Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: HA/IP/CHI:
1203893450

Date: December 7, 2015

Dictated: 04.12.15
Typed: 07.12.15

Alcohol Problems Clinic

Office – 0141 314 4106
Appointments - 0141 314 4435

PRIVATE & CONFIDENTIAL
Mr. James Weir,
27d McDowall Street,
Johnstone,
PA5 8QJ.

Dear Mr. Weir,

As you are aware, you have disengaged with our services at this time. Following discussion at our multi-disciplinary team meeting on Wednesday, December 2, 2015, it was decided that you would be discharged from our day services.

Yours sincerely,

Hilda Anderson
Staff Nurse
Alcohol Problems Clinic

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: HA/IP/CHI:
1203893450

Date: December 7, 2015

Alcohol Problems Clinic

Office – 0141 314 4106
Appointments - 0141 314 4435

Dictated: 04.12.15
Typed: 07.12.15

PRIVATE & CONFIDENTIAL
Dr. G. Harris,
Quarryside Practice,
Linden Medical Practice,
25 Floors Street,
Johnstone.

Dear Dr. Harris,

James Weir, dob 12.03.89, 27d McDowall Street, Johnstone PA5 8QJ.

Following on from my letter dated November 26, 2015, unfortunately Mr. Weir has failed to engage with our services since Friday, November 27, 2015. No contact has been made.

Following discussion at our multi-disciplinary team meeting on Wednesday, December 2, 2015, it was decided that Mr. Weir would be discharged from our day services.

However if you wish to re-refer him in the future, please do not hesitate to do so.

Yours sincerely,

Hilda Anderson
Staff Nurse
Alcohol Problems Clinic

Addiction Services Review Sheet

Patients Name JAMES WEIR **CHI** 1203893450 **Review Date**_____

Situation: Briefly describe the current situation, state the issue or problem, what is it and how did it become apparent? What is the process that you believe can be improved? What is to be reported?

26 YEAR OLD. HISTORY ALCOHOL & DRUG MISUSE
ABSTINENT FOR 5DAYS.
BINGE DRINKING 2-3/7 BUCKFAST. REPORTS SHAKES, SWEATS SEIZURES
CURRENT MEDS ACAMPROSATE / LIBRIUM 28TH OCT.

Background: What has been asked? What has been noticed? What is to be investigated? Is this an issue that happens frequently? Does it affect other people? Why make a change? Why now?

HISTORY OF SEXUAL ABUSE. DIAGNOSIS ADHD
PREVIOUS OVERDOSES IMPULSIVE IN CARE FROM AGE 14-16.
PRISON SENTENCE 2009-10 CARRY WEAPONS / THEFT HOUSE BREAKING.

Assessment: Summarise the facts: What is going on?

HISTORY OF FABRICATING STORIES WORK WITH IAT / PSYCHOLOGY.
DRUG SERVICE HISTORY OF NON ENGAGEMENT.
FAILED TO ATTEND MONDAY.
NO CHILDREN.

Recommendation: What actions are you asking for? What can be done to improve this situation/or process? What changes need to happen to ensure that this is fixed or improved? What do you want to happen next?

REQUIRE DAYTABUSE / GROUPS.

Follow-up Action: (Next Steps): Timescale/Who is responsible?

DISCHARGE.

Completed by _____ **Date**_____

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: HA/IP/CHI:
1203893450

Date: November 30, 2015

Alcohol Problems Clinic

Office – 0141 314 4106
Appointments - 0141 314 4435

Dictated: 26.11.15
Typed: 30.11.15

PRIVATE & CONFIDENTIAL
Dr. G. Harris,
Quarryside Practice,
Linden Medical Practice,
25 Floors Street,
Johnstone.

Dear Dr. Harris,

James Weir, dob 12.03.89, 27d McDowall Street, Johnstone PA5 8QJ.

Thank you for referring the above gentleman to the Alcohol Problems Clinic. He was seen for assessment on Wednesday, November 25, 2015 where he breathalysed negative for alcohol. He completed the Severity of Alcohol Dependence questionnaire scoring 19 indicating minimal withdrawals. No withdrawals were evident during assessment.

Presenting problem
Mr. Weir reports that he has been abstinent from alcohol for approximately five days. He says he binge drinks sometime three days over seven or two days over seven. He admits drinking three bottles of Buckfast wine. His withdrawals are vomiting, shakes and sweats and he reports seizures. Bloods were obtained for analysis. He reports he uses illicit drugs in the form of cannabis and cocaine which he says he had taken the night before attending the Clinic. A urine was obtained for a full drug screen.

Social history
Mr. Weir was born in Paisley and brought up with his mum and dad. He did not see his dad since he was five years old and his mother drank alcohol. James was taken into care at the age of 13 to 16 years due to his mother's physical abuse. He started working at 16 in Glasgow Airport. He has nine siblings at present and has minimal contact with them all apart from his sister, Debbie.

He is currently living alone. He has a partner, Lynne. He is unemployed at present. I believe during assessment Mr. Weir was providing incoherent and contradictory information which complicated the accuracy of clinical assessment and decision making. He reported his mother presently lives in Ferguslie and his father is serving a ten-year sentence for rape. However according to medical notes, both his parents are deceased.

Dr. Harris re James Weir (1203893450) – 26.11.15

Physical health
Mr. Weir reports that he has no physical ailments at present. His current medication is Acamprosate.

Mental health
Mr. Weir reports on a scale of 0 – 10 (0 being the lowest) his mood as 4. Good eye contact was made throughout assessment. He appeared reactive in speech, however appeared to be suspicious at times. He reported having previous impulsive overdoses due to disclosed sexual abuse aged 17 years. He reports this was from a teacher at St. Andrew's High School who was a befriender for the Social Work Department. He stated that this case was recently in the local paper and the accused is serving two years in prison. However medical notes refer to the man living in Livingstone, West Lothian.

He denies any thoughts of self-harm or suicide at present.

Forensic history
He reports to having no current outstanding charges. However reports to having previous offences in the form of house breaking, resetting and carrying weapons. He admits he served a five and a half months sentence in Greenock Prison approximately six years ago.

Treatment plan
After further discussion with Mr. Weir, it was agreed that he would like to remain abstinent at this time and would like to attend our groupwork programme at the Alcohol Problems Clinic. It was agreed that he would attend the clinic three times weekly to be breathalysed.

Mr. Weir reports that he would like to be considered for Disulfiram treatment, however I feel that, due to his impulsive behaviour in the past, I would need to discuss this further at our weekly M.D.T. meeting on Wednesday, December 2, 2015 with our Consultant, Dr. Hillman.

If you require any further information regarding the above gentleman, please do not hesitate to contact myself on the above number.

Yours sincerely,

Hilda Anderson
Staff Nurse
Alcohol Problems Clinic

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: AH/IP/CHI : 1203893450

Alcohol Problems Clinic

Date: November 20, 2015

Appointments - 0141 314 4435

Dictated: 20.11.15
Typed: 20.11.15

PRIVATE & CONFIDENTIAL
Mr. James Weir,
27d McDowall Street,
Johnstone
PA5 8QJ.

Dear Mr. Weir,

Your GP, Dr. Harris, has referred you to the Alcohol Problems Clinic, Dykebar Hospital or the Alcohol services at the Integrated Alcohol Team.

An assessment appointment has been arranged for you to attend the **Alcohol Problems Clinic at Dykebar Hospital** on :

Wednesday, November 25, 2015 at 9am

I hope this is convenient. If this date is not suitable or you no longer require this appointment please call prior to the appointment to cancel.

If you fail to attend and do not contact the clinic within seven days, no further appointments will be offered.

If in the future you wish a further appointment you would be required to contact your GP or self refer via ASeRT.

We would prefer you did not drive to your appointment – have someone else drive you or use public transport.

Yours sincerely

Isobel Prior

Secretary
APC

c.c. Dr G. Harris, Quarryside Practice, Linden Medical Centre, 25 Floors Street, Johnstone.

APC

Rims 2144714

Hospital use only	Clinic	Day Date	Time	Hospital No.

10379203

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health Referral Protocol - Glasgow (Glasgow, v17.0)

REFERRAL TO

~~Renfrewshire CMHT~~ APC
GGC Mental Health — **Consultant / receiving practitioner and/or specialty clinic**

Community Mental Health Team - Adult
SCI Gateway Virtual Location code — **Hospital and hospital address**

Hospital location code.
G002G

Email address
-

Urgency of referral ROUTINE
Date of referral 03-Nov-2015 **Date sent** 03-Nov-2015

PATIENT DETAILS

Surname	Weir
Forename(s)	James
Title	Mr
Sex	Male
Date of birth	12-Mar-1989
CHI no.	1203893450
Area of Residence	-

Patient's address

27d Macdowall Street
JOHNSTONE
PA5 8QJ

Contact number(s)
Voice: 07474830113

101010247591V Unique Care Pathway Number: 101010247591V

REGISTERED GP DETAILS

Name	Dr E C Renwick		
GMC code	3077669	GP code	34584
Practice name	Quarryside Practice		
Practice code	87305		

Practice address

Linden Medical Centre
25 Floors Street
Johnstone
PA5 8PZ

Contact number(s)
Voice: 01505 321733

REFERRING GP DETAILS

Name	Dr. Graeme Harris		
GMC code	2555320	GP code	38512
Practice name	Quarryside Practice (87305)		
Practice code	87305		

Practice address

Linden Medical Centre
25 Floors Street
Johnstone
PA5 8PZ

Contact number(s)
Voice: 01505 321733

RECEIVED 03 NOV 2015

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: ALCOHOL DEPENDENCE SYNDROME

Comment: FAO: ALCOHOL PROBLEM CLINIC

I would be grateful if you would see this 26 year-old man who is trying to address various dependence issues in his life just now under pressure from his partner. There is also a degree of self-motivation as well to sort himself out.

He gives a history of a long term alcohol problem since about the age of 14 taking consistently two bottles of buck fast per day. He is also a long-term cannabis user and cigarette smoker and he is currently trying to address all of these problems.

He is a relatively new patient in our practice and my knowledge of him is limited. He has a lengthy medical history already as documented in his summary record. We have a letter from his social worker in January indicating that he is prone to fabricating his history, but looking back he certainly does seem to have had something of a recurring alcohol problem in terms of binges and presenting with acute alcohol complications at the hospital. He has twice this year already been referred to the Alcohol Problem Clinic on the back of emergency admissions, but on both occasions failed to engage. He seems more motivated at present and I would be grateful if you would send a further appointment for him. At the point at which he saw me he had had no alcohol for five days. I have given him a four week trial of Acamprosate.

