MMA
LEGAL

Meadowpark Surgery
Parkhead Hub
1251 Duke Street
Glasgow
G315NZ

Date 01/06/2026

Ref: 100828

Subject: Data Subject Access Request - Full GP Medical Records

Client Name: Miss Wendy Mcleish
Client Reference: 100828
Client Address: 0/1 257 Todd Street, Glasgow, G31 3SF
Date of Birth: 25/05/1987
Also Known As:
Name in Care:
NHS Number:
Previous Addresses:

Dear Sir/Madam,

We act on behalf of the above-named individual and submit this request under Article 15 of the UK General Data Protection Regulation and the Data Protection Act 2018.
Scope of Request

We request a complete copy of the patient's full medical records, including all data held in electronic, paper, and archived formats.

This specifically includes:
Full GP records (not a summary printout)
Consultation notes and free-text entries
Historical paper records (including Lloyd George records where applicable)
Coded clinical data
Correspondence to and from hospitals, specialists, and external providers
Mental health records held within the GP file
Safeguarding concerns or alerts

Referral records and outcomes
Medication and prescription history
Any scanned documents or attachments

Format Requirement
We require a full record extract, not a patient summary or abbreviated report.

Where possible, please provide a complete system export including consultation notes and attachments.

Historical Records
Please ensure searches include:
Archived and legacy systems
Paper and scanned records
Records transferred from previous GP practices

Enclosures
We enclose:
Signed authority
Proof of identity

Should you require any further information to process this request, please advise promptly.

Statutory Timeframe
We expect a response within one calendar month. If an extension is required, please confirm with reasons in writing.

Non-Holding of Data
If you do not hold a complete record, please confirm:
The dates of records held
Details of any previous GP practices

Service of Documents
We only accept service of documents via email at evidence@mmalegal.co.uk. Should you for any reason be unable to send documents to the above email, please notify us via the same email imminently.

Yours faithfully,

Investigations Team
MMA Legal
E: evidence@mmalegal.co.uk
T: 0161 563 0816

DEED OF AUTHORITY & CONSENT

THIS DEED is made on the date of signature below by (the "Client")	
Full Name:	Wendy Mcleish
Date of Birth:	25/05/1987
Previous Names (if any):	
Current Address:	0/1 257 Todd Street Glasgow G31 3SF
Previous Addresses (relevant to care placements):	
CHI / NHS Number (if known):	

IN FAVOUR OF (the "Representative")	
Firm Name:	MMA Legal Limited
Address	43-59 Princess Street, Stockport
Postcode	SK1 1RY
Email	evidence@mmalegal.co.uk
Telephone Number	0161 563 0816

1. STATUS AND CONSTRUCTION

1.1. This Deed is executed as a deed and constitutes valid written authority for the purposes of:

- **1.1.1.** UK GDPR
- **1.1.2.** Data Protection Act 2018
- **1.1.3.** Common law confidentiality
- **1.1.4.** Any related statutory, regulatory or supervisory framework

1.2. This Deed shall be interpreted purposively and broadly to give full effect to the Client's intention that all personal data and Records relating to them be disclosed to the Representative, subject only to lawful statutory restriction.

1.3. This Deed is intended to provide clear and comprehensive authority for disclosure of the Client's personal data.

2. APPOINTMENT

2.1. The Client appoints the Representative to act fully on their behalf in connection with:
- **2.1.1.** An application to Redress Scotland;
- **2.1.2.** Any review, reconsideration or appeal;
- **2.1.3.** Evidence gathering and submission;
- **2.1.4.** Any associated advisory, compensatory or restorative process.

2.2. Requests made by the Representative shall be treated as made personally by the Client.

3. SCOPE OF AUTHORITY

3.1. This Authority applies to all public and private bodies including (without limitation):
- **3.1.1.** Local Authorities and Councils
- **3.1.2.** NHS Boards and GP Practices
- **3.1.3.** Health & Social Care Partnerships
- **3.1.4.** Integration Joint Boards
- **3.1.5.** Religious bodies and orders
- **3.1.6.** Residential and foster care providers
- **3.1.7.** Education authorities and schools
- **3.1.8.** Government departments
- **3.1.9.** Archive services
- **3.1.10.** Insurers holding historical liability files
- **3.1.11.** Successor, merged or restructured public bodies

3.2. The Authority applies whether Records are:
- **3.2.1.** Archived, microfiche, digitised or handwritten;
- **3.2.2.** Stored off-site by contractors;
- **3.2.3.** Held by dissolved or reconstituted institutions;
- **3.2.4.** Transferred following statutory reorganisation.

3.3. The Client requests that records not be withheld solely on administrative grounds such as archival storage or institutional restructuring including, for example:
- **3.3.1.** The institution has closed or restructured;
- **3.3.2.** Records are archived or require manual retrieval;
- **3.3.3.** Records are held by insurers or successor bodies;
- **3.3.4.** Retrieval involves time or administrative burden.

4. SPECIAL CATEGORY DATA – EXPLICIT CONSENT

4.1. For the purposes of Article 9 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of all special category data including:
- **4.1.1.** Physical and mental health records
- **4.1.2.** Psychiatric and psychological reports
- **4.1.3.** Therapy and counselling notes
- **4.1.4.** CAMHS records
- **4.1.5.** Social work and safeguarding files
- **4.1.6.** Ethnicity or religious data where recorded

This includes all NHS and private medical providers.

This explicit consent may be withdrawn at any time by written notice.

5. CRIMINAL OFFENCE DATA – EXPLICIT CONSENT

5.1. For the purposes of Article 10 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of:

- **5.1.1.** Criminal offence data
- **5.1.2.** Police investigation material
- **5.1.3.** Child protection investigations
- **5.1.4.** Statements and intelligence logs
- **5.1.5.** Outcome decisions

including records held by:

- **5.1.6.** Police Scotland
- **5.1.7.** Any predecessor Scottish police force
- **5.1.8.** Prosecuting authorities.

6. THIRD-PARTY DATA AND REDACTION

6.1. The existence of third-party data shall not justify refusal to disclose the Client's personal data.

6.2. Where necessary, redaction shall be limited strictly to third-party information.

6.3. Mixed data shall be disclosed in redacted form rather than withheld in entirety.

7. PROPORTIONALITY AND REASONED DECISION-MAKING

7.1. Any refusal, limitation or redaction must:

- **7.1.1.** Identify the specific statutory exemption relied upon;
- **7.1.2.** Explain how that exemption applies to the particular Record;
- **7.1.3.** Confirm why partial disclosure is not possible;
- **7.1.4.** Be communicated in writing.

7.2. Blanket refusal without statutory justification may not satisfy statutory obligations under applicable data protection legislation.

7.3. Any reliance upon "disproportionate effort" must provide written reasoning demonstrating why staged disclosure or redaction is not feasible.

8. VALIDITY AND FORMAL REQUIREMENTS

8.1. This Deed remains valid for 24 months from execution unless withdrawn in writing.

8.2. Disclosure shall not be refused because:

- **8.2.1.** An internal template form has not been used;
- **8.2.2.** The Authority is considered "out of date" within internal policy;
- **8.2.3.** Additional consent is sought beyond reasonable identity verification.

8.3. Any organisation acting in good faith reliance upon this Deed shall be fully discharged in making disclosure.

9. REGULATORY AND STATUTORY RIGHTS

In the event of non-compliance, refusal, or unreasonable delay in responding to a lawful request made under this Deed, the Client and/or the Representative reserve the right to pursue any statutory or regulatory remedies available under applicable law.

This may include raising concerns with the relevant supervisory authority or regulator where appropriate.

Nothing in this Deed limits the Client's rights under the UK GDPR, the Data Protection Act 2018, or any other applicable statutory framework.

Withdrawal shall not invalidate disclosures already made in reliance upon this Deed.

EXECUTION AS A DEED

Signed and delivered as a Deed by the Client:	
Signature	WMc
Print Name	Wendy Mcleish
Date	03/04/2026

Witness	
Name	James Ryan
Address	43-59 Princess Street, Stockport, SK1 1RY
Occupation	Case Handler
Signature	James Ryan
Date	03/04/2026

Completion Certificate

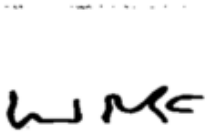
Reference ID: c409b52d-13a7-46a7-9897-2dfc3cd2c972

Document Details

Document Name(s):	part-1, part-3, cfa, loa, fee-clarity
Total Pages:	4
Sent By:	James Ryan (195.21.72.3)
Completed Date:	Apr 03, 2026 10:12:04 UTC

Signer Information

Name:	Miss Wendy Mcleish
Email:	wardwendy45@gmail.com
Telephone:	07912347436
IP Address:	2a01:4b00:ea7f:5900:76de:2239:2056:be79



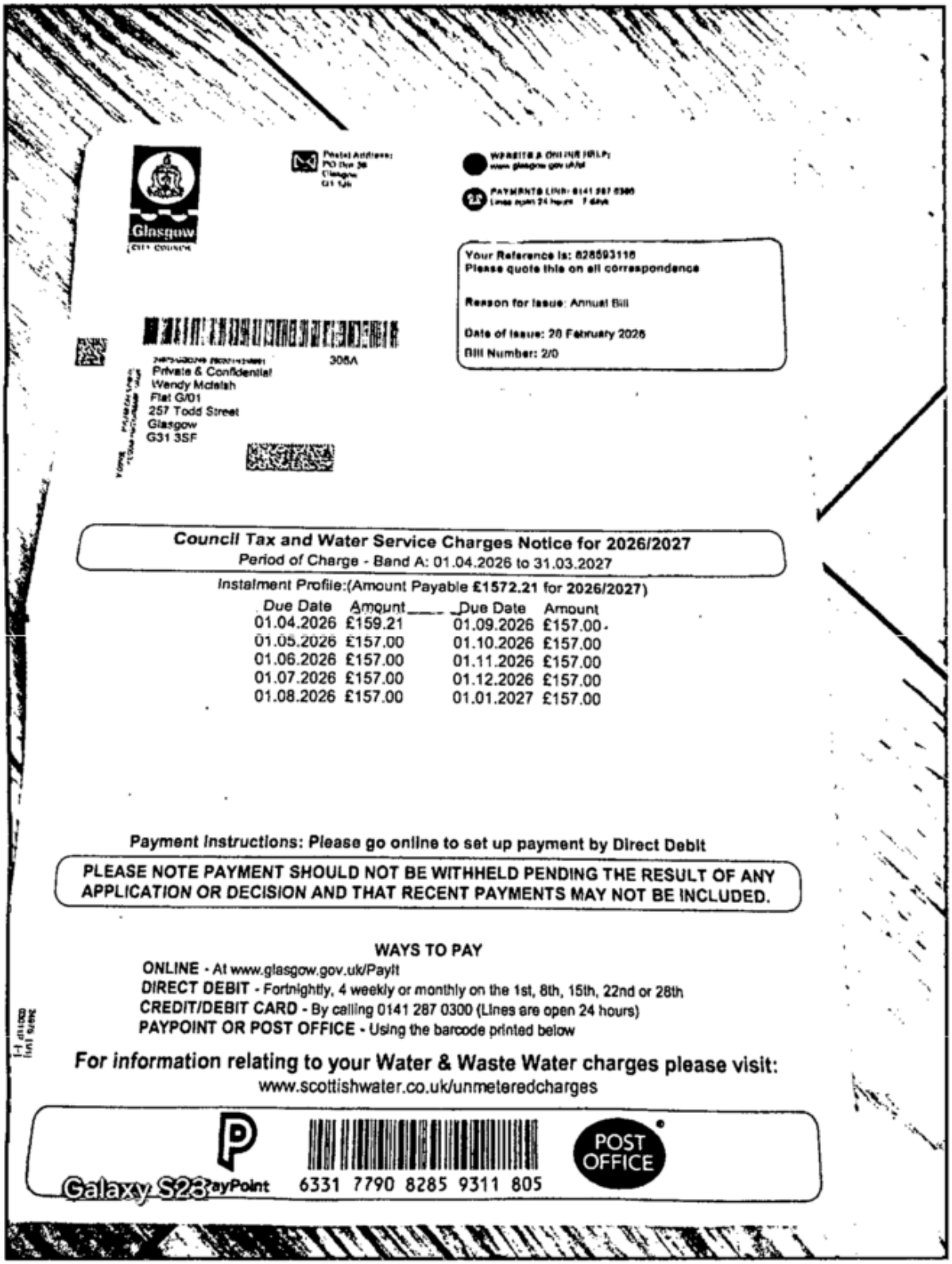
Verified Electronic Signature

Audit Trail

Action	Timestamp	IP Address
Created	2026-04-03 10:10:15	System
Document link sent to client by sms	2026-04-03 10:10:16	System
Document link sent to client by email	2026-04-03 10:10:16	System
Document link opened by client	2026-04-03 10:10:21	66.249.81.38
Document electronically signed	2026-04-03 10:12:04	2a01:4b00:ea7f:5900:76de:2239:2056:be79

Security Verification

SHA-256 Checksum: 939663352f3d117e55ab0a389270eb1a10868e197b40e0d7c9ad67006d25eb0d



Glasgow City Council

Postal Address:
PO Box 28
Glasgow
G1 1JK

WEBSITE & ONLINE HELP:
www.glasgow.gov.uk/tol

PAYMENTS LINE: 0141 287 0300
Lines open 24 hours - 7 days

Your Reference is: 828593116
Please quote this on all correspondence

Reason for Issue: Annual Bill

Date of Issue: 20 February 2026
Bill Number: 2/0

306A

Private & Confidential
Wendy Mclelah
Flat G/01
257 Todd Street
Glasgow
G31 3SF

Council Tax and Water Service Charges Notice for 2026/2027
Period of Charge - Band A: 01.04.2026 to 31.03.2027

Instalment Profile:(Amount Payable **£1572.21** for **2026/2027**)

Due Date	Amount	Due Date	Amount
01.04.2026	£159.21	01.09.2026	£157.00
01.05.2026	£157.00	01.10.2026	£157.00
01.06.2026	£157.00	01.11.2026	£157.00
01.07.2026	£157.00	01.12.2026	£157.00
01.08.2026	£157.00	01.01.2027	£157.00

Payment Instructions: Please go online to set up payment by Direct Debit

PLEASE NOTE PAYMENT SHOULD NOT BE WITHHELD PENDING THE RESULT OF ANY APPLICATION OR DECISION AND THAT RECENT PAYMENTS MAY NOT BE INCLUDED.

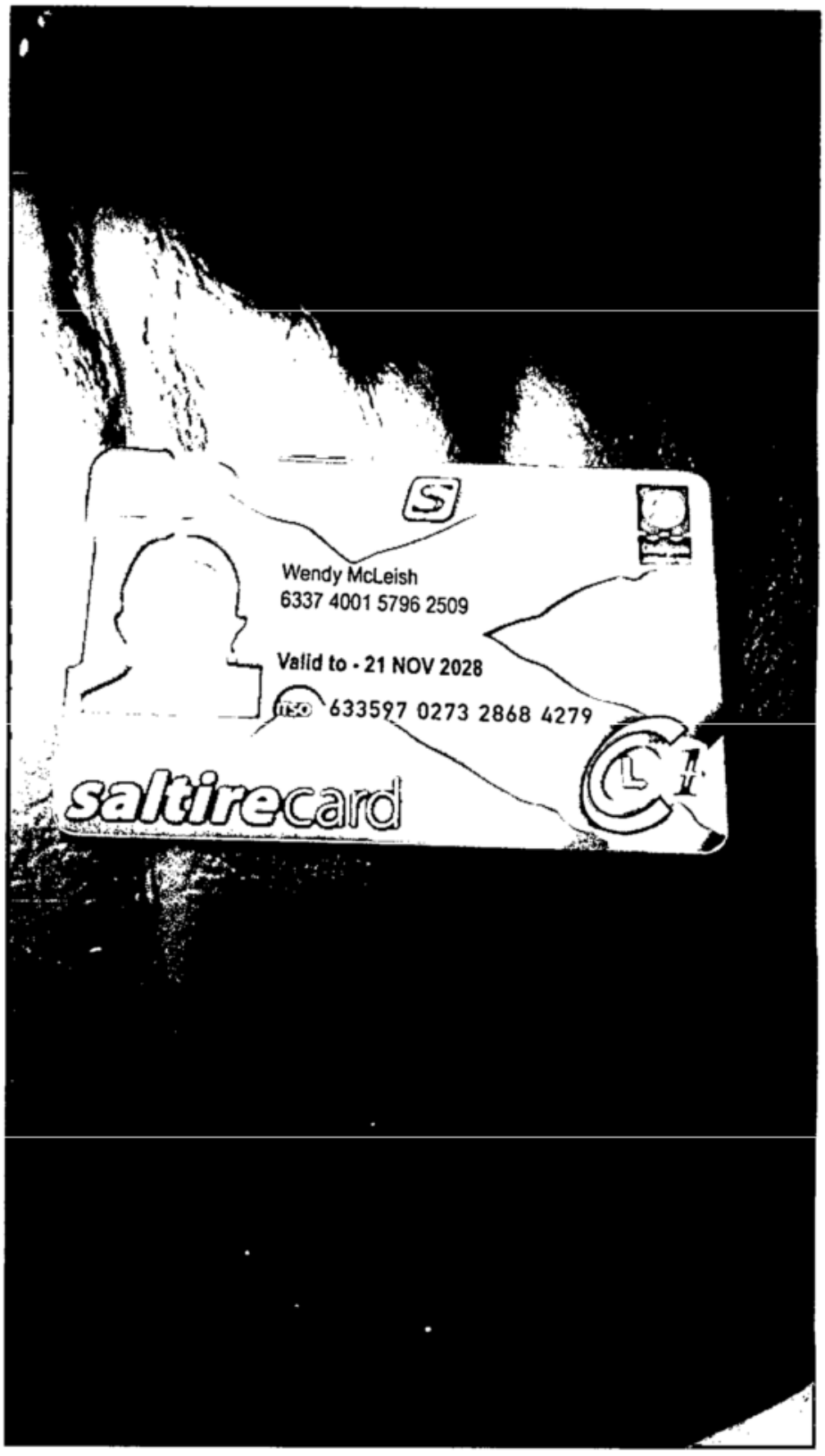
WAYS TO PAY

ONLINE - At www.glasgow.gov.uk/PayIt
DIRECT DEBIT - Fortnightly, 4 weekly or monthly on the 1st, 8th, 15th, 22nd or 28th
CREDIT/DEBIT CARD - By calling 0141 287 0300 (Lines are open 24 hours)
PAYPOINT OR POST OFFICE - Using the barcode printed below

For information relating to your Water & Waste Water charges please visit:
www.scottishwater.co.uk/unmeteredcharges

Galaxy S23 PayPoint 6331 7790 8285 9311 805 POST OFFICE

This document is a legally binding record of the e-signature process.


Wendy McLeish
6337 4001 5796 2509
Valid to - 21 NOV 2028
633597 0273 2868 4279
saltirecard

Delivering care through collaboration

NHS Golden Jubilee
Beardmore Street, Clydebank G81 4HX
Telephone: 0141 951 5000

Board Chair: Susan Douglas-Scott CBE
Chief Executive: Carolynne O'Connor

www.nhsgoldenjubilee.co.uk

Wendy McLeish
0/1
257 Todd Street
Glasgow
Lanarkshire
G31 3SF

Consultant:
Direct Dial: 07795 953070
E-Mail saccsnurse@gjnh.scot.nhs.uk
Date Dictated: 08/05/2026
Date Typed: 08/05/2026
Ref: 100266904
Letter Ref: EM

Dear Wendy

Patient Name: Wendy McLeish **CHI:** 2505876061 **DOB:** 25/05/1987
Patient Address: 0/1, 257 Todd Street, Glasgow, Lanarkshire, G31 3SF

As you are aware, you have been referred for a cardiac catheter intervention procedure.

As discussed during our previous telephone conversation, we require you to have a dental review prior to your cardiac intervention. Your dentist is required to complete the dental form that was sent to confirm that any potential source of infection, has been removed/treated.

Unfortunately, we have not received your completed dental form and so cannot proceed with planning your cardiac catheter intervention procedure. I would be grateful if you could contact me on 07795 953070 to update me on where you are with your dental treatment.

I look forward to hearing from you.

Kind regards,

Elaine Muirhead
Advanced Clinical Nurse Specialist
Scottish Adult Congenital Cardiac Service

(D) Dr MM Morris, Meadowpark Surgery, Parkhead Hub, 1251 Duke Street, Glasgow, G31 5NZ

Authorised on 08/05/2026 16:33:11 by Sr Elaine Muirhead.

McLeish Wendy CHI: 2505876061

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Respiratory Medicine
0141 451 5366
lindsay.fraser2@nhs.scot

Dr. M Lyons
Meadowpark Surgery
Parkhead Hub
1251 Duke Street
Glasgow
G31 5NZ

Main Switchboard:	
Department:	Respiratory Medicine
Contact Tel:	0141 451 5366
Enquiries to:	lindsay.fraser2@nhs.scot
Letter Date:	11/03/2026
Reference:	EPJ/LMF
Dictated Date:	11/03/2026
Transcribed Date:	20/03/2026

Dear Dr. M Lyons,

Wendy McLeish; D.O.B: 25 May 1987; CHI: 2505876061
0/1, 257 TODD STREET, Glasgow, Lanarkshire, G31 3SF

Attendance: Specialty - Respiratory Medicine; Clinic - GRAWRE5-DR A WRIGHT RESP WED AM
Date and Time of Appointment - 11/03/2026 11:30

Follow Up: None- discharged

Clinical Comments:
Diagnoses:
1. Previous ECMO for respiratory failure secondary to severe pneumonia
2. New finding of small ASD, currently awaiting dental work prior to closure by Golden Jubilee
3. Possible epilepsy
4. Cognitive changes following ECMO – under neurology follow up

Wendy was originally referred to our service with exertional breathlessness. Further investigation with TTE showed RV overload. CTPA revealed no PE but a small ASD, for which she is now under the Golden Jubilee.

Today she was accompanied by her cousin. She tells me that her exertional breathlessness has been stable since we last saw her.

However, the last few weeks have been difficult for her. She describes a persistent feeling in her right chest, described as 'bubbling' or a 'wheeze that I can feel'. These sensations have been constant, and she has been more breathless than normal. Feeling feverish, with green productive cough, and reduced appetite. No pain, presyncope or syncope. She is feeling unwell enough that her cousin has moved in with her over the last few weeks, although this is partly due to relationship difficulties that they are both experiencing. She has not left the house during this period, and thinks there is an

element of anxiety with this. She called an ambulance last week, who she felt dismissed her, and said 'there was nothing wrong'.

On examination she looked well, comfortable at rest, lungs were clear, warm and well perfused with no oedema. Saturations 96% on air, heart rate 54 bpm and BP 109/63.

I have updated bloods today including chest x-ray which I will comment on when signing off this letter. I have issued her with a prescription for 500 mg of Amoxicillin TDS for five days to cover a possible chest infection.

Her case was discussed with Dr Wright today and we are happy to discharge her from the Respiratory Clinic given her ongoing follow up with the Golden Jubilee. Should she have further difficulty of a respiratory nature we would of course be happy to see her back.

Yours sincerely

Dr Eleanor Parkhill

IMT3 in Respiratory Medicine

26/03 - bloods from clinic were normal (FBC, UEs, LFTs, CRP). CXR NAD.

Electronically Signed: Dr Eleanor Parkhill, Doctor

cc.

McLeish Wendy CHI: 2505876061

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. M Lyons
Meadowpark Surgery
Parkhead Hub
1251 Duke Street
Glasgow
G31 5NZ

Main Switchboard:	0141 201 1100
Department:	Neurology
Contact Tel:	0141 232 7749
Enquiries to:	Stacey Davis
Letter Date:	05/03/2026
Reference:	CD/SD
Dictated Date:	11/02/2026
Transcribed Date:	03/03/2026

Dear Dr Davidson,

Wendy McLeish; D.O.B: 25/05/1987; CHI: 2505876061
0/1, 257 TODD STREET, Glasgow, Lanarkshire, G31 3SF

Thanks for getting in touch about Wendy. I was sorry to hear about her acute stress reaction following the break up with her partner. She has an appointment with me in September 2026 which is scheduled to be after follow up imaging. I agree with you I think it would be sensible to keep an eye on things while she is in this acute challenging phase and if it continues to be a problem let me know and I will arrange to bring her up earlier.

