARRY
DR A SWEENEY
MRS D MULLIGAN
(Practice Manager)

CHIROPODY REFERRAL

RECEIVED
18 SEP 2008

16.09.2008

White Cross Court
White Cross Road
Haxby Road
York
YO31 8FT

Dear Colleague

Re Mr John Michael Cavanagh Date of Birth: **22.09.1963**
8 Festival Flats Paragon Street York YO10 4AG
Home Telephone: **07899024076** NHS No: **4000794191**

I would be grateful if you would see this 44 year old man who seems to be developing a plantar dermatosis on his right foot. This is due to an old ankle injury in the 1970s which gives him an awkward gait and I think the hard skin build up is due to this. There was some evidence of infection in the area so I have treated him with some Fucibet cream.

Yours faithfully

Dr J C Hamilton
Partner

Attached: Past Medical History - Mr J Cavanagh

THIRD PARTY COPY

*****
02-Mar-2010 *****
Additional:***
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Filename: *****
Extension:***
Pages:

Past Medical History - Mr J Cavanagh

Problems

Significant Past

19.8.2002	Ankle pain	Tenosynovitis.Therapeutic injection of steroid offered
17.6.1997	Drug addiction	heroin / speed.
16.8.1996	Alcohol problem drinking	60 u per week
16.8.1996	Oesophagitis	
16.8.1996	Duodenal ulcer - (DU)	
16.8 1996	[D]HP-abn microb gastric fluid	Triple therapy commenced
1996	Alcohol problem drinking	
1996	Duodenal ulcer - (DU)	endoscopy -oesophagitis, CLO pos
19.10.1994	Acute bronchitis	
12.5.1992	Barium meal - general	gastritis/duodenitis.
1992	Duodenitis	on ba meal
13.6.1986	[SO]Digital nerve of finger	Exploration digital nerve of thumb + repair.
1973	Fracture of shaft of tibia	
[redacted]		

Drugs

Acutes

Fusidic Acid And Betamethasone Valerate Cream 2 15.9.2008
% + 0.1 % bd 30 gram(s)

Allergies

THIRD PARTY COPY

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02-Mar-2010 *****
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PODIATRY DEPARTMENT PRIMARY ASSESSMENT

Selby & York NHS
Primary Care Trust

Patient name:	John Cavanagh.		
Date of birth:	22.9.63.	Location:	T. Hall

Please do not leave any spaces - if not applicable insert N/A

Patient subjective comments: Its his foot

Relevant medical and surgical history:
Date Chkd.
3.11.08 Good gen health
Chest problem at present giving up smoking.

Medication:
Date Chkd.
3.11.08.

Medical / social / transport needs: Ex smoker

Skin lesions / pathologies: R/S med + lat border call + fissure

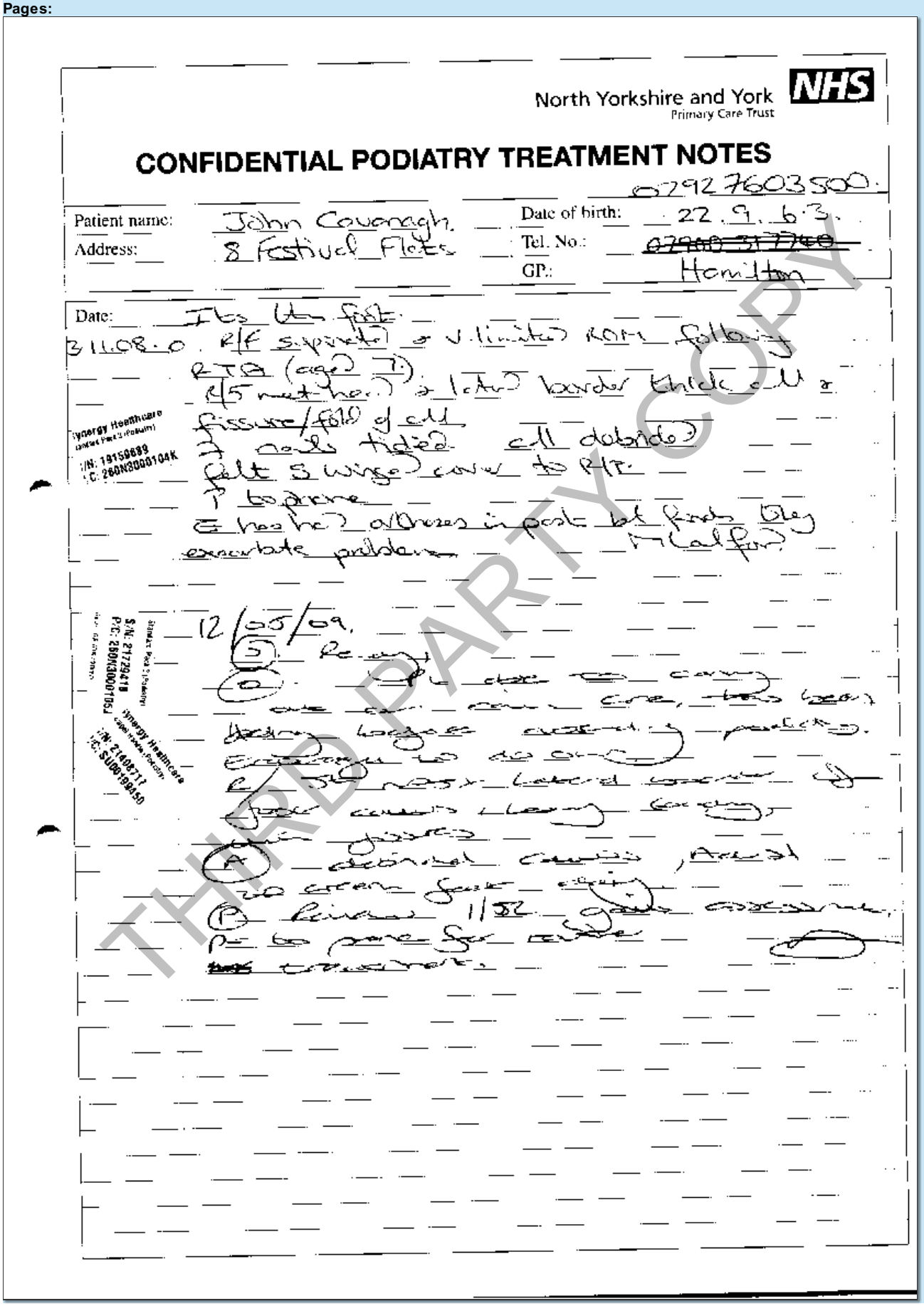
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02-Mar-2010 *****
Additional:***
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Nail pathologies:	✓	
Foot deformity / biomechanical dysfunction:	R/F supinated. ↓ V. limited ROM following RTA.	
Footwear:	trainers.	
Circulation:	RIGHT	LEFT
Dorsalis Pedis	palpable	→
Posterior Tibial	palpable	
Capillary Refill	<2 secs	
Temperature	warm	
Colour	normal	
Oedema	✓	✓
Comments:		
Neurological Status:	RIGHT	LEFT
Monofilament	dorsum midfoot only	all sites identified
Neurotip		
Tuning Fork		
Hot/Cold		
Comments:		
Initial Diagnosis:	R/F callus due to supination following RTA.	
Treatment Plan:	Reduction of callus orthoses	
Review Date:	to phone	
Staff Signature:	[illegible]	
Date:	3.11.08	

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02-Mar-2010 *****
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North Yorkshire and York Primary Care Trust

NHS

CONFIDENTIAL PODIATRY TREATMENT NOTES

07927603500.

Patient name: John Cavanagh. Date of birth: 22.9.63.

Address: 8 Festival Flats Tel. No.: [redacted]

GP: Hamilton

Date: Hx: Has had foot

3 11.08.0 R/F swollen & v. limited ROM following

RTA (age 7).

R/S methan.) & L.Ank border thick cell &

fissure/fold of cell

2 cells tidied. cell debrided

felt 5 wings cover to R/F.

P to prone

E has had? allergies in past but finds they

exacerbate problem

(Calfin)

Synergy Healthcare

S/N: 19159699

P/C: 260N3000104K

12/05/09.

S:

O:

A:

P:

Synergy Healthcare

S/N: 21729418

P/C: 260N3000105J

Synergy Healthcare

S/N: 21408711

P/C: SU001998450

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30-Nov-2009 Unknown Staff Member
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DWP Department for Work and Pensions

Disability and Carers Service

Website: www.direct.gov.uk/disability

Doctor Hamilton
Park View Surgery
Millfield Lane
York
YO10 3AB

If you get in touch with us tell us this reference number **NE482886C**

1.3.4
Warbreck House
Warbreck Hill Road
Blackpool
FY2 0YE

Our phone number **08457 123456**
If you have a textphone **08457 224433**
07:30 - 18:30 Monday - Friday

Date 30 September 2009

Dear Doctor Hamilton

Factual Report for Disability Living Allowance

I am writing to you about Mr John Cavangh

Date of Birth 22/09/1963

Note. If the person has died or recently moved to another area please still complete the report if you can.

Your patient (or person appointed to handle their affairs) has made a claim for Disability Living Allowance. This is a benefit for people with severe disability. Entitlement is based on the amount of personal care or supervision needed or difficulty with getting around as a result of this disability. In order to decide this claim we need further information about their medical condition(s).

We hold your patient's (or a person appointed to handle their affairs) written consent to allow us to approach you for this information.

We would be grateful if you would answer the questions on this factual report based on your knowledge of the patient and their records. A special examination is not required.

It would be very helpful in assessing your patients benefit claim if you could complete and return this form within 10 working days. You can use the envelope we sent you. It does not require a stamp. I enclose a form for you to claim a fee of £33.50 which should accompany this report.

THIRD PARTY COPY

DWP Department for Work and Pensions

Customer Name: John Cavangh
NINO: NE482886C

Customer's Details

Full Name Mr John Cavangh

Date of Birth 22/09/1963

Address 15 Etty Ave
York

YO10 3TJ

Information from your patient's claim shows that they have the following medical condition/disabilities.

1 Arthritis

For the attention of the General Practitioner

In the section headed YOUR REPORT please consider and comment in your response on the following;

Please comment on details of significant findings in the upper and/or lower limbs. In respect of the upper limbs include any findings that would indicate problems with manual dexterity including grip.

THIRD PARTY COPY

DWP Department for Work and Pensions

Customer Name: John Cavangh
NINO: NE482886C

Your Report

Date when patient last seen 9/11/09

1. Diagnosis of the disabling conditions (do not include minor transient conditions).

(R) ANKLE PAIN for years. (L) ankle more recently.