Thank you for your help.

Yours sincerely

DR GRAEME HARRIS

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
[D]Collapse	?alcohol or drug related; absconded from hospital	11-Aug-2015	11-Aug-2015
Gastritis unspecified	-	22-May-2015	22-May-2015
History of sexual abuse	-	22-May-2013	22-May-2013
Acute pericarditis	-	03-Oct-2012	03-Oct-2012
Inguinal hernia	-	16-Aug-2012	16-Aug-2012
Death of mother	RTA	01-Jan-2012	01-Jan-2012
[X]Assault	facial injury	23-Dec-2011	23-Dec-2011
Overdose of drug	paracetamol	13-Oct-2011	13-Oct-2011
[X]Intentional self poisoning/exposure to noxious substances	paracetamol overdose	21-Jun-2011	21-Jun-2011
Neurotic depression reactive type	-	17-Jan-2011	17-Jan-2011
Death of father	RTA	01-Jan-2011	01-Jan-2011
		02-Nov-	02-Nov-

Hydrocele (Left)	-	2010	2010
Prison sentence	-	01-Feb-2010	01-Feb-2010
Closed fracture proximal tibia, lateral condyle (plateau) (Right)	-	07-Oct-2009	07-Oct-2009
Closed fracture shaft of fibula (Right)	-	07-Sep-2009	07-Sep-2009
[X]Intentional self poisoning/exposure to noxious substances	ate noxious substance	01-Feb-2008	01-Feb-2008
[X]Overdose - paracetamol	-	01-Sep-2007	01-Sep-2007
[X]Overdose - paracetamol	-	01-Aug-2007	01-Aug-2007
Laceration of arm (Left)	-	01-Mar-2007	01-Mar-2007
Dental abscess	-	01-Jan-2007	01-Jan-2007
[X]Accidental drug overdose / other poisoning	secondary to alcohol	01-Jan-2007	01-Jan-2007
[X]Overdose - paracetamol	accidental	01-Jan-2006	01-Jan-2006
Alcohol problem drinking	-	01-Jan-2006	01-Jan-2006
Intoxication - alcohol	/collapse (x4)	01-Jan-2006	01-Jan-2006
Suicide + selfinflicted poisoning by drug or medicine NOS	loperamide	01-Jan-1998	01-Jan-1998
[X]Attention deficit disorder	-	01-Jan-1997	01-Jan-1997
[V]Behavioural problems	-	01-Jan-1996	01-Jan-1996
O/E - failure to thrive	-	01-Jan-1990	01-Jan-1990
On child protection register	removed in 1990; older sibling 'cot death', 2 other siblings adopted	01-Aug-1989	01-Aug-1989

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Smoking cessation advice	-	28-Oct-2015	28-Oct-2015
Gastroscopy NEC	gastritis	22-May-2015	22-May-2015
Gastroscopy NEC	duodenitis	08-Apr-2013	08-Apr-2013
Emergency hospital admission	epigastric pain and vomitting	03-Apr-2013	03-Apr-2013
Primary repair of inguinal hernia (Left)	-	09-Nov-2012	09-Nov-2012
Other primary open reduction of fracture of bone	right tibial plateau	07-Oct-2009	07-Oct-2009
Closed reduction of fracture	of orbit bone - assault	01-Nov-2005	01-Nov-2005

Current medication (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Acamprosate Calcium E/c tablets 333 mg	168	168 tablet	2 Tabs TID dispense weekly	-	28-Oct-2015	28-Oct-2015
Chlordiazepoxide Hydrochloride Capsules 10 mg	6	6 capsule	2 AT NIGHT	-	28-Oct-2015	28-Oct-2015
Venlafaxine Tablets 75 mg	28	28 tablet	ONE TO BE TAKEN EACH DAY	-	11-Jun-2015	11-Jun-2015
Amoxicillin Capsules 500 mg	28	28 CAPSULE	TWO TO BE TAKEN TWICE A DAY	-	04-Jun-2015	04-Jun-2015

Omeprazole Capsules (Gastro-Resistant) 20 mg	14	14 CAPSULE	ONE TO BE TAKEN TWICE A DAY	-	04-Jun-2015	04-Jun-2015
Clarithromycin Tablets 500 mg	14	14 TABLET	ONE TO BE TAKEN TWICE A DAY	-	04-Jun-2015	04-Jun-2015
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	28-May-2015	28-May-2015

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker :		28-Oct-2015
Cigarette smoker, 10 Cigarettes/day:		08-Apr-2015
Cigarette smoker, 1 Cigarettes/day:		12-Jan-2015
Alcohol consumption, 20 units/week:		08-Apr-2015
Alcohol consumption, 20 units/week:		12-Jan-2015
Aerobic exercise 0 times/week:		08-Apr-2015
Aerobic exercise 3+ times/week:		12-Jan-2015

Clinical warnings

Additional relevant information

Administrative information

Risk of Suicide:Don't Know
Past history of suicide attempt:Don't Know
Risk of deliberate self harm:Don't Know
Is patient responsible for children?:Don't Know
Risk to others including children/dependents/clinicians/other:Don't Know
Risk from others:Don't Know
Risk of Self Neglect:Don't Know
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

Renfrewshire
Community Health Partnership

NATIONAL WAITING TIMES FRAMEWORK

NHS
Greater Glasgow and Clyde

W/T NUMBER: 1037 9203

PATIENT DETAILS
(AFFIX PATIENT DETAILS LABEL FROM CASE NOTES)

James Weir
12/3/89

Treatment Codes

1. Structured Preparatory Intervention
2. Structured Psychosocial Intervention
3. Rehabilitation: Residential
4. Detox/Inpatient Treatment/Residential
5. Detox: Community Based
6. Prescribing: GP
7. Prescribing: Specialist
8. Structured Day Programmes
9. Other Structured Intervention

Discharge Code

1. Planned
2. Unplanned
3. Disciplinary

WORKER'S NAME	CHI NUMBER	DATE REFERRAL RECEIVED/ FIRST CONTACT	FIRST APPOINTMENT DATE OFFERED FOR ASSESSMENT	DATE CARE PLAN AGREED/ DECISION ON TREATMENT IS MADE	TREATMENT REQUIRED	FIRST APPOINTMENT DATE OFFERED	DATE OF DISCHARGE	DISCHARGE CODE	HAS SMR25 BEEN COMPLETED & SENT TO ISD FOR THIS PATIENT?
		8 9/11/15							

Adult Mental Health
Mental Health Directorate
Dykebar Hospital
Grahamston Road
PAISLEY, PA2 7DE

Telephone : 0141-884-5122 (Main Switchboard)
Medical Admin. Fax : 0141-434 4923

Date	:	23.11.15
Dictated	:	18.11.15
CHI No.	:	1203893450
PIMS No	:	2144714
Our Ref	:	JET/AJH
Direct Line	:	0141 314 4293

PRIVATE & CONFIDENTIAL

Dr. Renwick
Quarryside Practice
Linden Medical Centre
25 Floor Street
Johnstone
PA5 8PZ

Dear Dr. Renwick,

Re: James Weir, (12.03.89), 27D McDowall Street, Johnstone PA5 8QJ

You had referred Mr. Weir to Outpatient Psychiatry where I saw him on 13.07.15.

He spoke of sexual abuse which had happened for 7 years, ending just 3 years before. He alleges that this was by a Math Teacher at St. Andrew's Academy, who had befriended him through Renfrew Council. He said that this person used alcohol to intoxicate him before he was assaulted. The man has been convicted and is to serve a 2 year sentence.

The main effect that Mr. Weir said that he had from this was that he was having difficulty sleeping.

At that time he was living in his own house. It was a council house which he was doing up. He said that he wanted to work. He'd had his Benefits agreed for a further year, but said that he had difficulties in getting a job because of his criminal record which is for carrying a knife, housebreaking and reset. He had served a 5 ½ month sentence for this.

His parents split up when he was young. His father was in prison serving a 10 year sentence for rape. He said that his father was a constant drug and alcohol abuser and was often violent. His mother is aged 48 and lives in Ferguslie, Paisley. He said that their relationship is non-existent. He didn't describe her as having mental illness or alcohol problems, but his mother had beat e.g. striking him with a cup when 11 years old. He was put in Children's Homes from the age of 14, but kept on running away. He really only has contact with his sister, Debbie, who lives 3 streets away. She works as a carer for Renfrewshire Council..

He tells me that he got Highers and A levels and said that he had Maths, English, Science, History, Modern Studies and P.E. He hasn't worked for 4 years and his last job was in Glasgow Airport.

Re: James Weir, (12.03.89), 27D McDowall Street, Johnstone PA5 8QJ

It was quite clear that he was drinking too much. He described Buckfast and Vodka. He said that he could drink 4 bottles of Buckfast or ½ to 1 bottle of Vodka and not remember what happened the day before. He said that he had lied to Dr. Renwick about his alcohol intake. He continues with Cannabis because he said it makes him feel happy and motivated.

He had worked with Renfrewshire Drugs Service and the APC in the past and was put on Acamprosate. He said that he would think about referral to the Alcohol Problems Clinic and I arranged to meet him again in 5 weeks time. In the meantime, he had an admission to RAH after having collapsed on 11.08.15 having had a possible pseudo seizure. He was seen by the Acute Addiction Liaison Nurse who made arrangements for him to attend the APC in August 2015. He didn't attend and he didn't contact the Services. No further appointment was arranged for him to be seen at the General Psychiatry Clinic.

Yours sincerely,

Dr. J.E. Thomson
Consultant Psychiatrist

Mental Health Directorate
Dykebar Hospital, Grahamston Road, Paisley, Scotland, PA2 7DE
Telephone : 0141-884-5122 (Switchboard) **Medical Admin. Fax : 0141-434 4923**

Dykebar Hospital
Grahamston Road
Paisley
PA2 7DE

Date Dictated: 18th August 2015
Date Typed: 18th August 2015
Our Ref: DJ/SR/1203893450
Fax: 0141 314 4085
Tel: 0141 314 4472

Private & Confidential
Dr Renwick
Quarryside Practice
Linden Medical Centre
25 Floor Street
Johnstone
PA5 8PZ

Dear Dr Renwick

James Weir, DoB: 12.03.1989, 27D McDowall Street, Johnstone, PA5 8QJ

This gentleman was referred to the Addiction Liaison Service having been admitted to the Royal Alexandra Hospital in Paisley on the 11th August 2015 having collapsed and had a possible pseudo seizure.