Many thanks.

Yours sincerely

Dr Carolynne Doherty

Consultant Neurologist

Electronically Signed: Dr Carolynne Doherty, Consultant

cc. Wendy McLeish
0/1
257 TODD STREET
Glasgow
G31 3SF

PRIVATE AND CONFIDENTIAL
Scottish Ambulance Service
National Headquarters
1 South Gyle Crescent
Edinburgh
EH12 9EB
Tel - 0131 314 0000

Date : 03 Mar 2026
CHI Number : 2505876061

Dear Doctor, (Practice Code - 46625)

Wendy McLeish, 25/05/87 , 0/1 257 TODD STREET HAGHILL GLASGOW

Wendy McLeish, was attended by ambulance crew on 03 Mar 2026 but was not conveyed to hospital.

The full electronic patient record is also attached for your information. If you require further information please contact sas.gpepr2@nhs.scot , stating the Incident number CR013006178.

Yours sincerely,

Scottish Ambulance Service

TerraPACE REPORT			
Time	21:21	Date	03/03/2026

PATIENT AND INCIDENT DETAILS	
Incident number	CR013006178
Name	Wendy McLeish
CHI Number	2505876061
Date of Birth	1987-05-25
Additional Comments and Observations	(R) - crew contacted call before convay, as pt not require hospital at this time hospital concure wuth crew assessment happy for pt to remain at home this time. pt left with worsening care statement
Additional Comments: Presenting Complaint	Muscular chest pain

PATIENT ASSESSMENT			
AVPU		Alert	
Circulation			
Pulse Rate	73	**BP**	127/82
Cap Refill	<=2 Secs	**ECG Rhythm**	
Rhythm	Reg	**Arm**	Right
Central/Peripheral	Peripheral	**ECG**	12 Lead
IV(L)		**IV(R)**	
IO(L)		**IO(R)**	

Observations

Time	P	RR	BP	SpO2	CR	GCS	AVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF
19:55	73	16	127/82	100	<=2 Secs	15	Alert		37.2	5.9	RBBB			
20:10	64	14	127/79	100	<=2 Secs	15	Alert							
20:28	62	14	127/79	100	<=2 Secs	15	Alert							

HISTORY	
AMPLE	
Allergies	
Medication	Ref to ecs
Last Eaten	>4 Hours Ago
Events Prior	Woken from sleep after having nightmare c/ chest pain center to ritgh side across back

MEDICAL

TRAUMA

OBSTETRICS/GYNAE

OTHER

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 03/03/2026

Consultant: GGC ED Virtual Consultant

M Lyons
Meadowpark Surgery
Parkhead Hub
1251 Duke Street
Glasgow
Glasgow
G31 5NZ

Dear M Lyons

Re: **McLeish Wendy** DOB: **25/05/1987** CHI: **2505876061**
0/1
Glasgow G31 3SF

Attended on: **03/03/2026 at 20:34 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **7**

Presenting complaint
SAS chest pain with existing heart condition

Nursing Assessment:

Investigations in ED: **None**

McLeish Wendy CHI: 2505876061

Diagnosis:

Diagnosis	Side	Site
Counselling, Unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

SAS CALL BEFORE YOU CONVEY Presenting Complaint: Post-seizure activity with right-sided chest pain. History of Presenting Complaint: Friend present reports waking patient from sleep, unsure if patient had experienced a seizure. On crew arrival, patient alert and orientated. Complaining of right-sided chest pain localised to the third intercostal space, radiating into sternum and axilla. Pain described as tight and worsened on inspiration. Past Medical History: Bronchiectasis, epilepsy, ? functional neurological disorder Drug History: As per Clinical Portal. Allergies: As per Clinical Portal. Social History: Friend in attendance and able to support. Other Relevant Information: Chest pain reproducible on palpation and worsened with inspiration. Improved following administration of analgesia. No clinical signs suggestive of cardiac origin. Chest clear to auscultation throughout. No peripheral oedema. Observations stable: heart rate 64 bpm, respiratory rate 16, blood pressure 127/82 mmHg, temperature 37.2°C, blood glucose 5.9 mmol/L. ECG shows normal sinus rhythm with incomplete right bundle branch block, documented previously. No ongoing seizure activity or post-ictal features. Plan: Clinical picture consistent with likely musculoskeletal chest pain. Discussed with FNC consultant Jill Roche; patient appropriate to remain at home. Clinician on scene to provide clear safety-netting advice, including to seek urgent review if chest pain changes character, becomes non-reproducible, associated with breathlessness, syncope, or other concerning symptoms. Patient safeguarded and supported by friend.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Amy MacDonald2
Nurse

Copies to:

1. M Lyons (GP)

School Address:

McLeish Wendy CHI: 2505876061

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Respiratory Medicine
0141 451 5366
lindsay.fraser2@nhs.scot

Dr. M Lyons
Meadowpark Surgery
Parkhead Hub
1251 Duke Street
Glasgow
G31 5NZ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 28/01/2026
Reference: AW/LMF
Dictated Date: 28/01/2026
Transcribed Date: 30/01/2026

Dear Dr. M Lyons,

Wendy McLeish; D.O.B: 25 May 1987; CHI: 2505876061
0/1, 257 TODD STREET, Glasgow, Lanarkshire, G31 3SF

Attendance: Specialty - Respiratory Medicine; Clinic - GRAWRE5-DR A WRIGHT RESP WED AM
Date and Time of Appointment - 28/01/2026 11:30

Follow Up: Respiratory Clinic Dr Wright 11/3/26 at 11.30 am

Clinical Comments:
The above patient failed to attend a return appointment on 28 January 2026. A further appointment will be sent in due course.

Yours sincerely

Dr Angela Wright

Consultant in Respiratory Medicine

Electronically Signed: Dr Angela Wright, Consultant

cc.

McLeish Wendy CHI: 2505876061

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. M Lyons
Meadowpark Surgery
Parkhead Hub
1251 Duke Street
Glasgow
G31 5NZ

Main Switchboard:	
Department:	Neurology
Contact Tel:	0141 232 7749
Enquiries to:	Stacey.davis@nhs.scot
Letter Date:	18/11/2025
Reference:	CD
Dictated Date:	20/11/2025
Transcribed Date:	02/12/2025

Dear Dr. M Lyons,

Wendy McLeish; D.O.B: 25 May 1987; CHI: 2505876061
0/1, 257 TODD STREET, Glasgow, Lanarkshire, G31 3SF

Attendance: Specialty - Neurology; Clinic - SUCDONE401D-DR DOHERTY NEURO TUES PM
Date and Time of Appointment - 18/11/2025 15:45

Clinical Comments:
Limb symptoms, tremor and cognitive dysfunction

Very unwell on ECMO with strep. pneumonia when she was 27

ASD awaiting closure

Non-specific WM changes on MRI head

Diagnosed with epilepsy in 2011 with a left temporal sharp wave on EEG

Road traffic collision April 2024

Fall down a flight of stairs February 2025

Bronchiectasis

B12 deficiency

Depression and anxiety

Collateral history from partner of stressful time ~5yrs ago after which her ability changed and she "wasn't herself"

Attends with Sharon from Martha's mammies – Things are "sh*t," feeling frustrated about family circumstances, and separation from daughter.

Linked in with life links – has not yet attended/states they did not phone her.

Two "wee episodes in September" – in crisis – in Alexandra parade – police were involved, taken to hospital, on the main road in a state of undress, crisis team/intervention team for a week, and then referred in to life links. Unclear if there was a seizure but Wendy thinks she had possibly a seizure a day of two before that – approximately 19th September – helped by a passer by. There may have been incontinence- unclear if it was on both occasions or not.

The following week reported that she was assaulted with two dogs, at the hospital they enquired whether she had a further event. Reported "blanking out" and not being able to remember.

Otherwise last event with seizure markers "ages ago."

Medication: dihydrocodiene, gabapentin, lansoprazole, sertraline, propranolol, inhalers. Thinks ? fexofenadine. Lamotrigine 75mg BD.

I explained that I still have some doubt about the diagnosis of epilepsy in Wendy's case. I have asked Wendy and I've asked Sharon to try to support Wendy in trying to document the dates and details of any events, and if it is acceptable to Wendy for any events to be videoed that can be really helpful in terms of coming to a diagnosis.

Please could you increase the lamotrigine by 25mg every two weeks to 125mg BD?

The second thing we did was to look at the Wendy's recent MRI scan together and I showed her the little areas of high signal which are mainly in the frontal lobes of her brain. I completed a request for a follow up scan in 9-12 months time and I will see her again with the results.

I understand that waiting in the outpatient clinic is challenging for Wendy, so I have asked that if she has any further events or any more information becomes available, that she let the neurology secretaries know and I can review the information and offer her an appointment if that is appropriate.

Yours sincerely

Dr Carolynne Doherty

Consultant Neurologist

Electronically Signed: Dr Carolynne Doherty, Consultant

cc. Wendy McLeish
Flat 0/1
257 TODD STREET
Glasgow
G31 3SF

NHS Confidential: Personal data about a patient

Martha's Mammies

Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
Susanne Millar
MA (Hons) CQSW

Glasgow City Health and Social Care Partnership

Adelphi Centre
12 Commercial Road
Glasgow
G5 0PQ

www.glasgow.gov.uk
www.nhsgcc.org.uk

G.P. NAME Dr Lyons Meadowpark surgery

ADDRESS Partick hub
1251 Duke St

Post Code G31 5NZ Phone 0141 ~~551~~ 8000272

DATE 14/11/25

Dear GP,

Service user's name: Wendy McLeish

Address: 257, Todd St, Flat 0/1 G31 3SF

DOB: 25/5/1987

The above-named person whom I understand is on your medical list is currently being supported by Glasgow City Council in a project called Martha's Mammies. This project is set up to support women who have lost the care of their children to care proceedings.

I know you will be aware of the responsibility to support the service user in all aspects of her life including her medical needs is of high priority.

Please take this signed letter as consent from the service user to share information with me as her support worker.

Yours sincerely,

Service user W. McLeish

Social Care Worker S. Daly

Date 14/11/25

Sharon Daly
07769961531

Martha's Mammies

NHS Greater Glasgow and Clyde

McLeish Wendy CHI: 2505876061

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 21/12/2025

Consultant: Dr Donogh Maguire

M Lyons
Meadowpark Surgery
Parkhead Hub
1251 Duke Street
Glasgow
Glasgow
G31 5NZ

Dear M Lyons

Re: **McLeish Wendy** DOB: **25/05/1987** CHI: **2505876061**
0/1
Glasgow G31 3SF

Attended on: **20/12/2025 at 23:08 hrs.** Departed on: **21/12/2025 at 02:58 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **8**

Presenting complaint
vomiting/SOB

Nursing Assessment:
UNWELL since this morning; NEWS=1; chest tightness, also ?epigastric / central chest pain in triage, intermittent, worse on movement and inspiration - Hx small ASD and refereed for closure; pain in the back as well; pt reporting 3 falls today - slipped from couch and the toilet - no obvious injuries; FAST negative in triage; other Hx FND, epilepsy. Suitable for cat. 3 if nil acute on ecg

Investigations in ED:

1. Full Blood Count	**2. CRP**	**3. Urea and Electrolytes**
4. Bicarbonate	**5. LFT**	**6. Glucose**
7. Amylase	**8. Troponin I hs**	

McLeish Wendy CHI: 2505876061

Diagnosis:

Diagnosis	Side	Site
Person With Feared Complaint In Whom No Diagnosis Is Made		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Dear Doctor, Wendy McLeish presented to GRI ED 21/12 with back pain, nausea and vomiting. She states unable to keep down oral intake for 3/7. She also reports 1/7 of worsening back pain since falling off her couch. She states she felt her left leg was giving way leading to falls. On examination, no focal neurological deficit could be elicited. She did not vomit in the department She was treated with analgesia and anti-emetics and improved and was discharged home.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Declan Todd
Doctor

Copies to:

1. M Lyons (GP)

School Address:

McLeish Wendy CHI: 2505876061

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: Neurology
Contact Tel: 0141 232 7749
Enquiries to: Stacey Davis
Letter Date: 30/10/2025
Reference: CD/SD
Dictated Date: 10/10/2025
Transcribed Date: 22/10/2025

Dr. M Lyons
Meadowpark Surgery
Parkhead Hub
1251 Duke Street
Glasgow
G31 5NZ

Dear Dr Lyons,

Wendy McLeish; D.O.B: 25/05/1987; CHI: 2505876061
0/1, 257 TODD STREET, Glasgow, Lanarkshire, G31 3SF

This lady had an MRI head performed on the 26th September 2025 and reported on the 30th September by Dr Finn Begbie. The MRI C -spine is normal and the MRI brain was reported with reference to the CT head of the 19th September 2025. It shows bilateral subcortical predominantly frontal T2 white matter hyperintensities felt to be in excess for patient age but non-specific in morphology and location.

She does have a known small ASD and had ECMO for severe pneumonia when she was 27 so this may be the explanation. I think it would be reasonable to perform interval imaging at 12 months and take things from there. I can see the decision has been taken to close the ASD so I have not requested an MRI just now and we can revisit when I see her in clinic.

Yours sincerely

Dr Carolynne Doherty

Consultant Neurologist

Electronically Signed: Dr Carolynne Doherty, Consultant

cc. Wendy McLeish
Flat 3/2
312 CUMBERNAULD RD
Glasgow
G31 3LY
.

.
.
.

Dr Christopher Rush
Consultant Cardiologist
Cardiology Department
Golden Jubilee National Hospital
Agamemnon Street
Clydebank
G81 4DY

Pat Togher
Chief Officer

Our Ref: NF
Job ID: 100818651
Date Dictated:
Date Typed: 19/09/2025

PRIVATE & CONFIDENTIAL

Dr M Lyons
Meadowpark Surgery
Parkhead Hub
1251 Duke Street
Glasgow
G31 5NZ

Community Mental Health Team
Arran Mental Health Resource Centre
121 Orr Street
Bridgeton
Glasgow
G40 2BJ
0141 232 8200 EXT:
www.nhsggc.org.uk

Dear Dr Lyons,

Re: Wendy McLeish DOB: 25/05/1987 CHI: 2505876061
Address: Flat 3/2 312 Cumbernauld Road, Glasgow, G31 3LY

Situation: The above patient was referred to the North East Crisis Team on 13/09/25 by AMHLs at GRI. On 12/09 an ambulance was called due to Wendy presenting with bizarre behaviour, smashing up house, going onto street causing damage to a car and removing clothes. Symptoms settled on attendance to the GRI, with Wendy having no memory of events. Referred to crisis for ongoing assessment of mental state.

Background: Wendy has had limited previous engagement with MH services - previous referrals to PCMHT, CMHT and anchor although all either rejected or discharged due to non engagement. Wendy reports a long history of anxiety and low mood. She has a diagnosis of epilepsy and currently under investigation by neurology for FND/MND/MS, and has also been diagnosed with a hole in heart. Notes indicate history of drug use, although Wendy minimises this. She and partner James have an 8-year-old daughter who is currently within kinship care of his sister. Reports a strained relationship with sister and only supervised visitation monthly which is a major source of stress currently. She is supported by Martha's Mammies and has an allocated worker called Sharon.

Assessment: No symptoms of perceptual disturbances were observed or reported during assessment period with NEACT. Wendy's presenting concerns appear to be stress regarding lack of contact with daughter, with subsequent stress and low mood. Further social issues appear to be current accomodation, a 3rd floor flat which has impacted Wendy's ability to go out due to issues with mobility. However, Wendy has now secured new accomodation which is a ground floor flat and is hoping that this will relieve some stress. Wendy appears to be prescribed Sertraline 100mg, encouraged her to speak with GP to ascertain if there is scope for this to be increased in order to treat low mood.

Wendy continued to minimise any drug/alcohol use. Reports drinking small amounts once a month and denies this being a problem. Furthermore, Wendy and James had a

Pat Togher
Chief Officer

"disagreement" at the weekend, and he had left their home to go stay with his Mother. She reports them still being in contact however he had not returned as yet. She reports this being a frequent occurrence within their relationship.

Kept in contact with Sharon from Martha's Mammies. Sharon echoed concerns re any possible drug/alcohol use. She has been working with Wendy for quite some time and supports her with many practical and emotional issues. She also has good support from her friends who she has been spending a lot of time with recently.

Wendy believed she was on a waiting list for Anchor for trauma work, however this had been rejected due to concerns re her ability to engage in this work. Writer explained this rationale to her and advised of a period of stability is necessary for same - given current physical and social issues. Sharon was in agreement with this and advised that she did not believe Wendy was ready for this work. Offered Wendy a referral to Lifelink for a stepped approach which she agreed to. Explained that agencies such as Moira Anderson and Thriving Survivors would be appropriate for the future.

Sleep can fluctuate - some nights is good however other nights is poor. Was unable to identify any triggers for same. Appetite is poor - given advice on eating little and often to aid in same. Nil suicidal ideation, plan or intent voiced.

As per AMHL consultant psychiatrist Matt Morrisons recommendations: short period of assessment to ascertain any ongoing symptoms or perceptual disturbances and discharge if nil observed. Nil further symptoms or risks were observed; therefore no ongoing role indicated for NEACT. She was subsequently discharged from our team on 18/09/25, and **Recommendations** are as follows:

- Wendy will continue receiving support from Martha's Mammies and allocated worker Sharon.

- Wendy will be referred to Lifelink for counselling. Guidance given re future therapies such as Moira Anderson and Thriving Survivors: also communicated to Sharon.

- Wendy has been given guidance re review of medications.

- Wendy has been provided with other useful numbers should she need further support with her mental health: via EHIC Card.

Should you have any further queries, please do not hesitate to contact us on details above.

Yours sincerely,

Niamh Ferguson
Crisis Practitioner

Pat Togher
Chief Officer

Authorised on 19/09/2025 14:19:20 by Niamh Ferguson.

McLeish Wendy CHI: 2505876061

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 20/09/2025

Consultant: Dr Hannah Bell

M Lyons
Meadowpark Surgery
Parkhead Hub
1251 Duke Street
Glasgow
Glasgow
G31 5NZ

Dear M Lyons

Re: **McLeish Wendy** DOB: **25/05/1987** CHI: **2505876061**
FLAT 3/2
Glasgow G31 3LY

Attended on: **19/09/2025 at 11:06 hrs.** Departed on: **19/09/2025 at 17:44 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **7**

Presenting complaint
facial/head injuries

Nursing Assessment:
Multiple injuries. NEWS 0, Vague historian, states bitten by dog to nose. No broken skin but severe panda eye bruising, swelling to nose and forehead. Also multiple bruises to left and right forearms, similar to defensive type marks. Under Ix for seizures. On GAbapentin, DF118 and Lamotragine. 2 for consideration of CT

Investigations in ED:
1. CT Head **2. CT Facial bones** **3. XR Chest**

McLeish Wendy CHI: 2505876061

Diagnosis:

Diagnosis	Side	Site
Superficial Injury of Other Parts of Head		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Attended ED with significant facial bruising. Pt tells me her friends dogs bit her nose but injuries not really in keeping with dog bite, pattern of injuries more in keeping with assault Pt adamant that injuries were sustained through dog however CT head and facial bones normal Pt tells me feels safe to go home, discharged with friend/social worker

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Michael Burke
Doctor

Copies to:

1. M Lyons (GP)

School Address:

Pat Togher
Chief Officer

Our Ref: AB
Job ID: 100814940
Date Dictated:
Date Typed: 13/09/2025

PRIVATE & CONFIDENTIAL

Dr M Lyons
Meadowpark Surgery
Parkhead Hub
1251 Duke Street
Glasgow
G31 5NZ

Community Mental Health Team
Arran Mental Health Resource Centre
121 Orr Street
Bridgeton
Glasgow
G40 2BJ
0141 232 1200 EXT:
www.nhsggc.org.uk

Dear Dr Lyons,

RE: Wendy McLeish DOB: 25/05/1987 CHI: 2505876061
Address: Flat 3/2 312 Cumbernauld Road, Glasgow, G31 3LY

CHI No:	**2505876061**	**Date:**	13/9/25
Surname:	**McLeish**	**Date of Birth:**	**25/05/1987**
First Name:	**Wendy**	**Gender:**	F
Address & Post Code:	**Flat 3/2 312 Cumbernauld Road, Glasgow, G31 3LY**		
Phone No:	Patient Home Telephone Patient Mobile Telephone	**Legal Status (MHA, AWI, Guardianship):**	INF
Ethnicity:	Ethnic Origin	**Nationality:**	
Consent to sharing info:	Initially consenting to information sharing with partner James however removed consent a few hours later following argument		
Communication needs:	Alternative correspondence format No additional needs identified		
Next of Kin / Carer contact details:	Initially identified partner James as NOK however removed consent to share following argument this will be further clarified *Carer contact details listed below:*		

Professional contacts summary

Pat Togher
Chief Officer

Alerts ***(history of violence, offending history)***
No alerts on emis, partner reports aggressive behaviour during incident prior to admission to GRI no other known history of violence
Reason for referral ***(referrer's reason[s] for requesting assessment)***
Referral from psychiatric liaison in GRI following ambulance being called due to Wendy presenting with bizarre behaviour, smashing up house, going onto street causing damage to a car and removing clothes. Symptoms settled on attendance at Royal with Wendy having no memory of events leading to attendance at GRI. Referred to crisis for ongoing assessment of mental state.
Reason for attendance ***(Description of individuals main concerns, their perceptions of difficulties and hopes from the service)***
Wendy appears somewhat ambivalent regarding the requirement for crisis support. Wendy spoke about longstanding difficulties in relation to anxiety and low mood. Willing to engage with crisis, although this appears more driven by partners desire for support for Wendy rather than Wendy having any specific hopes or identified needs.
Psychiatric history ***(previous/ongoing mental health problems, diagnoses and interventions, via GP or mental health services, and their impact; h/o self harm/attempted suicide; previous admission/detentions)***
Wendy has had limited previous engagement with MH services previous referrals to PCMHT, CMHT and anchor although all either rejected or discharged due to non engagement Wendy reports long history of anxiety and low mood Diagnosis of epilepsy and currently under investigation by neurology ? FND 8-year-old daughter currently within kinship care of partners sister, only supervised visitation monthly which is a major source of stress currently
Current medication details as given by individual ***(prescribed, over-the-counter, complementary, drug allergies)***

Medication	Dose	Frequency	Duration	Response
Dihydrocodeine	60mg	up to 4 x daily as required	Ongoing	under review
Gabapentin	100mg	3 x daily	Ongoing	under review
Lamotrigine	75mg	OD	Ongoing	under review
Lidocaine	5%	Daily patch	Ongoing	under review
Setraline	50mg	OD	Ongoing	under review

Pat Togher
Chief Officer

Allergies:	None known			
Dispensing frequency:	Monthly	**Medication concordance:**	Fully	
Any children/ dependents under the age of 18?				
	Child 1	**Child 2**	**Child 3**	**Child 4**
Name				
Age	8			
Address if different:	unknown			
Child protection concerns/agencies involved:	Yes in kinship care only supervised access			
Impact of mental health on parenting and/or potential risk to children:				
Wendys daughter has been in kinship care of partners sister since age of 4 over this period contact has been reduced by social work and currently has supervised contact once per month at a contact centre. Wendys perception of this is not due to her difficulties however blames partners sister for this situation				
Description of functioning before current difficulties:				
Describes long history of low mood and anxiety symptoms with anxiety being main presenting issue.				
Substance use: ***(caffeine, alcohol, tobacco, non-prescribed drugs, novel psychoactive substances)***				
Pattern of current use	Wendy reports consuming alcohol once per month socially and denies any drug use however notes suggest that drugs and alcohol are a more significant issue for Wendy and partner indicated that alcohol consumption is a regular occurrence			
Impact on individual	Due to Wendys apparent underreporting of difficulties and unwillingness to fully explore difficulties around drugs and alcohol unable to fully explore impact on Wendy			
Previous history	Wendy has had previous referrals to ADRS and has been noted frequently throughout emis that drugs and alcohol are significant factor for Wendy however Wendy has not fully disclosed or engaged in support offered around drugs and alcohol			
Mental State Examination:				
Appearance	Wendy is a small slim lady with sallow skin Wendy dressed in pyjamas at time of visit although personal care			