2. Please give brief details of history of condition(s) stating whether they are mild, moderate, or severe, in your answer. Include details of any relevant special investigations.

"Over many years" chronic (R) ankle pain. Flares up intermittently, with episods of limited movement at first. Last recorded of this was 13/7/09. in his LEFT ANKLE. Xray 7/2009 was NORMAL

3. Day to day variation in the conditions(s) (if any) including frequency and duration of exacerbations.

Not recorded

THIRD PARTY COPY

DWP Department for Work and Pensions

Customer Name: John Cavangh
NINO: NE482886C

4. Relevant clinical findings - for example, visual acuities, hearing, auscultatory findings, peak flow, range of joint movement, muscle wasting, SLR, reflexes, extent of breathlessness.

In exacerbation, limited flexion & extension due to pain.

5. Treatment - Current treatment including medication and dosage, response to treatment including control of condition and prognosis.

Ibuprofen on an 'as required' basis.

6. Please give details, IF KNOWN, of the effects of the disabling condition(s) on day to day life;

(a) Self care - for example, washing, dressing, feeding, using the toilet, continence, ability to rise from a chair and ability to communicate.

NOT KNOWN

(b) Insight and awareness of danger.

(c) Ability to get around including pain, gait, balance, breathlessness, visual loss and communication difficulties.

THIRD PARTY COPY

DWP Department for Work and Pensions

Customer Name: John Cavangh
NINO: NE482886C

Please add any further details you think would be helpful to the Department when deciding on this claim

Thank you

Now please sign and date your report.

I understand that, in certain circumstances, this report will be released to my patient, their legal representative and any authority deciding an appeal in relation to their entitlement to benefit. I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health.

Signature

Date 17 NOV 2009

Name in capital letters DR. J. C. HAMILTON

Surgery Stamp

Parkview Surgery
28 Millfield Avenue
Hull Road
York YO10 3AB
Tel: 01904 411139

THIRD PARTY COPY

Attachment
21-Oct-2009 Unknown Staff Member
Additional: Attachment
General Document
Filename:
Extension:.tif
Pages:

DWP Department for Work and Pensions

Disability and Carers Service

Website: www.direct.gov.uk/disability

The Group Practice
Park View Surgery
Millfield Lane
York
YO10 3AB

If you get in touch with us tell us this reference number **NE482886C**
MU: 38

Mota 1 B307
Warbreck House
Warbreck Hill Road
Blackpool
FY2 0YE

Our phone number **08457 123456**

If you have a textphone **08457 224433**

07:30 - 18:30 Monday - Friday

Date 21 October 2009

Dear Doctor

Factual Report for Disability Living Allowance

I am writing to you about Mr John Cavanagh

Date of Birth 22/09/1963

Note. If the person has died or recently moved to another area please still complete the report if you can.

Your patient (or person appointed to handle their affairs) has made a claim for Disability Living Allowance. This is a benefit for people with severe disability. Entitlement is based on the amount of personal care or supervision needed or difficulty with getting around as a result of this disability. In order to decide this claim we need further information about their medical condition(s).

We hold your patient's (or a person appointed to handle their affairs) written consent to allow us to approach you for this information.

We would be grateful if you would answer the questions on this factual report based on your knowledge of the patient and their records. A special examination is not required.

It would be very helpful in assessing your patients benefit claim if you could complete and return this form within 10 working days. You can use the envelope we sent you. It does not require a stamp. I enclose a form for you to claim a fee of £33.50 which should accompany this report.

THIRD PARTY COPY

Customer Name: John Cavanagh
NINO: NE482886C
MU: 38

DWP Department for Work and Pensions

The person making the claim may, at any time, request a copy of any information that you send to us.

If there is any information you think would be harmful to their health, for example an adverse diagnosis or prognosis unknown to them, please provide details on the appropriate section of the enclosed report, marked **"Harmful Information"**.

Please include in your report any relevant information contained in letters or reports from hospitals or consultants. If you think it is essential to send us originals or any copies of any letters from consultants, please obtain the author's consent for the correspondence to be used in connection with your patient's claim.

To ensure compliance with 'Rehabilitation of Offenders Act 1974', your report should not contain any reference to criminal convictions, whether spent or not, unless the information is directly relevant to the customer's condition or disability.

This report is not subject to the Access to Medical Reports Act 1998. The patient does not need to read it before it is returned.

The Disability Living Allowance and Attendance Allowance Helpline is set up to answer enquiries. Please get in touch with them if you want to ask about anything in this letter. To make sure you receive a good standard of service from the Disability Living Allowance and Attendance Allowance Helpline, our Managers may monitor or record telephone calls without warning.

Thank you for your help.

Yours sincerely

Tracey Scott

On behalf of the Department for Work and Pensions

THIRD PARTY COPY

Customer Name: John Cavanagh
NINO: NE482866C
MU: 38

DWP Department for Work and Pensions

Customer's Details

Full Name Mr John Cavanagh

Date of Birth 22/09/1963

Address 15 Etty Avenue
York

YO10 3TJ

Information from your patient's claim shows that they have the following medical condition/disabilities.

1 Arthritis

For the attention of the General Practitioner

In the section headed YOUR REPORT please consider and comment in your response on the following;

Please comment on details of significant findings in the upper and/or lower limbs. In respect of the upper limbs include any findings that would indicate problems with manual dexterity including grip.

THIRD PARTY COPY

Customer Name: John Cavanagh
NINO: NE482886C
MU: 38

DWP Department for Work and Pensions

Your Report

Date when patient last seen 31/9/09

1. Diagnosis of the disabling conditions (do not include minor transient conditions).

Arthritis. ankle.

He is newly diagnosed diabetic Sept 09.
B.S. 14.6. HbA1c 12%.

2. Please give brief details of history of condition(s) stating whether they are mild, moderate, or severe, in your answer. Include details of any relevant special investigations.

See physio referral

3. Day to day variation in the conditions(s) (if any) including frequency and duration of exacerbations.

no data

THIRD PARTY COPY

DWP Department for Work and Pensions

Customer Name: John Cavanagh
NINO: NE482886C
MU: 38

4. Relevant clinical findings - for example, visual acuities, hearing, auscultatory findings, peak flow, range of joint movement, muscle wasting, SLR, reflexes, extent of breathlessness.

See endorsed physio report.

5. Treatment - Current treatment including medication and dosage, response to treatment including control of condition and prognosis.

Methotrexate started 7/9/09.
Drug pneumonitis added

6. Please give details, IF KNOWN, of the effects of the disabling condition(s) on day to day life;

(a) Self care - for example, washing, dressing, feeding, using the toilet, continence, ability to rise from a chair and ability to communicate.

None

(b) Insight and awareness of danger.

None.

(c) Ability to get around including pain, gait, balance, breathlessness, visual loss and communication difficulties.

None -

THIRD PARTY COPY

DWP Department for Work and Pensions

Customer Name: John Cavanagh
NINO: NE482885C
MU: 38

Please add any further details you think would be helpful to the Department when deciding on this claim

I apologise for the delay in this report it was passed to me as duty Dr only today 21/10/09. I do not know him. It is unclear from the record how long he has been on Colchester Gp work.

Thank you

Now please sign and date your report.

I understand that, in certain circumstances, this report will be released to my patient, their legal representative and any authority deciding an appeal in relation to their entitlement to benefit. I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health.

Signature JTAMS **Date** 21/10/09

Name in capital letters JTAMS

Surgery Stamp

ABBEY MEDICAL GROUP
190 TANG HALL LANE
YORK YO10 3RL
TEL: 01904 411139
FAX: 01904 431224

THIRD PARTY COPY

DWP Department for Work and Pensions

Customer Name: John Cavanagh
NINO: NE482886C
MU: 38

Harmful Information – do not copy

We may have to send a copy of the report to your patient. Certain information may be withheld if it appears to the Decision Maker or Appeal Tribunal that its disclosure would be **harmful to your patient's health.** An example of what may be harmful information is a diagnosis or prognosis that is **not** known to your patient, such as malignancy, progressive neurological conditions or **major** mental illness.

Please note that we cannot withhold information on any other grounds.
For example, information relating to comments or remarks likely to cause embarrassment to the customer, carer, the author or a professional colleague.

Please only write about harmful information on this page

THIRD PARTY COPY

DR J TAMS
DR J HAMILTON
DR J HEWITSON
DR J MACLEOD

ABBEY MEDICAL GROUP
TANG HALL LANE SURGERY
Tang Hall Lane, YORK YO10 3RL
Tel: 01904 411139 Fax: 01904 431224
PCT Code: 82051

DR J MALONEY
DR C PARRY
DR A SWEENEY
MR NICK GILES
(Practice Manager)

07.09.2009

Physiotherapy
York District Hospital
Wigginton Road
York
YO31 8HE

Dear Colleague

NHS - NON URGENT

Re Mr John Michael Cavanagh Date of Birth: **22.09.1963**
15 Etty Avenue York YO10 3TJ
Home Telephone: NHS No: **4000794191**

Thank you for seeing this 45 year old gentleman who has been complaining of chronic ankle pain since July of this year. It started off with the right ankle but now it is progressing onto the left ankle as well. He had an X-ray which showed normal findings. However pain seems to be an ongoing problem.

Therefore he would possibly benefit from physiotherapy and we would be really greatful if you would see him as soon as you could.