As I was unable to conduct an assessment during this gentleman's hospital admission, an appointment was arranged for him to attend the Alcohol Problems Clinic on the 18th August 2015. However Mr Weir failed to attend this appointment and he has made no contact with the Clinic.

Yours sincerely

Denise Johnston
Acute Addiction Liaison Nurse

Dykebar Hospital
Grahamston Road
Paisley
PA2 7DE

Date Dictated: 11th August 2015
Date Typed: 12th August 2015
Our Ref: DJ/SR/1203893450
Fax: 0141 314 4085
Tel: 0141 314 4472

Private & Confidential
Mr James Weir
27D McDowell Street
Johnstone
PA5 8QJ

Dear Mr Weir

Due to your recent admission to the Royal Alexandra Hospital in Paisley, you have been referred to the Addiction Liaison Service.

I would be grateful if you would attend an appointment at the Alcohol Problems Clinic at Dykebar Hospital on **Tuesday 18th August 2015 at 10am**.

If you are unable to attend on this date or you require further information regarding this appointment then please do not hesitate to contact me on the telephone number above.

Yours sincerely

Denise Johnston
Acute Addiction Liaison Nurse

Adult Mental Health
Mental Health Directorate
Dykebar Hospital
Grahamston Road
PAISLEY, PA2 7DE

Telephone : 0141-884-5122 (Main Switchboard)
Medical Admin. Fax : 0141 434 4923
Direct Line: 0141 314 4293
Ref: JET/AJH
CHI No: **1203893450**
PiMS No: **2144714**

Date: 30 Jun 2015

CONFIDENTIAL

Mr. James Weir
Flat D,
27 MacDowall Street,
JOHNSTONE,
PA5 8QJ

Dear Mr. Weir,

As you will be aware, you were recently referred to our service for an outpatient consultation by your GP Dr. Renwick at Linden Medical Centre.

Arrangements have been made for you to be seen at

Hollybush Building, Dykebar Outpatient Department

on:

Date: **Monday 13 July 2015**
Time: **2.30 p.m.**
Consultant: **Dr. Thomson**
Clinic: **Dr Thomson Monday Dykebar OPC**

If this appointment is not suitable, please telephone me on the above number so alternative arrangements can be made.

Yours sincerely

Secretary
c.c. Dr. Renwick, Quarryside Practice, Linden MC, 25 Floors St, Johnstone

REFERRALS FROM SCREENING – PENDING/TRACKING/OUTCOME

Mandy 13/7/15 @ 2.30pm

Name	James Weir
CHI	120389 3650
PIMS	2164714

DATE	ACTION	BY WHOM	OUTCOME
16/6/15	Request notes	Lynda.	Pending - requested 16-6-15 lynda.

URGENT ☐ **ROUTINE** ☑

Disciplines Attending:- Medic ☑ (RI) Psychology ☑ (CB) Health ☑ (EC) Social Work ☐

Date of Outcome Decision:- 19/6/15

Internal

Psychology - Assessment ☐ Treatment ☐

Psychiatry ☑ Dr Thomson

Team Assessment
- Clinic ☐
- Home ☐
- Opt-in ☐
- Duty Hub ☐

App Date/Time -
Worker(s) -

Team Waiting List Priority P
- CPN ☐
- Generic ☐
- OT ☐
- Social Work ☐

External

CDS ☐
Doing Well ☐
RAMH ☐
Other ☐

Relevant Information/Reasons for Decision

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health Referral Protocol - Glasgow (Glasgow, v17.0)

REFERRAL TO

Renfrewshire CMHT
GGC Mental Health

— **Consultant / receiving practitioner** and/or **specialty clinic**

Community Mental Health Team - Adult
SCI Gateway Virtual Location code

— **Hospital** and **hospital address**

Hospital location code.
G002G

Email address
-

Urgency of referral ROUTINE
Date of referral 15-Jun-2015 **Date sent** 15-Jun-2015

PATIENT DETAILS

Surname	Weir
Forename(s)	James
Title	Mr
Sex	Male
Date of birth	12-Mar-1989
CHI no.	1203893450
Area of Residence	-

Patient's address

27d Macdowall Street
JOHNSTONE
PA5 8QJ

Contact number(s)

Voice: 07474830113

101009423319G Unique Care Pathway Number: 101009423319G

REGISTERED GP DETAILS

Name	Dr E C Renwick		
GMC code	3077669	GP code	34584
Practice name	Quarryside Practice		
Practice code	87305		

Practice address

Linden Medical Centre
25 Floors Street
Johnstone
PA5 8PZ

Contact number(s)

Voice: 01505 321733

REFERRING GP DETAILS

Name	Dr. Eilidh Renwick		
GMC code	3077669	GP code	34584
Practice name	Quarryside Practice (87305)		
Practice code	87305		

Practice address

Linden Medical Centre
25 Floors Street
Johnstone
PA5 8PZ

Contact number(s)

Voice: 01505 321733

RECEIVED 15 JUN 2015

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: SEVERE MENTAL HEALTH ISSUES. GOING THROUGH A CRISIS PERIOD.

Comment: I would be very grateful if this gentleman could be reviewed. He is well known to the mental health services in various areas having moved around a fair bit. Unfortunately he has a tendency to change his story depending who he is speaking to and will come up with various statements which turn out not to be true. For example he has claimed to have suffered
post-traumatic stress disorder due to a period serving in the army in Afghanistan. However, later we heard from his sister that he had never been in the army. He also has seen addiction services for both alcohol and drug misuse, but again there appears to be some question as to how much if any he normally uses. He is not currently taking any alcohol or illicit substances at all according to him and I would tend to believe this as he is actually presenting better than I have ever seen him in the past. He has moved around a lot and has been seen on many many occasions by mental health services, both here and elsewhere most particularly in Lothian. He was seen by Dr Alisdair Kinniburgh in 2008 at which time there were ongoing problems with offending which he had apparently expected a custodial sentence, but did not receive one. He was put on community service at that time if what he said was accurate. He did also have a support worker from Through Care which he found very helpful, but he does not appear to have any current support, apart from his sister.

James appears to have had a very disruptive home life in his early years with a degree of possibly physical abuse from his mother and there is a possibility that he may have been diagnosed with attention deficit hyperactivity disorder although again this is largely from his history rather than from anything I can find in his notes. He was then sexually abused by an older man in his teenage years and he claims that this has had a devastating effect on him ever since. Apparently currently this abuser has been to court and has been found guilty of the abuse, but the sentencing has yet to take place. James has been having to attend court which he has found incredibly stressful.

I feel that he would really benefit from whatever interventions we can offer to try and help support him.

He is certainly presenting better now in so far as it certainly looks as if he is not taking any illicit substances or alcohol and he certainly kept his appointment in good time with me today. He has of course a very bad history of failing to turn up for appointments for many years now. I have encouraged him to attend any appointments he is offered and I feel that further assessment would be extremely helpful. Referral for perhaps CPN or Social Work support would be very helpful for him on top of a psychiatric assessment.

I have given him all the usual support and crisis numbers including the details of NAPAC. I feel that he will require some specialist intervention regarding his abuse and he may be heading to a time when he might be able to address this.

He is currently taking Venlafaxine, but has only been on a very low dose and I have increased it today to 75 mg and will review him.

Many thanks.

Yours sincerely

DR EILIDH RENWICK

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history
Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Gastritis unspecified	-	22-May-2015	22-May-2015
History of sexual abuse	-	22-May-2013	22-May-2013
Acute pericarditis	-	03-Oct-2012	03-Oct-2012

Inguinal hernia	-	16-Aug-2012	16-Aug-2012
Death of mother	RTA	01-Jan-2012	01-Jan-2012
[X]Assault	facial injury	23-Dec-2011	23-Dec-2011
Overdose of drug	paracetamol	13-Oct-2011	13-Oct-2011
[X]Intentional self poisoning/exposure to noxious substances	paracetamol overdose	21-Jun-2011	21-Jun-2011
Neurotic depression reactive type	-	17-Jan-2011	17-Jan-2011
Death of father	RTA	01-Jan-2011	01-Jan-2011
Hydrocele (Left)	-	02-Nov-2010	02-Nov-2010
Prison sentence	-	01-Feb-2010	01-Feb-2010
Closed fracture proximal tibia, lateral condyle (plateau) (Right)	-	07-Oct-2009	07-Oct-2009
Closed fracture shaft of fibula (Right)	-	07-Sep-2009	07-Sep-2009
[X]Intentional self poisoning/exposure to noxious substances	ate noxious substance	01-Feb-2008	01-Feb-2008
[X]Overdose - paracetamol	-	01-Sep-2007	01-Sep-2007
[X]Overdose - paracetamol	-	01-Aug-2007	01-Aug-2007
Laceration of arm (Left)	-	01-Mar-2007	01-Mar-2007
Dental abscess	-	01-Jan-2007	01-Jan-2007
[X]Accidental drug overdose / other poisoning	secondary to alcohol	01-Jan-2007	01-Jan-2007
Intoxication - alcohol	/collapse (x4)	01-Jan-2006	01-Jan-2006
[X]Overdose - paracetamol	accidental	01-Jan-2006	01-Jan-2006
Alcohol problem drinking	-	01-Jan-2006	01-Jan-2006
Suicide + selfinflicted poisoning by drug or medicine NOS	loperamide	01-Jan-1998	01-Jan-1998
[X]Attention deficit disorder	-	01-Jan-1997	01-Jan-1997
[V]Behavioural problems	-	01-Jan-1996	01-Jan-1996
O/E - failure to thrive	-	01-Jan-1990	01-Jan-1990
On child protection register	removed in 1990; older sibling 'cot death', 2 other siblings adopted	01-Aug-1989	01-Aug-1989

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Gastroscopy NEC	gastritis	22-May-2015	22-May-2015
Gastroscopy NEC	duodenitis	08-Apr-2013	08-Apr-2013
Emergency hospital admission	epigastric pain and vomitting	03-Apr-2013	03-Apr-2013
Primary repair of inguinal hernia (Left)	-	09-Nov-2012	09-Nov-2012
Other primary open reduction of fracture of bone	right tibial plateau	07-Oct-2009	07-Oct-2009
Closed reduction of fracture	of orbit bone - assault	01-Nov-2005	01-Nov-2005