Pat Togher
Chief Officer

	appeared intact
Behaviour	Fairly pleasant with reasonable rapport established, able to engage in assessment process and answer all questions appropriately
Mood & Affect	Mood appears euthymic with reactive affect
Speech	Unremarkable in all spheres
Thought form	No evidence of thought form disorder
Thought content	Spoke through her recollection of events leading to admission to GRI. Main focus of discussion in relation to social stressors relating to contact with daughter and difficulties in her relationship with partners sister, Wendy feels that the stress relating to this situation is main factor affecting mental state currently.
Perceptions	No abnormal perceptions or psychotic features voiced or observed
Cognition	Not formally tested although appears fully intact orientated to T/P/P
Insight	Has insight into current mental state, no clear reason for episode of bizarre behaviour prior to admission to GRI, able to identify differential diagnosis for same in relation to stress or potential neuro presentation in relation to seizure activity.
Carers / Next of Kin / others views, concerns and expectations from services	
Partner James feels that presentation more in relation to stress feels Wendy's presentation has returned to normal	
Additional notes:	

Summary

Name: Wendy McLeish	**CHI:** 2505876061
Summary of assessment ***(Key findings, relevant negatives, initial formulation considering predisposing, precipitating, perpetuating and protective factors)***	
SITUATION	

Pat Togher
Chief Officer

Attended for initial assessment with crisis following referral from psychiatric liaison in GRI following ambulance being called due to Wendy presenting with bizarre behaviour, smashing up house, going onto street causing damage to a car and removing clothes. Symptoms settled on attendance at Royal with Wendy having no memory of events leading to attendance at GRI. Referred to crisis for ongoing assessment of mental state.
BACKGROUND
Wendy has had limited previous engagement with MH services previous referrals to PCMHT, CMHT and anchor although all either rejected or discharged due to non engagement
Wendy reports long history of anxiety and low mood
Diagnosis of epilepsy and currently under investigation by neurology ? FND
Notes indicate history of drug use although Wendy downplays this
8-year-old daughter currently within kinship care of partners sister, only supervised visitation monthly which is a major source of stress currently
ASSESSMENT
Wendy at home with partner James who remained present throughout interaction with Wendy's consent
Wendy dressed in pyjamas at time of visit although personal care appeared intact
Engaged well in interaction, able to answer all questions appropriately no evidence of distraction
Mood appears euthymic with reactive affect. Reasonable rapport established
Discussed events leading to admission to GRI initially Wendy stated she had only 'very patchy' recollection of these events although when her partner spoke through the events of previous day she was able to agree and add to story throughout.
Wendy unable to identify any specific triggers to this incident or identify any contributing factors impacting on her behaviours at this time. Although through discussion stated has been experiencing increased stress in relation to access to her daughter and relationship with partners sister, also had a skin infection she was receiving antibiotics for and has been physically unwell lately.
Both Wendy and James state that anxiety has been a longstanding issue for Wendy, James reports that Wendy had returned from local shop prior to incident and had appeared incredibly anxious stating that she had to go back to shop as had not paid for her items, Wendy had presented as confused and disorientated at this time and had become aggressive when he had attempted to prevent her from leaving the flat.
Main focus of conversation in relation to stressors regarding contact with daughter, stating that relationship with partners sister has deteriorated and contact has reduced due to things she has been saying to social work which Wendy states are untrue. Wendy states that current contact is once per month supervised at contact centre. Wendy reports this as a major source of ongoing stress for her. Wendy making accusations regarding her partners sister taking drugs around her daughter.
Wendy reports feeling better today stating had slept better overnight with use of diazepam, partner also confirmed this although stated that Wendy continues to shout in her sleep and appears to be sleep walking at times, Wendy has no recollection of these events stating that sleep talking and walking has not been

Pat Togher
Chief Officer

something she has experienced prior to this. Partner advised this has been frequent over past couple of weeks Denies any unusual thoughts or psychotic symptoms and no overt evidence of this No evidence of formal thought form disorder Denies any thoughts of self harm or suicidal ideation stating she had experienced fleeting thoughts of suicide in February reporting fleeting thoughts of jumping from window stating this was in relation to wanting a house move, denies any thoughts of harming self since. Wendy advised she struggles to get up and down the stairs in current property and this can prevent her from getting out at times has an appointment to view a new ground floor property on Monday however unsure if she wants to accept this due to being on a busy road. Wendy reports her seizures are usually well controlled reporting last known seizure as 2 weeks prior, reports only known seizure type she has experienced is tonic-clonic seizures. Attempted to explore any use of drugs or alcohol, Wendy appeared defensive and slightly irritated by this question stating she had least used anything around a month prior, stating 'I drink once a month people think that makes me an alcoholic' due to reaction to this line of questioning unable to explore further at today's appointment will attempt to explore this further during future appointments. Wendy appears tremulous and reports experiencing involuntary movements in legs and hips, stating this has been a longstanding issue for her and currently undergoing investigations from neurology in relation to same. Ongoing input from Marthas mammies usually attends groups 3 x weekly, although Wendy reports has not been attending over past few weeks. Limited structure and routine spending the majority of her time in flat this is affected by physical pain and breathing at times affecting her ability to manage stairs.
Overall impression of risk *(CRAFT to be completed separately)*
- Epilepsy and undergoing investigation with neurology ? FND - Although Wendy downplays drug and alcohol use this appears to be a more significant factor for her - Ongoing stress in relation to housing, contact with daughter and relationship with partners sister who has kinship care of daughter currently - Episode of bizarre behaviour prior to attendance at GRI presenting as aggressive during this episode no clear cause known at this time
Immediate actions *(including information provided)*
Short term crisis input for ongoing monitoring of mental state Contact numbers provided and Wendy and partner agreeable to contact services if requiring additional support outwith scheduled appointment
Outcome of MDT discussion/ Treatment plan *(including follow up arrangements if relevant)*

Pat Togher
Chief Officer

Plan advised by Dr Morrison at liaison for crisis input for period of monitoring of mental state, if mental state is to remain stable can return to own care. If needs identified will discuss at Arran MDT			
Primary Diagnosis:	No formal diagnosis at this time differential diagnosis ? Neurological presentation, drug/alcohol induced, stress induced.		
Any additional diagnoses:			
Suitable for psychological therapies (Y/N): N			
Name:	Arlene Brannigan	**Designation:**	SCP
Signature:		**Date:**	14/9/25

Yours sincerely

Authorised on 14/09/2025 12:46:00 by Arlene Brannigan.

McLeish Wendy CHI: 2505876061

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 13/09/2025

Consultant: Dr Emma Sur

M Lyons
Meadowpark Surgery
Parkhead Hub
1251 Duke Street
Glasgow
Glasgow
G31 5NZ

Dear M Lyons

Re: **McLeish Wendy** DOB: **25/05/1987** CHI: **2505876061**
FLAT 3/2
Glasgow G31 3LY

Attended on: **12/09/2025 at 12:57 hrs.** Departed on: **12/09/2025 at 16:34 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **6**

Presenting complaint
acute distress

Nursing Assessment:
?MH. NEWS 0. SAS called this morning due to acute behavioural episode. Agitated, running into road & smashing up house. Police on scene. Partner states pt keeps trying to jump out of window. Appears distracted. Partner unsure if any extra prescribed meds taken. Hx PTSD.

Investigations in ED:

1. CRP	**2. Urea and Electrolytes**	**3. LFT**
4. Thyroid function tests	**5. Full Blood Count**	**6. Glucose**

McLeish Wendy CHI: 2505876061

Diagnosis:

Diagnosis	Side	Site
Acute and Transient Psychotic Disorder, Unspecified		
Acute and Transient Psychotic Disorder, Unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

38F presented with an episode of acute distress in the context of stress at home. She attended after being BIBA for running around in street exposing herself. She was also noted to be agitated in the house and throwing objects around in distress. She was noted also to have 2x small lumps on her neck around the thyroid which the she plans to attend the GP for. One of these appears red and inflammed and she had raised WCC. She was reviewed by psychiatry and discharged as a likely acute distress with 6x 5mg diazepam. She was also discharged with PO doxycycline for cellulitis (already completed flucloxacillin).

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Andrew Tait
Doctor

Copies to:

1. M Lyons (GP)

School Address:

Delivering care through collaboration

NHS Golden Jubilee
Beardmore Street, Clydebank G81 4HX
Telephone: 0141 951 5000

Board Chair: Susan Douglas-Scott CBE
Chief Executive: Carolynne O'Connor

NHS Golden Jubilee
www.nhsgoldenjubilee.co.uk

Dr Martin Johnson
Consultant Respiratory Physician
SPVU
Golden Jubilee National Hospital
G81 4DY

Consultant: Dr Christopher Rush
Direct Dial: 0141 951 5096
E-Mail avril.long2@gjnh.scot.nhs.uk
Clinic Date: 08/08/2025
Date Dictated: 08/08/2025
Date Typed: 08/09/2025
Ref: 3837626
Letter Ref: CR/AL

Dear Martin,

Patient Name: Wendy McLeish **CHI:** 2505876061 **DOB:** 25/05/1987
Patient Address: 3/2 312 Cumbernauld Road, Glasgow, Lanarkshire, G31 3LY

Thank you for referring Wendy to SACCS. We discussed her at our MDT meeting today (8th August 2025). Present for the discussion were Dr Niki Walker, Dr Hamish Walker, Dr Swan, Dr Hunter, Dr Rush, Dr Robertson and Dr Bozzetti.

Wendy was initially referred to SPVU with suspected pulmonary hypertension. She has a history of previous severe pneumonia aged 27 years requiring ECMO support with right middle lobe bronchiectasis. Her CT and echocardiogram suggested right heart volume loading due to a secundum ASD rather than pulmonary hypertension.

We reviewed her imaging today which showed small to moderate sized central defect (measuring ~11 x 12 mm on MRI and ~14 mm on transthoracic echocardiography) with a haemodynamically significant left-to-right shunt, (Qp:Qs 1.9). Her right ventricle was moderately to severely dilated (RVEDVi 135 ml/m^2; RVEDV:LVEDV = 1.9:1) with good systolic function (EF 54%). Her central pulmonary arteries were dilated and unobstructed. She had normal pulmonary venous connections and a normal left heart. There was no suggestion of pulmonary hypertension on cardiac imaging. Her pulmonary valve acceleration time was normal and there was insufficient tricuspid regurgitation to estimate her RV systolic pressure.

The consensus from our discussion today was that ASD closure is indicated on haemodynamic and symptomatic grounds. She has a reasonably small central defect which appears amenable to device closure. I have referred her on for this and she will be seen in due course at the Pre-assessment Clinic.

Yours sincerely,

Dr Christopher Rush
Consultant Cardiologist
Scottish Adult Congenital Cardiac Service

(D) Dr MM Morris, Meadowpark Surgery, Parkhead Hub, 1251 Duke Street, Glasgow, G31 5NZ

(P) Sr Elaine Muirhead, SACCS Nurse Specialist, GJNH, G81 4DY

(P) Dr Angela Wright, Consultant Respiratory Physician, Glasgow Royal Infirmary, Alexandra Parade, Glasgow, G31 2ER

(P) SACCS Secretaries, Golden Jubilee National Hospital, Agamemnon Street, Clydebank, G81 4DY
Authorised on 09/09/2025 08:47:59 by Christopher Rush.

Delivering care through collaboration

NHS Golden Jubilee
Beardmore Street, Clydebank G81 4HX
Telephone: 0141 951 5000

Board Chair: Susan Douglas-Scott CBE
Chief Executive: Carolynne O'Connor

NHS Golden Jubilee
www.nhsgoldenjubilee.co.uk

Wendy McLeish
3/2 312 Cumbernauld Road
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Lanarkshire
G31 3LY

Consultant: Dr Christopher Rush
Direct Dial: 0141 951 5096
E-Mail avril.long2@gjnh.scot.nhs.uk
Date Dictated: 08/08/2025
Date Typed: 08/09/2025
Ref: 3837627
Letter Ref: CR/AL

Dear Ms McLeish,

Patient Name: Wendy McLeish **CHI:** 2505876061 **DOB:** 25/05/1987
Patient Address: 3/2 312 Cumbernauld Road, Glasgow, Lanarkshire, G31 3LY

Dr Johnson at the SPVU team at the Golden Jubilee National Hospital referred your case on to the Adult Congenital Heart Disease team. We discussed at your case at our multidisciplinary team meeting today (8th August 2025).

You will be aware that you have been found to have a small hole in the heart. This has caused the right side of your heart to become larger than normal and is likely to be contributing to your breathlessness. Your heart function is good.

We felt it is likely you would benefit from having the hole in the heart closed. We hope that this could be achieved via a keyhole procedure. You will receive an appointment to attend a Pre-assessment Clinic in the near future to discuss things further.

Yours sincerely,

Dr Christopher Rush
Consultant Cardiologist
Scottish Adult Congenital Cardiac Service

(D) Dr MM Morris, Meadowpark Surgery, Parkhead Hub, 1251 Duke Street, Glasgow, G31 5NZ

(P) Sr Elaine Muirhead, SACCS Nurse Specialist, GJNH, G81 4DY

(P) SACCS Secretaries, Golden Jubilee National Hospital, Agamemnon Street, Clydebank, G81 4DY

Authorised on 09/09/2025 08:59:02 by Christopher Rush.

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7717852**	Receive Date:	**30-Aug-2025 14:24**
Patient's Name:	**Wendy Mcleish**		
Date of birth:	**25-May-1987 (38 years)**	Gender:	**F**
Address:	**3/2** **312 Cumbernauld Road** **Glasgow** **G31 3LY**	Current Address:	**3/2** **312 Cumbernauld Road** **Glasgow** **G31 3LY**
Return Contact No:			
Tel No:	**07912 347436**		**07912 347436**
Mobile No:			
Priority:	**within 4 hours**	Call Origin:	
Received:	**30-Aug-2025 14:24**	Calltype:	**Advice**
Advised:	**14:47**	Arrived PCC:	
Final Cons start:		Final Cons End:	
Consulting Doctor:	**Alia Javaid**	Own doctor:	**Margaret Morris**

CHI Number:
2505876061

Reported Condition:
NECK LUMP WORSENED 24HRS

NHSD details:

Received By -	**Nsikak Sheriki (Call Taker Si) ()**
Triage Start Time -	**30-Aug-2025 14:24**
Triage End Time -	**30-Aug-2025 14:47**

Clinical Summary -

Clinical summary created by: Nsikak Sheriki (Call Taker Si) ()
[30/08/2025 15:47:42]
Reason for call: NECK LUMP WORSENED 24HRSConfirmed Symptom(s):
Neck lumps / swelling

Symptom(s) not found:
No current fever

Risk Factor(s):
No travel outside Europe in last 21 days or to an affected country

Call Detail(s):

30:08:2025 14:27:36 SHERIKIN.. AT DR YESTERDAY BUT DIDNT NOTICE LUMP AT NECK CREASE TILL CAME BACK, IS GETTING BIGGER, IS HARD. SORE TO TOUCH AND RED. HAD FOR FEW YEARS BUT WAS SMALLER. IN MIDDLE LHS... ADV JCAMERON PCEC 4..
Outcome: PCEC within 4 Hrs

Questions

- **Algorithm: DECISION SUPPORT**

Keyword 2
[X] Neck

Keyword 1
[X] Lumps

Ethnicity code
[X] 01

Do you have fever?
--NO

Have you been outside Europe in the last 21 days?
--NO

Is this call from a Nursing or Care Home?
--NO

Keyword selected
[X] NECK

Algorithm:

Select the additional marker of the keyword that defines the callers complaint: (Select one)
[X] Lumps / swelling

Algorithm: DECISION SUPPORT

Reason for not selecting the recommended interim endpoint:
[X] Clinical issue

Do you want to add a clinical supervisor
--YES

Clinical supervisor name
[X] Cameron Jim CAMERONJ Cardonald

Recommended Interim Endpoint
[X] KW Priority 3

SMS code
[X] 01

SMS code
[X] 89

SMS code
[X] 07

SMS code
[X] 12

Disposition Contact GP Practice within 4 Hours (ASAP)

Final Triage Details:

Triage Start - **30-Aug-2025 18:27**

Triage Finish - **30-Aug-2025 18:30**

Consulting Clinician - **Javaid,Alia(CC)**

History -

She has seen GP in the past , was told that it was a cyst, today it is tender and red , enlarged in size, no fever , swallowing or breathing issues- will review image

Called back - she has not managed to send an image , she will try again

- no correspondence received from pt- multiple call backs - no reply - VM left for call back

---

Followups:
GP Follow Up

Clinical Codes Summary (All Consultations):

McLeish Wendy CHI: 2505876061

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Respiratory Medicine
0141 451 5366
lindsay.fraser2@nhs.scot

Dr. M Lyons
Meadowpark Surgery
Parkhead Hub
1251 Duke Street
Glasgow
G31 5NZ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 20/08/2025
Reference: AW/LMF
Dictated Date: 20/08/2025
Transcribed Date: 21/08/2025

Dear Dr. M Lyons,

Wendy McLeish; D.O.B: 25 May 1987; CHI: 2505876061
FLAT 3/2, 312 CUMBERNAULD RD, Glasgow, Lanarkshire, G31 3LY

Attendance: Specialty - Respiratory Medicine; Clinic - GRAWRE5-DR A WRIGHT RESP WED AM
Date and Time of Appointment - 20/08/2025 11:10

Follow Up: Respiratory Clinic Dr Wright 25/2/26 at 9.30 am

Clinical Comments:
Diagnoses:

1. Previous ECMO for respiratory failure secondary to pneumonia
2. Small ASD – has been referred to cardiology services at the golden Jubilee

The above patient had a return appointment on 20 August 2025. She is actually doing well from a chest point of view and as you will be aware from previous correspondence has been diagnosed with a small ASD. She has been referred for closure. I will therefore send out an appointment to come and see me in the New Year.

Yours sincerely

Dr Angela Wright

Consultant in Respiratory Medicine

Electronically Signed: Dr Angela Wright, Consultant

cc.

McLeish Wendy CHI: 2505876061

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Neurology
0141 232 7749
Stacey.davis@nhs.scot

Dr. M Lyons
Meadowpark Surgery
Parkhead Hub
1251 Duke Street
Glasgow
G31 5NZ

Main Switchboard:	
Department:	Neurology
Contact Tel:	0141 232 7749
Enquiries to:	Stacey.davis@nhs.scot
Letter Date:	17/06/2025
Reference:	CD/SD
Dictated Date:	18/06/2025
Transcribed Date:	23/06/2025

Dear Dr. M Lyons,

Wendy McLeish; D.O.B: 25 May 1987; CHI: 2505876061
FLAT 3/2, 312 CUMBERNAULD RD, Glasgow, Lanarkshire, G31 3LY

Attendance: Specialty - Neurology; Clinic - SUCDONE401D-DR DOHERTY NEURO TUES PM
Date and Time of Appointment - 17/06/2025 15:30

Clinical Comments:
I phoned Wendy's partner James Ward on his number 07713 093749. He wasn't expecting the call but was happy to take it.

He feels that having known her for 11 or 12 years something changed 5 years ago. I suppose the thing that he highlighted happened around that time that I hadn't quite realised was that their 8 year old daughter was transferred to his sister's custody. Following that he described that she "wasn't herself" and spent a lot of time sitting or resting. He takes her to his mum's to take her mind off things and he was away for a time when she fell downstairs in February 2025. He has noticed that things are worse in the past 2 years he said "she does daft things all the time". She might forget what she is doing and he gave examples such as she will go to put something in the bin and then forget that was her intended task even though the thing was in her hand or going to enter a room and forgetting why she had done that. He noticed that she may say the wrong word or even the wrong thing. He notices that she has tremor sometimes and he hears her shouting in the night and thinks that she is asleep when this happens because she doesn't remember it the following day. He is not sure when her last seizure occurred. Speaking to him was helpful. She is awaiting and echocardiograph and I will see her back in clinic in due course.

Yours sincerely

McLeish Wendy CHI: 2505876061 OPCL 17/06/2025 v1

Dr Carolynne Doherty

Consultant Neurologist

Electronically Signed: Dr Carolynne Doherty, Consultant

cc.

SPVU Clinic - 21 May 2025

MJ/VF

22 may 2025

SCOTTISH PULMONARY VASCULAR UNIT

Dr Angela Wright
Consultant Respiratory Physician
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Dear Dr Wright

Patient Name: Wendy McLeish **CHI:** 2505876061 **DOB:** 25/05/1987
Patient Address: 3/2 312 Cumbernauld Road, Glasgow, Lanarkshire, G31 3LY

Diagnoses
1 ASD
2 Right ventricular dilatation
3 Severe pneumonia, aged 27 years, requiring ECMO
4 Right middle lobe bronchiectasis
5 Under investigation by Neurology for weakness/tremors of the legs

I saw this 37 year old lady with her Support Worker in the SPVU clinic on 21 May 2025. She describes feeling short of breath since pneumonia aged 27 years when she required ECMO. This is significant enough to stop her on the flat on bad days, although on good days she is unlimited unless on hills or stairs. There is no nocturnal shortness of breath. There is no ankle oedema. She can, at times, feel a tight feeling across her chest and sharp shooting pains, none of which sound cardiovascular in origin.

She can be lightheaded which can come on at any time. She experiences 2 - 3 chest infections requiring antibiotics every year. There is no cough, no sputum and no haemoptysis. She is functional class III. She has no drug allergies and currently takes Lansoprazole, Sertraline, Gabapentin, Propranolol, Folic Acid, Fexofenadine, Salbutamol, Clenil, Lamotrigine and Dihydrocodeine. There is a history of coronary artery disease in her mother who died aged 29 years. She is an ex-smoker who currently vapes. She rarely drinks alcohol. She is not working and previously worked in hotels and in charities. She lives with her partner and has no pets in the family home.

On examination, she looked well. Heart rate was 58 bpm, blood pressure 111/73. Oxygen saturation 98% on room air. She had a loud P2. Chest was slightly hyperexpanded.

Investigations performed today included an ECG which showed a sinus bradycardia, presumably related to the Propranolol. Chest x-ray showed cardiomegaly and a large pulmonary artery. Cardiac echo showed no evidence of pulmonary hypertension with no measurable TRGP. Pulmonary valve acceleration time was 106. LV had low-normal function, LA was normal, RV was dilated and dysfunctional. Cardiac echo showed a 1.4cm secundum ASD with left to right shunt. CTPA from January 2025 showed longstanding right middle lobe bronchiectasis. There was also a 6mm right lower lobe nodule and it also shows the right ventricular dilatation.

It would appear that this lady has an ASD and longstanding right to left shunting is the most likely cause of right ventricular dilatation. I have discussed her case in our MDT and we plan to refer onwards referral directly to SACCS with an interim cardiac MRI to quantify the degree of shunting. I will let her know the outcome of the MDT once discussion has happened.

Yours sincerely

Dr Martin Johnson
Director

Dr Colin Church
Dr Mel Brewis
SPVU Consultants

Dr Mike Sproule
Dr Simon Sheridan
Consultant Radiologists

Dr Christopher Rush
Consultant Cardiologist

Dr Stephanie Lua
Dr Jamie Ingram
Dr Will Kerrigan
Pulmonary Vascular Fellows

Dr David Welsh
Research Scientist

Miss Emma Russell
Clinical Pharmacist

Dr Klaudia Suchorab
Principal Clinical Psychologist

Mrs Agnes Crozier
Mr Jim Mearns
Mr Andy Kerr
Mrs Sarah Cooper
Clinical Nurse Specialists

Mrs Val Irvine
Research Nurse Manager

Mrs Fiona Thompson
Joyce Thompson
Mrs Christina Kay
Senior Research Nurses

Ms Veronica Ferry
Mrs Kirsty Menzies
Medical Secretaries

Mr Jay Thaker
Data Manager

Mrs Kimberley Gonzalez
Waitlist Coordinator

Dr Martin Johnson
Director
SCOTTISH PULMONARY VASCULAR UNIT

CC
(D) Dr MM Morris, Meadowpark Surgery, 568 Alexandra Parade, Glasgow, G31 3BP
Authorised on 12/06/2025 11:58:00 by Dr Martin Johnson.