Yours sincerely

Dr Manorama Bhattarai
FY2 to Dr J C Hamilton

Attached: Past Medical History - Mr J Cavanagh

THIRD PARTY COPY

Past Medical History - Mr J Cavanagh

Problems

Active Problems

3.9.2009	Type 2 diabetes mellitus	
19.3.2009	Ankle pain	

Significant Past

19.8.2002	Ankle pain	Tenosynovitis.Therapeutic injection of steroid offered
17.6.1997	Drug addiction	heroin / speed.
16.8.1996	Alcohol problem drinking	60 u per week
16.8.1996	Oesophagitis	
16.8.1996	Duodenal ulcer - (DU)	
16.8.1996	[D]HP-abn microb gastric fluid	Triple therapy commenced
1996	Alcohol problem drinking	
1996	Duodenal ulcer - (DU)	endoscopy -oesophagitis, CLO pos
19.10.1994	Acute bronchitis	
12.5.1992	Barium meal - general	gastritis/duodenitis.
1992	Duodenitis	on ba meal
13.6.1986	[SO]Digital nerve of finger	Exploration digital nerve of thumb + repair.
1973	Fracture of shaft of tibia	
[redacted]		

Drugs

Acutes

Sorbsan Packing Cavity Dressing (with probe) 30 cm/2 grams as dir 10 dressing	21.8.2009
Sodium Chloride Solution 0.9 %, 45 ml bottle as dir 2 bottle	11.8.2009
Allevyn Adhesive Dressing square, 10 cm x 10 cm use asd 20 dressing	1.9.2009
Allevyn Adhesive Dressing square, 7.5 cm x 7.5 cm use asd 20 dressing	2.9.2009

Repeats

Ibuprofen Tablets 600 mg 1 bd 168 tablet	14.8.2009
Omeprazole Capsules (Gastro-Resistant) 20 mg 1 od 84 capsule	14.8.2009
Canesten Hc Cream apply three times a day sparingly 30 gram	14.8.2009
Dressit Sterile Dressing Pack with medium/large gloves use asd 10*1 pack	17.8.2009

Allergies

THIRD PARTY COPY

DWP Department for Work and Pensions

Disability Living Allowance
Claim for a medical report fee

A About the person with the illness or disability

Surname	Cavanagh
Other Names	John
National Insurance Number	NE482886C
Date of Birth	22/09/1963

B Declaration

Please complete **all** the boxes on this page to assist payment.

To claim £33.50 for completion of the report, please return the completed form together with the report so that payment can be made. **PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK** and return in the envelope provided, it does not need a stamp.

B1 **Is this your first claim?** (Please tick appropriate box) ☐ **Yes** ☑ **No**

If you have ticked **Yes** please also complete **Section C** on page 2 and move directly to Question **B3** below.

B2 Please provide your Payee Reference Number. This can be found on your last Remittance Advice Slip. 1085084

B3 Please provide your GMC number. This will help us maintain more accurate records. 1350885

B4 ☑ **I am claiming the fee for completing the report** (please tick appropriate box)

☐ **I am not claiming the fee for completing the report**

Are you registered for VAT? ☑ **No** ☐ **Yes** Please provide your VAT No.

B5 Your Name — Title (e.g. Dr, Mr, Mrs): DR; Initials: J; Surname: TAMS

B6 Name and daytime phone number (including STD code) of a person to contact if we have a query with this form.

Name (in full): DR. JONATHAN TAMS

Daytime phone number (incl STD code): 01904 411139

Surgery address
If the information shown is incorrect, please complete **Section C** on page 2.

Park View Surgery
Millfield Lane
York
YO10 3AB

B7 **Do you want to change your existing payment details?** (Please tick appropriate box)

☐ **Yes** (please complete page 2)
☑ **No**

B8 J Tams.

Taxable Date D D M M Y Y Y Y: 21/10/2009

THIRD PARTY COPY

Patient ID : 11462
Mr John Cavanagh
15 Etty Avenue York YO10 3TJ

Please ensure that the practice holds your current up to date contact details including mobile numbers & E-mail addresses
Date Printed :21/10/2009

Ibuprofen Tablets 600 mg
ONE TO BE TAKEN TWICE A DAY
Quant : 168 tablet

Omeprazole Capsules (Gastro-Resistant) 20 mg
1 ONCE DAILY
Quant : 84 capsule

Canesten Hc Cream
apply three times a day sparingly
Quant : 30 gram

Dressit Sterile Dressing Pack with medium/large gloves
USE AS DIRECTED
Quant : 10x1 pack

PATIENTS – please read the notes overleaf

THIRD PARTY COPY

DWP Department for Work and Pensions

Customer Name: John Cavanagh
NINO: NE482886C

C Telling us about your details

Complete this section if it is your **first claim** or you wish to **change** existing details.

C1 Notification/Changes to your Remittance Advice address

Please provide the full address of where you wish the Remittance Advice slip to be sent.

Postcode

C2 Notification/Changes to your payment details

Please provide details of the account you want this claim paid into. This will also be the account we will send any future payments to.
(We can only make payment directly into a bank or building society account)

Name of bank/building society

Branch name

Account name

Bank Sort Code number

Account Number

Roll number (Building Society only)

We will write to you with details of when payment will be made. When you receive this information, keep it safe as you need to use your **payee reference number** for future claims.

D FOR OFFICIAL DWP USE ONLY

D1 Authorisation of fees

The claim has been examined. Payment of £33.50 (net) is approved.

D2 Charge to: **BU** 07 **C/C** 118359 **A/C code** 32591

D3 **Signature**

Date DD/MM/YYYY

Authorisation Stamp

Office address stamp/"examined" stamp

DBD36

Page 2

THIRD PARTY COPY

Attachment
06-Oct-2009 Unknown Staff Member
Additional: Attachment

Filename:
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Pages:

York Hospitals NHS
NHS Foundation Trust

Hospital Ref. 99/39862
NHS Number. 4000794191
6th October 2009

York Hospital
Wigginton Road
York
YO31 8HE

Tel: (01904) 631313

Telephone enquiries please contact:

Abbey Medical Group
Tang Hall Lane Surgery
190 Tang Hall La
York
YO10 3RL

Dear Dr J C Hamilton

Re: John Cavanagh
22-Sep-1963
15 Etty Av
York
YO10 3TJ

Thank you for referring the above patient to our department for dietary advice.

We wrote to them asking them to contact the department so that we could arrange an outpatient appointment for them. Unfortunately they have not contacted the department to arrange an appointment and have therefore been discharged from clinic.

If you have any queries or would like to re-refer this patient in the future please do not hesitate to contact us.

Yours sincerely,

Secretary

On behalf of Department of Nutrition & Dietetics

THIRD PARTY COPY

Attachment
07-Sept-2009 Unknown Staff Member
Additional: Attachment

Filename:

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Pages:

DR J TAMS
DR J HAMILTON
DR J HEWITSON
DR J MACLEOD

ABBEY MEDICAL GROUP

TANG HALL LANE SURGERY
190 Tang Hall Lane YORK Y01L0 3RL
Tel:01904 411139 Fax:01904 431224
PCT Code: 82009

DR J MALONEY
DR C PARRY
DR A M SWEENEY
MR NICK GILES
Practice Manager

10.09.2009

Jill Knowleson
Diabetic Centre
York District Hospital
Wigginton Road
York
YO31 8HE

Dear Jill

Re Mr John Michael Cavanagh Date of Birth: **22.09.1963**
15 Etty Avenue York YO10 3TJ
Home Telephone: NHS No: **4000794191**

This patient has been diagnosed with Diabetes. Please can you add his name for retinal screening.

Many thanks for seeing him.

Yours sincerely

Practice Nurse
Abbey Medial Group

Attached: Past Medical History - Mr J Cavanagh

THIRD PARTY COPY

Past Medical History - Mr J Cavanagh

Problems

Active Problems

3.9.2009	Type 2 diabetes mellitus	
19.3.2009	Ankle pain	

Significant Past

19.8.2002	Ankle pain	Tenosynovitis.Therapeutic injection of steroid offered
17.6.1997	Drug addiction	heroin / speed.
16.8.1996	Alcohol problem drinking	60 u per week
16.8.1996	Oesophagitis	
16.8.1996	Duodenal ulcer - (DU)	
16.8.1996	[D]HP-abn microb gastric fluid	Triple therapy commenced
1996	Alcohol problem drinking	
1996	Duodenal ulcer - (DU)	endoscopy -oesophagitis, CLO pos
19.10.1994	Acute bronchitis	
12.5.1992	Barium meal - general	gastritis/duodenitis.
1992	Duodenitis	on ba meal
13.6.1986	[SO]Digital nerve of finger	Exploration digital nerve of thumb + repair.
1973	Fracture of shaft of tibia	

[redacted]

Drugs

Acutes

Sorbsan Packing Cavity Dressing (with probe) 30 cm/2 grams as dir 10 dressing	21.8.2009
Allevyn Adhesive Dressing square, 10 cm x 10 cm use asd 20 dressing	1.9.2009
Allevyn Adhesive Dressing square, 7.5 cm x 7.5 cm use asd 20 dressing	2.9.2009
Metformin Hydrochloride Tablets 500 mg 1 bd 168 tablet	7.9.2009

Repeats

Ibuprofen Tablets 600 mg 1 bd 168 tablet	14.8.2009
Omeprazole Capsules (Gastro-Resistant) 20 mg 1 od 84 capsule	14.8.2009
Canesten Hc Cream apply three times a day sparingly 30 gram	14.8.2009
Dressit Sterile Dressing Pack with medium/large gloves use asd 10*1 pack	17.8.2009

Allergies

THIRD PARTY COPY

1

THIRD PARTY COPY

Attachment
07-Sept-2009 Mrs Marcia Greenaway
Additional: Attachment

Filename:
Extension:.tif
Pages:



THIRD PARTY COPY

Attachment
03-Sept-2009 Unknown Staff Member
Additional: Attachment

Filename:
Extension:.tif
Pages:

DR J TAMS
DR J HAMILTON
DR J HEWITSON
DR J MACLEOD

ABBEY MEDICAL GROUP
TANG HALL LANE SURGERY
Tang Hall Lane, YORK YO10 3RL
Tel: 01904 411139 Fax: 01904 431224
PCT Code: 82051

DR J MALONEY
DR C PARRY
DR A SWEENEY
MR NICK GILES
(Practice Manager)

07.09.2009

Dietician
York District Hospital
Wigginton Road
York
YO31 8HE

Dear Colleague

NHS - NON URGENT

Re Mr John Michael Cavanagh Date of Birth: **22.09.1963**
15 Etty Avenue York YO10 3TJ
Home Telephone: NHS No: **4000794191**

Thank you for seeing Mr John Cavanagh. He is a 45 year old just recently diagnosed with Type 2 diabetes with a HbA1c of 11.6 . We would really appreciate your input with regards to his dietary management.

Thank you.