Current medication (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Venlafaxine Tablets 75 mg	28	28 tablet	ONE TO BE TAKEN EACH DAY	-	11-Jun-2015	11-Jun-2015
Amoxicillin Capsules 500 mg	28	28 CAPSULE	TWO TO BE TAKEN TWICE A DAY	-	04-Jun-2015	04-Jun-2015
Omeprazole Capsules (Gastro-Resistant) 20 mg	14	14 CAPSULE	ONE TO BE TAKEN TWICE A DAY	-	04-Jun-2015	04-Jun-2015
Clarithromycin Tablets 500 mg	14	14 TABLET	ONE TO BE TAKEN TWICE A DAY	-	04-Jun-2015	04-Jun-2015
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	28-May-2015	28-May-2015
Venlafaxine Tablets 37.5 mg	56	56 tablet	1 Tab Daily	-	17-Mar-2015	17-Mar-2015

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker, 10 Cigarettes/day:		08-Apr-2015
Cigarette smoker, 1 Cigarettes/day:		12-Jan-2015
Alcohol consumption, 20 units/week:		08-Apr-2015
Alcohol consumption, 20 units/week:		12-Jan-2015
Aerobic exercise 0 times/week:		08-Apr-2015
Aerobic exercise 3+ times/week:		12-Jan-2015

Clinical warnings

Additional relevant information

Administrative information

Risk of Suicide:Yes

If yes to Risk of Suicide, please give details:Fleeting suicidal thoughts. No plans to act on them.

Past history of suicide attempt:Yes

If yes to Past history of suicide attempt, please give details:Past history of overdoses.

Risk of deliberate self harm:Don't Know

Is patient responsible for children?:No

Risk to others including children/dependents/clinicians/other:Don't Know

Risk from others:Yes

If yes to Risk from others, please give details including domestic violence and adult support and protection issues:Vulnerable at moment. At risk from other people.

Risk of Self Neglect:Don't Know

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our Ref: NG/SR/1203893450

Alcohol Problems Clinic
Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

Date: 9th March 2015

Dictated: 9th March 2015
Typed: 9th March 2015

PRIVATE & CONFIDENTIAL
Dr Clarke
The Health Centre
20 Duncan Street
Greenock

Dear Dr Clarke

James Weir, DoB: 12.03.1989, Flat D, 27 McDowall Street, Johnstone, PA5 8QJ

This gentleman was referred to the Addiction Liaison Service by our colleagues from the Liaison Psychiatry Team having been admitted to the Royal Alexandra Hospital on the 1st March 2015 experiencing chest pain and abdominal pain.

An appointment was arranged for him to attend at the Alcohol Problems Clinic at Dykebar Hospital on Monday 9th March 2015 at 10.30am. Unfortunately Mr Weir has failed to attend this appointment and has made no contact with the Clinic.

Should he wish to address any issues in the future then please do not hesitate to refer him to the Alcohol Problems Clinic at Dykebar Hospital.

Yours sincerely

Nichole Gallacher
Acute Addiction Liaison Nurse
Telephone 0141 314 4472

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our Ref: NG/SR/120389

Alcohol Problems Clinic
Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

Date: 4th March 2015

Dictated: 3rd March 2015
Typed: 4th March 2015

PRIVATE & CONFIDENTIAL
Mr James Weir
Flat D
27 McDowall Street
Johnstone
PA5 8QJ

Dear Mr Weir

Due to your recent admission to the Royal Alexandra Hospital in Paisley, you have been referred to the Addiction Liaison Service.

Unfortunately you were discharged prior to being seen by our service, there fore I would like to offer you a follow up appointment to attend at the Alcohol Problems Clinic at Dykebar Hospital on Monday 9th March 2015 at 10.30am.

If you are unable to attend on this date or should you require further information regarding this appointment, then please do not hesitate to contact me on the number below.

Yours sincerely

Nichole Gallacher
Acute Addiction Liaison Nurse
Telephone 0141 314 4472

Cc Dr Foster, The Health Centre, 20 Duncan Street, Greenock, PA15 4LY

Adult Mental Health

Liaison Psychiatry Office,
Room 47, First Floor,
College of Nursing,
Royal Alexandra Hospital
Corsebar Road
PAISLEY, PA2 9PN

Tel. No: 0141 314 6836
Fax No: 0141 314 7420

Date: 2nd March 2015
Dictated: 2nd March 2015
CHI No: 120389-3450
PIMS No: 2144714
Our Ref: MMcG/BE
Your Ref:
Direct Line: 0141 314 6836

PRIVATE & CONFIDENTIAL
Dr Foster
Consultant Physician
Ward 19
Royal Alexandra Hospital

Dear Dr Foster

RE: JAMES WEIR (D0B 12.03.89), FLAT D, 27 MACDOWALL STREET, JOHNSTONE, PA5 8QJ

James had been referred to Liaison Psychiatry at the Royal Alexandra Hospital on 2nd March 2015. He had been admitted with chest pain, abdominal pain and haematemesis, this was following ingestion of around 4-6 bottles of buckfast the previous day. He was admitted to Ward 19 where he was assessed by myself and my colleague Dr Maria Oto, Consultant Liaison Psychiatrist.

At assessment today James told us that he had recently been in Haven, this is a charity based organisation in Kilmacolm. James had been there for around seventeen days, however he said that he took his own discharge as he "wanted a drink". Prior to going in James said that he gave away all his furniture as he did not feel that he required it anymore. When we asked him why as Haven was a short term placement, he was unable to give us an answer. He said he found it too difficult and took his own discharge to start drinking again. He was very evasive when we tried to elicit what had been happening since discharge, he told us that he had been drinking and when he was brought to hospital he said that he planned to make his way to the roof as he was experiencing suicidal thoughts. When we asked why he did not do this, he replied "I didn't know the way". Today he was keen for help regarding his housing issues, he said that he could not go back to an empty flat. He said it would "push me over the edge", he felt that supported accommodation would be more beneficial to him. He also said that he had no furniture and no money for food. We told him that we could get the ward staff to make a referral to social work where he could be seen today and James was agreeable for this. We took the opportunity to discuss why James was not engaging well with services, he said the reason being was that he "couldn't be bothered". We spoke about the advantages of engaging with the alcohol team and the support that they could offer. James agreed to a referral being made and agreed to make an effort to attend appointments.

Re: James Weir – 12.03.89 – 3450

Today at assessment he did not voice any active thought or plan, his main concern being his current housing issues and his unwillingness to go home to an empty flat where he said he "felt alone". It was difficult to elicit an alcohol history from James as reported earlier he was evasive when we asked exploring questions. Interestingly when we discussed him with the nursing staff they told us that James said he was unable to go home as his house had been burned down a few weeks ago. It would also appear in previous assessments with IHTT James had appeared to fabricate parts of his life story.

I have not reiterated James's past history as this has been previously documented.

Mental State Examination

James was lying in bed, he was under the covers, he was attired in hospital night gown. He was of a reasonable standard of personal grooming. It was difficult to establish a rapport, he did establish reasonable eye contact. There was no evidence of agitation or distraction. His speech was spontaneous and of normal rate, rhythm and tone. Subjectively his mood was "can't cope". Objectively he had reactive affect. He denied any active thought, plan or intent. He was future focused today. He engaged in safe planning however he may remain at risk of overdose/self harm in the context of intoxication/withdrawal. There was no evidence of any formal thought disorder, his content was appropriate. There were no perceptual abnormalities to note and his cognition although not formally tested, appeared intact. There was no evidence of insight impairing illness.

Our impression was of a 25 year old gentleman who had been admitted with chest pain, abdominal pain and haematemesis, this following ingestion of 4 – 6 bottles of buckfast the previous day. He was voicing suicidal thoughts on admission, this secondary to housing and financial issues. Today there was no evidence of major mood or mental disorder, with no active thought, plan or intent ongoing. He was future focused, he engaged in safe planning and was agreeable to referral to the alcohol team and social work. He has a history of problematic alcohol misuse.

Having discussed this gentleman with Dr Maria Oto, Liaison Consultant Psychiatrist, it was agreed that a referral to the alcohol liaison team would be of benefit. This has been arranged and they plan to make contact with him via telephone to arrange an appointment. Ward staff have been advised to refer to hospital social work to address his current housing and financial issues. Education was given on the effects of alcohol and the impact this would have on his thoughts, feelings and behaviour and also the increased risk of overdose or self harm. We discussed and agreed a safe plan. We have alerted his GP of these most recent events and he will be discharged home when medically fit.

Should you require any further information please do not hesitate to contact us.

Yours sincerely

MARGUERITE McGAVIN
PSYCHIATRIC LIAISON NURSE

c.c. Dr Clark, The Health Centre, 20 Duncan Street, Greenock
c.c. Nichole Gallacher, Alcohol Liaison Nurse, APC, Dykebar Hospital

LAT CLOSING SUMMARY CHECK LIST

NAME	James Weir	CHI	1203893450	SWIFT	
ADDRESS:	3B Mitchell Avenue Renfrew, PA4 8DT				

ACTIONS	DATE	CONTACT NAME	METHOD EMAIL/LETTER/PHONE	COMMENTS
CLOSING SUMMARY COMPLETED				
END STAR COMPLETED				
WAITING TIMES UPDATED	21.1.15	Awelsh		
GP LETTER COMPLETED	21.1.15	Awelsh	Letter	
NOTIFICATIONS	**DATE**	**CONTACT NAME**	**METHOD EMAIL/LETTER/PHONE**	**COMMENTS**
CHILD CARE CHECKLIST				
SOCIAL WORK				
HEALTH VISITING				
SCHOOL		N/A		
(OTHER)				
(OTHER)				
ADULT CHECKLIST				
MENTAL HEALTH TEAM				
SOCIAL WORK (A.S.P)				
VOLUNTARY SECTOR	21.1.15	Awelsh	Letter phone	
(OTHER)				
(OTHER)				

KEY WORKER SIGN OFF:	Awelsh.	DATE:	21.1.15.
C.M. GROUP SIGN OFF:		DATE:	

Renfrewshire Integrated Alcohol Team
Back Sneddon Centre
20 Back sneddon Street
Paisley
PA3 3DJ
0141 618 2585
21/01/15

PRIVATE & CONFIDENTIAL
Dr Hallam
Barony Practice
Northcroft Medical Centre
Northcroft Street
Paisley
PA3 4AD

Dear Dr Hallman,

Re: James weir, Dob 12.03.1989, 69 Dundonald Road, Paisley, PA3 4NB

The above name client was referred to service by RAMH worker Donald Reid on the 08.01.15 due to concerns regarding Mr Weir alcohol use. Unfortunately Mr Weir failed to attend his allocated assessment appointment on the 21.01.15.