MJ/VF

Date dictated: 3 June 2025
Date typed: 8 June 2025

Dr Niki Walker
Consultant Cardiologist
SACCS
Golden Jubilee National Hospital
G81 4DY

SCOTTISH PULMONARY VASCULAR UNIT

Dear Niki

Patient Name: Wendy McLeish **CHI:** 2505876061 **DOB:** 25/05/1987
Patient Address: 3/2 312 Cumbernauld Road, Glasgow, Lanarkshire, G31 3LY

Diagnoses
1 ASD
2 Right ventricular dilatation
3 Severe pneumonia aged 27 years requiring ECMO
4 Right middle lobe bronchiectasis
5 Under investigation by Neurology for weakness/tremors of her legs

I would be grateful if this 38 year old lady could be seen in the SACCS clinic. She has had problems with shortness of breath since her pneumonia approximately 10 years ago. This is variable in degree and on good days she is functional class II. There are no signs of right heart failure. She did have a loud P2. On cardiac echo, there was no TR jet on which to estimate a pressure but pulmonary valve acceleration time was 106 msecs. The left heart appeared normal. The right ventricle was dilated with reduced function. There is a 1.4 cm secundum ASD with a left to right shunt.

We discussed her case in our MDT and felt it represented an ASD with no strong evidence for significant pulmonary hypertension. We have booked her a cardiac MRI which is occurring on 7 July 2025. We would be grateful if she could be seen in the SACCS clinic to discuss the possibility of closure of this defect if you feel it is warranted.

Yours sincerely

Dr Martin Johnson
Director
SCOTTISH PULMONARY VASCULAR UNIT

CC
(D) Dr MM Morris, Meadowpark Surgery, 568 Alexandra Parade, Glasgow, G31 3BP
Authorised on 12/06/2025 11:58:34 by Dr Martin Johnson.

MJ/VF

Date dictated: 3 June 2025
Date typed: 8 June 2025

Wendy McLeish
3/2 312 Cumbernauld Road
Glasgow
Lanarkshire
G31 3LY

SCOTTISH PULMONARY VASCULAR UNIT

Dear Ms McLeish

Patient Name: Wendy McLeish **CHI:** 2505876061 **DOB:** 25/05/1987
Patient Address: 3/2 312 Cumbernauld Road, Glasgow, Lanarkshire, G31 3LY

I wanted to let you know that I have referred your case onward to the SACCS team at the Golden Jubilee for consideration of closure of the atrial septal defect. You should be receiving an appointment in the near future for a cardiac MRI as well in preparation for the consultation with the SACCS team.

Yours sincerely

Dr Martin Johnson
Director
SCOTTISH PULMONARY VASCULAR UNIT

CC
(D) Dr MM Morris, Meadowpark Surgery, Parkhead Hub, 1251 Duke Street, Glasgow, G31 5NZ
Authorised on 12/06/2025 12:00:14 by Dr Martin Johnson.

McLeish,Wendy CHI: 2505876061

Letter to Patient: na

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Gastroenterology
Contact Tel: 0141-201-6368
Enquiries to: madiha.rasul2@nhs.scot
Letter Date: 10/06/2025
Reference: NL/CT
Dictated Date: 09/06/2025
Transcribed Date: 09/06/2025

Wendy McLeish
FLAT 3/2
312 CUMBERNAULD RD
Glasgow
Lanarkshire
G31 3LY

Dear Ms McLeish ,

We were due to have a face to face consultation at my clinic this morning, 9th June. You did not attend, and I hope you are well.

I believe this appointment was confirmed with you, and given the pressures on the waiting list I am unable to routinely reappoint you. You will require to be re-referred from primary care should you still wish to be seen.

Kind regards.

Dr Eliana Saffouri

Consultant Gastroenterologist

Electronically Signed: Dr Eliana Saffouri, Consultant

cc. Dr M Lyons
Meadowpark Surgery,
Parkhead Hub,
1251 Duke Street,
Glasgow,
G31 5NZ

NHS
Greater Glasgow and Clyde

Department of Trauma & Orthopaedics
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Appointments: **0141 451 6058**
Spinal Secretaries: **0141 201 0752 / 53**

Virtual Spinal Clinic

Clinic Date: 27/05/2025
Typed: 27/05/2025

Dr Lyons
Meadowpark Surgery
Parkhead Hub
1251 Duke Street
Glasgow
G31 5NZ

Dear Dr Lyons

Miss Wendy McLeish ~ DOB: 25/05/1987 ~ CHI: 2505876061;
Flat 3/2 312 Cumbernauld Rd Glasgow Lanarkshire G31 3LY

Your patient was recently reviewed at the Virtual Spinal Clinic at Queen Elizabeth University Hospital, Glasgow. The following details were recorded:

Clinician:	Ms Jenny Love
Patient contacted	Uncontactable - Letter Sent
Spinal Site:	Bilateral Lumbar
Suspected Diagnosis:	
Imaging Requested:	None
Red Flag Signs Present:	
Cauda Equina Advice Given:	Cauda Equina advice N/A.
Outcome:	MRI safety questionnaire to be returned by patient
Additional Information:	As follows: From GP letter ; longstanding mild sciatica symptoms and lower back pain. In the past two months, she has experienced worsening bilateral shooting pains down to her ankles. On straight leg raise, she gets L3 distribution pain in both inner thighs. She has no weakness or numbness, and does not describe any saddle anaesthesia or sphincter dysfunction. Unable to contact via telephone today . letter sent to patient . PMH: Epilepsy , depression and anxiety , under review with neurology ? FND ,

The virtual spinal clinic involves reviewing each patient's referral letter, notes and images electronically. In addition, we attempt to contact each patient for telephone consultation. If we are unable to contact the patient and we feel they require a MRI, we will post a MRI questionnaire and pain diagram. Following MRI patient's will either be appointed to the spinal clinic or contacted by letter and/or telephone. If further investigation is not appropriate patients will either be appointed to a spinal clinic or discharged.

NHS
Greater Glasgow and Clyde

	Epilepsy and essential tremor

The patient will receive a separate letter regarding their consultation, (where appropriate).

Yours Sincerely,

Ms Jenny Love

The virtual spinal clinic involves reviewing each patient's referral letter, notes and images electronically. In addition, we attempt to contact each patient for telephone consultation. If we are unable to contact the patient and we feel they require a MRI, we will post a MRI questionnaire and pain diagram. Following MRI patient's will either be appointed to the spinal clinic or contacted by letter and/or telephone. If further investigation is not appropriate patients will either be appointed to a spinal clinic or discharged.

NHS Confidential: Personal data about a patient

Outlook

RE: Patient update/Concerns - WMCL Martha's Mammies HSCP

From Maciver, Jennifer <Jennifer.Maciver@nhs.scot>
Date Tue 20/05/2025 12:22
To gp46625clinical (Meadowpark Surgery) <ggc.gp46625clinical@nhs.scot>
Cc Daly, Sharon (HSCP) <Sharon.Daly@glasgow.gov.uk>

Hi

Sorry I am unsure how that has happened in regard to the phone line

Not a problem, I do work under the same health board as an NHS nurse, it is just so we can ensure the surgery are aware of our concerns, I know that Sharon has been accompanying Wendy to various appointments including recent further investigations which is reassuring.

Thank you for this, really appreciated.

Best wishes

Jen

Jen MacIver

Senior Mental Health Practitioner (NHS/GCC)
Martha's Mammies HSCP
Adelphi Centre
12 Commercial Road
G5 OPQ
0141 274 6052

From: gp46625clinical (Meadowpark Surgery)
Sent: 20 May 2025 12:18
To: Maciver, Jennifer <Jennifer.Maciver@nhs.scot>
Cc: Daly, Sharon (HSCP) <Sharon.Daly@glasgow.gov.uk>
Subject: Re: Patient update/Concerns - WMCL Martha's Mammies HSCP

Hi Jen,

I have tried to call you a few times over the past weeks regarding the below request, sorry I have been unable to reach you.

NHS Confidential: Personal data about a patient

Note below from Dr Broadley.

Concerns are noted. We do not disclose confidential patient information to a third party without written consent from the patient.
Additionally compiling written reports summarising physical health conditions and relevant onward referrals or plans sits outside of the NHS GP contract and may in some instances carry a fee. to avoid this, it is often easier for patients to attend for a Martha's Mammies staff member present to update as part of an appointment - I note this has already been occurring. Additionally, the patient can request a copy of her medical notes which indeed will include a full summary of these physical health conditions and plans for each.

Kind Regards

Alana Carruth
Practice Manager

Practice 46625
Meadowpark Practice
Parkhead Hub
1251 Duke St
Parkhead
Glasgow
G31 5NZ
Telephone: 0141 800 0272

From: Maciver, Jennifer <Jennifer.Maciver@nhs.scot>
Sent: 16 April 2025 12:08
To: gp46625clinical (Meadowpark Surgery) <ggc.gp46625clinical@nhs.scot>
Cc: Daly, Sharon (HSCP) <Sharon.Daly@glasgow.gov.uk>
Subject: Patient update/Concerns - WMCL Martha's Mammies HSCP

Hi

Please can you forward this to the most relevant GP within the practice who knows Wendy best -

Wendy McLeish - CHI 2505876061

My colleague, Sharon Daly, Social Care Worker @ Martha's Mammies (0141 2746062) has been supporting Wendy closely over the last 6 months. She reports a significant deterioration in her health and functioning in the last approx. 2 months

Sharon has highlighted concerns in regard to -

- Significant weight loss
- Poor mobility including falls, shaking and altered gait
- Concerning cognitive function - including not retaining information and struggling to complete tasks for example yesterday made a coffee with cold water
- Unable to manage her home which was previously of a high standard - Sharon witnessed Wendy attempting and trying her best to hoover which she was unable to do/complete task

- At times Wendy's text messages appear out of context and can be difficult to decipher in terms of what they in relation to

Sharon is unclear if Wendy is currently managing her prescription and or using illicit substances - Wendy strongly denies this at present.

We are aware that Wendy has been to several GP appointments/A&E and there was a concern that her presentation may be in keeping with trauma, which while we feel this is part of Wendy's presentation, she has been open to our service for almost 2 years and we have never seen this presentation before - Sharon is concerned that something is being missed physically - and/or suspected drug use is not being addressed

We would appreciate an update regarding ongoing referrals for physical health please - who has Wendy been referred to and what is likely to be the timescales for this?

In the interim, are they any particular concerns in regard to Wendy's health that Sharon should be aware of and how should this be managed? Sharon is currently in regular contact with Wendy and sees her at least once per week.

Can you please confirm this email has been received?

Thanks a lot for your help

Jen MacIver

Senior MH Practitioner @ Martha's Mammies HSCP

041 2746052

NHS Confidential: Personal data about a patient

Outlook

Re: Patient update/Concerns - WMCL Martha's Mammies HSCP

From gp46625clinical (Meadowpark Surgery) <ggc.gp46625clinical@nhs.scot>
Date Tue 20/05/2025 12:17
To Maciver, Jennifer <Jennifer.Maciver@nhs.scot>
Cc Daly, Sharon (HSCP) <Sharon.Daly@glasgow.gov.uk>

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Kind Regards

Alana Carruth
Practice Manager

Practice 46625
Meadowpark Practice
Parkhead Hub
1251 Duke St
Parkhead
Glasgow
G31 5NZ
Telephone: 0141 800 0272

From: Maciver, Jennifer <Jennifer.Maciver@nhs.scot>
Sent: 16 April 2025 12:08
To: gp46625clinical (Meadowpark Surgery) <ggc.gp46625clinical@nhs.scot>
Cc: Daly, Sharon (HSCP) <Sharon.Daly@glasgow.gov.uk>
Subject: Patient update/Concerns - WMCL Martha's Mammies HSCP

Hi

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NHS Confidential: Personal data about a patient

Wendy McLeish - CHI 2505876061

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- Unable to manage her home which was previously of a high standard - Sharon witnessed Wendy attempting and trying her best to hoover which she was unable to do/complete task
- At times Wendy's text messages appear out of context and can be difficult to decipher in terms of what they in relation to

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We are aware that Wendy has been to several GP appointments/A&E and there was a concern that her presentation may be in keeping with trauma, which while we feel this is part of Wendy's presentation, she has been open to our service for almost 2 years and we have never seen this presentation before - Sharon is concerned that something is being missed physically - and/or suspected drug use is not being addressed

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In the interim, are they any particular concerns in regard to Wendy's health that Sharon should be aware of and how should this be managed? Sharon is currently in regular contact with Wendy and sees her at least once per week.

Can you please confirm this email has been received?

Thanks a lot for your help

Jen MacIver

Senior MH Practitioner @ Martha's Mammies HSCP

041 2746052

McLeish Wendy CHI: 2505876061

Clinic Letter

NHS Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Neurology
0141 232 7749
Stacey.davis@nhs.scot

Dr. M Lyons
Meadowpark Surgery
Parkhead Hub
1251 Duke Street
Glasgow
G31 5NZ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 13/05/2025
Reference: CD/SD
Dictated Date: 14/05/2025
Transcribed Date: 23/05/2025

Dear Dr. M Lyons,

Wendy McLeish; D.O.B: 25 May 1987; CHI: 2505876061
FLAT 3/2, 312 CUMBERNAULD RD, Glasgow, Lanarkshire, G31 3LY

Attendance: Specialty - Neurology; Clinic - SUCDONE401D-DR DOHERTY NEURO TUES PM
Date and Time of Appointment - 13/05/2025 14:00

Clinical Comments:
Diagnosis:

Limb problem, tremor, cognitive dysfunction under evaluation.

Strep pneumonia 2011 with respiratory failure ECMO and delirium.

Road traffic collision April 2024.

Fall down a flight of stairs February 2025.

Bronchiectasis.

Awaiting review in cardiology in the Scottish Pulmonary Vascular Unit at the Golden Jubilee Hospital.

Diagnosed with epilepsy in 2011 with a left temporal sharp wave on EEG and an MRI brain that showed T2 and white matter hyperintensities.

*please see B12 advice in the post script

Thanks for asking me to see this 37 year old right handed lady who last worked years ago in hotels and cafes. She attended with Shannon who is a care worker from Martha's Mammys which is based in the Adelphi Centre and provides support to mothers who have lost their children.

Initially Wendy described tingling in her hands and feet that started after a fall downstairs. She fell down an outside staircase in February 2025 and feels that her memory has not been right since then - including mixing up days, times and places. However when she talked to Shannon for a little while they felt that the problem with Wendy's legs has been there for about 5 years and she has been forgetful and muddled for about 6 months. Her speech at times is not right - she would jumble up the words saying "kettle get me" for example. She forgets dates and times and once called Shannon saying "I have a children's hearing" but the letter she had in her hand though it was for an appointment the following day was from 2 years previously.

Her medical history is outlined above. She has been diagnosed with depression and anxiety. She has no known drug allergies and takes Lamotrigine 75mg bd. She thinks the last episode of seizure was 2 months ago and arose from sleep. Her partner James Ward's telephone number is 07713 093749 and I will arrange to speak to him on the telephone to establish the details of this. She takes Gabapentin 300mg 3 times daily, Dihydrocodeine, Lansoprazole, Propranolol, inhalers, Sertraline 100mg and folate for about 2 weeks now. Her most recent folate on the system was less than 2.2.

Her mum died of a myocardial infarction and she thinks that she also had multi organ failure. Her mum was Scottish and her dad was from Glasgow and died from sepsis and emphysema. There is no Irish in the family history. She lives with her partner James, is a non-driver and drinks a half bottle of vodka once a month. She vapes and when she was 13 or 14 until her mid 20's she would have smoked 10 cigarettes a day. She denies the use of illicit substances.

On clinical examination her tongue is very smooth. Her pupils and equal and reactive and her optic discs are normal. There is no nystagmus, she initially used a head turn to follow a target and had difficulty following a target but has a full range of eye movements with no fatigability. Her face is strong. She had bilateral intermittent and distractable myokymia and tongue tremor. Eye closure and lip closure are strong as are the lower cranial nerves. Her hearing is normal. At times her speech is of low volume and at other times she can be easily heard. Her tone is normal in all 4 limbs with no rigidity or cogwheeling. There is no bradykinesia or decrements. She has postural intention and action tremor that is fluctuant in amplitude and has elements of distractibility. She had difficulty delivering power in some muscle groups but when asked to focus specifically on doing just the one thing she was fully strong in all muscles including the intrinsic hand muscles, toe flexion and extension, knee flexion and extension. Her reflexes are normal and her plantars go down. Vibration and pinprick are normal throughout. There is no ataxia. She can stand on her heels and toes and Romberg is negative though when she is walking intermittently she will have the appearance of a knee bob.

I explained to her that I have looked through her previous investigations and that there are some features on her clinical examination of what is called a functional neurological disorder. I showed her the neurosymptoms.org website as I think this is the most likely diagnosis.

However I think it would be sensible to evaluate further by doing an MRI of brain and C-spine and we sent a number of blood tests today. Her social care worker filled out a Cambridge behaviour inventory and interestingly she scores mostly 2s and 3s in memory and orientation and 0 in "becomes confused and muddled in unusual surroundings". She had 1's and 2's in some elements of everyday skills, 0 throughout self-care, 4 for "temper outbursts" and 3 for impulsivity, 3 for irritability and 1 for the other components of mood. Beliefs and eating habits were all 0s, sleep was 1s and 2s. There is some report of rigidity and ideas and opinions and repeatedly using the same expression but no clock watching or routines and motivation is a little affected with 1's in reduced enthusiasm and motivation.

We did a MOCA today. She was unsuccessful at the trail making task and her wire cube was inappropriately small. There was tremor in the clock face drawing. She had no difficulty with registration and lost only 1 point in recall. She managed the serial 7's comprehension test as well as orientation completely and gave 7 F words in 1 minute. Her total score was 26/30.

She has recently had a U+E, thyroid function test, liver function test, HbA1c, glucose, serum protein electrophoresis, B12, ESR and full blood count that were normal. A recent folate was less than 2.2 BNP in December 2024 was 62, gamma GT has been elevated at 76 with an IgA of 4.1

The website to have a look at is www.neurosymptoms.org. I gave a brief explanation of functional neurological symptoms explaining that essentially they represent the activation of one of the network's in our brain that produces automatic programmes in a dysfunctional way as a response to not having enough resources to deal with what we are faced with. I am not in a position to make a definite diagnosis of a functional neurological disorder in the basis of our assessment today but I do think it is the most likely diagnosis so it is perfectly reasonable for her to reflect on that in the meantime and of course in the future if she needs a second opinion we can organise that. I will organise to take a collateral history and see her back in clinic in due course.

Yours sincerely

Dr Carolynne Doherty

Consultant Neurologist

PS. *ANCA, antineuronal antibodies, urine Bence Jones protein, bone profile, double stranded DNA, complement, Lyme serology, syphilis serology, HIV, hepatitis B, surface antigen, hepatitis C antibody,*

HbA1c, *gamma GT, liver function tests*, *TTG, CCP, rheumatoid factor, ANA*, *copper, ceruloplasmin*, and ferritin as well as an ammonia level 35, normal coagulation screen and a slightly elevated ESR of 24. B12 is 47 in the intermediate range in the context of neurological symptoms, folate 7.4 - it would be sensible to send of anti gastric parietal cell antibodies and anti intrinsic factor abs before giving loading hydroxacobalamin 1mg three times weekly for two weeks. If the abs are negative she can then have oral replacement of B12 with orobalamin 1mg PO OD or cyanocobalamin 50mcg OD (I have no objection to alternatives) .

Electronically Signed: Dr Carolynne Doherty, Consultant

cc. Wendy McLeish
Flat 3/2
312 CUMBERNAULD RD
Glasgow
G31 3LY

Our Ref: AHS/HMcC
Job ID: 100730270
Date Dictated:
Date Typed: 30/04/2025

PRIVATE & CONFIDENTIAL

Dr M Lyons
Meadowpark Surgery
Parkhead Hub
1251 Duke Street
Glasgow
G31 5NZ

Glasgow Psychological Trauma Service
The Anchor
Units G1, G2 & G3
Festival Business Park
150 Brand Street
G51 1DH
0141 303 8968 EXT: 48968
www.nhsggc.org.uk

Dear Dr Lyons,

Re: Wendy McLeish DOB: 25/05/1987 CHI: 2505876061
Address: Flat 3/2 312 Cumbernauld Road, Glasgow, G31 3LY

Thank you for your referral of Wendy McLeish to the Glasgow Psychological Trauma Service (GPTS). We are a tertiary level mental health service which offers multidisciplinary psychologically informed interventions to clients who present with Complex Post Traumatic Stress Disorder (CPTSD) following experiences of complex trauma, C-PTSD at the most severe and / or complex end of the spectrum of severity, which is resulting in a significant impact on functioning. CPTSD includes PTSD symptoms (re-experiencing, avoidance/numbing and hyper arousal) and also additional features that reflect the impact that trauma can have on a person; specifically their view of self (e.g. shame, guilt), their relationship with others (e.g. difficulty with trust or rights in relationships) and mood and emotional regulation difficulties. We accept referrals when it is evident that CPTSD symptoms are severe and having a significant impact on many areas of functioning. From your referral, it does not appear that it meet the GPTS threshold criteria and severity.

We have discussed Ms Mcleish's case with Jennifer McIver (CPN at Martha's Mammies) and she is receiving emotional support, relational safety work and support regarding housing within that service. Their view is that addiction support is the current priority and that she is not in a place to engage with psychological therapy at this time.

If you would like to discuss this further, please do not hesitate to contact us on 0141 303 8968. In the meantime, your referral for **Ms McLeish** will not be accepted by the Glasgow Psychological Trauma Service.

Yours sincerely

Dr Alison Hauenstein Swan

Consultant Clinical Psychologist (On behalf of Allocations)

Glasgow Psychological Trauma Service

Authorised on 30/04/2025 08:05:19 by Typist Heather McCarthy, not verified by Dr Alison Hauenstein Swan.

NHS Confidential: Personal data about a patient

Outlook

Patient update/Concerns - WMCL Martha's Mammies HSCP

From Maciver, Jennifer <Jennifer.Maciver@nhs.scot>
Date Wed 16/04/2025 12:08
To gp46625clinical (Meadowpark Surgery) <ggc.gp46625clinical@nhs.scot>
Cc Daly, Sharon (HSCP) <Sharon.Daly@glasgow.gov.uk>

Hi

Please can you forward this to the most relevant GP within the practice who knows Wendy best -

Wendy McLeish - CHI 2505876061

My colleague, Sharon Daly, Social Care Worker @ Martha's Mammies (0141 2746062) has been supporting Wendy closely over the last 6 months. She reports a significant deterioration in her health and functioning in the last approx. 2 months

Sharon has highlighted concerns in regard to -

- Significant weight loss
- Poor mobility including falls, shaking and altered gait
- Concerning cognitive function - including not retaining information and struggling to complete tasks for example yesterday made a coffee with cold water
- Unable to manage her home which was previously of a high standard - Sharon witnessed Wendy attempting and trying her best to hoover which she was unable to do/complete task
- At times Wendy's text messages appear out of context and can be difficult to decipher in terms of what they in relation to

Sharon is unclear if Wendy is currently managing her prescription and or using illicit substances - Wendy strongly denies this at present.

We are aware that Wendy has been to several GP appointments/A&E and there was a concern that her presentation may be in keeping with trauma, which while we feel this is part of Wendy's presentation, she has been open to our service for almost 2 years and we have never seen this presentation before - Sharon is concerned that something is being missed physically - and/or suspected drug use is not being addressed

We would appreciate an update regarding ongoing referrals for physical health please - who has Wendy been referred to and what is likely to be the timescales for this?