Yours sincerely

Dr Manorama Bhattarai
FY2 to Dr J C Hamilton

THIRD PARTY COPY

Past Medical History - Mr J Cavanagh

Problems

Active Problems

3.9.2009	Type 2 diabetes mellitus	
19.3.2009	Ankle pain	

Significant Past

19.8.2002	Ankle pain	Tenosynovitis.Therapeutic injection of steroid offered
17.6.1997	Drug addiction	heroin / speed.
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16.8.1996	Duodenal ulcer - (DU)	
16.8.1996	[D]HP-abn microb gastric fluid	Triple therapy commenced
1996	Alcohol problem drinking	
1996	Duodenal ulcer - (DU)	endoscopy -oesophagitis, CLO pos
19.10.1994	Acute bronchitis	
12.5.1992	Barium meal - general	gastritis/duodenitis.
1992	Duodenitis	on ba meal
13.6.1986	[SO]Digital nerve of finger	Exploration digital nerve of thumb + repair.
1973	Fracture of shaft of tibia	
[redacted]		

Drugs

Acutes

Sorbsan Packing Cavity Dressing (with probe) 30 cm/2 grams as dir 10 dressing	21.8.2009
Sodium Chloride Solution 0.9 %, 45 ml bottle as dir 2 bottle	11.8.2009
Allevyn Adhesive Dressing square, 10 cm x 10 cm use asd 20 dressing	1.9.2009
Allevyn Adhesive Dressing square, 7.5 cm x 7.5 cm use asd 20 dressing	2.9.2009

Repeats

Ibuprofen Tablets 600 mg 1 bd 168 tablet	14.8.2009
Omeprazole Capsules (Gastro-Resistant) 20 mg 1 od 84 capsule	14.8.2009
Canesten Hc Cream apply three times a day sparingly 30 gram	14.8.2009
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Allergies

THIRD PARTY COPY

THIRD PARTY COPY

Attachment
03-Sept-2009 Unknown Staff Member
Additional: Attachment

Filename:
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Pages:

DR J TAMS
DR J HAMILTON
DR J HEWITSON
DR J MACLEOD

ABBEY MEDICAL GROUP
TANG HALL LANE SURGERY
Tang Hall Lane, YORK YO10 3RL
Tel: 01904 411139 Fax: 01904 431224
PCT Code: 82051

DR J MALONEY
DR C PARRY
DR A SWEENEY
MR NICK GILES
(Practice Manager)

07.09.2009

Physiotherapy
York District Hospital
Wigginton Road
York
YO31 8HE

Dear Colleague

NHS - NON URGENT

Re Mr John Michael Cavanagh Date of Birth: **22.09.1963**
15 Etty Avenue York YO10 3TJ
Home Telephone: NHS No: **4000794191**

Thank you for seeing this 45 year old gentleman who has been complaining of chronic ankle pain since July of this year. It started off with the right ankle but now it is progressing onto the left ankle as well. He had an X-ray which showed normal findings. However pain seems to be an ongoing problem.

Therefore he would possibly benefit from physiotherapy and we would be really greatful if you would see him as soon as you could.

Yours sincerely

Dr Manorama Bhattarai
FY2 to Dr J C Hamilton

Attached: Past Medical History - Mr J Cavanagh

THIRD PARTY COPY

Past Medical History - Mr J Cavanagh

Problems

Active Problems

3.9.2009	Type 2 diabetes mellitus	
19.3.2009	Ankle pain	

Significant Past

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13.6.1986	[SO]Digital nerve of finger	Exploration digital nerve of thumb + repair.
1973	Fracture of shaft of tibia	
[redacted]		

Drugs

Acutes

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Canesten Hc Cream apply three times a day sparingly 30 gram	14.8.2009
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Allergies

THIRD PARTY COPY

THIRD PARTY COPY

Attachment
09-Aug-2009 Unknown Staff Member
Additional: Attachment

Filename:
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Pages:

Report ID: 4002561827 - Transmitted on: 01-SEP-2009 09:38

FOR ELECTRONIC TRANSMISSION
YORK HOSPITALS NHS TRUST GENERAL SURGERY

NW/ac

27 August 2009

Dr J Maloney
Abbey Medical Group
Parkview Surgery
28, Millfield Av
YORK
YO10 3AB

Secretary to Mr Woodcock:
Tel: 01904 721154
Fax: 01904 726886

Dear Dr Maloney

Mr John Cavanagh **DOB:** 22-SEP-1963
15, Etty Av, YORK, YO10 3TJ
Casenote: 99/39862 **NHS Number:** 4000794191
Ward Stays: York Hospital From 07-Aug-2009 To 09-Aug-2009 (Ward 16)

This chap was admitted acutely with an abscess on the upper aspect of his right thigh. As you know, he has a history of intravenous drug abuse, but denies using recently.

Incision and drainage was performed later that day. He was discharged a couple of days later, with arrangements made for continued dressings in the community. Culture of the pus was negative.

I have not made any arrangements for routine outpatient follow up.

Yours sincerely

Mr Nick Woodcock MD FRCS (Gen)
Consultant General and Colorectal Surgeon

THIRD PARTY COPY

Attachment
07-Aug-2009 Unknown Staff Member
Additional: Attachment
General Letter
Filename:
Extension:.tif
Pages:

09/08/2009 20:23 01904726834 HEALTH RECORDS PAGE 01/02

GP Copy

Section 1 *Page 1 of 2*

YORK HOSPITALS NHS FOUNDATION TRUST

Preliminary Discharge Letter

Press firmly - use only ballpoint pen

To be completed by Ward Clerk / or named nurse

Dear Dr Maloney

of Park View Surgery

Your patient under the care of Mr Woodcock

in ward 16 of Hospital

Admitted on 7-8-09 will be discharged/

transferred on ..... to .....

Surname Cavanagh

Forenames John

Address 15 Ebby Avenue

York

Postcode YO10 3TS

Date of birth 22/05/1963 Unit No: .....

To be completed by Medical Officer

DIAGNOSIS

Drainage of right groin abcess.

INVESTIGATIONS	TREATMENT IN HOSPITAL
Bloods.	As above Antibiotics.

Discharge Medication (28 days maximum supplied unless otherwise indicated)

Child Resistant Containers : Yes / No

Large Print : Yes / No

PLEASE WRITE LEGIBLY IN BLOCK CAPITALS NICOR.

Drug (Approved name in capitals)	Dose	Instructions	No. of days supply	Continue by GP YES / NO	Add. Info.
FLUCLOXACILLIN	500mg	PO QDS	7		1x28
PARACETAMOL	1g	QDS PRN	7		1x32
DICLOFENAC	50mg	TDS PRN	7		1x28

Dressings required?	YES / NO
Dressing Type (5 day supply)	Number required
Add dressing packs and n/saline from ward supplies.	

Doctor's Signature ..... Date 9/8/09

PRINT NAME S. BURVIL

Pharmacist's Signature ..... Date 9/8/09

PRINT NAME S. DOGAN NA - Samara

To be completed

FOLLOW-UP Outpatient Appointment YES (NO)

Date .....

Time .....

Venue .....

Transport .....

Further discharge summary to follow YES / NO

Second appointment write in Additional Information Section

Additional Information/Advice

Date ..... Bag run ..... required

Please Note:-

GPs will not generally visit automatically on discharge. If there is a problem please contact the Surgery.

If you have any other worries or concerns contact the Ward or Community/Hospital Liaison Dept. Tel: 01904 631313.

(Section 1 *continue to pag*

THIRD PARTY COPY

09/08/2009 20:23 01904726834 HEALTH RECORDS PAGE 02/02

Continued Section I *Page 2 of 2 (must be completed)*

PLEASE COMPLETE BY HAND ON ALL 4 COPIES

LABEL ON ALL 4 COPIES

SURNAME Cavanagh

FORENAMES John

ADDRESS 45 City Av

York

YO10 3LJ Post Code

DOB 22.08.09 Unit No. 99139862

DISCHARGE INFORMATION FORM • *GP Copy*

To be completed by Named Nurse/Deputy

Named Nurse SN Nilson

Ward 16

Name and Address of GP on discharge: John Cavanagh, Drs Clarke & Partners (Group Practice), Priory Group Practice

Name and Address of Relative/Carer: Kathe Sondergaard, SAME AS -

Telephone Number

Address of Discharge (if different)

ALLERGIES: Nil known.

DIETARY ADVICE: Normal.

Section 2. Must be completed.

DISCHARGE CHECKLIST

Discharge Item	Record of action taken	Date & sign
Patient informed	yes.	
Relative/carer informed	yes	
Transport arranged	yes.	SNilson 9/8/09
Discharge drugs	yes.	
Transfer letter	NA.	
Appointment on PDL	NA.	

Discharge Item	Record of action taken	Date & sign
GP informed	yes-by fax	
Dressings & pads	yes.	
Aids & equipment	NO	SNilson 9/8/09
Home prepared/Door key	yes.	
Valuables returned †	NO	
Venflon removed	yes	

† Please check safe

OTHER ADVICE/COMMENTS (Dressings, etc)

Ability on discharge (circle items applicable)
Mobility - Unaided - with frame/stick/tripod - needs help
Stairs - Unaided - with help - cannot manage stairs
Bed - Unaided - can get in/out with help
Dressing - Unaided - some help - maximum help
Toilet - Unaided - needs help - has catheter - needs help with catheter
Bathing - Unaided - with help - unable to bath
Domestic - Can/cannot manage to cook - light meals only
Can/cannot manage to do light housework

Section 3. If no services required tick box.

Please circle any agencies involved and give details below

District Nurse
Health Visitor
CPN
Macmillan Nurse
Specialist Nurse
Practice Nurse
Social Worker
Care Manager
Meals-on-Wheels*
Frozen Meals*
Day Care*
Dietitian
Community Outreach
Day Hospital
Midwife
Respite Care*
Warden
Physiotherapist
Home Care Organiser*
Liaison Sister
Occupational Therapist
Speech Therapist
Voluntary Agencies
Private Agencies*
Community Alcohol Team
Others

*There may be a charge for these services

Item selected	Record of action taken	Date & sign
District Nurse	Booked to commence 10/8/09	9/8/09

Section 4. Must be completed.

The above arrangements have been discussed with me by the named nurse/deputy on the ward; I understand and agree with my discharge plan/transfer of care. Where my transfer is to a residential or nursing home, the NHS does not accept responsibility for the funding cost.

Patient/Carer signature ..... **Named Nurse/Deputy** .....

THIRD PARTY COPY

Attachment
20-July-2009 Unknown Staff Member
Additional: Attachment
Radiology
Filename:
Extension: .tif
Pages:

Report ID: 4002210051

York Hospitals NHS Trust

Radiology Report

Report sent on: 27-JUL-2009 14:54

Practice: ABBEY MEDICAL GROUP

GP Name: HAMILTON, John C, Dr

Patient Details

Name: CAVANAGH, John, Mr **DOB:** 22-SEP-1963

NHS Number: 400 079 4191 **Casenote:** XR545902

Report

Examination: ANKLE - LEFT
Exam Date: 20-JUL-2009 **Report Date:** 21-JUL-2009 14:14

Report Status: Verified **Reporter:** BIRKETT, Victoria, Dr

No radiological features of osteo-arthritis or bony injury.