I have discussed Mr Weir case at our review meeting and given he is engaging with RAMH and has an allocated social worker Lynne Murray he will be discharged from our service at this time.

Please do not hesitate to contact me should you require further information.

Yours sincerely,

Annmarie Welsh

Social worker

Cc Linda Murray, Renfrew Social Work, 10 Ferry Road, Renfrew PA4 8RU

Cc Donald Reid, RAMH 41 Blackstoun Road, Paisley PA3 1LU.

F/C

REFERRALS FROM SCREENING – PENDING/TRACKING/OUTCOME

Name	JAMES WEIR																	
CHI	1	2	0	3	8	9	3	4	5	0	PIMS							

DATE	ACTION	BY WHOM	OUTCOME
12/1/15	T/L to [illegible]	[illegible]	Donald Murray - spoke to S. Mann on Friday - 10 T/L - not urgent : routine ass appt to be sent.

URGENT ☐ **ROUTINE** ☑

Disciplines Attending:- Medic ☐ Psychology ☐ Health ☐ Social Work ☐

Date of Outcome Decision:- / /

Internal

Psychology - Assessment ☐ Treatment ☐

Psychiatry ☐

Dr

Team Assessment

- Clinic ☐
- Home ☐
- Opt-in ☐
- Duty Hub ☐

App Date/Time -
Worker(s) -

Team Waiting List

Priority P

- CPN ☐
- Generic ☐
- OT ☐
- Social Work ☐

External

CDS ☐
Doing Well ☐
RAMH ☐
Other ☐

Relevant Information/Reasons for Decision

F/L

APR 1211 10312047

Renfrewshire Council

Service Request Template – Adult Services

To help us progress your enquiry, we need to take some details from you to put onto our information system. We may need to share this information and talk to people involved in helping you/person you're calling about, such as social work and health staff. Is that ok?
Yes

Full Name of Service User & Address:
Mr James Weir (9000025)

Flat D, 27 Macdowall Street, Johnstone, Renfrewshire, PA5 8QJ

Date of Birth: *(must be asked & AIS must be checked / updated)*	**Telephone Number:** *(must be asked & AIS must be checked / updated)*
12/03/1989 - 3450	07747074703

CHI Number: *(must be asked for RES, RLDS or IAT referrals)*
Please provide details.
Caller could not provide details

NOK: (name, add, tel no. and relationship to client) *(must be asked & AIS must be checked / updated)* **Please provide details.**	**GP, Practice & Telephone Number:** *(must be asked & AIS must be checked / updated)* **Please provide details.**
Sister Debbie Weir [redacted]	Caller could not provide details

Referral Taken by: Kayleigh Robertson, ASeRT

Contact Route: Integrated Alcohol Team / Alcohol Problems Clinic (Check client is over 18)

CHECK / UPDATE FRONTSHEET TAB ON SWIFT WITH CLIENT'S DETAILS

Referrer Details: (name, add, tel no. and relationship to client)
Donald Reid
RAMH
0141 847 8900
07824305139

Is client aware of referral: Yes
Date of Referral: 08/01/2015
Time of Referral: 10.25

What service is being requested? *(must be asked - except for MHO, VI & HI referrals)*
IAT
Why is this referral needed?
Client is consuming a large amount of alcohol, requires help as he cannot care for self efficiently. Is spending most of his money on alcohol.
If asked, the above responses must be confirmed with the caller.

Is the referral urgent? *(must be asked - except for CATS, MHO, VI & HI referrals)*
Yes (please explain why it is urgent)
Client is not coping well with own care needs.

If asked, the above response must be confirmed with the caller.

RECEIVED - 8 JAN 2015

Does Client Live Alone: *(must be asked - except for MHO, VI & HI referrals)*
Yes
Key safe in place:
No, door entry system in place

Door Entry System in place:
Yes

Can client allow access:
No, door entry system in place

Does client use any walking aids? *(must be asked - except for MHO, VI & HI referrals)*
No Aid

Please detail clients medical conditions: *(must be asked - except for MHO, VI & HI referrals)*
(Confirm spelling of medical conditions with caller if unsure)
Depression

Does client have a terminal condition?
No

Does client have confusion?
No

If asked, the above responses must be confirmed with the caller.

Is the client within RAH at present?
No

Is the client over 18 years of age?
Yes

Relationship Status: Single

Children: No

Who lives in the house with the client?
Client lives alone

SW Involvement: Yes
Has social worker – Linda Murray

Known Risk Factors: None

Known Involved Parties: None

Client's current daily / regular alcohol use: ***(Collect as much information as possible, about alcohol use / pattern)***
Bottle of buckfast, or more every day.

Save referral script in 1997-2003 format

Referral script should be emailed to: healthrecords.dykebarhospital@ggc.scot.nhs.uk

Renfrewshire
Community Health Partnership

NHS
Greater Glasgow and Clyde

Renfrewshire Integrated Alcohol Team
Back Sneddon Centre
20 Back Sneddon Street
Paisley
PA3 2DJ
Tel:0141 618 2585
CHI: 1203893650
14/11/2014

PRIVATE & CONFIDENTIAL
Dr Hallam
Barony Practice
Northcroft Medical Centre
Northcroft Street
Paisley
PA3 4AD

Dear Dr Hallam,

Mr James Weir, DOB 12.03.1989, Flat C, 69 Dundonald Road, Paisley PA3 4NB

I write in regards this gentleman who was referred to our service(s) 22/09/2014 from our colleagues at the Renfrewshire Drug Service. I refer you to their correspondence 25/08/2014. Can I also refer you to correspondence 13/08/2014 from Mr D McCorry, Forensic Community Psychiatric Nursing Team. I apologise in the delay in writing to you due to the unavailability of medical records which were being held by Adult Psychiatry for the purpose of report writing.

Mr Weir had previously engaged with our services in November 2013 and was also assessed by our Psychology services December 2013; [redacted] Unfortunately Mr Weir's engagement was poor with our service and was discharged for non engagement, supporting staff found it difficult to establish accurate alcohol and or substance misuse at this time.

Mr Weir attended our third rescheduled appointment for assessment. It is acknowledged by all previous assessing services that Mr Weir has a history of providing incongruent and or contradictory information which complicates the accuracy of clinical assessment and decision making.
Mr Weir complied with completing a Single Shared Assessment for Drugs and Alcohol; Mr Weir also provided blood samples for routine analysis and a urine sample for drug screening.

Mr Weir provided information that he was misusing a variety of substances including heroin, amphetamine and cocaine. Mr Weir reported that he was consuming alcohol in excessive quantities and was intoxicated daily. Mr Weir was non specific in regards alcohol types, quantity consumed and identifying any withdrawal symptoms he would experience.

Mr Weir's routine blood analysis and drug screening 25/09/14 did not support his statements of substance and alcohol use. Analysis reported no Ethanol <10mcg/dL, Gamma GT was 21u/L reference range <70u/L, Liver Function reported no abnormalities or derangement. This was also the same reports for Full Blood Count, Urea and Electrolytes, Thyroid Function, Serum Folate and Serum VitB12. All drug screens were returned as negative.

Cont'd

Renfrewshire
Community Health Partnership

NHS
Greater Glasgow and Clyde

Mr James Weir, DOB 12.03.1989, Flat C, 69 Dundonald Road, Paisley PA3 4NB

When informed of the results from blood and drug analysis Mr Weir readily accepted that he did not use the substances excessively as he had stated. Mr Weir digressed from the focus of discussion and made statements in regards his future intentions of job seeking.
Mr Weir accepted that the need for intervention from alcohol services was unnecessary and pursuit of clinical services was ill-advised.

Given the presenting factors we have discharged Mr Weir from our service.

Yours sincerely

S. McMillan

Stuart McMillan
Community Addictions Nurse
Integrated Alcohol Team
Renfrewshire Community Health Partnership

Renfrewshire
Community Health Partnership

NHS
Greater Glasgow and Clyde

Renfrewshire Integrated Alcohol Team
Back Sneddon Centre
20 Back Sneddon Street
Paisley
PA3 2DJ
LM/CB
0141 618 2585
23rd December 2013

PRIVATE & CONFIDENTIAL
Ms Suzanne Martin
Community Addictions Nurse
Renfrewshire IAT
Back Sneddon Centre
20 Back Sneddon Street
PAISLEY
PA3 2DJ

Dear Ms Martin,

Re: James Weir DoB: 12/03/89 CHI: 1203893450
Address: C/o Loretto Care, 17 Abercorn Street, Paisley PA3 4AA

Thank you for referring Mr Weir to Clinical Psychology within Renfrewshire Integrated Alcohol Team (RIAT). He did not attend the first appointment offered to him on 8th November 2013, but attended on 22nd November to begin an assessment. He has since failed to attend two further appointments offered and I therefore have no other option at this time than to discharge him from my caseload. However, based on the first appointment I am inclined to conclude that he is not suitable for psychological therapy at this time. Herein follows a summary of our assessment.

Initially, Mr Weir presented as difficult to engage in the psychological assessment process. For example, when I asked at the outset what his reasons were for seeking psychological treatment, he replied "well you're the psychologist, so you tell me". What followed during the session was a series of inconsistent accounts of personal information, from which it was difficult to elicit any clear treatment targets or therapeutic goals.

During our assessment, Mr Weir told me that he had a "terrible upbringing", which he feels has had a negative impact on the course of his life. Following his parent's separation when he was approximately two years old, he and his two younger sisters [redacted] were raised by their mother. He reports that his parents' relationship had been tumultuous, and told me that his father raped his mother. Mr Weir described accounts of physical abuse during his childhood perpetrated by his mother. For example, he alleged that she attempted to strangle him when he was 12 years old, banged his head off a brick wall on another occasion, and he told me that she once cut his head open when she threw a cup at him. Mr Weir stated that he never reported the abuse when he was younger as he did not think anyone would believe him. He did report having a positive relationship with his step-father, who he stated would try to protect him from his mother's violent behaviour. However, Mr Weir reports that when he was serving a custodial sentence in prison, his mother and step-father separated, and he has had little contact with him since. He also reports having no contact with his mother at present, who continues to live in Paisley.