In the interim, are they any particular concerns in regard to Wendy's health that Sharon should be aware of and how should this be managed? Sharon is currently in regular contact with Wendy and sees her at least once per week.

NHS Confidential: Personal data about a patient

Can you please confirm this email has been received?

Thanks a lot for your help

Jen MacIver

Senior MH Practitioner @ Martha's Mammies HSCP

041 2746052

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 16/04/2025

Consultant: Dr Alan Davidson

M Lyons
Meadowpark Surgery
Parkhead Hub
1251 Duke Street
Glasgow
Glasgow
G31 5NZ

Dear M Lyons

Re: **McLeish Wendy** DOB: **25/05/1987** CHI: **2505876061**
FLAT 3/2
Glasgow G31 3LY

Attended on: **15/04/2025 at 19:36 hrs.** Departed on: **16/04/2025 at 00:26 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **5**

Presenting complaint
back pain

Nursing Assessment:
BACK PAIN NEWS 0 - pt has had 3/7 hx of upper back pain, attended gp today who told pt to go home and call 999. on sas arrival pt had 3 lidocaine patches on her back, also admits to dihydrocodeine and gabapentin. denies chest pain. pt states she feels 'not herself' and 'a bit dazed'. denies other drugs/ alcohol. hx perv pneumonia, sciatica, pulmonary fibrosis

Investigations in ED:
1. XR Chest

McLeish Wendy CHI: 2505876061

Diagnosis:

Diagnosis	Side	Site
Pleurisy		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:
Presented with thoracic rt back pain and ?sob Patient's NEWS 0. Exam normal. No acute symptoms CXR - nil focal Discharged with worsening advice - likely pleurisy secondary to recent CAP

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Rebecca Osborne
Doctor

Copies to:
1. M Lyons (GP)
School Address:

NHS Confidential: Personal data about a patient

Outlook

WMcL health info documents (OFFICIAL - SENSITIVE: Personal Data)

From Daly, Sharon (HSCP) <Sharon.Daly@glasgow.gov.uk>
Date Mon 07/04/2025 12:32
To gp46625clinical (Meadowpark Surgery) <ggc.gp46625clinical@nhs.scot>

You don't often get email from sharon.daly@glasgow.gov.uk. Learn why this is important

OFFICIAL - SENSITIVE: Personal Data

Hi,

I was in for an appointment with Wendy McLeish on Thursday where she requested print outs of her health conditions to provide to her housing where Morgan supported us with this, however, it was slightly out of date. We need information which is more up to date as there is no mention of health conditions which she has at present and hope you can provide this:

Coronary artery disease confirmation where she has attended appointments and awaits appointment to attend Golden Jubilee hospital.
Bronchial confirmation, Wendy attends Respiratory regulary.
Paediatrics confirmation, Wendy atends regular appointments.
Mental Health

Can I also ask if you can confirm how these conditions effect Wendy on a daily basis.

I really appreciate your time and help with this to support Wendy in accessing suitable housing in line with her present needs.

Thanks so much.

Kind Regards

Sharon Daly
Social Care Worker
Martha's Mammies
Adelphi Centre
12 Commercial Road
Gorbals
Glasgow
G5 0PQ

Tel No: 0141 274 6052
Mob: 07769961531

Email: Sharon.daly@glasgow.gov.uk

Blood Sciences Biochemistry Report

Patient Details

Surname	MCLEISH
Forename	WENDY
CHI	2505876061
Date of birth	25.05.1987
Sex	Female
Address	Flat 3.2 312 Cumbernauld Road Glasgow LANARKSH G31 3LY

Specimen Details

Specimen Number	B,25.4325588.R
Specimen Type	Blood
Date/Time Collected	28.03.25 / 12:26
Date/Time Received	28.03.25 / 19:03
Requested By	Dr Sam Broadley
GP Practice	46625
Date/Time Reported	31.03.25 / 10:42
Details	TATT

Results

HbA1C (IFCC) - Authorised on 31.03.25 at 10:37

HbA1c (IFCC)	31	mmol/mol	(20-41)

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	MCLEISH
Forename	WENDY
CHI	2505876061
Date of birth	25.05.1987
Sex	Female
Address	Flat 3.2 312 Cumbernauld Road Glasgow LANARKSH G31 3LY

Specimen Details

Specimen Number	B,25.4325591.V
Specimen Type	Blood
Date/Time Collected	28.03.25 / 12:26
Date/Time Received	28.03.25 / 19:01
Requested By	Dr Sam Broadley
GP Practice	46625
Date/Time Reported	29.03.25 / 04:12
Details	TATT

Results

Glucose - Authorised on 29.03.25 at 04:08

Glucose	4.0	mmol/L	(3.5-6.0)

Comments:
Non-fasting sample

End of Report

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

2021 GGC General Referral Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Gastroenterology
GGC General Referral

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

Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

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

Hospital location code.
G107H

Email address
-

Urgency of referral Urgent - Suspected Cancer
Date of referral 23-Apr-2025 **Date sent** 23-Apr-2025

PATIENT DETAILS

Surname	McLeish
Forename(s)	Wendy
Title	Miss
Sex	Female
Date of birth	25-May-1987
CHI no.	2505876061
Area of Residence	-

Patient's address

Flat 3.2
312 Cumbernauld Road
Glasgow
G31 3LY

Contact number(s)
Voice: 07912347436

101036262898Y Unique Care Pathway Number: 101036262898Y

REGISTERED GP DETAILS

Name	Dr Margaret Morris		
GMC code	4305792	GP code	05029
Practice name	Meadowpark Surgery (18882)		
Practice code	46625		

Practice address

Meadowpark Practice
1251 Duke Street
Glasgow
G31 5NZ

Contact number(s)
Voice: 0141 800 0272

REFERRING GP DETAILS

Name	Dr. Samuel Broadley		
GMC code	7477241	GP code	06807
Practice name	Meadowpark Surgery (46625)		
Practice code	46625		

Practice address

Parkhead Hub
1251 Duke Street
Glasgow
G31 5NZ

Contact number(s)
Voice: 0141 800 0272

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Weight loss

Comment: 37yo patient. PMH bronchiectasis + recurrent LRTI, epilepsy, historical polysubstance misuse - states now abstinent.

Presents with 4 month history of abnormal weight loss of "around a stone". States was 85kg when last seen by respiratory in December 2024. Weight with us on 3rd April was 74kg. States appetite poor and gets full earlier during meals. Bowel habit irregular for years, with no changes / bleeding / daily diarrhoea. No urinary symptoms. Periods regular with no abnormal bleeding.

On examination - abdomen soft, mild tenderness to RIF + LIF, no guarding, no flank tenderness. Urinalysis - leuc +, prot ++.

Blood testing overall satisfactory with no evidence of anaemia.

I would be grateful for your specialist assessment. I have requested qFIT testing in the interim. Many thanks

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
Closed fracture distal tibia	-	29-Jan-2024	29-Jan-2024
Epilepsy	-	15-Sep-2023	15-Sep-2023
Bronchiectasis	-	29-Mar-2023	29-Mar-2023
Lumbago with sciatica	-	01-Feb-2023	01-Feb-2023
Asthma	-	12-Sep-2022	12-Sep-2022
Vulnerable child in family	-	16-Mar-2021	16-Mar-2021
Assault by bite of human being	by partner. bite to R ear, blunt head trauma by bottle.	01-Nov-2019	01-Nov-2019
Social worker involved	-	02-Sep-2019	02-Sep-2019
Alcohol problem drinking	-	02-Sep-2019	02-Sep-2019
Miscarriage	surgical ERPC	03-Sep-2015	03-Sep-2015
Pneumonia due to unspecified organism	(Bilateral)	30-Dec-2011	30-Dec-2011
Adult respiratory distress syndrome	-	30-Nov-2011	30-Nov-2011
Overdose of drug	fluoxetine	22-Sep-2011	22-Sep-2011
Anxiety with depression	-	19-Jul-2011	19-Jul-2011
Death of father	-	31-Jan-2011	31-Jan-2011
Has a tremor	seen by nuerologist 2012, felt to be benign	01-Apr-2007	01-Apr-2007
Death of mother	age 29 MI	01-Jan-1991	01-Jan-1991

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Elective caesarean delivery NOS	26-Feb-2017	26-Feb-2017

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fexofenadine Hydrochloride Tablets 180 mg	60	60 tablet	TAKE ONE TABLET UP TO TWICE DAILY ONE TO BE TAKEN EACH	-	03-Apr-2025	03-Apr-2025

Folic Acid Tablets 5 mg	56	56 TABLET	DAY FOR 4 MONTHS THEN STOP	-	31-Mar-2025	31-Mar-2025
Propranolol Hydrochloride Tablets 40 mg	84	84 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	03-Jun-2024	15-Apr-2025
Gabapentin Capsules 300 mg	84	84 CAPSULE	TAKE ONE CAPSULE THREE TIMES DAILY	-	24-May-2024	15-Apr-2025
Lansoprazole Capsules (Gastro-Resistant) 30 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	22-May-2024	15-Apr-2025
Sertraline Hydrochloride Tablets 100 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	22-May-2024	15-Apr-2025
Lamotrigine Tablets 25 mg	56	56 tablet	TAKE ONE TABLET TWICE DAILY (TOTAL DOSE 75MG TWICE DAILY)	-	02-Oct-2023	15-Apr-2025
Dihydrocodeine Tablets 30 mg	224	224 tablet	TAKE 2 TABLETS FOUR TIMES DAILY	-	28-Feb-2023	15-Apr-2025
Lamotrigine Tablets 50 mg	56	56 TABLET	TAKE ONE TABLET TWICE DAILY (TOTAL DOSE 75MG TWICE DAILY)	-	11-Oct-2022	15-Apr-2025
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	2	2 INHALER	TWO PUFFS TO BE INHALED TWICE A DAY	-	12-Sep-2022	15-Apr-2025
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	12-Aug-2021	15-Apr-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Ciprofloxacin Tablets 500 mg	14	14 tablet	ONE TO BE TAKEN TWICE A DAY FOR 1 WEEK	-	24-Mar-2025	27-Mar-2025
Clarithromycin Tablets 500 mg	20	20 tablet	ONE TO BE TAKEN TWICE A DAY FOR 10 DAYS	-	17-Mar-2025	17-Mar-2025
Metoclopramide Hydrochloride Tablets 10 mg	15	15 TABLET	ONE TO BE TAKEN EVERY 8 HOURS WHEN REQUIRED	-	17-Mar-2025	17-Mar-2025
Amoxicillin Capsules 500 mg	42	42 capsule	ONE TO BE TAKEN THREE TIMES A DAY FOR 14 DAYS	-	10-Mar-2025	10-Mar-2025
Cyanocobalamin Tablets 100 micrograms	60	60 tablet	1 Tab Daily THEN REPEAT BLOODS	-	14-Feb-2025	14-Feb-2025
Ralvo Medicated Plaster 700 mg	30	30 patch	APPLY ONE PLASTER ONCE DAILY (12 HOURS ON 12 HOURS OFF)	-	06-Feb-2025	06-Feb-2025
Lidocaine Medicated Plaster 5 %	7	7 PLASTER	APPLY ONE PLASTER ONCE DAILY (12 HOURS ON 12 HOURS OFF). LAST ISSUE - DISCONTINUED	-	07-Nov-2024	07-Nov-2024

Blood Pressure

Date Recorded	Systolic	Diastolic
08-Sep-2022	122	92
21-Sep-2021	120	60
17-Jul-2018	128	77
09-Jul-2015	123	90
08-Aug-2013	116	77

Body Measurements

Date Recorded	Height	Weight	BMI
03-Apr-2025	-	74	-
10-Oct-2022	-	90	-

10-Jun-2021	160.02	82.55	32.24
23-Mar-2021	158	83	33.25
23-Mar-2021	-	83	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Non-smoker :		08-Sep-2022
Non-smoker :	hx noted, ongoing longstanding anxiety, tremors, seen by neurology and advised related to anxiety, using propranolol, feels doesn't help her, also uses saba for sob up stairs at times, bu- TRUNCATED	07-Oct-2021
Ex-smoker - amount unknown :		12-Aug-2021
Never smoked tobacco:		10-Jun-2021
Never smoked tobacco:		16-Sep-2019
Non-drinker alcohol :		07-Oct-2021
Alcohol consumption, 1 units/week:		10-Jun-2021
Alcohol consumption, 3 units/week:		17-Apr-2012
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	21-Jan-2010

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to propranolol	possible wheeze with this	29-Apr-2016

Additional Support Needs

No known ASN requirements

Additional relevant information

Is patient aware they are being referred under a suspicion of cancer pathway?:Yes
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
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

Blood Sciences Haematology Report

Patient Details

Surname	MCLEISH
Forename	WENDY
CHI	2505876061
Date of birth	25.05.1987
Sex	Female
Address	Flat 3.2 312 Cumbernauld Road Glasgow LANARKSH G31 3LY

Specimen Details

Specimen Number	B,25.5957542.V
Specimen Type	Blood
Date/Time Collected	28.03.25 / 12:26
Date/Time Received	28.03.25 / 19:17
Requested By	Dr Sam Broadley
GP Practice	46625
Date/Time Reported	28.03.25 / 20:07
Details	TATT

Results

Full Blood Count - Authorised on 28.03.25 at 19:22

White Blood Count		8.8	x10^9/l	(4.0-10.0)
Red Cell Count		4.31	x10^12/l	(3.80-5.80)
Haemoglobin		137	g/l	(115-165)
Haematocrit		0.429	l/l	(0.370-0.470)
Mean Cell Volume		99.5	fl	(83.0-101.0)
MCH		31.8	pg	(27.0-32.0)
Platelet Count		290	x10^9/l	(150-410)
Neutrophils		3.8	x10^9/l	(2.0-7.0)
Lymphocytes		3.8	x10^9/l	(1.1-5.0)
Monocytes		0.9	x10^9/l	(0.2-1.0)
Eosinophils		0.23	x10^9/l	(0.02-0.50)
Basophils		0.1	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

ESR - Authorised on 28.03.25 at 20:02

ESR	+	14	mm/hr	(0-12)

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	MCLEISH
Forename	WENDY
CHI	2505876061
Date of birth	25.05.1987
Sex	Female
Address	Flat 3.2 312 Cumbernauld Road Glasgow LANARKSH G31 3LY

Specimen Details

Specimen Number	B,25.4325598.W
Specimen Type	Blood
Date/Time Collected	28.03.25 / 12:26
Date/Time Received	28.03.25 / 18:59
Requested By	Dr Sam Broadley
GP Practice	46625
Date/Time Reported	29.03.25 / 07:37
Details	TATT

Results

Bone Profile - Authorised on 29.03.25 at 07:32

Calcium	2.22	mmol/L	(2.20-2.60)
Calcium (adjusted)	2.28	mmol/L	(2.20-2.60)
Phosphate	1.34	mmol/L	(0.80-1.50)
Albumin	39	g/L	(35-50)
Alkaline Phosphatase	67	U/L	(30-130)

Urea & Electrolytes - Authorised on 29.03.25 at 07:32

Sodium	137	mmol/L	(133-146)
Potassium	4.3	mmol/L	(3.5-5.3)
Chloride	106	mmol/L	(95-108)
Urea	5.0	mmol/L	(2.5-7.8)
Creatinine	71	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

Liver Function Tests - Authorised on 29.03.25 at 07:32

Total Bilirubin	15	umol/L	(<20)
ALT	13	U/L	(<50)
AST	16	U/L	(<40)
Alkaline Phosphatase	67	U/L	(30-130)
Albumin	39	g/L	(35-50)

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	MCLEISH
Forename	WENDY
CHI	2505876061
Date of birth	25.05.1987
Sex	Female
Address	Flat 3.2 312 Cumbernauld Road Glasgow LANARKSH G31 3LY

Specimen Details

Specimen Number	B,25.4325598.W
Specimen Type	Blood
Date/Time Collected	28.03.25 / 12:26
Date/Time Received	28.03.25 / 18:59
Requested By	Dr Sam Broadley
GP Practice	46625
Date/Time Reported	29.03.25 / 09:07
Details	TATT

Results

Thyroid funct test - Authorised on 29.03.25 at 09:04

TSH	2.04	mU/L	(0.35-5.00)
Free T4	12.2	pmol/L	(9.0-21.0)
Total T3		nmol/L	

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	MCLEISH
Forename	WENDY
CHI	2505876061
Date of birth	25.05.1987
Sex	Female
Address	Flat 3.2 312 Cumbernauld Road Glasgow LANARKSH G31 3LY

Specimen Details

Specimen Number	B,25.4325598.W
Specimen Type	Blood
Date/Time Collected	28.03.25 / 12:26
Date/Time Received	28.03.25 / 18:59
Requested By	Dr Sam Broadley
GP Practice	46625
Date/Time Reported	29.03.25 / 09:12
Details	TATT

Results

Serum Folate - Authorised on 29.03.25 at 09:08

Serum Folate	-	<2.2	ug/l	(3.1-20.0)

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	MCLEISH
Forename	WENDY
CHI	2505876061
Date of birth	25.05.1987
Sex	Female
Address	Flat 3.2 312 Cumbernauld Road Glasgow LANARKSH G31 3LY

Specimen Details

Specimen Number	B,25.4325598.W
Specimen Type	Blood
Date/Time Collected	28.03.25 / 12:26
Date/Time Received	28.03.25 / 18:59
Requested By	Dr Sam Broadley
GP Practice	46625
Date/Time Reported	29.03.25 / 09:07
Details	TATT

Results

Active B12 - Authorised on 29.03.25 at 09:04

Active B12	74	pmol/L	(>25)

Comments:
Note change in the B12 assay to an active B12 assay from 14/5/24.

Serum Ferritin - Authorised on 29.03.25 at 09:04

Serum Ferritin	198	ug/l	(15-200)

Comments:
Males 15-300 (<15 iron deficiency)
Females 15-200 (<15 iron deficiency)
15-50 intermediate result. Consider iron deficiency
in anaemic patients, older patients and those
with inflammatory disease.

End of Report

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 25/03/2025

Consultant: Dr Patrick O'Mailley

M Lyons
Meadowpark Surgery
Parkhead Hub
1251 Duke Street
Glasgow
Glasgow
G31 5NZ

Dear M Lyons

Re: **McLeish Wendy** DOB: **25/05/1987** CHI: **2505876061**
FLAT 3/2
Glasgow G31 3LY

Attended on: **24/03/2025 at 19:22 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **5**

Presenting complaint
Expected at GRI A+E on 24/ Unwell ?icteric non traumatic arm swelling

Nursing Assessment:
ARM PAIN. NEWS 2. 4/7 hx of R arm pain and swelling. no injury?CLOT. advised to attend. appears under influence. recent abx for pneumonia. looks unwell.

Investigations in ED: **None**

McLeish Wendy CHI: 2505876061

Diagnosis:

Diagnosis	Side	Site
Contusion of Other and Unspecified Parts of Forearm		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

NHS 24 referral with ?right arm injury. Waited >8.5hrs in ED. Called 999 tonight, but it is unclear why she did this; all she will say is that she couldn't get any transport to hospital. 'Bumped' right arm in a fall 3/7 ago. Two tiny, old bruises to dorsum of right mid-forearm. No swelling. No tenderness. Moving right arm fully. She said she was advised on NHS 24 consultation that she may have a 'blood clot' and may be 'jaundiced', but there is no mention of this in the letter. There was no evidence at all of an upper limb DVT. She did not look overtly jaundiced and she had normal sclerae. Her skin had a generally darker tone which she said is chronic. All obs normal, SaO2 94% on air. Chest was clear on examination and she had no resp distress. I offered a CXR but she said she'd rather wait until she finished her course of clarithromycin from GP. I explained there was no evidence of any acute issue and she was satisfied with this.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Ryan Connelly
Consultant

Copies to:

1. M Lyons (GP)

School Address:

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7585630**	Receive Date:	**24-Mar-2025 08:24**
Patient's Name:	**Wendy Mcleish**		
Date of birth:	**25-May-1987 (37 years)**	Gender:	**F**
Address:	**3/2** **312 Cumbernauld Road** **Glasgow** **G31 3LY**	Current Address:	**3/2** **312 Cumbernauld Road** **Glasgow** **G31 3LY**
Return Contact No:			
Tel No:	**07912 347436**		**07912 347436**
Mobile No:			
Priority:	**within 4 hours**	Call Origin:	
Received:	**24-Mar-2025 08:24**	Calltype:	**MIU Telephone / Remote Consultation**
Advised:	**08:57**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	**Margaret Morris**

CHI Number:
2505876061

NHSD details:

Receptionist:
ARM PAIN/SWELLING - 3/7
MIU4 Patient suitable for MIU 4Hr - Flow Hub to arrange
Clinical summary created by: Pauline Mccabe (Call Taker Si) () [24/03/2025 08:57:48] Reason for call: ARM PAIN/SWELLING - 3/7 24:03:2025 08:25:46 MCCABEP.. PT STATES ARM IS SWOLLEN AND BRUISED, PAINFUL TO TOUCH LOOKS A DIFFERENT SHAPE TO OTHER ARMBANG TO ARMSPOKE WITH GP RE CHEST INFECTION IN LAST 5/7 WAS GIVEN ABX WHICH FINISH ON WEDNESDAY - NO CONCERNS RE THIS TODAY.. 24:03:2025 08:56:11 ROBERTSONW1.. VERY DIFFICULT TO ASSESS THIS PT VIA TELEPHONE, POOR AND VAGUE HISTORIAN. DOESNT KNOW WHAT HAPPENED, TALKS OF BEING UNSTEADY ON FEET- THIS IS ONGOING

AND "?BANGED ARM" UNSURE HOW OR OFF WHAT- ? A DOOR. INCREASED SWELLING AND BRUISING, TENDER TO TOUCH,.. ABLE TO MOVE/USE ARM BUT PAINFUL TO DO SO, FEELS REDUCED STRENGTH IN R HAND AND SOME NUMBNESS/TINGLING BUT REPORTS THIS IS ALSO AN ONGOING ISSUE. ? SOFT TISSUE INJURY BUT NOT ABLE TO RULE OUT BONY INJURY. A&E/MIU FLOW CENTRE 4 HRS.. Outcome: Patient suitable for MIU 4Hr - Flow Hub to arrange

---

Followups:
None

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7585700**	Receive Date:	**24-Mar-2025 13:32**
Patient's Name:	**Wendy Mcleish**		
Date of birth:	**25-May-1987 (37 years)**	Gender:	**F**
Address:	**3/2** **312 Cumbernauld Road** **Glasgow** **G31 3LY**	Current Address:	**3/2** **312 Cumbernauld Road** **Glasgow** **G31 3LY**
Return Contact No:			
Tel No: Mobile No:	**07912 347436**		**07912 347436**
Priority:	**within 4 hours**	Call Origin:	
Received:	**24-Mar-2025 13:32**	Calltype:	**MIU Telephone / Remote Consultation**
Advised:	**13:45**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	**Margaret Morris**

CHI Number:
2505876061

NHSD details:

Receptionist:
RIGHT ARM INJURY 4 DAYS
MIU4 Patient suitable for MIU 4Hr - Flow Hub to arrange
Clinical summary created by: Sheila Smith (Call Taker Si) () [24/03/2025 13:46:07]
Reason for call: RIGHT ARM INJURY 4 DAYS 24:03:2025 13:33:02 SMITHS14.. RIGHT ARM INJURY 4 DAYS ARE SORE AND BRUISED.. 24:03:2025 13:43:35 JOHNSTONL3.. MISSED CALL BACKS FROM FNC THIS MORNING. PAIN INCREASING. NEW BRUSING AND SWELLING. TENDER TO TOUCH. NO EVIDENCE OF COMPROMISE. NO SOB OR NEW CHEST PAIN. ONGOING CHEST INFECTION. A&E 4HRS SUITABLE FOR MIU.. Outcome: Patient suitable for MIU 4Hr - Flow Hub to arrange

Followups:
None

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 24/03/2025

Consultant: GGC ED Virtual Consultant

M Lyons
Meadowpark Surgery
Parkhead Hub
1251 Duke Street
Glasgow
Glasgow
G31 5NZ

Dear M Lyons

Re: **McLeish Wendy** DOB: **25/05/1987** CHI: **2505876061**
FLAT 3/2
Glasgow G31 3LY

Attended on: **24/03/2025 at 16:09 hrs.** Departed on: **at hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Admission to ED/MIU following a Virtual Consultation**

Previous ED Attendance in last 12 months: **4**

Presenting complaint
ed virtual from nhs24 -- RIGHT ARM INJURY 4 DAYS

Nursing Assessment:
unwell

Investigations in ED: **None**

McLeish Wendy CHI: 2505876061

Diagnosis:

Diagnosis	Side	Site
Unspecified Jaundice		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Patient presented for virtual consultation following NHS 24 referral. ID confirmed and patient consented for virtual consultation. Good patient interaction, video quality good. Patient is currently in own home. Presenting complaint: - Rate pain and swelling in right arm History Presenting Complaint: - Three stone weight loss in past few months - fullness in abdomen - No specific abdominal pain - Puffy ankles - Treated for chest infection by GP on Monday (20/03/2025) - Symptoms not greatly improved - Right arm grossly swollen in the absence of injury - Non-specific bruising all over the arm - Numbness and tingling in hand - appears icteric on camera Past Medical History: - Chest infection Drug History: - Treated with antibiotics for chest infection Allergies: Social History: - Denies current use of drugs or alcohol - Past use of recreational drugs - Denies recent overdoses - Denies domestic violence Examination: - Alert - Speech slightly slurred at times - Icteric sclera - Right arm grossly swollen with non-specific bruising - Normal temperature in hand - Normal capillary refill distally - Oedematous appearance Problems: - Diffuse gross right arm swelling -painless jaundice - Possible upper limb DVT - Possible underlying malignancy Wendy understood my concerns and was able to make decisions regarding her healthcare - she understand the consequences of none attendance. Plan: - Attend Queen Elizabeth University Hospital directly for assessment of upper limb DVT and possible underlying malignancy

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Paula Madigan
Nurse

Copies to:

1. M Lyons (GP)

School Address:

PRIVATE AND CONFIDENTIAL
Scottish Ambulance Service
National Headquarters
1 South Gyle Crescent
Edinburgh
EH12 9EB
Tel - 0131 314 0000

Date : 24 Mar 2025
CHI Number : 2505876061

Dear Doctor, (Practice Code - 46625)

Wendy McLeish, 25/05/87 , DOWNSTAIRS 3/2 312 CUMBERNAULD ROAD DENNISTON GLASGOW

Wendy McLeish, was attended by ambulance crew on 24 Mar 2025 but was not conveyed to hospital.