For enquiries on the content of this report please ring the York Hospital X-ray Helpdesk on (01904) 72 6328.

THIRD PARTY COPY

Attachment
17-Oct-2008 Unknown Staff Member
Additional: Attachment

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SCH

Abbey Medical Group

Performa for patients receiving a prescription for Champix [Varenicline]

As you are being given this drug on the recommendation of a smoking cessation advisor, the doctors requests that you complete and sign this form.
Please tick each item listed below to show that you have read and understood the risks of any possible side effect to this drug you are taking to help you stop smoking.

Name.....John Cavanagh.....Date of Birth...22.9.63.
Emis Computer No.....11462.....

I have received a leaflet with information on this drug. Yes/No

I understand that must not drive or operate heavy machinery while taking this drug or until I am certain that it is not affecting my driving abilities.
Yes/No

I am aware that it is possible to develop side effects to this medicine including drowsiness and the developing of suicidal thoughts.
Yes/No

For women: I understand that I should not become pregnant or breast feed while taking this drug. I know that I need to use contraception if appropriate.
Yes/No

Signed.....Date.17.10.08.

Print Name.....J CAVANAGH

Address.....8 FESTIVAL FLATS.....YORK.....

If you have any concerns about your medication, please make an appointment to see your Doctor.

THIRD PARTY COPY

Attachment
15-Oct-2008 Unknown Staff Member
Additional: Attachment

Filename:
Extension:.tif
Pages:

Scan

Abbey Medical Group

Performa for patients receiving a prescription for Champix [Varenicline]

As you are being given this drug on the recommendation of a smoking cessation advisor, the doctors requests that you complete and sign this form.
Please tick each item listed below to show that you have read and understood the risks of any possible side effect to this drug you are taking to help you stop smoking.

Name: John Cavanagh ..... Date of Birth 22.9.63.
Emis Computer No. 1.1.4.8.2 .....

I have received a leaflet with information on this drug. (Yes)/No

I understand that must not drive or operate heavy machinery while taking this drug or until I am certain that it is not affecting my driving abilities.
(Yes)/No

I am aware that it is possible to develop side effects to this medicine including drowsiness and the developing of suicidal thoughts.
(Yes)/No

For women: I understand that I should not become pregnant or breast feed while taking this drug. I know that I need to use contraception if appropriate.
Yes/No

Signed ..... Date 15.10.08.

Print Name John Cavanagh .....

Address 8 Festival Flats, Paragon Street, HU10 4AG.

If you have any concerns about your medication, please make an appointment to see your Doctor.

THIRD PARTY COPY

Attachment
15-Oct-2008 Unknown Staff Member
Additional: Attachment

Filename:
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Pages:

North Yorkshire Stop Smoking Service

Specialist Stop Smoking Support
Letter of recommendation

16259 NHS

EMIS 11462

Referral source:
- ☐ Self
- ☐ GP
- ☐ Other

Name of patient: John Cavanagh

Patient's date of birth: 22.9.63

Dear Doctor Hamilton

Your patient is taking part in a seven-week specialist smoking cessation treatment and support programme and has been assessed as motivated to stop smoking. We advise smokers joining our courses to make an appointment to see their doctor, as this may be required before a script can be issued. I have discussed treatment with them today and should be grateful if you would ***consider*** prescribing the following product, if clinically suitable. Clinical responsibility rests with the GP.

☐ **Nicotine Replacement Therapy** as follows:

- ☐ Nicotine patch..... 15 mg / 16 hours
- ☐ Nicotine patch..... 10 mg / 16 hours
- ☐ Nicotine patch..... 5 mg / 16 hours
- ☐ Nicotine patch..... 21 mg / 24 hours
- ☐ Nicotine patch..... 14 mg / 24 hours
- ☐ Nicotine patch..... 7 mg / 24 hours
- ☐ Nicotine gum..... 4 mg
- ☐ Nicotine gum..... 2 mg
- ☐ Nicotine nasal spray
- ☐ Nicotine sublingual tablet
- ☐ Nicotine lozenge.... 4 mg
- ☑ Nicotine lozenge.... 2 mg
- ☐ Nicotine lozenge.... 1 mg
- ☐ Nicotine inhalator
- ☐ Nicotine inhalator refill
- ☐ .....
- ☐ .....

NICE guidance – Nicotine replacement therapy and bupropion

The National Institute of Clinical Excellence recommends that nicotine replacement therapy or bupropion should be prescribed only for a smoker who commits to a target stop date. Initial supply of the prescribed smoking cessation therapy should be sufficient to last only until 2 weeks after the target stop date. Normally this would be after 2 weeks of NRT therapy and 3 - 4 weeks of bupropion or varenicline.

☐ **Bupropion SR (Zyban ®)** .....

☑ **Champix ® varenicline tartrate** initiation pack

Any additional comments: Proforma attached

☑ This is the patient's first appointment – and **first script request**.
Their target stop date is 29.10.08.

☐ This patient is receiving *weekly* specialist support and so far is being successful in their quit attempt.
Please make **another script** available.

Thank you.

Advisor's initials: SD

Date issued: 15.10.08

Note to patient: Please take this letter to your doctor.

Specialist Smoking Advisor contact details:

Carole Donnachie
Specialist Smoking Advisor
NYYPCT
Direct Dial 01904 724093
or 0845 8770025

Recommendation-letter
January 2007

THIRD PARTY COPY

Attachment
16-Sept-2008 Unknown Staff Member
Additional: Attachment

Filename:

Extension:.tif
Pages:

DR J TAMS
DR J HAMILTON
DR J HEWITSON
DR J MACLEOD

ABBEY MEDICAL GROUP
TANG HALL LANE SURGERY
Tang Hall Lane, YORK YO10 3RL
Tel: 01904 411139 Fax: 01904 431224
PCT Code: 82009

DR J MALONEY
DR C PARRY
DR A SWEENEY
MRS D MULLIGAN
(Practice Manager)

CHIROPODY REFERRAL

16.09.2008

White Cross Court
White Cross Road
Haxby Road
York
YO31 8FT

Dear Colleague

Re Mr John Michael Cavanagh Date of Birth: **22.09.1963**
8 Festival Flats Paragon Street York YO10 4AG
Home Telephone: **07899024076** NHS No: **4000794191**

I would be grateful if you would see this 44 year old man who seems to be developing a plantar dermatosis on his right foot. This is due to an old ankle injury in the 1970s which gives him an awkward gait and I think the hard skin build up is due to this. There was some evidence of infection in the area so I have treated him with some Fucibet cream.

Yours faithfully

Dr J C Hamilton
Partner

Attached: Past Medical History - Mr J Cavanagh

THIRD PARTY COPY

Past Medical History - Mr J Cavanagh

Problems

Significant Past

19.8.2002	Ankle pain	Tenosynovitis.Therapeutic injection of steroid offered
17.6.1997	Drug addiction	heroin / speed.
16.8.1996	Alcohol problem drinking	60 u per week
16.8.1996	Oesophagitis	
16.8.1996	Duodenal ulcer - (DU)	
16.8.1996	[D]HP-abn microb gastric fluid	Triple therapy commenced
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1992	Duodenitis	on ba meal
13.6.1986	[SO]Digital nerve of finger	Exploration digital nerve of thumb + repair.
1973	Fracture of shaft of tibia	
[redacted]		

Drugs

Acutes

Fusidic Acid And Betamethasone Valerate Cream 2 % + 0.1 % bd 30 gram(s) 15.9.2008

Allergies

THIRD PARTY COPY

Attachment
16-Sept-2008 Mrs Barbara Cockburn
Additional: Attachment

Filename:
Extension:.tif
Pages:



THIRD PARTY COPY

Attachment
19-Sept-2007 Unknown Staff Member
Additional: Attachment

Filename:
Extension:.tif
Pages:

ABBEY MEDICAL GROUP

PARKVIEW SURGERY
28 Millfield Avenue, Hull Road, YORK YO10 3AB
Tel: 01904 411139 Fax: 01904 431436
PCT Code: 82009

DR J TAMS
DR J HAMILTON
DR J HEWITSON
DR J MACLEOD
Manager)

DR J MALONEY
DR C PARRY
DR A SWEENEY
MR NICK GILES

19.09.2007

Mr J Cavanagh
8 Festival Flats
Paragon Street

York
YO10 4AG

Dear Mr Cavanagh

Help with stopping smoking

Our records show that you are a smoker. We are keen to help you stop smoking if you would like to. If you no longer smoke, please let the surgery know so that we can update your file.

If you smoke and would like to stop, there are NHS Specialist Stop Smoking Advisors to help you. **You are four times more likely to stop smoking if you get the right help and treatment than if you try on your own.**

You can get help by joining an NHS stop smoking group. A group stop smoking **course starts** on **Thursday 4th October 2007 at 12.30 p.m. at Tang Hall Clinic**. Tang Hall Clinic is on Fifth Avenue. The group will run **for seven weeks, every Wednesday lunchtime**. Each session lasts about an hour. To book your place, you can either fill in the form and send it back in the brown envelope, or you can phone the Stop Smoking Service on **0845 8770025**: they will take your details and tell you about the course and what to expect.

If this time of day is no good for you or you would like **to see a Specialist Stop Smoking Advisor at Tang Hall Surgery one-to-one, just phone the surgery on 01904 411139** to make your first appointment. **Appointments are with Carole** Donnachie on **Thursdays between 2.00 and 4.00 p.m**. Make sure you ask for an appointment with Carole when you ring. As with the group course, it is important that you come back weekly for a number of weeks to see Carole so that you give yourself the best chance of stopping smoking.

THIRD PARTY COPY

We will supply any stop smoking medicines that are clinically suitable for you once you are attending for support. Carole will give you information and help you decide what might be right for you to use.

Stopping smoking is one of the best things you can do to improve your health. Either of these support services are a great opportunity for you to become a non-smoker.

If you cannot make Wednesday lunchtime or Thursday afternoon, there are other options. Please phone the North Yorkshire Stop Smoking Service NHS on 0845 8770025 for details.

We look forward to hearing how you get on.