Further to difficulties within the home, Mr Weir also reported problems at school. For example, he told me that his behaviour was disruptive at primary school, and consequently he repeated Primary 6. He said that he attended Castlehead High School in Paisley where he was bullied. His behaviour continued to be disruptive, and he was suspended on one occasion for pushing a boy down a flight of stairs. Mr Weir recalls attending Children's Panel hearings and having social work involvement as a child, but he cannot recall why. He also told me that he was taken into care for three years during his childhood, residing in a children's home. He said that he did not enjoy it there and would frequently abscond back to his mother's home.

With regards to his current circumstances, Mr Weir told me that he is unhappy living in Paisley, and he wishes to move to Livingstone, where most of his friends live, and also where his father and two half-sisters [redacted] live. He said that he would feel better if he lived there as he gets on well with his family from Livingstone, unlike his family in Paisley, who he says has little to do with him at present. However, he did later state that he has a positive relationship with his sister Debbie, and enjoys spending time with her and his nephew. He also reports that his half-brother [redacted] lives locally in Renfrew and he enjoys socialising with him. He told me that he has a review shortly to look into moving to Livingstone, and he hopes that by February 2014 he will live there. However, at the end of our session, as he was standing up to leave the room, Mr Weir informed me that he had been "sexually abused" by a man who lives in Livingstone for the past seven years. I had hoped to explore this further with him at his next appointment, but this has not been possible due to his disengagement. However, I envisage that if Mr Weir does move to the same area as a man he alleges has been abusing him, this will have implications for his level of vulnerability to risk. This should be taken into consideration when making decisions about his transfer of care to West Lothian.

Mr Weir later told me during the session that his father is in fact in HMP Saughton in Edinburgh serving a 10 year sentence for raping two women. He also informed me that his father is "friends" with Peter Tobin and Ian Huntley, and has been boasting about all the 'wonderful' opportunities he is benefiting from in prison, which Mr Weir has found unsettling. His father is requesting that he go visit him, but he is unsure about whether he can do this. When I asked Mr Weir how he would feel about his father returning to Livingstone if he was living there by that point, he told me that his father would be liberated to Edinburgh as this was in fact where he was living at the time of his conviction.

Mr Weir initially told me that another reason he wished to leave Paisley was because he "hates junkies" and he considers that there are too many people who take drugs in the area where he lives. He explained that he himself has a pro-social peer group who he enjoys socialising with. However, this was a little confusing as Mr Weir also stated that he had "no friends" in Paisley at present, and also indicated at another point that he socialises regularly with peers who use illicit substances. Indeed Mr Weir himself admitted that he regularly smokes cannabis (which he was introduced to last year whilst an inpatient at St John's Hospital, Livingstone), and he is to attend court in May 2014 regarding charges for drug possession and breach of the peace.

There was also some confusion around Mr Weir's employment history, and current intentions regarding obtaining a job. For example, he initially told me that was applying for jobs in Livingstone but he was being rejected from them all as he was "over qualified" as he had a "really good career history". He later told me that he was a qualified mechanic and had also worked for Amazon, Burton's biscuit factory in Edinburgh and Asda. However he stated that he was sacked from his job in the biscuit factory as he missed work due to his alcohol consumption. This seems at odds with his report of his positive career history. He also said that he was doing voluntary work at present, which he is enjoying and he plans to become a nurse, but understands this will take him longer than expected due to his criminal record. However, Mr Weir also said that he is unable to work at the moment as he is "too depressed" (he was unable to elaborated further on what he meant by this).

It was hard to get a sense of Mr Weir's current mental wellbeing due to his seeming difficulty expressing affective states. When I asked him to describe his present mood he stated "upset as I might be going to prison". He denied any current thoughts of self-harm or suicidal ideation. Mr Weir also reported poor sleep at present (estimating he is only getting around two hours of sleep per night due to "adrenaline" and "thinking about [his] past"). He told me that his GP gave him a relaxation CD to improve his sleep, but said it "doesn't work". Mr Weir described making positive progress with his alcohol consumption, although he still 'binge drinks' most weekends. He said that he is working towards abstinence so that he can lead a more fulfilling life.

The inconsistencies in Mr Weir's personal account make it difficult to ascertain accurately details of his history and current presenting problems, which means it is not possible to develop a meaningful psychological formulation, from which a treatment plan would emerge. Certainly he was unable to identify any clear and consistent presenting difficulties or goals for therapy on which to base this process. Furthermore, he demonstrated incongruence between affect and non-verbal behaviour during the session (for example, smirking when discussing difficult issues that he indicated were distressing). Whenever I tried to seek greater clarity from Mr Weir regarding affect or inconsistent information, he would continue to discuss another matter, without addressing the question I posed. These factors, in addition to my observation that his verbal account of his difficulties was often limited to superficial facts without any connection to the underlying affect, suggests that psychological therapy is unlikely to be beneficial at this time. Furthermore, although he is continuing to address his alcohol issues, this is still at an early stage, and he reports ongoing episodes of binge drinking. The nature of psychological therapy can be destabilising and unsettling, so I would again be hesitant at this point to engage him in this process, even if he were able to identify clear treatment goals.

From my brief assessment, I would recommend that Mr Weir continues to be encouraged to work towards his personal lifestyle goals, which he said included to become abstinent from alcohol. His ongoing involvement with RIAT is supporting him with this, and he reports noticeable benefits from the work he has done already. He would also perhaps benefit from continued encouragement to participate in occupying and pro-social activities, which I understand you are currently supporting him with. This may also provide him with the opportunity to develop a positive social network.

As discussed, I have discharged Mr Weir from my caseload due to his disengagement. Should you wish to discuss any of the above further, please do not hesitate to contact me.

Yours sincerely,

Dr Laura Mitchell
Clinical Psychologist

C.c. Dr Sutherland, Kingsinch Medical Practice, Renfrew Health Centre, 10 Ferry Road, Renfrew PA4 8RU

REFERRALS FROM SCREENING – PENDING/TRACKING/OUTCOME

Name	James Weir										PIMS	2	1	6	6	7	1	6
CHI	1	2	0	3	8	9	3	6	5	0								

DATE	ACTION	BY WHOM	OUTCOME
15/8/14	Discuss with RDS.		Assessment has been carried out, but cancelled bodys appt. Further appt being given by next week by RDS. They will phone & discuss need by RCMHT then
22/8/14	To contact RDS for outcome of the	F Mkenzie	Contacted RDS today, they will contact RCMHT back with an outcome from the 15/8/14
29/8/14	DNA/~~Refer~~?	MARK WILDACE	T/C TO RDS. INFORMED RDS COMORBIDITY WORKER WILL RETURN CALL MONDAY 1/9/14. AWAIT RETURN CALL FROM RDS.
02/09/14	SCOT PHONING RDS	SCOT.	S. MCMILLAN IAT WORKER.

URGENT ☐ **ROUTINE** ☐

Disciplines Attending:- Medic ☑ Psychology ☑ Health ☑ Social Work ☐

Date of Outcome Decision:- 9 / 9 / 14

Internal

Psychology - Assessment ☐ Treatment ☐

Psychiatry ☐ Dr

Team Assessment

- Clinic ☐
- Home ☐
- Opt-in ☐

App Date/Time -
Worker(s) -

Team Waiting List ☐

Priority

- CPN ☐
- Generic ☐
- OT ☐
- Social Work ☐

External

CDS ☐
Doing Well ☐
RAMH ☐
Other ☐

IAT

Relevant Information/Reasons for Decision

* NOT FOR RCMHT, IAT S. MCMILLAN WILL ASSESS, HE WILL CONTACT RCMHT IF JOINT ASSESSMENT REQUIRED.

IAT

RECEIVED 14 AUG 2014

Mental Health Services

Forensic Community Mental Health Team
Blythswood House
Fulbar Lane
Renfrew
PA4 8NT

NHS
Greater Glasgow and Clyde

Private and Confidential

Dr A Sunderland RCMHT
Renfrew Health Centre
10 Ferry Road Screening
Renfrew
Renfrewshire
PA4 8RU

Date	13 August 2014
Your Ref	120 389 3450
Our Ref	DMCc/SL
Direct Line	0141 314 9226 / 9227
Mobile	
Fax	0141 314 9228
Email	

Dear Dr A Sunderland

Re: James Weir, 3b Mitchell Avenue, Renfrew DOB 12/03/1989

The above gentleman was referred to our service for assessment by the Procurator Fiscal at Paisley Sherriff Court where he was seen and assessed on Wed 13th August 2014.

Mr Weir is a 25 year old gentleman with a long history of poly substance use, some suicidal ideas and self-reported previous suicide attempts. Mr Weir was arrested for Breach of the Police and subsequent fighting with police while heavily under the influence of alcohol. He reports daily use of upwards of 25 units of alcohol a day alongside approx £20 worth of heroin (smoked) daily. He also reports daily cannabis use and smoking crack cocaine (approx one rock) several times a week. He reports having recently successfully injected himself with heroin on three occasions over the last six weeks. He was not observed to be in any state of withdrawal on assessment, although claimed to be feeling withdrawal symptoms, namely tremor. He reports some attempts at addressing addiction issues (mainly alcohol ones) by his previous attendance at Renfrewshire Drug Services but was unclear re why these attempts had not continued beyond an initial assessment period. He also reports a recent admission to Haven near Kilmacolm from June to July, but self discharged due to reasons he did not wish to discuss.

Mr Weir reported an upset childhood with frequent expulsions from school and episodes of disruptive behaviour and that he had A.D.H.D. while at school and felt angry at "everything". He reports having no regular contact with his mother and that his father is in prison and has no contact. Mr Weir reports to have six brother's and three sisters, only a few of whom are still in contact with him/ are supportive due to his ongoing angry outbursts towards them usually while under the influence of alcohol or substances. He somewhat incongruently then reported that his mother has had frequent regular contact with him recently and wants him to "get help" for his issues. Since leaving school he has worked at several jobs (e.g. security guard) but feels he does not like the routine of having to work and repeatedly leaves the jobs or does not return. He is currently in receipt of benefits. There is no medical history of note. He reports a long history of convicted offences involving carrying of weapons, housebreaking and several acquisitive offences but could not provide accurate details of these claiming to have a very poor memory.