The full electronic patient record is also attached for your information. If you require further information please contact sas.gpeor2@nhs.scot , stating the Incident number CR011909648.

Yours sincerely,

Scottish Ambulance Service

TerraPACE REPORT			
Time	19:14	Date	24/03/2025

PATIENT AND INCIDENT DETAILS	
Incident number	CR011909648
Name	Wendy McLeish
CHI Number	2505876061
Date of Birth	1987-05-25
Additional Comments and Observations	999 call for 37 y/o F c/o pain in right arm... O/a p/t sitting in close outside of flat. Alert and oriented. Apx 3 days ago p/t hit right arm off wall and has pain from wrist which radiates into forearm, crew noted slight bruising on arm. P/t contacted GP Today regarding arm and p/t states that GP told her to go to hospital. Query clot? P/t states they have been on abx for pnumonia and has not felt well during this course of abx. Crew noted that p/t appears jaundiced... O/e crackles in lower left lobe, 3-lead ECG performed due to p/t being o/s on street, rest of obs within normal ranges and as stated below... P/t happy to organise own transport to hospital. Eprf with p/t for use at hospital.
Additional Comments: Presenting Complaint	RHS ARM PAIN / JAUNDICED

PATIENT ASSESSMENT			
AVPU		Alert	
Circulation			
Pulse Rate	78	**BP**	121/84
Cap Refill	<=2 Secs	**ECG Rhythm**	Sinus Rhythm
Rhythm	Reg	**Arm**	Left
Central/Peripheral	Peripheral	**ECG**	3 Lead
IV(L)		**IV(R)**	
IO(L)		**IO(R)**	

Observations

Time	P	RR	BP	SpO2	CR	GCS	AVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF
18:20	78	18	121/84	99	<=2 Secs	15	Alert		36.9	4.1	Sinus Rhythm	3	3	
18:30	67	16	116/65	100	<=2s	15	Alert		36.9	4.1	Sinus Rhythm	3	3	

HISTORY	
AMPLE	
Allergies	HAY FEVER
Medication	SEE ECS
Past Medical History	DEPRESSION, ANXIETY, CYATICA, BRONCHITIS , NARROW HEART VALVE

Last Eaten	>4 Hours Ago
Events Prior	PAIN IN ARM AFTER HITTING OFF WALL
Social History	
Lives alone	
MEDICAL	
TRAUMA	
OBSTETRICS/GYNAE	
OTHER	

GP Links Microbiology Report

Patient Details

Surname	MCLEISH
Forename	WENDY
CHI	2505876061
Date of birth	25.05.1987
Address	Flat 3.2 312 Cumbernauld Road Glasgow G31 3LY

Specimen Details

Specimen Number	M,25.1204143.Z
Specimen Type	Sputum
Date/Time Collected	10.03.25 / 15:42
Date/Time Received	18.03.25 / 17:21
Requested By	Dr Sam Broadley
GP Practice	46625
Date/Time Reported	23.03.25 / 15:32

Results

Report issued by NHS GG&C Microbiology North Sector
Enquiries 0141 201 8551

** FINAL REPORT **

INVESTIGATION: Routine Culture
SPECIMEN TYPE: Sputum

CONS/GP: Dr Sam Broadley Order No:IS25826497
LOCATION: Meadowpark Surgery

CULTURE RESULT:

	GROWTH:
a)Pseudomonas veronii	Heavy
b)Candida glabrata	Scanty
c)Candida albicans	Scanty
d)	
e)	
f)	

ANTIBIOTIC	a)	b)	c)	d)	e)	f)
Meropenem	S					
Gentamicin	S					
Ciprofloxacin	I					
Tazocin	I					

If TB/Mycobacteria is suspected, TB culture must be
specifically requested on TRAK/ICE or Microbiology form

How to interpret antimicrobial sensitivity if reported:
S = Sensitive, R = Resistant
I = Sensitive ONLY if increased dose used.

Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Dr L Bagrade
Date/Time authorised: 23.03.2025 15:28

GP Links Microbiology Report

** END OF REPORT **

McLeish Wendy CHI: 2505876061

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 26/02/2025

Consultant: Dr Fiona Ritchie

M Lyons
Meadowpark Surgery
Parkhead Hub
1251 Duke Street
Glasgow
Glasgow
G31 5NZ

Dear M Lyons

Re: **McLeish Wendy** DOB: **25/05/1987** CHI: **2505876061**
FLAT 3/2
Glasgow G31 3LY

Attended on: **25/02/2025 at 19:07 hrs.** Departed on: **26/02/2025 at 00:42 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
head injury

Nursing Assessment:
FALL NEWS 4 GCs 14/15 fall down unknow amount of stairs yesterday unable to straighten neck complaints of c-spine tenderness drowsy in triage denies drug/alcohol pmh sciatica epilepsy scarring of lungs pnumonia required ECMO 2012

Investigations in ED:
1. CT Spine cervical

McLeish Wendy CHI: 2505876061

Diagnosis:

Diagnosis	Side	Site
Unspecified Injury of Neck		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Wendy McLeish presented with C-spine pain and tenderness after a mechanical fall down 6 stairs. CT C-spine showed nil acute. She was found to have multiple bruises on her arms and legs which she attributed to her fall. She recently had bloods taken by her GP, which showed nil acute. She denied any physical abuse from her partner. She was discharged with crisis team numbers, as she was tearful in the department, but denied any suicidal ideation or concerns for her safety.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Nandini Mishra
Doctor

Copies to:

1. M Lyons (GP)

School Address:

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7560398**	Receive Date:	**22-Feb-2025 13:50**
Patient's Name:	**Wendy Mcleish**		
Date of birth:	**25-May-1987 (37 years)**	Gender:	**F**
Address:	**3/2** **312 Cumbernauld Road** **Glasgow** **G31 3LY**	Current Address:	**3/2** **312 Cumbernauld Road** **Glasgow** **G31 3LY**
Return Contact No:			
Tel No:	**07912 347436**		**07912 347436**
Mobile No:			
Priority:	**Urgent**	Call Origin:	
Received:	**22-Feb-2025 13:50**	Calltype:	**Direct Referral ED**
Advised:	**14:37**	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	**Margaret Morris**

CHI Number:
2505876061

NHSD details:

Receptionist:
HEAD INJURY 2 DAYS
AEP Patient advised to go to A&E
Clinical summary created by: Bridget Tod (Call Taker Si) () [22/02/2025 14:38:56]
Reason for call: HEAD INJURY 2 DAYS 22:02:2025 13:53:27 TODB.. RETURN CALLER. ATTENDED GP DUE TO LOW B12 LEVELS. SUSTAINED HEAD INJURY ON RADIATOR. STATES ALSO FELL ON ROAD AND DOWN THE STAIRS... BOTTOM IS BRUISED AND HIPS PAINFUL. ANKLE SWOLLEN AFTER FALL. UNABLE TO STAND - FALLS ON STANDING. LEGS SHAKY. STATES CANNOT SEE PROPERLY. KNOWN CARDIAC ISSUES. ESSENTIAL TREMOR. HAS SEIZURES. STATES OXYGEN LEVELS ARE 90%... DISORIENTED... CHEST PAIN... STATES HAS SCIATICA... FEELS CONSTRICTING BAND IN CHEST... HEART RATE 53... PT IS ALONE... BACK PAIN WORSENED IN LAST 5 MINUTES. HAS JUST FALLEN... PT ATTENDING A&E GLASGOW ROYAL INFIRMARY... 22:02:2025 14:34:53 BRADERS.. DIFFICULT TRIAGE/SPEECH APPEARS

SLURRED/DIFFICUKLT TO UNDERSTAND,RECURRENT FALLS MONTHS/AWAITING INVESTIDATIONS/LAST FALL 2 DAYS AGO/UNSURE IF LOC. NO WOUNDS... CONFUSION/BILATERAL VISUSAL CHANGE TODAY /UNABLE TO CONFIRM EXACT TIME. CHRONIC CHEST PAIN/WORSE TODAY. SOB O2 SATS 85 % /NORMALL 95 %. TALKING IN SENTENCES.. CHRONIC VOMITING WEEKS/NAUSEA/VOMITING TODAY. PT DECLINED 999. A/E ASAP GRI.. Outcome: Patient advised to go to A&E

Followups:
None

Blood Sciences Biochemistry Report

Patient Details

Surname	MCLEISH
Forename	WENDY
CHI	2505876061
Date of birth	25.05.1987
Sex	Female
Address	Flat 3.2 312 Cumbernauld Road Glasgow LANARKSH G31 3LY

Specimen Details

Specimen Number	B,25.4485589.N
Specimen Type	Blood
Date/Time Collected	13.02.25 / 11:40
Date/Time Received	13.02.25 / 14:05
Requested By	Dr Matthew Lyons
GP Practice	46625
Date/Time Reported	17.02.25 / 16:22
Details	?peripheral neuropathy

Results

Protein EP & Igs - Authorised on 17.02.25 at 16:18

Total Protein		75	g/L	(60-80)
Electrophoresis		No paraprotein detected		
Paraprotein 1		NA	g/L	
Paraprotein 2		NA	g/L	
Paraprotein 3		NA	g/L	
IgG		13.7	g/L	(6.0-16.0)
IgA	+	4.1	g/L	(0.8-4.0)
IgM		0.58	g/L	(0.4-2.4)

Comments:
No paraprotein detected.
If screening for myeloma, suggest send urine for electrophoresis (BJP) to complete screen.

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	MCLEISH
Forename	WENDY
CHI	2505876061
Date of birth	25.05.1987
Sex	Female
Address	Flat 3.2 312 Cumbernauld Road Glasgow LANARKSH G31 3LY

Specimen Details

Specimen Number	B,25.4485589.N
Specimen Type	Blood
Date/Time Collected	13.02.25 / 11:40
Date/Time Received	13.02.25 / 14:05
Requested By	Dr Matthew Lyons
GP Practice	46625
Date/Time Reported	14.02.25 / 12:47
Details	?peripheral neuropathy

Results

C-reactive Protein - Authorised on 14.02.25 at 12:32

C Reactive Protein	5	mg/L	(0-10)

Urea & Electrolytes - Authorised on 14.02.25 at 12:32

Sodium	134	mmol/L	(133-146)
Potassium	4.4	mmol/L	(3.5-5.3)
Chloride	100	mmol/L	(95-108)
Urea	3.8	mmol/L	(2.5-7.8)
Creatinine	72	umol/L	(40-130)
Estimated GFR	>60	ml/min	(>60)

GGT - Authorised on 14.02.25 at 12:32

Gamma-GT	+	76	U/L	(<40)

Liver Function Tests - Authorised on 14.02.25 at 12:32

Total Bilirubin	17	umol/L	(<20)
ALT	30	U/L	(<50)
AST	18	U/L	(<40)
Alkaline Phosphatase	84	U/L	(30-130)
Albumin	40	g/L	(35-50)

Thyroid funct test - Authorised on 14.02.25 at 12:42

TSH	1.33	mU/L	(0.35-5.00)
Free T4	13.7	pmol/L	(9.0-21.0)
Total T3		nmol/L	

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	MCLEISH
Forename	WENDY
CHI	2505876061
Date of birth	25.05.1987
Sex	Female
Address	Flat 3.2 312 Cumbernauld Road Glasgow LANARKSH G31 3LY

Specimen Details

Specimen Number	B,25.4485589.N
Specimen Type	Blood
Date/Time Collected	13.02.25 / 11:40
Date/Time Received	13.02.25 / 14:05
Requested By	Dr Matthew Lyons
GP Practice	46625
Date/Time Reported	14.02.25 / 12:47
Details	?peripheral neuropathy

Results

Active B12 - Authorised on 14.02.25 at 12:42

Active B12	63	pmol/L	(>25)

Comments:
Result in indeterminate range (25 - 70 pmol/L).
Consider treatment for B12 deficiency in following patient groups:
- Patients with a condition which may deteriorate quickly and have a severe effect on QoL (neurological, haematological cond'ns)
- Patients who are pregnant or breast feeding.
- Patients with a recognised cause of B12 deficiency (surgery or autoimmune gastritis).
Otherwise consider other causes of symptoms and if necessary repeat active B12 level at 3-6 months.
Note change in the B12 assay to an active B12 assay from 14/5/24.

Serum Ferritin - Authorised on 14.02.25 at 12:42

Serum Ferritin	152	ug/l	(15-200)

Comments:
Males 15-300 (<15 iron deficiency)
Females 15-200 (<15 iron deficiency)
15-50 intermediate result. Consider iron deficiency in anaemic patients, older patients and those with inflammatory disease.

Serum Folate - Authorised on 14.02.25 at 12:42

Serum Folate	4.1	ug/l	(3.1-20.0)

End of Report

Blood Sciences Biochemistry Report

Patient Details

Surname	MCLEISH
Forename	WENDY
CHI	2505876061
Date of birth	25.05.1987
Sex	Female
Address	Flat 3.2 312 Cumbernauld Road Glasgow LANARKSH G31 3LY

Specimen Details

Specimen Number	B,25.4485599.M
Specimen Type	Blood
Date/Time Collected	13.02.25 / 11:40
Date/Time Received	13.02.25 / 14:08
Requested By	Dr Matthew Lyons
GP Practice	46625
Date/Time Reported	14.02.25 / 04:37
Details	?peripheral neuropathy

Results

Glucose - Authorised on 14.02.25 at 04:32

Glucose	4.6	mmol/L	(3.5-6.0)

Comments:
Non-fasting sample

End of Report

Blood Sciences Haematology Report

Patient Details

Surname	MCLEISH
Forename	WENDY
CHI	2505876061
Date of birth	25.05.1987
Sex	Female
Address	Flat 3.2 312 Cumbernauld Road Glasgow LANARKSH G31 3LY

Specimen Details

Specimen Number	B,25.5884610.S
Specimen Type	Blood
Date/Time Collected	13.02.25 / 11:40
Date/Time Received	13.02.25 / 13:59
Requested By	Dr Matthew Lyons
GP Practice	46625
Date/Time Reported	13.02.25 / 14:57
Details	?peripheral neuropathy

Results

Full Blood Count - Authorised on 13.02.25 at 14:14

White Blood Count		9.5	x10^9/l	(4.0-10.0)
Red Cell Count		4.74	x10^12/l	(3.80-5.80)
Haemoglobin		153	g/l	(115-165)
Haematocrit		0.454	l/l	(0.370-0.470)
Mean Cell Volume		95.8	fl	(83.0-101.0)
MCH	+	32.3	pg	(27.0-32.0)
Platelet Count		385	x10^9/l	(150-410)
Neutrophils		5.2	x10^9/l	(2.0-7.0)
Lymphocytes		3.3	x10^9/l	(1.1-5.0)
Monocytes		0.8	x10^9/l	(0.2-1.0)
Eosinophils		0.22	x10^9/l	(0.02-0.50)
Basophils		0.0	x10^9/l	(0.0-0.1)
Nucleated RBC		0.0	x10^9/l	

ESR - Authorised on 13.02.25 at 14:53

ESR	+	28	mm/hr	(0-12)

End of Report

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

2021 GGC General Referral Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Neurology - Muscular Disorders
GGC General Referral

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

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Hospital and **hospital address**

Hospital location code.
G405H

Email address
-

Urgency of referral Routine
Date of referral 18-Feb-2025 **Date sent** 20-Feb-2025

PATIENT DETAILS

Surname	McLeish
Forename(s)	Wendy
Title	Miss
Sex	Female
Date of birth	25-May-1987
CHI no.	2505876061
Area of Residence	-

Patient's address

Flat 3.2
312 Cumbernauld Road
Glasgow
G31 3LY

Contact number(s)
Voice: 07912347436

101035634331U Unique Care Pathway Number: 101035634331U

REGISTERED GP DETAILS

Name	Dr Margaret Morris		
GMC code	4305792	GP code	05029
Practice name	Meadowpark Surgery (18882)		
Practice code	46625		

Practice address

Meadowpark Practice
1251 Duke Street
Glasgow
G31 5NZ

Contact number(s)
Voice: 0141 800 0272

REFERRING GP DETAILS

Name	Dr. Matthew Lyons		
GMC code	7134018	GP code	02836
Practice name	Meadowpark Surgery (46625)		
Practice code	46625		

Practice address

Parkhead Hub
1251 Duke Street
Glasgow
G31 5NZ

Contact number(s)
Voice: 0141 800 0272

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: ?Peripheral neuropathy

Comment: Dear Colleague,

I would be grateful for your review of this 37-year old lady with a significant past medical history. This includes bronchiectasis and previous ECMO for respiratory failure. She also has a history of epilepsy and previous issues with alcohol and cannabis misuse, although she maintains she has remained abstinent from these.

She currently experiences worsening pins and needles with altered sensation to the extremities of all four limbs, and tells me this has been ongoing for the past six months. She has no specific weakness, but does report occasional visual blurring as well.

On examination (14th February 2025): Her nerves are intact; she has normal tone, power, reflex and sensation in all four limbs, but does tell me that the pins and needles in her toes and fingers are persistent and intermittent and experiences this most days.

Her most recent bloods have shown only very borderline-low B12 level at 65, so I have arranged for some oral replacement and will recheck levels in due course. All other screens are normal.

I would be grateful for your expert opinion.

Kind regards,
Dr Matthew Lyons

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
Closed fracture distal tibia	-	29-Jan-2024	29-Jan-2024
Epilepsy	-	15-Sep-2023	15-Sep-2023
Bronchiectasis	-	29-Mar-2023	29-Mar-2023
Lumbago with sciatica	-	01-Feb-2023	01-Feb-2023
Asthma	-	12-Sep-2022	12-Sep-2022
Vulnerable child in family	-	16-Mar-2021	16-Mar-2021
Assault by bite of human being	by partner. bite to R ear, blunt head trauma by bottle.	01-Nov-2019	01-Nov-2019
Social worker involved	-	02-Sep-2019	02-Sep-2019
Alcohol problem drinking	-	02-Sep-2019	02-Sep-2019
Miscarriage	surgical ERPC	03-Sep-2015	03-Sep-2015
Pneumonia due to unspecified organism	(Bilateral)	30-Dec-2011	30-Dec-2011
Adult respiratory distress syndrome	-	30-Nov-2011	30-Nov-2011
Overdose of drug	fluoxetine	22-Sep-2011	22-Sep-2011
Anxiety with depression	-	19-Jul-2011	19-Jul-2011
Death of father	-	31-Jan-2011	31-Jan-2011
Has a tremor	seen by nuerologist 2012, felt to be benign	01-Apr-2007	01-Apr-2007
Death of mother	age 29 MI	01-Jan-1991	01-Jan-1991

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Elective caesarean delivery NOS	26-Feb-2017	26-Feb-2017

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Propranolol Hydrochloride Tablets 40 mg	84	84 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	03-Jun-2024	28-Jan-2025
Gabapentin Capsules 300 mg	84	84 CAPSULE	TAKE ONE CAPSULE THREE TIMES DAILY	-	24-May-2024	28-Jan-2025
Lansoprazole Capsules (Gastro-Resistant) 30 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	22-May-2024	28-Jan-2025
Sertraline Hydrochloride Tablets 100 mg	28	28 TABLET	ONE TO BE TAKEN EACH DAY	-	22-May-2024	28-Jan-2025
Lamotrigine Tablets 25 mg	56	56 tablet	TAKE ONE TABLET TWICE DAILY (TOTAL DOSE 75MG TWICE DAILY)	-	02-Oct-2023	28-Jan-2025
Dihydrocodeine Tablets 30 mg	224	224 tablet	TAKE 2 TABLETS FOUR TIMES DAILY	-	28-Feb-2023	28-Jan-2025
Lamotrigine Tablets 50 mg	56	56 TABLET	TAKE ONE TABLET TWICE DAILY (TOTAL DOSE 75MG TWICE DAILY)	-	11-Oct-2022	28-Jan-2025
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	2	2 INHALER	TWO PUFFS TO BE INHALED TWICE A DAY	-	12-Sep-2022	28-Jan-2025
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	12-Aug-2021	28-Jan-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Cyanocobalamin Tablets 100 micrograms	60	60 tablet	1 Tab Daily THEN REPEAT BLOODS	-	14-Feb-2025	14-Feb-2025
Ralvo Medicated Plaster 700 mg	30	30 patch	APPLY ONE PLASTER ONCE DAILY (12 HOURS ON 12 HOURS OFF)	-	06-Feb-2025	06-Feb-2025
Lidocaine Medicated Plaster 5 %	7	7 PLASTER	APPLY ONE PLASTER ONCE DAILY (12 HOURS ON 12 HOURS OFF). LAST ISSUE - DISCONTINUED	-	07-Nov-2024	07-Nov-2024
Ralvo Medicated Plaster 700 mg	30	30 patch	APPLY ONE PLASTER ONCE DAILY (12 HOURS ON 12 HOURS OFF)	-	11-Oct-2024	11-Oct-2024

Blood Pressure

Date Recorded	Systolic	Diastolic
08-Sep-2022	122	92
21-Sep-2021	120	60
17-Jul-2018	128	77
09-Jul-2015	123	90
08-Aug-2013	116	77

Body Measurements

Date Recorded	Height	Weight	BMI
10-Oct-2022	-	90	-
10-Jun-2021	160.02	82.55	32.24
23-Mar-2021	158	83	33.25
23-Mar-2021	-	83	-
17-Jul-2018	-	-	29.64

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Non-smoker :		08-Sep-

		2022
Non-smoker :	hx noted, ongoing longstanding anxiety, tremors, seen by neurology and advised related to anxiety, using propranolol, feels doesn't help her, also uses saba for sob up stairs at times, bu- TRUNCATED	07-Oct-2021
Ex-smoker - amount unknown :		12-Aug-2021
Never smoked tobacco:		10-Jun-2021
Never smoked tobacco:		16-Sep-2019
Non-drinker alcohol :		07-Oct-2021
Alcohol consumption, 1 units/week:		10-Jun-2021
Alcohol consumption, 3 units/week:		17-Apr-2012
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	21-Jan-2010

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to propranolol	possible wheeze with this	29-Apr-2016

Additional Support Needs

No known ASN requirements

Additional relevant information

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

MB/VF

Date dictated: 30 January 2025
Date typed: 3 February 2025

Dr Angela Wright
Consultant Respiratory Physician
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

SCOTTISH PULMONARY VASCULAR UNIT

Dear Angela

Patient Name: Wendy McLeish **CHI:** 2505876061 **DOB:** 25/05/1987
Patient Address: 0/2 312 Cumbernauld Road, Glasgow, G31 3LY

Wendy has now had her CTPA and we reviewed this at the SPVU MDT today. We noted that there was a probable ASD on the CTPA and this would fit with her echocardiogram suggesting a volume rather than pressure overloaded RV.