Yours sincerely

Doctors
Abbey Medical Group

Encs

THIRD PARTY COPY

Attachment
28-Nov-2006 Unknown Staff Member
Additional: Attachment
General Document
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Pages:

IB113 01/04

Incapacity for work

Office stamp

York Monkgate Jobcentre Plus
Incapacity Benefits
11/17 Monkgate
YORK
YO31 7JZ
Tel: 01904 682100

Dr Hamilton
Park View Surgery
Millfield Lane
York
YO10 3AB.

Our phone number is

Code	Number	Ext

If you have textphone, you can call on

Code	Number

If you get in touch with us, tell us this reference number

Date: 20 NOV 2006

About your patient

Surname	Cavanagh
Other names	John Michael
NI number	NE 48 28 86 C
Date of birth	22/09/63

Address: 8 Festival Flats, Paragon Street, York, Postcode YO10 4AG.

Dear Doctor,

Your patient has claimed benefit due to incapacity and we now have to assess their capacity to perform any work, not just their own job, using the Personal Capability Assessment procedures. People with certain severe medical conditions can be accepted as meeting the threshold of incapacity for benefit purposes without undergoing the Personal Capability Assessment or, if the assessment has to be applied, without undergoing a medical examination.

From the information you have provided on a medical statement (for example form Med 3), or information otherwise available to the medical officer, it appears that this may be such a case. In order to advise the decision maker in accordance with the law, the medical officer requires further factual information. We would be obliged if you would answer the medical officer's questions overleaf clearly indicating on a separate sheet, any medical evidence that you think would be harmful to the patient's health. An example of what may be harmful information is a diagnosis that is not known to your patient such as malignancy, progressive neurological conditions or major mental illness.

Your patient has given written consent on their claim form to allow us to approach you for this information.

If you have agreed to treat this patient under the NHS (General Medical Services) Regulations 1992 as amended March 1998 and equivalent regulations in Scotland, and have issued, or refused to issue, a medical certificate to them, you are obliged by your terms of service to supply clinical information to a medical officer. A similar obligation applies to most hospital and community doctors working within the NHS. You are not obliged to do this if you have not agreed to treat the patient under the NHS but any information you are willing to provide will be much appreciated. Unfortunately, we will be unable to pay you for it.

A reply within 7 days will be appreciated and a business reply envelope is enclosed for your use. If you have any queries about this form please contact the medical officer at your local Medical Services Centre, see leaflet **IB204** *Guide for Registered Medical Practitioners* available at **www.dwp.gov.uk/medical**.

Thank you for your help.

Yours sincerely

On behalf of the Manager
For the Medical Officer

Social Security Office
Part of the Jobcentre Plus network,
Department for Work and Pensions

For official use	
DO	Ref type
1102	SC
First day of incapacity	
09/05/02	

THIRD PARTY COPY

About your patient – continued

Your reply

Please answer the following questions from the information which is currently available to you.

1 Date patient was last seen or examined for the condition(s) causing incapacity.

4/6/04.

2 Diagnosis of all relevant conditions and date(s) of onset.

Chronic ankle instability.

3 **Factual details of patient's condition.**
Where possible, please include brief factual details of:
- present medical condition
- medication and other treatments (eg attendance at day care centre, hospital outpatient)
- outlook for your patient and any proposals for future management.

No further information since last report in 14/2/06.

THIRD PARTY COPY

About your patient – continued

4 Where available to you, please give brief details of what the patient has been told about the likely clinical course of their condition(s), and any future treatment.

5 **Any other information.**
- If you have evidence which indicates that, as a result of their medical condition, your patient would not be able to attend an examination by using public transport or by taxi please include this here.
- Any additional information about the effects of the medical conditions on daily living (self care, indoor mobility, judgement and compliance with medication) would be very helpful.

Only complete the section below if you have diagnosed a psychiatric condition at question 2.

6 Where available to you, please give brief details of any history of recent or serious attempts at suicide or other self injury, or any history of threatening or violent behaviour towards others.

Declaration

I understand that if this person appeals, or asks for an explanation or reconsideration of the decision, a copy of the information I have given here may be sent to the person, their legal representative and the Appeals Service

I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health. I have stated any medical evidence that I think may be harmful to the person's health on a separate sheet of paper.

Your signature

Signature

Name IN CAPITALS Dr HAMILTON

Date 28 / 11 / 06.

Practice stamp
ABBEY MEDICAL GROUP
28, MILLFIELD AVENUE
HULL ROAD
YORK YO10 3AB
TEL: 01904 411139
FAX: 01904 431436

THIRD PARTY COPY

Attachment
17-Feb-2005 Any Doctor
Additional: Attachment

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About your patient – continued

John Cavanagh
22-9-03

Your reply

Please answer the following questions from the information which is currently available to you.

1 Date patient was last seen or examined for the condition(s) causing incapacity.

4/6/04 — orthopaedic clinic Mr Burgess.

2 Diagnosis of all relevant conditions and date(s) of onset.

(1) Chronic ankle instability.

3 **Factual details of patient's condition.**
Where possible, please include brief factual details of:
- present medical condition
- medication and other treatments (eg attendance at day care centre, hospital outpatient)
- outlook for your patient and any proposals for future management.

Not seen here since last report (27/11/03)

THIRD PARTY COPY

About your patient – continued

4 Where available to you, please give brief details of what the patient has been told about the likely clinical course of their condition(s), and any future treatment.

5 **Any other information.**
- If you have evidence which indicates that, as a result of their medical condition, your patient would not be able to attend an examination by using public transport or by taxi please include this here.
- Any additional information about the effects of the medical conditions on daily living (self care, indoor mobility, judgement and compliance with medication) would be very helpful.

Only complete the section below if you have diagnosed a psychiatric condition at question 2.

6 Where available to you, please give brief details of any history of recent or serious attempts at suicide or other self injury, or any history of threatening or violent behaviour towards others.

Declaration

I understand that if this person appeals, or asks for an explanation or reconsideration of the decision, a copy of the information I have given here may be sent to the person, their legal representative and the Appeals Service

I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health. I have stated any medical evidence that I think may be harmful to the person's health on a separate sheet of paper.

Your signature

Signature

Name Dr

Date 14 FEB 2005

Doctor's stamp Dr. C. HAMILTON
Parkview Surgery
28 Millfield Avenue
Hull Road
York YO10 3AB
Tel: 01904 41[illegible]

THIRD PARTY COPY

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07-Jun-2004 Any Doctor
Additional: Attachment

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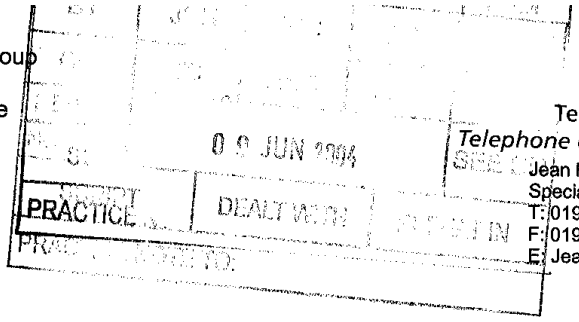
SABB/JF

York Hospitals NHS
NHS Trust

7 June 2004

York Hospital

Dr J Maloney
Abbey Medical Group
Parkview Surgery
28 Millfield Avenue
YORK
YO10 3AB



Wigginton Road
York
YO31 8HE

Telephone: (01904) 631313
Telephone enquiries please contact:
Jean Ford - Secretary to Mr A Budgen
Specialising in foot and ankle disorders
T: 01904 726877
F: 01904 726884
E: Jean.Ford@YORK.NHS.UK

Dear Dr Maloney

Mr John Cavanagh
8 Festival Flats, Paragon Street, YORK, YO10 4AG
Casenote: 99/39862
Clinic: Mr Budgen

DOB: 22-SEP-1963

NHS Number: 4000794191
Clinic Date: 4 June 2004

I reviewed John in the Clinic today.

He is still having problems with instability and pain in his right ankle. I have, therefore, discussed with him the possibility of right ankle arthroscopy ± right peroneal tendonoscopy plus lateral ligament repair plus peroneal tendon repair. I have warned him that he will need to be in a cast for six weeks post-operatively and, therefore, will not be able to work. He is still keen for this to be done and we will do this in due course.

Best wishes.

Yours sincerely

Mr A Budgen BSc FRCS (Tr & Orth)
Consultant Orthopaedic Surgeon
(Specialising in foot and ankle disorders)

TCI for right ankle arthroscopy plus Brostrom-Gould procedure ± right peroneal tendonoscopy ± open repair of peroneal tendon tear

THIRD PARTY COPY

Attachment
26-Apr-2004 Any Doctor
Additional: Attachment

Filename:
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Pages:

SABB/JS/JF

York Hospitals NHS
NHS Trust

26 April 2004

York Hospital
Wigginton Road
York
YO31 8HE

Telephone: (01904) 631313
Telephone enquiries please contact:

Jean Ford, Secretary to Mr A Budgen -
Specialising in foot and ankle disorders
T: 01904 726877
F: 01904 726884
E: Jean.Ford@YORK.NHS.UK

Dr J Maloney
Abbey Medical Group
Parkview Surgery
28 Millfield Avenue
YORK
YO10 3AB

Dear Dr Maloney

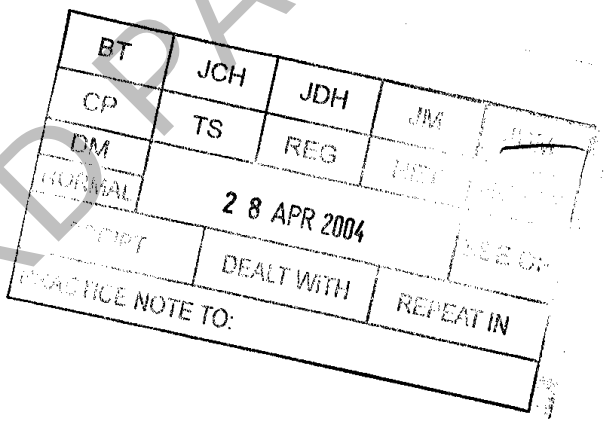
Mr John Cavanagh
8 Festival Flats, Paragon Street, YORK, YO10 4AG
Casenote: 99/39862
Clinic: Mr Budgen

DOB: 22-SEP-1963
NHS Number: 4000794191
Clinic Date: 23 April 2004

This gentleman did not attend his Clinic appointment today. I have, however, arranged another one for him in the near future.

Yours sincerely

Mr James Stanley
Senior Clinical Fellow in Orthopaedics



THIRD PARTY COPY

Attachment
27-Nov-2003 Any Doctor

Additional: Attachment

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About your patient – continued

J. Cavanagh ? Scan

Your reply to the Medical Services doctor

Please answer the following questions from the information which is currently available to you.