Mr Weir reports an informal admission to St John's Hospital in Livingston in July 2013 for approx four weeks, admitted for suicidal ideation and alcohol detox. He reports self discharge from this admission with no arranged follow up from mental health or addiction services. He claims to have moved there for a "fresh start" and to be near one of his sisters. Mr Weir reported a history of sexual "abuse" from the age of 17 to 24 years of age, where he described repeatedly going to a older friend's house (whom he claims was previously a befriender while he was with ThroughCare), who would then get him drunk followed by what he believes to be an abusive sexual act. He reports having seen this gentleman five weeks ago in the street and this brought back memories of

his alleged abuse and subsequently attempted to throw himself from a local low bridge in an alleged suicide attempt only to land on the banks of the water unscathed. He also claims one other suicide attempt approximately one year ago in a park in Renfrew where he attempted to hang himself using a bag but this was also unsuccessful. Mr Weir reported a history of self-harm by cutting and could evidence two scars on his left arm to support this. He reports that he has self-harmed by cutting when his thoughts and agitation increase as a result of thoughts relating back to his abuse issues. He reported poor sleep, approx four hours a night but a good appetite, eating three times a day. Although thin, he does not appear to be underweight. No delusional or hallucinatory experiences were reported or elicited other than a vague idea when waking that he can hear and feel his abuser over his shoulder. Mr Weir reported active suicidal ideas and demanded several times that he be admitted to hospital immediately from the court as he felt suicidal and needed help. He claimed that should he be released from custody he would either go and kill himself or cause harm to the perpetrator of his abuse. He also intended to attend his new college course induction day at the end of the week and was looking forward to this.

Following discussion with the MDT, senior colleagues, social services and the IHTT service at Dykebar hospital, it was agreed that Mr Weir did not meet the criteria for diversion from court but that he could benefit from follow up from services in the short term. As such, Mr Weir has an appointment at Renfrewshire Drug Services on Friday 15th Aug at 10.40am, has been given a contact number for First Crisis at Charleston Centre (0141 848 9090- self referral service) and an request for an urgent outpatient appointment has been made to his local community mental health team. Mr Weir was unhappy with this plan and felt that immediate admission to hospital was his only chance of getting the help he felt he required.

It is worth noting that in discussion with social services at Paisley Sheriff Court and having read the available letters relating to Mr Weir, that he appears to have a history on providing inaccurate, incongruent and varying details regarding his history and as such, in two days he had provided widely different histories to the police, to social service and during our assessment. I am therefore unclear exactly how much of this above assessment is accurate, but it is accurate according to the information provided to me by him during his assessment.

Please do not hesitate to contact me should you require further information or require clarification on any issues,

Yours sincerely

Dave McCorry
Forensic Community Psychiatric Nurse

C.c Lynn Morrison Medical Records Dykebar Hospital
C.c Renfrewshire Drug Service
C.c Renfrewshire CMHT Screening at Medical Records –Dykebar Hospital

Sm'n IAT Filing

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our Ref: DJ/SR/120389

Date: 22nd August 2014

Dictated: 15th August 2014
Typed: 22nd August 2014

Alcohol Problems Clinic
Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

PRIVATE & CONFIDENTIAL
Dr Sunderland
Kings Inch Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Dear Dr Sunderland

James Weir, DoB: 12.03.1989, 3b Mitchell Avenue, Renfrew, PA4 8DT

This gentleman was referred to the Addiction Liaison Service having been admitted to the Royal Alexandra Hospital in Paisley on the 14th August 2014 with alleged alcohol and illicit drug withdrawal.

At assessment Mr Weir initially advised that he consumes 1 bottle of vodka plus 2 – 3 litres of cider on a daily basis and this has been a daily dependence for the last 6 months. Subsequently he also highlighted that he consumes £20 worth of cannabis on a daily basis. For the last 6 months has been utilising 2 – 3 grams of cocaine at weekends only. Also has been injecting £10 - £20 worth of heroin into his right thigh area on a daily basis for the last 6 months. Although on admission, he advised that he has had none these substances since Monday as he was taken into Police custody in relation to a breach of the peace charge been alleged against him.

At assessment there were no withdrawal symptoms evident from Mr Weir in relation to either alcohol or illicit drug use and in discussing this further with him, subjectively his accounts of his alcohol and drug use appeared very variable and I was unable to ascertain specific amounts for each illicit drug and legal drug that he had highlighted that he uses on a daily basis.

He advised that he had previously been referred to the Renfrewshire Drug Service but had failed to attend and gave again variable stories regarding his upbringing and social and domestic situation at this current time. Health promotion was provided to him in relation to alcohol and illicit drug use and the effects this could have on both his physical and mental health status and it was observed and expressed by this gentleman throughout the interview that he required diazepam medication to help him minimise his degree of withdrawals and again it was discussed with him that there was none evident at assessment. At this point Mr Weir decided to take his own discharge from hospital against medical advice and he declined referral to any of the local community addiction services.

No further input is required from the Addiction Liaison Service at this time.

Yours sincerely

Denise Johnston
Acute Addiction Liaison Nurse
Telephone 0141 314 4472

Renfrewshire
Community Health Partnership

NHS
Greater Glasgow and Clyde

Renfrewshire Integrated Alcohol Team
20 Old Sneddon Street
Paisley
PA3 3DJ
0141 618 2585
CHI: 1203893450
08/09/2014

PRIVATE & CONFIDENTIAL
Mr James Weir
3B Mitchell Avenue,
Renfrew
PA4 8DT

Offer of Appointment

Dear Mr Weir,

Can I offer our apologies that we cancelled your arranged appointment Thursday 4th September 2014 at 2.30p.m.

Can I offer you a rescheduled appointment at your home address:

Monday 15th September 2014 at 1.30pm

Kindly contact me on the above number if this appointment is not suitable.

Yours sincerely

S. McMillan

Stuart McMillan
Community Addictions Nurse
Integrated Alcohol Team
Renfrewshire Community Health Partnership

Renfrewshire
Community Health Partnership

NHS
Greater Glasgow and Clyde

Renfrewshire Integrated Alcohol Team
20 Old Sneddon Street
Paisley
PA3 3DJ
0141 618 2585
CHI: 1203893450
28/08/2014

PRIVATE & CONFIDENTIAL
Mr James Weir
3B Mitchell Avenue,
Renfrew
PA4 8DT

Offer of Appointment

Dear Mr Weir,

Further to your recent assessment 15th August 2014, with Dr Duncan and Elaine McLellan, Renfrwshire Drug Services, you have been referred to our service(s).

Can I offer an appointment at our clinic at the Addiction Services Resource Centre, 20 Back Sneddon Street, Paisley.

Thursday 4th September 2014 at 2.30p.m.

Kindly contact me on the above number if this appointment is not suitable.

Yours sincerely

S. M. Mill

Stuart McMillan
Community Addictions Nurse
Integrated Alcohol Team
Renfrewshire Community Health Partnership

Renfrewshire Council

NHS Greater Glasgow and Clyde

Back Sneddon Centre
20 Back Sneddon Street
PAISLEY PA3 2DJ

Our ref: em/em

Date: 25/08/14

Renfrewshire Drug Service

Direct - 0141 618 2585
Fax: 0141 618 5267

PRIVATE & CONFIDENTIAL

Referral for Integrated Alcohol Team

FTAO Ailsa Boyle

Re: James Weir, 3b Mitchell Avenue, Renfrew. DOB 12/03/1989

Mr Weir is a 25 year old gentleman with a long history of alcohol, self reported poly substance misuse, self harm, some suicidal ideas and self-reported previous suicide attempts. He now has an expanding psychiatric file and is known to the Alcohol problems clinic, Integrated Alcohol Team, Addiction Liaison service and psychiatry Liaison at Royal Alexandra Hospital. Following six Adult Support and Protection (Scotland) act 2007. Mr Weir has been allocated a Social Worker – Linda Murray.
Mr Weir has a history of providing of providing inaccurate incongruent and varying details regarding his history. Thus is can be difficult to gather an accurate case assessment.
During his assessment at Renfrewshire Drug Service we failed to gather any information to confirm that Mr Weir is in fact using the drugs which he is reporting.
Initially he presented stating he was injecting heroin however no evidence of injection practices were observed by medical staff and he was unable to describe the injecting process stating 'it was my friend who done it all, I just let him'.
More recently he was seen by myself and Dr. Duncan on 22/08/14 today it would appear that alcohol was the main concern for Mr Weir and today he stated he had not had any alcohol or drugs for a period of one week. He was requesting Disulfiram medication – due to his case history of being complex, unpredictable and impulsive - Dr. Duncan commenced a prescription for Acamprosate 333mgs one tablet 3 times daily and requested his case be re-referred to the Integrated Alcohol Team.

Yours sincerely

E. McLellan

Elaine McLellan (Community Addictions Nurse)

9nk Alc Team 26/8/14
requested
23/9/14

re-requested
30/9/14

Tel: 0141 207 7777
Fax: 0141 618 6435
E-Mail: renfrew.sw@renfrewshire.gov.uk
Our Ref:
Your Ref:
Contact: Linda Murray
Date: 15th September 2014

Social Work
Director: Peter Macleod

Dr Kinniesburgh
Dykebar Hospital
Grahamston Rd
Paisley

Dear Dr Kinniesburgh
RE: James Weir/ James Forrest/ Forest Forrest DOB 12/03/1989

I am writing to you in relation to the above named gentleman who I believe has been known to you in the past. I am currently involved with James in relation to the Adult Support and Protection Act 2007 in relation to several recent concerns where he has threatened self harm.

It is likely that James' situation will be going to an Adult Protection Case Discussion and as part of this process I am looking for information in relation to any mental health issues that have arisen in his past. I am trying to make a decision about whether James would be best supported through the Community Mental Health Team and your input would be valuable in relation to this.

I am aware that James was diagnosed with ADHD and his case notes make mention of some form of personality disorder and depressive symptoms as well as his long history of chaotic living and alcohol abuse. I hope to try and devise a plan of support to assist James but with his complex history and backgound any information you would have would be of help.

Yours Faithfully

Linda Murray

Linda Murray
Social Worker

Notes please

Renfrewshire
Community Health Partnership

NHS
Greater Glasgow and Clyde

Renfrewshire Integrated Alcohol Team
20 Old Sneddon Street
Paisley
PA3 3DJ
0141 618 2585
CHI: 1203893650
16/09/2014

PRIVATE & CONFIDENTIAL
Mr James Weir
C/O
69C Fitzallan Court
Dundonald Road
Paisley

Offer of Appointment

Dear Mr Weir,

Further to your assessment 15th August 2014 with Dr Duncan and Elaine McLellan, Renfrewshire Drug Services, you have been referred to our service(s).