We will arrange to see her in our clinic and do a more detailed echo study and can then refer her on to our colleagues in the Adult Congenital Service.

Yours sincerely

Dr Melanie Brewis
Consultant Pulmonary Vascular Physician
SCOTTISH PULMONARY VASCULAR UNIT

CC
(D) Dr MM Morris, Meadowpark Surgery, 568 Alexandra Parade, Glasgow, G31 3BP
Authorised on 05/02/2025 11:30:55 by Dr Melanie Brewis.

McLeish Wendy CHI: 2505876061

Clinical letter - GP:

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Respiratory Medicine
Contact Tel: 0141 451 5366
Enquiries to: lindsay.fraser2@nhs.scot

Dr. MM Morris
Meadowpark Surgery
568 Alexandra Parade
Glasgow
G31 3BP

Letter Date: 04/02/2025
Reference: AW/LMF
Dictated Date: 31/01/2025
Transcribed Date: 31/01/2025

Dear Dr Morris,

Wendy McLeish; D.O.B: 25/05/1987; CHI: 2505876061
FLAT 3/2, 312 CUMBERNAULD RD, Glasgow, Lanarkshire, G31 3LY

The above patient has now had her CTPA. There is no pulmonary emboli. There is however changes in keeping with right sided heart failure. I have already referred her to the Golden Jubilee.

Yours sincerely

Dr Angela Wright
Consultant in Respiratory Medicine

Electronically Signed: Dr Angela Wright, Consultant

cc.

McLeish Wendy CHI: 2505876061

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Respiratory Department
0141 451 5366
lindsay.fraser@ggc.scot.nhs.uk

Dr. MM Morris
Meadowpark Surgery
568 Alexandra Parade
Glasgow
G31 3BP

Main Switchboard:	
Department:	Respiratory Department
Contact Tel:	0141 451 5366
Enquiries to:	lindsay.fraser@ggc.scot.nhs.uk
Letter Date:	04/12/2024
Reference:	AW/RS
Dictated Date:	04/12/2024
Transcribed Date:	04/12/2024

Dear Dr. MM Morris,

Wendy McLeish; D.O.B: 25 May 1987; CHI: 2505876061
FLAT 3/2, 312 CUMBERNAULD RD, Glasgow, Lanarkshire, G31 3LY

Attendance: Specialty - Respiratory Medicine; Clinic - GRAWRE5-DR A WRIGHT RESP WED AM
Date and Time of Appointment - 04/12/2024 11:00

Follow Up: Dr Wright's Clinic 7th May 2025

Clinical Comments:
Diagnosis:

1. Previous ECMO for respiratory failure

2. Patient reports breathlessness on exertion – no desaturation on 6 minute walk test

3. Both Echo and HRCT scan are suggestive of PH

Plan from clinic:

1. CTPA - requested

2. Referral to SVPU Unit - dictated

I reviewed Wendy in my respiratory clinic on 4th December 2024. Since I last saw her she has had an Echo and 6 minute walk test.

These show she does not desaturate but again there is a suggestion of PH.

I explained this to Wendy today and subsequently booked a CTPA. I will also ask for some advice from our colleagues at the Golden Jubilee National Hospital SVPU.

I have updated her blood tests today.

In clinic she appeared a little bit shaky but respiratory examination was normal.

Yours sincerely

Dr A Wright

Consultant in Respiratory Medicine

Electronically Signed: Dr Angela Wright, Consultant

cc.

NHS
SCOTLAND

PRIVATE AND CONFIDENTIAL
Scottish Ambulance Service
National Headquarters
1 South Gyle Crescent
Edinburgh
EH12 9EB
Tel - 0131 314 0000

Date : 15 Aug 2024
CHI Number : 2505876061

Dear Doctor, (Practice Code - 46625)

Wendy McLeish, 25/05/87 , 3/2 312 CUMBERNAULD ROAD DENNISTON GLASGOW

Wendy McLeish, was attended by ambulance crew on 14 Aug 2024 but was not conveyed to hospital.

The full electronic patient record is also attached for your information. If you require further information please contact sas.gpepr2@nhs.scot , stating the Incident number CR011212842.

Yours sincerely,

Scottish Ambulance Service

TerraPACE REPORT			
Time	20:12	Date	14/08/2024
PATIENT AND INCIDENT DETAILS			
Incident number		CR011212842	
Name		Wendy McLeish	
CHI Number		2505876061	
Date of Birth		1987-05-25	
Additional Comments and Observations		{hpc} - pt states being out in her garden and tripped going over on her ankle at approx 17:00pm. Pt then walked up 3 flights of stairs and called an ambulance for pain in her right ankle. Pt also checked her pulse and was concerned that her pulse was 50. No dizziness, no pain, no sob, no feelings of being unwell. [o/a] - pt answered door and walked into living room, Pt alert, good colour. no swelling or bruising present. Pt has full mobility in foot / ankle. Pt states having a little bit of pain in ankle. Drug paraphernalia around living room. Pt denied drug use. [o/e] - obs wnl as below, p - 72, regular. No pain on palpation of right ankle. [treat/advise] - pt advised to take her naproxen / paracetamol every 4 hours upto 4 times a day. Pt advised that a heart rate of 50 - 100 is a normal heart rate. Pt advised if pain in ankle worsens, pts movement in ankle becomes limited, unable to weigh bare, colour change of foot to seek further medical advice ie 999, gp, nhs 24, ooh. Pt happy with this advice and said she just wanted 'checked'.	
Additional Comments: Presenting Complaint		PAIN IN ANKLE / UNK	
PATIENT ASSESSMENT			
AVPU		Alert	
Circulation			
Pulse Rate	75	**BP**	127/58
Cap Refill	<=2 Secs	**ECG Rhythm**	Sinus Rhythm
Rhythm	Reg	**Arm**	Right
Central/Peripheral	Peripheral	**ECG**	3 Lead
IV(L)		**IV(R)**	
IO(L)		**IO(R)**	

Observations

Time	P	RR	BP	SpO2	CR	GCS	AVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF
19:41	75	18	127/58	97	<=2 Secs	15	Alert		36.4	5.2	Sinus Rhythm	4	4	
19:45	72	18	128/82	97	<=2s	15	Alert				Sinus Rhythm	4	4	

HISTORY	
AMPLE	
Allergies	None
Medication	LAMOTRIGINE, OMEPRAZOLE, NAPROXEN,
Past Medical History	TREMORS, PREV PNEUMONIA, TREMORS, PREV ANKLE FRACTURE
Last Eaten	>4 Hours Ago
Events Prior	IN HOUSE
Social History	
Lives alone	
MEDICAL	
TRAUMA	
OBSTETRICS/GYNAE	
OTHER	

McLeish Wendy CHI: 2505876061

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Respiratory Medicine
0141 451 5366
lindsay.fraser@ggc.scot.nhs.uk

Dr. MM Morris
Meadowpark Surgery
568 Alexandra Parade
Glasgow
G31 3BP

Main Switchboard:	
Department:	Respiratory Medicine
Contact Tel:	0141 451 5366
Enquiries to:	lindsay.fraser@ggc.scot.nhs.uk
Letter Date:	29/05/2024
Reference:	AW/LMF
Dictated Date:	29/05/2024
Transcribed Date:	29/05/2024

Dear Dr. MM Morris,

Wendy McLeish; D.O.B: 25 May 1987; CHI: 2505876061
FLAT 3/2, 312 CUMBERNAULD RD, Glasgow, Lanarkshire, G31 3LY

Attendance: Specialty - Respiratory Medicine; Clinic - GRAWRE5-DR A WRIGHT RESP WED AM
Date and Time of Appointment - 29/05/2024 10:00

Follow Up: Respiratory Clinic Dr Wright 4/12/24 at 11 am

Clinical Comments:
Diagnoses:

1. Previous ECMO for respiratory failure due to pneumonia
2. Recent CT scan showed no established parenchymal lung disease

Plan from clinic:

1. Six minute walk test
2. Spirometry
3. Echo to assess for pulmonary hypertension

The above patient attended for a face to face return appointment today. Wendy reports really quite severe breathlessness in that if she walks from the toilet to the living room she is very short of breath. This level of symptom burden is obviously not in keeping with her previous results.

We will get the above investigations carried out and take things from there.

Yours sincerely

Dr Angela Wright

Consultant in Respiratory Medicine

Electronically Signed: Dr Angela Wright, Consultant

cc.

NHS
Greater Glasgow and Clyde

Orthopaedic Department
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 OSF

20/05/2024

Dr MM Morris
Meadowpark Surgery
568 Alexandra Parade
Glasgow
G31 3BP

Dear Dr MM Morris

Re Patient
Wendy McLeish
FLAT 3/2
312 CUMBERNAULD RD
Glasgow
G31 3LY

CHI Number:	**2505876061**
Consultant:	**GRI Ortho Monday Fracture Clinic**
Specialty:	**Orthopaedics**
Date and time:	**20/05/2024, at 09:30**

It would appear from our records that your patient did not keep the above appointment and did not notify us that they would not be attending.

Your patient has been informed of the missed appointment and no further appointment will be offered without further request from the patient or yourself. Your patient has been provided with the hospital contact details to use to request a further appointment. If on consideration of the clinical or social circumstances of the patient you feel it is appropriate to request a further appointment on the patient's behalf please resend the gateway referral.

Yours sincerely

Emma Cooper

Outpatient Administration Manager

User ID Jillian Donohoe

SCGC Op DNA Removal to GP V1

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 09/04/2024

Consultant: Dr Samantha Perry

MM Morris
Meadowpark Surgery
568 Alexandra Parade
Glasgow
Glasgow
G31 3BP

Dear MM Morris

Re: **McLeish Wendy** DOB: **25/05/1987** CHI: **2505876061**
FLAT 3/2
Glasgow G31 3LY

Attended on: **09/04/2024 at 13:07 hrs.** Departed on: **09/04/2024 at 16:41 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
RTC

Nursing Assessment:
SHOULDER/BACK PAIN RTC NEWS 1 Patient attends after being involved in RTC on Saturday at 2200. Passenger in a car going 50mph on motorway, coming off junction, lost control, car spun until coming to a complete stop. Airbags deployed, no C-spine pain, mobilised at scene. PMH Arthritis, Asthma,.

Investigations in ED:
1. CT Head **2. CT Spine cervical**

McLeish Wendy CHI: 2505876061

Diagnosis:

Diagnosis	Side	Site
Concussion		
Sprain and Strain of Cervical Spine		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:
Normal CT head and neck home with HI/concussion and neck injury advice sheets.

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Catherine Aspden
Doctor

Copies to:
1. MM Morris (GP)

School Address:

PRIVATE AND CONFIDENTIAL
Scottish Ambulance Service
National Headquarters
1 South Gyle Crescent
Edinburgh
EH12 9EB
Tel - 0131 314 0000

Date : 07 Apr 2024
CHI Number : 2505876061

Dear Doctor, (Practice Code - 46625)

Wendy McLeish, 25/05/87 , FLAT 3/2 312 CUMBERNAULD RD GLASGOW

Wendy McLeish, was attended by ambulance crew on 06 Apr 2024 but was not conveyed to hospital.

The full electronic patient record is also attached for your information. If you require further information please contact sas.gpepr2@nhs.scot , stating the Incident number CR010809471.

Yours sincerely,

Scottish Ambulance Service

TerraPACE REPORT			
Time	23:59	Date	06/04/2024

PATIENT AND INCIDENT DETAILS	
Incident number	CR010809471
Name	Wendy McLeish
CHI Number	2505876061
Date of Birth	1987-05-25
Additional Comments and Observations	As1 call for 36yof, o/a police on scene pt had self extricated from passenger seat and was sitting in the back of the car, pt reports it was a bit of a blur what happened, airbags deployed, police report driver hit road sign and car went onto grass verge, driver under arrest. Pt under the influence of alcohol denies any recreational substances. Pt not c/o any pain, no c spine/neck tenderness, no obvious injuries. o/e obs as recorded. Pt signed refusal to attend hospital, police transported pt home. Worsening advice and self care advice given.
Additional Comments: Presenting Complaint	RTC

PATIENT ASSESSMENT			
AVPU	Alert		
Circulation			
Pulse Rate	96	**BP**	140/52
Cap Refill	<=2 Secs	**ECG Rhythm**	Sinus Rhythm
Rhythm	Reg	**Arm**	Right
Central/Peripheral	Peripheral	**ECG**	3 Lead
IV(L)		**IV(R)**	
IO(L)		**IO(R)**	

Observations

Time	P	RR	BP	SpO2	CR	GCS	AVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF
23:12	96	18	140/52	99	<=2 Secs	15	Alert		36.4	5.7	Sinus Rhythm			
23:22	90	18	138/107	98										

HISTORY	
AMPLE	
Allergies	None
Medication	SEE ECS
Past Medical History	ANXIETY, ARTHRITIS, SCIATICA
Last Eaten	>4 Hours Ago
Events Prior	PT WAS PASSENGER IN CAR WHICH HAS HIT A ROAD SIGN AND ENDED UP ON A GRASS VERGE ON THE MOTORWAY

Social History	
Lives alone	
MEDICAL	
TRAUMA	
Trauma	
Mechanism of Injury	
Risk Factors	
OBSTETRICS/GYNAE	
OTHER	

McLeish Wendy CHI: 2505876061

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Orthopaedics
Contact Tel: 0141 201 3105/201 3114
Enquiries to:

Dr. MM Morris
Meadowpark Surgery
568 Alexandra Parade
Glasgow
G31 3BP

Letter Date: 28/03/2024
Reference: NJM/LMC
Dictated Date: 25/03/2024
Transcribed Date: 25/03/2024

Dear Dr Morris,

Wendy McLeish; D.O.B: 25/05/1987; CHI: 2505876061
FLAT 3/2, 312 CUMBERNAULD RD, Glasgow, Lanarkshire, G31 3LY

This lady had a tillaux fracture of her right ankle in January. Check x-rays today show no further displacement but the fracture is still visible..

On clinical review she has global tenderness round the ankle but no significant swelling today. She is not tender over the syndesmosis or the fragment itself. She does get a lot of current pain issues secondary to sciatica for which she takes gabapentin. At this point we will continue to help her with rehabilitation and I have made a referral for physiotherapy. We will review her back in a further couple of months with fresh x-rays on arrival.

Yours Sincerely

Miss N Jane Madeley F.R.C.S (Tr&Orth)

Consultant Orthopaedic Surgeon

foot.ankle@ggc.scot.nhs.uk

www.nhsggc.org.uk/orthopaedics

Electronically Signed: Miss Nicola Jane Madeley, Consultant

cc.

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7264197**	Receive Date:	**17-Mar-2024 13:26**
Patient's Name:	**Wendy Mcleish**		
Date of birth:	**25-May-1987 (36 years)**	Gender:	**F**
Address:	**3/2 312 Cumbernauld Road Glasgow G31 3LY**	Current Address:	**3/2 312 Cumbernauld Road Glasgow G31 3LY**
Return Contact No:			
Tel No: Mobile No:	**07912 347436**		**07912 347436**
Priority:	**within 2 hours**	Call Origin:	
Received:	**17-Mar-2024 13:26**	Calltype:	**Attend OOH Appointment**
Advised:	**13:58**	Arrived PCC:	**17-Mar-2024 16:04**
Cons start:		Cons End:	
Consulting Doctor:	**Tahir Akhtar**	Own doctor:	**Anne McGinley**

CHI Number:
2505876061

NHSD details:

Receptionist:
COUGHING 1 WEEK
PCC3 PCEC within 2 Hrs
Clinical summary created by: Adunni Akeju (Call Taker Si) () [17/03/2024 13:58:50] Reason for call: COUGHING 1 WEEKConfirmed Symptom(s): Behaviour change from normal Ongoing confusion Symptom(s) not found: No current fever Risk Factor(s): No travel outside Europe in last 21 days or to an affected country Call Detail(s): 17:03:2024 13:27:20 AKEJUA.. BAD CHEST INFECTION. COUGHING UP LUMPY STUFF, SOME GREEN, SOME WHITE AND YELLOWISH. FORGETS THINGS EASILY, FEELS DISORIENTED. ATTENDS RESPIRATORY CLINIC REGULARLY FOR RESPIRATORY PROBLEMS... COUGH WITH YELLOWISH GREEN PHLEGM. VOMITED ONCE TODAY. FEELING GENERALLY UNWELL, DIZZY, SLIGHTLY CONFUSED. PRONE TO FREQUENT CHEST

INFECTIONS. SPEAKING IN FULL SENTENCES. OUTCOME: PCEC 2 HOURS... Outcome: PCEC within 2 Hrs

---

Triage details:

History - **Pt attending with her partner.**

Pt has had a one week hx of cough- productive cough- bringing up yellow/ green phlegm, no blood,
slight SOB, no wheeze, no chest pains- coughing bouts are causing slight discomfort at the anterior upper sternal region at times. No pleuritic pains.
Pt denies sore throat/ ear ache, no headache, Appetite reduced, no vomiting,
PU/ bowels ok,
Has had upper abdominal discomfort/ heartburn at times. Pt takes omeprazole but feels these are not helping.
mild temp at times,

PMHx: As per ECS, including epilepsy, On meds as per ECS, NKDA
ex-smoker, currently uses e-cig,
non-drinker, Pt denies possibility of pregnancy.
Pt denies any pasy history of illicit drug use.
No recent foreign travel.

Examination - **O/E well, alert, temp 37.0,**
Pulse 84bpm, reg, good vol, CRT<2s, moist mm, HS pure, BP 118/80mmHg, calves snt,
RR 18, chest clear and resonant, good a/e, Sats 98%,
Throat: NAD, No cervical nodes palpable,
No rashes/ photophobia or meningism.
GCS 15.
Strong smell of cannabis- either from pt or pt's partner. Pt denies any cannabis use herself.

Diagnosis - **URTI**
Mild dyspepsia.

Treatment - **Discussion re symptoms. Advised rx as script. NKDA. Rv INS. WSG.**
Red flag symptoms discussed.
Pt states amoxicililn abx do not work for her.
Can stop omeprazole and can try lansoprazole.

Prescriptions:

Clarithromycin 500mg tablets Take one tablet twice daily 14.00 Lansoprazole 30mg gastro-resistant capsules Take one capsule once daily as required 28.00

Followups:

GP Follow Up

Clinical Codes:
J16y4 Dyspepsia H05z. Upper respiratory infect.NOS

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

2021 GGC General Referral Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Trauma & Orthopaedic - Spine
GGC General Referral

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

West Glasgow
1053 Great Western Road
Glasgow
G12 0YN

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

Hospital location code.
G516H

Email address
-

Urgency of referral Routine
Date of referral 24-May-2024 **Date sent** 24-May-2024

PATIENT DETAILS

Surname	McLeish
Forename(s)	Wendy
Title	Miss
Sex	Female
Date of birth	25-May-1987
CHI no.	2505876061
Area of Residence	-

Patient's address

Flat 3.2
312 Cumbernauld Road
Glasgow
G31 3LY

Contact number(s)
Voice: 07912347436

101033152297L Unique Care Pathway Number: 101033152297L

REGISTERED GP DETAILS

Name	Dr Margaret Morris		
GMC code	4305792	GP code	05029
Practice name	Meadowpark Surgery (18882)		
Practice code	46625		

Practice address

568 Alexandra Parade
Glasgow
G31 3BP

Contact number(s)
Voice: 0141 554 0464
Facsimile: 0141 550 2002

REFERRING GP DETAILS

Name	Dr. Matthew Lyons		
GMC code	7134018	GP code	02836
Practice name	Meadowpark Surgery (46625)		
Practice code	46625		

Practice address

568 Alexandra Parade
Glasgow
G31 3BP

Contact number(s)
Voice: 0141 554 0464

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Worsening bilateral leg pain and back pain

Comment: Dear Colleague,

I would appreciate your opinion regarding this 37-year old lady who has had longstanding mild sciatica symptoms and lower back pain. She also has a history of hip arthritis, epilepsy and essential tremor.

In the past two months, she has experienced worsening bilateral shooting pains down to her ankles. On straight leg raise, she gets L3 distribution pain in both inner thighs. She has no weakness or numbness, and does not describe any saddle anaesthesia or sphincter dysfunction.

Despite increasing her gabapentin, her pain has continued to worsen, so I have increased it to 300mg three times a day to see how this goes. She is also on Ralvo patches for her back pain.

I would appreciate your opinion on whether she requires any further investigation or imaging.