1 Date patient was last seen or examined for the condition(s) causing incapacity.

21/1/2003

2 Diagnosis of all relevant conditions and date(s) of onset.

Ankle instability – chronic.

3 **Factual details of patient's condition.**
Where possible, please include brief factual details of:
- present medical condition
- medication and other treatments (eg attendance at day care centre, hospital outpatient)
- outlook for your patient and any proposals for future management.

Has a disrupted (R) ankle joint with various tendinous or ligamentous injuries on MRI Scan as well as joint involvement.

Awaits consideration of reconstruction surgery (review due orthopaedic clinic in March)

THIRD PARTY COPY

About your patient – continued

4 Where available to you, please give brief details of what the patient has been told about the likely clinical course of their condition(s), and any future treatment.

full knowledge of above.

5 **Any other information.**
- If you have evidence which indicates that, as a result of their medical condition, your patient would not be able to attend an examination by using public transport or by taxi please include this here.
- Any additional information about the effects of the medical conditions on daily living (self care, indoor mobility, judgement and compliance with medication) would be very helpful.

able.

Only complete the section below if you have diagnosed a psychiatric condition at question 2.

6 Where available to you, please give brief details of any history of recent or serious attempts at suicide or other self injury, or any history of threatening or violent behaviour towards others.

N/A

Declaration

I understand that if this person appeals, or asks for an explanation or reconsideration of the decision made by the Benefits Agency, a copy of the information I have given here may be sent to the person, their legal representative and the Appeals Service

I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health. I have stated any medical evidence that I think may be harmful to the person's health on a separate sheet of paper.

Your signature

Signature

Name Dr

Date 27/4/03

Doctor's stamp
DR. J. C. HAMILTON
Victoria Way Surgery
2 Victoria Way
Huntington
YORK YO32 9GE
Tel: 01904 430320

THIRD PARTY COPY

Attachment
13-Oct-2003 Any Doctor
Additional: Attachment

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Pages:

SABB/JF

York Hospitals NHS
NHS Trust

14 October 2003

York Hospital
Wigginton Road
York
YO31 8HE

Telephone: (01904) 631313
Telephone enquiries please contact:
Jean Ford, Secretary to Mr A Budgen -
Specialising in foot and ankle disorders
T: 01904 726877
F: 01904 726884
E: Jean.Ford@YORK.NHS.UK

Dr J Maloney
Parkview Surgery
28 Millfield Avenue
Hull Road
YORK
YO10 3AB

Dear Dr Maloney

Mr John Cavanagh **DOB:** 22-SEP-1963
8 Festival Flats, Paragon Street, YORK, YO10 4AG
Casenote: 99/39862 **NHS Number:** 4000794191
Clinic: Mr Budgen **Clinic Date:** 13 October 2003

I reviewed this 40-year old gentleman in the Clinic today. He has a history of recurrent instability of his right ankle with right ankle pain and stiffness. He has had numerous inversion injuries in the past. I note that an MRI scan showed a possible tear in his peroneal tendons, and some damage to his lateral ligament complex. His radiographs show a spur of the anterior distal tibia and a kissing lesion on the talo side. He was also noted to have a high signal in his tibialis posterior and long flexors on the medial side.

On examination, he is tender predominantly over the lateral ligament and anterior joint with loss of range of movement and laxity. Stress views are equivocal but, functionally, the ankle does appear to be unstable.

I have gone over the possibilities with him, which would be to consider treating the instability with a lateral ligament Brostrom reconstruction and, at the same time, explore his peroneal tendons. I would also, if surgery was required, arthroscope the ankle and possibly debride the anterior lip of the distal tibial and talo side. Mr Cavanagh, however, wants to pursue a course of driving instruction and would like to leave things as they are at present.

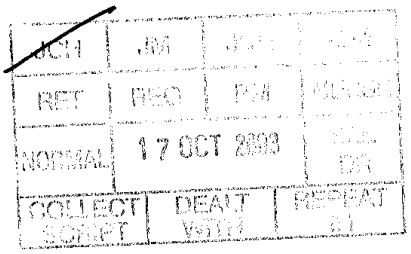
We have made arrangements to review him in six months' time.

Many thanks.

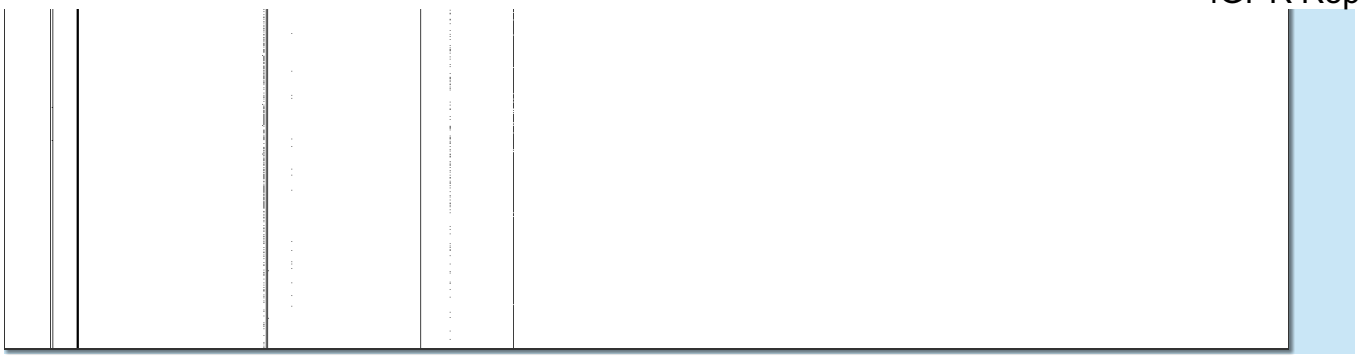
Yours sincerely



Mr A Budgen BSc FRCS (Tr & Orth)
Consultant Orthopaedic Surgeon
(Specialising in foot and ankle disorders)



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Attachment
28-May-2003 Any Doctor
Additional: Attachment

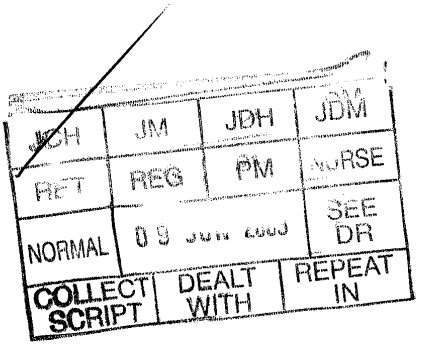
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York Health Services NHS
NHS Trust

Physiotherapy Department
York District Hospital
Wigginton Road
YORK
YO31 8HE

☎ (01904) 725388
🖷 (01904) 726355



JT/MA

3 June 2003

Dr J Maloney
Parkview Surgery
28, Millfield Av
YORK
YO10 3AB

Dear Dr Maloney

Mr John Cavanagh
8, Festival Flats,Paragon St, YORK, YO10 4AG
Casenote: 99/39862
Clinic: Orthopaedic Specialist

DOB: 22-SEP-1963
NHS Number: 4000794191
Clinic Date: 28 May 2003

I reviewed this gentleman in clinic today following his right ankle MRI scan. This shows peroneal tenosynovitis and thickening. There was also increased fluid around the tibialis posterior and flexor digitorum tendons and some degenerative changes noted on the talus and distal tibia. Mr Cavanagh is continuing to suffer with chronic lateral right ankle pain and recurrent episodes of inversion injuries.

On examination he is walking on the lateral border of his foot with the ankle in a varus position. He has limited planter flexion at ¾ range and dorsi flexion to planter grade. Inversion and eversion are also limited to half range by pain and stiffness. Resisted eversion is painful around the lateral malleolus and this area is quite tender to palpate and thicken.

This gentleman's pain seems to be related to inflammation of soft tissues around his ankle due to recurrent inversion injuries and he also has some underlying degeneration within the joint. I have asked the Appliance Department to review him today to see if he can be provided with some form of orthotic to reduce the recurrent inversion injuries. I have also written to Mr Budgen who is a new Consultant Orthopaedic Surgeon starting in York in August who has a special interest in ankle and foot problems to ask if he would review Mr Cavanagh with regard to future management.

Yours sincerely

JON THOMPSON MCSP SRP
ORTHOPAEDIC PHYSIOTHERAPY SPECIALIST

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Attachment
01-May-2003 Any Doctor
Additional: Attachment

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YORK DISTRICT HOSPITAL
ACCIDENT & EMERGENCY DEPARTMENT

TRIAGE PRIORITY: 4

A&E No.: 20491- 03

Date:28-APR-2003 Day:MONDAY Time 22:30 Hosp.No. 99/39862 [General]

Title: MR Fn: JOHN Sn: CAVANAGH Dob: 22-SEP-1963 Age:39 Sex: MALE

Address: 8 FESTIVAL FLATS
PARAGON ST

Town: YORK
Postcode: YO10 4AG

Telephone: 07900 317749

Occupation:
Accomp. by: -
Incident Date:
Incident location:

GP Dr J D. MALONEY
Address: PARKVIEW SURGERY
28 MILLFIELD AV

Town: YORK Postcode: YO10 3AB
Telephone: [Tel. 0904 430320]
Next of Kin: -
Telephone:
Arrival Mode: Other
Incident Time:
Attendances: 0

JCH	JM	JDH	JDM
	REG	PM	NURSE
NORMAL	10 APR 2003	SEE DR	
COLLECT SCRIPT	DEALT WITH	REPEAT IN	

Cubicle: 9

Time	Pulse	BP	Temp.	Resps.	O2 Sat	GCS	Pupils L R	BM	Peak Flow	Urine	V.Acuity L	V.Acuity R	Tet Tox Status
	73	171/78	37.6								6/	6/	

TRIAGE AND NURSING NOTES

Assessment /TriageTime: 22.30 Nurse: R. Tyy Notes Ordered:

C/o constant Lt sided chest pain since yesterday.
Worse when coughing. Smokes 10-15 per day.
Says woke up c pain.
Has taken Ibuprofen.

Medications
Ibuprofen

Allergies
None.

CONSENT TO DISCLOSURE OF CLINICAL INFORMATION TO A THIRD PARTY

I GIVE PERMISSION FOR INFORMATION ABOUT MY INJURIES TO BE GIVEN TO THE POLICE OR OTHER RELEVANT AUTHORITY SHOULD IT BE REQUIRED

SIGNED..... Patient / Parent / Guardian DATE.....