We have previously offered you two appointments 4th and 15th September but unfortunately that correspondence was sent to another address provided for you.

We have been contacted by Linda Murray, Social Work Services, Renfrew Area Team who informed us of your current homeless status and your present address.

The purpose of our visit is to discuss any service support we can provide.

Can I offer you an appointment at your current home address;

Monday 22nd September 2014 at 1.30p.m.

Kindly contact me on the above number if this appointment is not suitable.

Yours sincerely

S. McMillan

Stuart McMillan
Community Addictions Nurse
Integrated Alcohol Team
Renfrewshire Community Health Partnership

20 Back Sneddon Street
PAISLEY PA3 2DJ

Our Ref: CD/DC/CHI 1203893450
Date: 26th August 2014

Renfrewshire Drug Service
Direct: 0141-618-2585
Fax: 0141-618-5766

Date Dictated: 22nd August 2014

PRIVATE & CONFIDENTIAL

Dr. Sunderland
Kings Inch Medical Practice
Renfrew Health Centre
10 Ferry Road
RENFREW PA4 8RU

Dear Dr. Sunderland

James Weir (1203893450)
3b Mitchell Avenue, Renfrew

Psychiatric Diagnosis: F10.1 – Harmful Use of Alcohol

Current Psychotropic Medication: Acamprosate 333 mgs. tds

I met with Mr. Weir at Renfrewshire Drug Service on 22.08.2014. Mr. Weir had been referred to our services following assessment by colleagues at the Forensic Community Mental Health Team. Prior to this, he had been arrested for breach of the peace while under the influence of alcohol. Subsequent to this, I note that he has also attended RAH A&E following an attempt to hang himself on 15th August 2014. He describes that this was related to ongoing difficulties dealing with the forthcoming trial regarding his being allegedly sexually abused.

Today Mr. Weir states that he has drank no alcohol and has used no illicit drugs in over a week. He describes that over a week ago, he was binge drinking on a daily basis. He describes that he was smoking Heroin once every three days or so. He describes that he has never injected Heroin. He admits to the occasional use of Cannabis and Diazepam, but again nothing in the recent week or so. He describes that he has felt nauseous and has vomited this morning. Otherwise, he describes no specific withdrawal symptoms over the past week and certainly he was well today. He notes no previous seizures or delirium tremens.

Cont'd/... ...

Dr. Sunderland
Kings Inch Medical Practice
Renfrew Health Centre

He tells me that today he is moving into his own tenancy in the Renfrew area with a private landlord – he said this is a furnished flat and he is looking forward to this move. I believe he has previously been staying with a brother in the Renfrew area. He now has a named Social Worker, Linda Murray, and he describes that her input has been helpful. Unfortunately, he notes that his eighteen month rehab contract with Haven in Kilmacolm ended, as he found that he was unable to deal with the restrictions that they placed on him. I believe he lasted there a matter of six weeks and returned to Renfrew mid July.

He tells me that next week he is commencing a NC course at Reid Kerr College in manufacturing engineering and that he is looking forward to this. He describes that he is still claiming benefits at this time and has no financial concerns.

As previously documented he engaged for some short time with our clinical psychologist Dr. Mitchell, but disengaged from this service. It appears that there is a long history of him engaging with various services, but providing inaccurate or varying accounts of his history and current circumstances. To this end, I am unclear how much of what Mr. Weir has discussed with me today is factually correct.

He requested to be commenced on Antabuse today to support him in his current abstinence from alcohol. However, considering his recent suicide attempt, I have explained that this would not be an appropriate treatment intervention at this time. I have provided him with a prescription for Acamprosate as a means of controlling his urges to drink alcohol. We will also refer him to Rape Crisis service, who will be able to support him in attending court hearings and so forth. There appears to be no particular role that Renfrewshire Drug Service can play at this time in Mr. Weir's care. We will refer him to the Integrated Alcohol Team in the meantime and will review his package of care at this clinic in the near future, updating you with regards to his progress.

Yours sincerely

Dr. Clare Duncan
Locum Specialty Doctor

Dr. Charles McMahon
Consultant Psychiatrist

Renfrewshire Council

NHS
Greater Glasgow and Clyde

Back Sneddon Centre
20 Back Sneddon Street
PAISLEY PA3 2DJ

Our ref: em/em

Date: 25/08/14

Renfrewshire Drug Service

Direct - 0141 618 2585
Fax: 0141 618 5267

PRIVATE & CONFIDENTIAL

Referral for Integrated Alcohol Team

FTAO Ailsa Boyle

Re: James Weir, 3b Mitchell Avenue, Renfrew. DOB 12/03/1989

Mr Weir is a 25 year old gentleman with a long history of alcohol, self reported poly substance misuse, self harm, some suicidal ideas and self-reported previous suicide attempts. He now has an expanding psychiatric file and is known to the Alcohol problems clinic, Integrated Alcohol Team, Addiction Liaison service and psychiatry Liaison at Royal Alexandra Hospital. Following six Adult Support and Protection (Scotland) act 2007. Mr Weir has been allocated a Social Worker – Linda Murray.
Mr Weir has a history of providing of providing inaccurate incongruent and varying details regarding his history. Thus is can be difficult to gather an accurate case assessment.
During his assessment at Renfrewshire Drug Service we failed to gather any information to confirm that Mr Weir is in fact using the drugs which he is reporting.
Initially he presented stating he was injecting heroin however no evidence of injection practices were observed by medical staff and he was unable to describe the injecting process stating 'it was my friend who done it all, I just let him'.
More recently he was seen by myself and Dr. Duncan on 22/08/14 today it would appear that alcohol was the main concern for Mr Weir and today he stated he had not had any alcohol or drugs for a period of one week. He was requesting Disulfiram medication – due to his case history of being complex, unpredictable and impulsive - Dr. Duncan commenced a prescription for Acamprosate 333mgs one tablet 3 times daily and requested his case be re-referred to the Integrated Alcohol Team.

Yours sincerely

Elaine McLellan (Community Addictions Nurse)

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our Ref: NG/SR/1203893450

Alcohol Problems Clinic
Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

Date: 25th April 2014

Dictated: 25th April 2014
Typed: 25th April 2014

PRIVATE & CONFIDENTIAL
Dr Johnstone
The Barony Practice
Northcroft Medical Centre
Northcroft Street
Paisley
PA3 4AD

James Weir
3B Mitchell Avenue,
RENFREW,
Renfrewshire
PA4 8DT

Dear Dr Johnstone

James Weir, DoB: 12.03.1989, Flat 1/7, 17 Abercorn Street, Paisley, PA3 4AA

This gentleman was referred to the Addiction Liaison Service having been admitted to the Royal Alexandra Hospital in Paisley on the 26th March 2014 experiencing lower abdominal pain following an episode of excessive alcohol use.

An appointment was arranged for Mr Weir to attend at the Alcohol Problems Clinic on the 1st April 2014 in which he attended. He reported at the appointment that prior to his admission to hospital he had been consuming up to 20 units of alcohol a day and reported this level of alcohol consumption for the past few years. Mr Weir advised that since his discharge from hospital on the 31st March 2014 he advised that he has abstained from alcohol however expressed that he was continuing to experience alcohol withdrawal symptoms, however there was no evidence of this. Mr Weir informed me that he wished to maintain abstinence and appeared motivated to do so. He breathalysed 0 in the Alcometer today.

Various treatment options were highlighted to Mr Weir to support him in maintaining abstinence long term and he appeared keen to commence on the 4 week education and relapse prevention programme at the Alcohol Problems Clinic. Mr Weir was offered an appointment to re-attend at the Alcohol Problems Clinic to complete all relevant paper work with a view of starting the four week programme. A further appointment was arranged for him to attend on the 7th April 2014, however Mr Weir failed to attend this appointment and has made no contact with the clinic.

I written to Mr Weir to make contact with the clinic should he wish any ongoing support. I have informed him that should I not hear from him by the 18th April 2014 and will assume that he wishes no further input. Unfortunately Mr Weir has made no contact with the clinic since then, therefore I assume that he wishes no further input.

Should he wish to address any issues in the future then please do not hesitate to refer him to the Alcohol Problems Clinic at Dykebar Hospital.

Yours sincerely

Nichole Gallacher
Acute Addiction Liaison Nurse
Telephone 0141 314 4472

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our Ref: NG/SR/1203893450

Alcohol Problems Clinic
Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

Date: 8th April 2014

Dictated: 7th April 2014
Typed: 8th April 2014

PRIVATE & CONFIDENTIAL
James Weir
Flat 1/7
17 Abercorn Street
Paisley
PA3 4AA

Dear Mr Weir

I note that you failed to attend your follow up appointment on the 7th April 2014 at the Alcohol Problems Clinic, Dykebar Hospital. If you would wish further input from the Alcohol Services please could you contact me to arrange a further appointment.

If I do not hear from you by Friday 18th April 2014 I will assume that you wish no further input from the Addiction Liaison Service.

Yours sincerely

Nichole Gallacher
Acute Addiction Liaison Nurse
Telephone 0141 314 4472

IAT
FILING

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: DJ/SR/1203893450

Alcohol Problems Clinic
Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

Date: 14th January 2014

Dictated: 13th January 2014
Typed: 14th January 2014

PRIVATE & CONFIDENTIAL
Dr Sunderland
Kings Inch Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Dear Dr Sunderland

James Weir, DoB: 12.03.1989, Flat 1/7, 17 Abercorn Street, Paisley, PA3 4AA

This gentleman was referred to the Addiction Liaison Service having attended the Accident & Emergency Department of the Royal Alexandra Hospital in Paisley on the 2nd January 2014 due to experiencing an alcohol withdrawal seizure.

Post hospital discharge, an appointment was arranged for this gentleman at the Alcohol Problems Clinic, Dykebar Hospital on the 13th January 2014. However he failed to attend this appointment and has made no contact with the Clinic.

Should he approach you for assistance with any alcohol related issues then please do not hesitate to refer him to the Alcohol Problems Clinic at Dykebar Hospital.

Yours sincerely

Denise Johnston
Alcohol Liaison Nurse
Telephone 0141 314 4472