Kind regards,
Dr Matthew Lyons

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
Closed fracture distal tibia	-	29-Jan-2024	29-Jan-2024
Epilepsy	-	15-Sep-2023	15-Sep-2023
Bronchiectasis	-	29-Mar-2023	29-Mar-2023
Lumbago with sciatica	-	01-Feb-2023	01-Feb-2023
Asthma	-	12-Sep-2022	12-Sep-2022
Vulnerable child in family	-	16-Mar-2021	16-Mar-2021
Assault by bite of human being	by partner. bite to R ear, blunt head trauma by bottle.	01-Nov-2019	01-Nov-2019
Social worker involved	-	02-Sep-2019	02-Sep-2019
Alcohol problem drinking	-	02-Sep-2019	02-Sep-2019
Miscarriage	surgical ERPC	03-Sep-2015	03-Sep-2015
Pneumonia due to unspecified organism	(Bilateral)	30-Dec-2011	30-Dec-2011
Adult respiratory distress syndrome	-	30-Nov-2011	30-Nov-2011
Overdose of drug	fluoxetine	22-Sep-2011	22-Sep-2011
Anxiety with depression	-	19-Jul-2011	19-Jul-2011
Death of father	-	31-Jan-2011	31-Jan-2011
Has a tremor	seen by nuerologist 2012, felt to be benign	01-Apr-2007	01-Apr-2007
Death of mother	age 29 MI	01-Jan-1991	01-Jan-1991

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Elective caesarean delivery NOS	26-Feb-2017	26-Feb-2017

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
			TAKE ONE TABLET TWICE			

Lamotrigine Tablets 25 mg	56	56 tablet	DAILY (TOTAL DOSE 75MG TWICE DAILY)	-	02-Oct-2023	08-Apr-2024
Ralvo Medicated Plaster 700 mg	30	30 patch	APPLY ONE PLASTER ONCE DAILY (12 HOURS ON 12 HOURS OFF)	-	28-Feb-2023	03-May-2024
Dihydrocodeine Tablets 30 mg	224	224 tablet	TAKE 2 TABLETS FOUR TIMES DAILY	-	28-Feb-2023	03-May-2024
Lamotrigine Tablets 50 mg	56	56 TABLET	TAKE ONE TABLET TWICE DAILY (TOTAL DOSE 75MG TWICE DAILY)	-	11-Oct-2022	08-Apr-2024
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	2	2 INHALER	TWO PUFFS TO BE INHALED TWICE A DAY	-	12-Sep-2022	03-May-2024
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	12-Aug-2021	03-May-2024

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Gabapentin Capsules 300 mg	100	100 capsule	1 Cap TDS	-	24-May-2024	24-May-2024
Lansoprazole Capsules (Gastro-Resistant) 30 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	22-May-2024	22-May-2024
Sertraline Hydrochloride Tablets 100 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	22-May-2024	22-May-2024
Gabapentin Capsules 100 mg	42	42 capsule	TITRATING UP TO TWO CAPSULES 3 TIMES A DAY	-	19-Apr-2024	19-Apr-2024
Propranolol Hydrochloride Tablets 40 mg	84	84 TABLET	ONE TO BE TAKEN THREE TIMES A DAY	-	11-Apr-2024	03-May-2024
Propranolol Hydrochloride Tablets 10 mg	28	28 tablet	ONE TO BE TAKEN UP TO THREE TIMES A DAY FOR ANXIETY	-	09-Feb-2024	09-Feb-2024
Naproxen Tablets 500 mg	56	56 tablet	ONE TO BE TAKEN TWICE A DAY	-	31-Jan-2024	31-Jan-2024
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY (WHILST TAKING NAPROXEN)	-	31-Jan-2024	31-Jan-2024
Clarithromycin Tablets 500 mg	10	10 TABLET	ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS	-	22-Jan-2024	22-Jan-2024
Doxycycline Hyclate Capsules 100 mg	6	6 capsule	TAKE TWO ON FIRST DAY AND THEN ONE CAPSULE DAILY	-	17-Jan-2024	17-Jan-2024
Sertraline Hydrochloride Tablets 50 mg	28	28 tablet	ONE TO BE TAKEN EACH DAY	-	16-May-2023	03-May-2024
Gabapentin Capsules 100 mg	168	168 CAPSULE	TAKE TWO CAPSULES THREE TIMES DAILY	-	28-Feb-2023	03-May-2024

Blood Pressure

Date Recorded	Systolic	Diastolic
08-Sep-2022	122	92
21-Sep-2021	120	60
17-Jul-2018	128	77
09-Jul-2015	123	90
08-Aug-2013	116	77

Body Measurements

Date Recorded	Height	Weight	BMI
10-Oct-2022	-	90	-

10-Jun-2021	160.02	82.55	32.24
23-Mar-2021	158	83	33.25
23-Mar-2021	-	83	-
17-Jul-2018	-	-	29.64

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Non-smoker :		08-Sep-2022
Non-smoker :	hx noted, ongoing longstanding anxiety, tremors, seen by neurology and advised related to anxiety, using propranolol, feels doesn't help her, also uses saba for sob up stairs at times, bu- TRUNCATED	07-Oct-2021
Ex-smoker - amount unknown :		12-Aug-2021
Never smoked tobacco:		10-Jun-2021
Never smoked tobacco:		16-Sep-2019
Non-drinker alcohol :		07-Oct-2021
Alcohol consumption, 1 units/week:		10-Jun-2021
Alcohol consumption, 3 units/week:		17-Apr-2012
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	21-Jan-2010

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to propranolol	possible wheeze with this	29-Apr-2016

Additional Support Needs

No known ASN requirements

Additional relevant information

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

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

McLeish Wendy CHI: 2505876061

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Orthopaedics
Contact Tel: 0141 201 3105/201 3114
Enquiries to:

Dr. MM Morris
Meadowpark Surgery
568 Alexandra Parade
Glasgow
G31 3BP

Letter Date: 28/02/2024
Reference: NS/LMC
Dictated Date: 26/02/2024
Transcribed Date: 26/02/2024

Dear Dr Morris,

Wendy McLeish; D.O.B: 25/05/1987; CHI: 2505876061
FLAT 3/2, 312 CUMBERNAULD RD, Glasgow, Lanarkshire, G31 3LY

Diagnosis: Tillaux fracture right ankle

Management: conservative

Outcome: review in 6 weeks with x-ray on arrival

I have reviewed this 36-year-old lady in clinic today. She had a fall on the 20th of January and sustained a Tillaux fracture which has been treated conservatively.

She is still complaining of pain although her ankle is getting better.

X-rays show that the fragment has not displaced and that the syndesmosis has not widened.

I have asked her to continue with the boot for another two weeks and then to wean herself out of the boot. I have also given her foot and ankle exercise sheet with an exercises programme to follow.

We will see her in 6 weeks' time for a further review.

Yours Sincerely,

McLeish Wendy CHI: 2505876061 GCL 26/02/2024 v1

Nadia Scibarras,

Orthopaedic Registrar

www.nhsggc.scot/orthopaedicsgri

Electronically Signed: Dr Nadia Sciberras, Doctor

cc.

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 26/02/2024

Consultant: Dr Patrick O'Mailley

MM Morris
Meadowpark Surgery
568 Alexandra Parade
Glasgow
Glasgow
G31 3BP

Dear MM Morris

Re: **McLeish Wendy** DOB: **25/05/1987** CHI: **2505876061**
FLAT 3/2
Glasgow G31 3LY

Attended on: **26/02/2024 at 17:24 hrs.** Departed on: **26/02/2024 at 23:14 hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **4**

Presenting complaint
numbness to fingers

Nursing Assessment:
Altered sensation to fingertips since this morning. FAST -ve in triage. **Low Blood glucose. Given 2x glucojuice in triage. News 1.**

Investigations in ED: **None**

McLeish Wendy CHI: 2505876061

Diagnosis:

Diagnosis	Side	Site
Paraesthesia of Skin		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:

36F presented with 1/7 ascending paraesthesia of her fingertips, now involving both hands up to the wrist. Neurological examination normal, no sign radial nerve palsy, power normal across all movements allowing for essential tremor. Reassured and discharged. Advised if persists to seek neuropathy bloods from her GP (B12, thyroid etc.)

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Alexander Kriss
Doctor

Copies to:

1. MM Morris (GP)

School Address:

McLeish Wendy CHI: 2505876061

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Orthopaedics
Contact Tel: 0141 201 3719
Enquiries to:

Dr. MM Morris
Meadowpark Surgery
568 Alexandra Parade
Glasgow
G31 3BP

Letter Date: 08/02/2024
Reference: TA/AMMCK
Dictated Date: 05/02/2024
Transcribed Date: 05/02/2024

Dear Dr Morris,

Wendy McLeish; D.O.B: 25/05/1987; CHI: 2505876061
FLAT 3/2, 312 CUMBERNAULD RD, Glasgow, Lanarkshire, G31 3LY

Diagnosis: Tillaux fracture on the right ankle

Management: Conservative

Outcome: Review in the clinic in three weeks with x-ray on arrival

I reviewed this 36 year old lady in the clinic today. She had a fall on 28 January and she sustained a minimally displaced **Tillaux** fracture in the right ankle. It was isolated, closed and neurovascularly intact injury.

Today she is still complaining of pain in her ankle but it is getting better. She does not have any other complaints. She was in a boot and we sent her for an x-ray.

The x-ray did not show any displacement on the fracture and therefore we are going to continue with conservative management.

I advised the patient that she can mobilise now as her pain allows and we will see her in three weeks in the clinic with x-ray on arrival. She is happy with this plan and she has our number if she has any problems before then.

Yours sincerely

Tariq Altell

McLeish Wendy CHI: 2505876061 GCL 05/02/2024 v1

Clinical Fellow

www.nhsggc.scot./orthopaedicsgri

Electronically Signed: Dr Tareq Altell, Doctor

cc.

Glasgow Royal Infirmary: Diagnostic Imaging Report

Patient	WENDY MCLEISH	**Address**	FLAT 3/2, 312 CUMBERNAULD RD, GLASGOW, LANARKSHIRE, G31 3LY
DOB	25/05/1987	**CHI No.**	2505876061
Ref. Source	Meadowpark Surgery	**Practice Code**	46625
Referrer	Dr Sabha Ali	**Exam Date**	05/02/2024 10:27

Report Summary

Clinical History :
cough with blood streaks in sputum. chest clear. ? abnormality

XR Chest

XR Chest :
Comparison is made with the previous film of 24/03/2023.Normal heart and mediastinal contour. The lungs are clear and the bony thorax is intact.

Last verified by: 4309404 (Dr Colin Noble)
Reported by: 4309404 (Dr Colin Noble)

McLeish Wendy CHI: 2505876061

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 28/01/2024

Consultant: Dr Fiona Ritchie

MM Morris
Meadowpark Surgery
568 Alexandra Parade
Glasgow
Glasgow
G31 3BP

Dear MM Morris

Re: **McLeish Wendy** DOB: **25/05/1987** CHI: **2505876061**
FLAT 3/2
Glasgow G31 3LY

Attended on: **28/01/2024 at 06:34 hrs.** Departed on: **at hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Private residence**
Previous ED Attendance in last 12 months: **3**

Presenting complaint
right ankle injury.

Nursing Assessment:
ANKLE INJURY. Legs gave way during night, twisting R ankle. Slight swelling evident. Mobilised with SAS. Taken own analgesia. Sensation intact. Hx sciatica.

Investigations in ED:
1. XR Ankle Rt

McLeish Wendy CHI: 2505876061

Diagnosis:

Diagnosis	Side	Site
Closed Fracture of Shaft of Tibia		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:

Patient presented today with a fracture to her right distal tibia. I have referred her to Ortho for follow up.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Elaine Houston
Nurse

Copies to:

1. MM Morris (GP)

School Address:

McLeish Wendy CHI: 2505876061

Letter to Patient:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Department: Respiratory Medicine
Contact Tel: 0141 451 5366
Enquiries to: lindsay.fraser@ggc.scot.nhs.uk
Letter Date: 15/01/2024
Reference: AW/LMF
Dictated Date: 10/01/2024
Transcribed Date: 12/01/2024

Wendy McLeish
FLAT 3/2
312 CUMBERNAULD RD
Glasgow
Lanarkshire
G31 3LY

Dear Mrs McLeish,

I tried to give you a call a few times today, however could not get through. Your mobile would just ring and then go to the Giff-Gaff mobile answer service.

I will therefore send out a further appointment. This will be face to face if this is okay as I am seeing the vast majority of my patients in person now.

I hope that you are well.

Yours sincerely

Dr Angela Wright
Consultant in Respiratory Medicine

Electronically Signed: Dr Angela Wright, Consultant

cc. Dr Morris:
Meadowpark Surgery:
568 Alexandra Parade:
Glasgow:
G31 3BP:

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	**7133844**	Receive Date:	**29-Oct-2023 11:50**
Patient's Name:	**Wendy Mcleish**		
Date of birth:	**25-May-1987 (36 years)**	Gender:	**F**
Address:	**3/2 312 Cumbernauld Road Glasgow G31 3LY**	Current Address:	**3/2 312 Cumbernauld Road Glasgow G31 3LY**
Return Contact No:			
Tel No:	**07912 347436**		**07912 347436**
Mobile No:			
Priority:	**within 2 hours**	Call Origin:	
Received:	**29-Oct-2023 11:50**	Calltype:	**Attend OOH Appointment**
Advised:	**12:14**	Arrived PCC:	**29-Oct-2023 13:55**
Cons start:		Cons End:	
Consulting Doctor:	**Anne Mullin**	Own doctor:	**Anne McGinley**

CHI Number:
2505876061

NHSD details:

Receptionist:
COUGH - 1 / 2 WEEKS
PCC3 PCEC within 2 Hrs
Clinical summary created by: Norman Arnold (Call Taker Si) () [29/10/2023 12:14:42] Reason for call: COUGH - 1 / 2 WEEKS 29:10:2023 11:50:59 ARNOLDN.. ALSO, HAS ON / OFF CHEST TIGHTNESS, FOR A LONG TIME, COUGH KEEPS PT AWAKE AT NIGHT, PT SAID SHE HAS VARIOUS MEDICAL AILMENTS . PT HAD CHEST TIGHTNESS EARLIER, BUT NOT JUST NOW.. ALSO, VOMITED EVERY AM, OVER PAST 1/2 WEEKS.. HAS FRONTAL CHEST PAIN JUST NOW, POSSIBLY WITH THE COUGH.. HAS A CRUSHING DISCOMORT IN CHEST WHEN LYING DOWN, NOT WHEN SITTING UP.. HAS SHOOTING PAINS IN LOWER BACK ON / OFF.. PT IS BIT PALER.. 29:10:2023 12:11:33 HUTCHISONM.. PRODUCTIVE COUGH 2/52- GREEN EXPECTORATE. CHEST TIGHTNESS WHEN COUGHING, ALSO

LOWER BACK PAIN. PMH-ASTHMA, EPILEPSY. PCEC 2HRS, HUB TO ARRANGE... Outcome: PCEC within 2 Hrs

---

Triage details:
History -

hx noted
flare up resp symptoms 2 weeks
Worsening symtoms 7 days
productive cough, wheeze, ant chest pain when coughing / lying down
used Clenil 10amin
(from portal Resp clinic) bronchiectasis 2y to pneumonia

non smoker

PMHx
2011 severe pneumonia, ECMO
Epilepsy
admitted 03/23 confused , ataxic (probable Gastroent)

DHx
as per ecs
NKDA (now taking propranalol)

non smoker
nil covid vax

last routine bloods 03/23

Examination -

temp 36.2 02 93 HR 72
BP 128/82
O/E
speaking in sentences

ENT
moist lips, tongue
pharynx inj

Resp
Exp wheeze lt side

MSK
tender sternal edges on palpation

Derm
nil rash

5mgs/2,5mls neb salbutamol @ 14.40

post neb
02 sats 96%
Resp
chest clear

Diagnosis - **Infective exac asthma**
abx cover as per px (2 X100mg caps from stock)
oral pred as per px (8x5mg tabs from stock)

review prn , strong wo-sta

Prescriptions:
Prednisolone 5mg tablets 8 tablets - every MORNING - with or after food - oral 32.00 Doxycycline 100mg capsules 1 cap twice daily 12.00

Followups:
No Follow Up

Clinical Codes:
H333. Acute exacerbation of asthma

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Acute Med Patient Info Protocol

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Accident & Emergency
GGC Acute Med Patient Info

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

Acute Assessment - Supplementary Information
SCI Gateway Virtual Location code

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

Hospital location code.
G135G

Email address
-

Urgency of referral Routine
Date of referral 26-Feb-2024 **Date sent** 26-Feb-2024

PATIENT DETAILS

Surname	McLeish
Forename(s)	Wendy
Title	Miss
Sex	Female
Date of birth	25-May-1987
CHI no.	2505876061
Area of Residence	-

Patient's address

Flat 3.2
312 Cumbernauld Road
Glasgow
G31 3LY

Contact number(s)

Voice: 07912347436

101032285790H Unique Care Pathway Number: 101032285790H

REGISTERED GP DETAILS

Name	Dr Margaret Morris		
GMC code	4305792	GP code	05029
Practice name	Meadowpark Surgery (18882)		
Practice code	46625		

Practice address

568 Alexandra Parade
Glasgow
G31 3BP

Contact number(s)

Voice: 0141 554 0464
Facsimile: 0141 550 2002

REFERRING GP DETAILS

Name	Dr. Graham Strain		
GMC code	2555014	GP code	03506
Practice name	Meadowpark Surgery (46625)		
Practice code	46625		

Practice address

568 Alexandra Parade
Glasgow
G31 3BP

Contact number(s)

Voice: 0141 554 0464
Facsimile: 0141 550 2002

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Numbness left hand

Comment: Thank you for seeing this lady. She woke this morning with numbness and pins and needles in all 5 fingers of her left hand. She was unable to open her car door later today when she attended ortho for a routine appointment. She feels the numbness is moving further up her hand and the subjective weakness in her grip is not improving.
No loss of speech, vision, No other weakness. No history of arm or shoulder trauma.
OE subjective loss of sensation fingers. Grip appears weaker compared to right. No obvious wrist drop.
? radial nerve palsy.

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
Closed fracture distal tibia	-	29-Jan-2024	29-Jan-2024
Epilepsy	-	15-Sep-2023	15-Sep-2023
Bronchiectasis	-	29-Mar-2023	29-Mar-2023
Lumbago with sciatica	-	01-Feb-2023	01-Feb-2023
Asthma	-	12-Sep-2022	12-Sep-2022
Vulnerable child in family	-	16-Mar-2021	16-Mar-2021
Assault by bite of human being	by partner. bite to R ear, blunt head trauma by bottle.	01-Nov-2019	01-Nov-2019
Social worker involved	-	02-Sep-2019	02-Sep-2019
Alcohol problem drinking	-	02-Sep-2019	02-Sep-2019
Miscarriage	surgical ERPC	03-Sep-2015	03-Sep-2015
Pneumonia due to unspecified organism	(Bilateral)	30-Dec-2011	30-Dec-2011
Adult respiratory distress syndrome	-	30-Nov-2011	30-Nov-2011
Overdose of drug	fluoxetine	22-Sep-2011	22-Sep-2011
Anxiety with depression	-	19-Jul-2011	19-Jul-2011
Death of father	-	31-Jan-2011	31-Jan-2011
Has a tremor	seen by nuerologist 2012, felt to be benign	01-Apr-2007	01-Apr-2007
Death of mother	age 29 MI	01-Jan-1991	01-Jan-1991

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Elective caesarean delivery NOS	26-Feb-2017	26-Feb-2017

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Lamotrigine Tablets 25 mg	56	56 tablet	TAKE ONE TABLET TWICE DAILY (TOTAL DOSE 75MG TWICE DAILY)	-	02-Oct-2023	09-Feb-2024
Sertraline Hydrochloride Tablets 50 mg	28	28 tablet	ONE TO BE TAKEN EACH DAY	-	16-May-2023	09-Feb-2024
Ralvo Medicated Plaster 700 mg	30	30 patch	APPLY ONE PLASTER ONCE DAILY (12 HOURS ON 12 HOURS OFF)	-	28-Feb-2023	12-Feb-2024
Dihydrocodeine Tablets 30	224	224 tablet	TAKE 2 TABLETS FOUR	-	28-Feb-	09-Feb-

mg			TIMES DAILY		2023	2024
Gabapentin Capsules 100 mg	84	84 capsule	TAKE ONE CAPSULE THREE TIMES DAILY	-	28-Feb-2023	09-Feb-2024
Lamotrigine Tablets 50 mg	56	56 TABLET	TAKE ONE TABLET TWICE DAILY (TOTAL DOSE 75MG TWICE DAILY)	-	11-Oct-2022	09-Feb-2024
Clenil Modulite Cfc-free inhaler 100 micrograms/actuation	2	2 INHALER	TWO PUFFS TO BE INHALED TWICE A DAY	-	12-Sep-2022	09-Feb-2024
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	12-Aug-2021	09-Feb-2024

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Propranolol Hydrochloride Tablets 10 mg	28	28 tablet	ONE TO BE TAKEN UP TO THREE TIMES A DAY FOR ANXIETY	-	09-Feb-2024	09-Feb-2024
Naproxen Tablets 500 mg	56	56 tablet	ONE TO BE TAKEN TWICE A DAY	-	31-Jan-2024	31-Jan-2024
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY (WHILST TAKING NAPROXEN)	-	31-Jan-2024	31-Jan-2024
Clarithromycin Tablets 500 mg	10	10 TABLET	ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS	-	22-Jan-2024	22-Jan-2024
Doxycycline Hyclate Capsules 100 mg	6	6 capsule	TAKE TWO ON FIRST DAY AND THEN ONE CAPSULE DAILY	-	17-Jan-2024	17-Jan-2024
Clarithromycin Tablets 500 mg	10	10 TABLET	ONE TO BE TAKEN TWICE A DAY FOR 5 DAYS	-	03-Nov-2023	03-Nov-2023
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	03-Nov-2023	03-Nov-2023
Propranolol Hydrochloride Tablets 10 mg	28	28 tablet	ONE TO BE TAKEN UP TO THREE TIMES A DAY FOR ANXIETY	-	21-Sep-2023	25-Oct-2023

Blood Pressure

Date Recorded	Systolic	Diastolic
08-Sep-2022	122	92
21-Sep-2021	120	60
17-Jul-2018	128	77
09-Jul-2015	123	90
08-Aug-2013	116	77

Body Measurements

Date Recorded	Height	Weight	BMI
10-Oct-2022	-	90	-
10-Jun-2021	160.02	82.55	32.24
23-Mar-2021	158	83	33.25
23-Mar-2021	-	83	-
17-Jul-2018	-	-	29.64

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Non-smoker :		08-Sep-2022
Non-smoker :	hx noted, ongoing longstanding anxiety, tremors, seen by neurology and advised related to anxiety, using propranolol, feels doesn't help her, also uses saba for sob up stairs at times, bu- TRUNCATED	07-Oct-2021

Ex-smoker - amount unknown :		12-Aug-2021
Never smoked tobacco:		10-Jun-2021
Never smoked tobacco:		16-Sep-2019
Non-drinker alcohol :		07-Oct-2021
Alcohol consumption, 1 units/week:		10-Jun-2021
Alcohol consumption, 3 units/week:		17-Apr-2012
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	21-Jan-2010

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse reaction to propranolol	possible wheeze with this	29-Apr-2016

Additional Support Needs

No known ASN requirements

Additional relevant information

Contact with patient today:Face to Face
Route of Travel:Private
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
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

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

McLeish Wendy CHI: 2505876061

Letter to Patient:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000
Respiratory Medicine
0141 201 3831
Secretary

Wendy McLeish
FLAT 3/2
312 CUMBERNAULD RD
Glasgow
Lanarkshire
G31 3LY

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 16/08/2023
Reference: AW/CH
Dictated Date: 14/08/2023
Transcribed Date: 15/08/2023

Dear Wendy,

Thank you for attending for your CT scan. This has now been reported. It has been compared to your previous scan from March.

There has been an improvement in the non specific changes that were previously there. There are no new changes and nothing that shows that progressive fibrosis.

I have copied in your GP so they are also aware of this.

Yours sincerely,

Dr Angela Wright

Consultant Physician

Electronically Signed: Dr Angela Wright, Consultant

cc. Dr MM Morris
Meadowpark Surgery
568 Alexandra Parade
Glasgow
G31 3BP

McLeish Wendy CHI: 2505876061

Clinic Letter

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Respiratory Medicine
0141 201 3831
Fiona.maclellan@ggc.scot.nhs.uk

Dr. MM Morris
Meadowpark Surgery
568 Alexandra Parade
Glasgow
G31 3BP

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 19/07/2023
Reference: MA/CH
Dictated Date: 19/07/2023
Transcribed Date: 19/07/2023

Dear Dr. MM Morris,

Wendy McLeish; D.O.B: 25 May 1987; CHI: 2505876061
FLAT 3/2, 312 CUMBERNAULD RD, Glasgow, Lanarkshire, G31 3LY

Attendance: Specialty - Respiratory Medicine; Clinic - GRAWRE5-DR A WRIGHT RESP WED AM
Date and Time of Appointment - 19/07/2023 09:20

Requested Out-patient Investigations:
HRCT

Follow Up: Interval HRCT

Clinical Comments:
Diagnosis:

1. Previous intubation and ventilation and ECMO for severe pneumonia 2011

2. Non smoker

Plan:

1. Repeat HRCT - requested.

I reviewed Ms McLeish over the telephone on behalf of Dr Wright today. She reports a difficult few months with an inpatient stay in March of this year for ataxia. From a breathlessness point of view things are fairly static. She remains significantly breathless on moderate exertion but does not feel this has changed significantly over the past few months, if not years. She also reports an ongoing productive cough of white sputum which she says is new from her admission in March, but on

previous review she has been reporting this since October of last year. She has had multiple previous courses of antibiotics for this which have done minimal to help.

A HRCT done earlier this year demonstrated some traction bronchiectasis secondary to her previous severe pneumonia. There was some associated ground glass opacities which were suggestive of intercurrent infection and we have therefore arranged an interval HRCT to assess whether these changes have resolved. She also undertook PFTs in April, however, the results are non diagnostic due to inadequate effort so I have left her inhaled therapy unchanged. As things are static we will review Ms McLeish in 6 months time following the results of her interval HRCT.

Yours sincerely

Dr Mark Andonovic

ST5

Electronically Signed: Dr Mark Andonovic, Doctor

cc.