DRUG PRESCRIPTION

Drug	Dose	Route	Time	Signature	Given By	Time Given

CLINICAL CODING / DISPOSAL

Patient Group								Disposal	D15
Diagnosis								Conclusion Time	
Anatomical Site								Ward	
Anatomical Side								Time left A&E	01.45.
Investigation								Clinic Type	
Treatment								Clinic Date	
Transport			Time Booked		Nurse		Discharge Entered		Coding Entered

THIRD PARTY COPY

Date: 28-APR-2003	Day: MONDAY	Time 22:30	Hosp.No. 99/39862 [General]	A&E No.	20491-03
Title: MR	Fn: JOHN	Sn: CAVANAGH	Dob: 22-SEP-1963	Age: 39	Sex: MALE

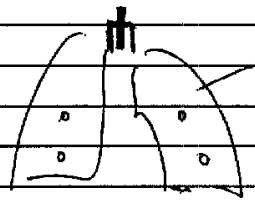
Doctor Phillips Time Seen 1250.

(Pc) (L) sided chest pain.

(HPC) 24hrs (L) sided chest pain. pleuritic / dull.
Tender over (L) side chest.
Cough. sputum white.
No pyrexia, no rigors
Woke up with chest pains.

PMHx. Arthritis DHx. Ibuprofen. NKDA.

O/E Comfortable, 37.6, BBS normal.



Few insp wheezes.
No crackles, resonant,
AE good to bases.

Tender over (L) breast.

Abdo NAD, Neuro NAD.

Imp: Probably musculoskeletal

Plan (1) CXR. — NAD.
(2) ECG — N/S/R.
(3) Discharge.

Hb		
WCC		
Platelets		
Gp & save		
X Match	No. Units	
Sodium		
Potassium		
Urea		
Creatinine		
Calcium		
Glucose		
Amylase		
Paracetamol		
Salicylate		
pH		
PO_2		
PCO_2		
HCO_3		
COHb		

Nurse Signature | Doctor Signature

THIRD PARTY COPY

Attachment
17-Dec-2002 Any Doctor
Additional: Attachment

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York Health Services NHS
NHS Trust

AJG.KPK.RF

York District Hospital
Wigginton Road
York
YO31 8HE

Telephone: (01904) 631313
Telephone enquiries please contact:

9 December 2002

Dr J Maloney
Parkview Surgery
28, Millfield Av
YORK
YO10 3AB

Dear Dr Maloney

Mr John Cavanagh
8, Festival Flats,Paragon St, YORK, YO10 4AG
Casenote: 99/39862
Clinic: Mr Gibbon

DOB: 22-SEP-1963
NHS Number: 4000794191
Clinic Date: 5 December 2002

I reviewed this gentleman in clinic today. The ultrasound of his right ankle revealed peroneal tenosynovitis and Dr. King injected the area with Depomedrone. He said this gave temporary relief for about a week or so but the pain has returned. Clinically he is tender over the distal tibio-fibular joint and the lateral aspect of the navicular. Eversion is quite painful and weak. Dorsiflexion and plantar flexion are satisfactory. X-rays show some bony spurs but no evidence of impingement. I have arranged for an MRI scan of his ankle and will review him with the results of this.

Yours sincerely,

K.P. KOSYGAN, F.R.C.S.
Specialist Registrar in Orthopaedics

JCH	JM	JDH	JCD
	REG	PM	NURSE
NORMAL	7 DEC 2002		SEE DR
COLLECT SCRIPT	DEALT WITH	REPEAT IN	

THIRD PARTY COPY

Attachment
20-Sept-2002 Any Doctor
Additional: Attachment

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benefits agency

An Executive Agency of the Department of Social Security

SOCIAL SECURITY

SCANNED ✓
CHECKED
UNSCANNABLE

Your reference is NE482886C
Please tell us this number if you get in touch with us

DR J C HAMILTON
PARKVIEW SURGERY
28 MILLFIELD AVENUE
HULL ROAD
YORK
YO1 3AB

York
11-17 Monkgate
York
YO3 7JZ

Phone 01904 682100
TEXTPHONE for the deaf/hard of hearing ONLY 01904 682307

Date 20/09/2002
FOR MR JOHN MICHAEL CAVANAGH

INFORMATION ABOUT YOUR PATIENT

Name MR JOHN MICHAEL CAVANAGH

Address 8 FESTIVAL FLATS
PARAGON ST.
YORK
YO10 4AG

25 2002 REPEAT IN

Payment of Incapacity Benefits and award of National Insurance Credits are subject to an incapacity assessment. If a person meets, or is treated as meeting, the threshold of incapacity, medical certificates are no longer needed to support their claim.

As the patient shown above meets or is treated as meeting the threshold of incapacity under the Personal Capability Assessment you no longer need to issue NHS medical certificates for this person's claim for benefit. However, we may need to contact you for further information about your patient's incapacity in the future.

Proof of incapacity or illness may still be required for other interested groups or organisations such as employers and insurance companies. The provision of this information is not usually an NHS requirement.

If your patient makes another claim for benefit in the future, we will require medical certificates from the date of incapacity. The booklet IB204 'A guide for registered medical practitioners' gives more information. If you do not have this booklet, you can get it from your local Benefits Agency office. It is also published on the DSS website at www.dss.gov.uk/hq/pubs/medical

If you want to ask us anything about this letter, please get in touch with us. Our phone number and address are at the top of this letter.
IB74

6257/0255 Page 01 of 01

THIRD PARTY COPY

Attachment
19-Aug-2002 Any Doctor
Additional: Attachment

Filename:
Extension:.tif
Pages:

York Health Services NHS
NHS Trust

York District Hospital
Wigginton Road
York
YO31 8HE

Telephone: (01904) 631313
Telephone enquiries please contact:

19 August 2002

Dr J Maloney
Parkview Surgery
28, Millfield Av
YORK
YO10 3AB

Dear Dr Maloney

Mr John Cavanagh **DOB:** 22-SEP-1963
8, Festival Flats,Paragon St, YORK, YO10 4AG
Casenote: 99/39862 **NHS Number:** 4000794191
Clinic: Mr Gibbon **Clinic Date:** 15 August 2002

I reviewed your patient in Mr Gibbon's Outpatient Clinic today.

As you know, he complains of a long history of right-sided ankle pain. He had a recent ultrasound scan in July this year, which confirmed his diagnosis of tenosynovitis.

Mr King, the musculo-skeletal radiologist, has offered to perform a steroid injection and ultrasound guidance and I have organised this.

We shall see Mr Cavanagh in Clinic six weeks after his steroid injections.

Yours sincerely

BEN CADET
SHO TO MR A J GIBBON

JCH	JM	JDF	JDM
PET	REG	PM	NURSE
RMAL	23 AUG 2002		SEE
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York Health Services NHS
NHS Trust

Our ref: JMI/EMC

York District Hospital
Wigginton Road
York
YO31 8HE

Telephone: (01904) 631313
Telephone enquiries please contact:
Dr Iveson's Secretary
Tel: 01904 725585
Fax: 01904 453454

4 December 2001

Dr J Maloney
28, Millfield Av
YORK
YO10 3AB

Dear Jane

Mr John Cavanagh
8, Festival Flats,Paragon St, YORK, YO10 4AG
Casenote: 99/39862

DOB: 22-SEP-1963

NHS Number: 4000794191

I showed this chaps x-rays to David King. He too is impressed at how well the joint spaces were maintained, but noted minor degenerative changes in the form of small osteophytes particularly on the anterior lip of the tibia and the talus. He understands that occasionally removal of these can improve mobility and pain, in which case I will arrange for Mr Cavanagh to see one of my orthopaedic colleagues for a further assessment. I will write to him to this effect and look forward to hearing of developments in due course.

Yours sincerely

Dr J M Iveson
Consultant Rheumatologist

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York Health Services NHS
NHS Trust

JMI/CB

27 November 2001

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YO31 8HE

Telephone: (01904) 631313
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Dr J D Maloney
28, Millfield Av
YORK
YO10 3AB

Dear Jane,

Mr John Cavanagh **DOB:** 22-SEP-1963
8, Festival Flats,Paragon St, YORK, YO10 4AG
Casenote: 99/39862 **NHS Number:** 4000794191
Clinic: Dr Iveson **Clinic Date:** 21 November 2001

DIAGNOSIS: RIGHT ANKLE PAIN

Thank you for your referral. This 38 year old is not able to work because of pain in the R ankle. I note a fractured shaft of the tibia in 1973, aged 10. I gather he was run over by a car when he was living in Scotland. He was able to play football subsequently and sustained a few injuries to the ankle and recalls a bad bruise in a fall off a roof. He was investigated in 1999 at Chorley District Hospital and advised that there were some bone fragments visible on x-ray.

The ankle has become increasingly painful with weight bearing, especially over the last six months. It is tending to invert and he rolls over easily on it. There is no pain at rest or at night unless he tries to stretch out the limb. It is stiff in the morning and weight bearing is difficult.

No other joint problems.

Urinalysis NAD. Weight 90kg. Height 5ft 6ins. BP 111/57. General systems not examined but he has multiple naïve tattoos. The right leg is wasted and is 1 – 2cm shorter. The right ankle jerk is absent and the pedal pulses are present. The ankle is held inverted and appears to be slightly thickened on its lateral aspect where it is also tender. The tarsi are comfortably mobile as are the MTP. The ankle does not appear to be thickened and there is no dorsi-flexion and plantar flexion is approximately 30 degrees. Examination was difficult because he was hypersensitive to movement.

X-ray of the ankle shows excellent ankle and inter-tarsal joint spaces with only slight bony spurring at the edges of joints. I wonder if this leg has been atrophic since birth, but he says he has only noticed the wasting recently. I am not entirely convinced that the inability and pain are wholly organic, but it seems to be sufficiently severe to necessitate the use of Cannabis for pain relief, as all other modalities have been ineffective.

I suggest we image this either with bone scan or MRI and I will discuss this with Dr King. I offered physiotherapy but this has previously aggravated pain and I suspect we are not so much trying to find a solution but to justify the status quo.

I will review him when we have further information.

Regards.

Yours sincerely

DR J.M. IVESON
CONSULTANT RHEUMATOLOGIST

Hb 152, WBC 10.4, PLATS 250, RBC 4.91, MCV 91, PCV 0.445, MCH 31, ESR 4
Sodium 141, Potassium haemolysed, urea 4.2, creatinine 96, calcium 2.42, phosphate 124

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