

Legal Aspects Team
Health Records Department
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN



MMA Legal Ltd
23 Goodlass road
Building B
Speke Liverpool
L24 9HJ

Date: 30th June 2026
Your Ref: 100314
Our Ref: LAT/ACCESS/SB
Enquiries to: Samantha Barka
Direct Line: 0141 211 0151
Email: samantha.barka2@nhs.scot

Dear Sir/Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: MATT ROSS

D.O.B: 07.03.1965

Thank you for your request received 30th June 2026 in which you seek a copy of your client's personal information.

Your request has been dealt with in line with our requirements under Article 15 of the General Data Protection Regulation and I now attach the following:

QUEEN ELIZABETH UNIVERSITY HOSPITAL

Please be aware that these health records have been reviewed by a clinician and any information identifying or provided by a third party has been removed.

We process personal information to enable us to provide healthcare services for patients; support and manage our employees; to carry out research and clinical trials; maintain our accounts and records and to carry out data matching under the national fraud initiative. We also use CCTV systems for crime prevention.

This personal information can be both clinical and non-clinical in nature and can include

- Patient health records, photographs or radiology images
- Video/telephone recordings, including CCTV images
- Witness statements
- Incident reports
- Complaints files
- Emails

The source of our data includes Patients, General Practitioners, Healthcare, Social and Welfare organisations, Legal representatives and Police forces.

We sometimes need to share the personal information we process with the individual themselves and also with other organisations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation

Where these organisations are based outside Europe we take all appropriate safeguards to protect your information.

Health records are kept for a limited time and this is noted below for your information

- Adult general hospital records – six years after the date of last entry
- Maternity records – 25 years after the birth of the last child
- Children's and young people's records – until the child or young person's 25th birthday.
- Mental health records – 20 years after the date of the last contact

If you have any queries, please do not hesitate to contact us.

If you are unhappy with how your request has been dealt with please contact the NHSGGC Data Protection Officer. Their contact details are noted below:

Data Protection Officer
Information Governance Department
NHS GG&C – 2nd Floor
1 Smithhills Street
Paisley
PA1 1EB
Email: data.protection@ggc.scot.nhs.uk

Yours sincerely

Legal Aspects Team

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☒	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		
<u>Including:</u>			
BADGERNET	☐		
CAREVUE	☐		
MEDICAL ILLUSTRATION	☐		
METAVISION	☐		
PHYSIOTHERAPY	☐		
RADIOLOGY	☐		
WEST MARC	☐		
LABS	☐		

Clinical letter - GP:



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

Dr. J Dempster
Dr Cassidy & Partners
Linden Medical Centre
25 Floors Street
Johnstone
PA5 8PZ

Main Switchboard:

Department:

Contact Tel:

Enquiries to:

Letter Date:

Reference:

Dictated Date:

Transcribed Date:

12/06/2025

12/06/2025

Dear Doctor,

Matthew Ross; D.O.B: 07/03/1965; CHI: 0703653210
2 POPLAR AVENUE, Johnstone, Renfrewshire, PA5 0EF

Outcome:				
Airflow obstruction: Suspected COPD				
Clinical Exam		Respiratory History		
Measurements:		Symptoms:		
Height (cm):	170	Persistent Cough:		
Weight (kg):	80	Productive Cough:		
SpO2:	97	If yes, colour:		
		Wheeze:		
		SOB:		
		Other:		
		Has a cough and brings up clear phlegm throughout the day,		

Smoking History				
Smoking Status:		Current smoker		
Smoking Cessation:				
Vaping status:				
Pack years:		45		
Pre Spirometry Inhaler:		Salbutamol withheld.		
Spirometry Test Results				
Quality:		Acceptable and Reproducible		
Test Quality Details:				
Pre bronchodilator FEV1:		2.57		
Z-score:		-1.38		
Post Bronchodilator FEV1:		2.47		
Z-score:		-1.59		
Reversibility:		None		
NICE Classification of COPD:		Stage 2 (Moderate)		
Interpretation:				

Outcome: COPD suspected Airflow obstruction, suspected COPD

The things that would be considered further with your GP team if a diagnosis of COPD is confirmed include:

Stopping smoking Tobacco smoking is the commonest (but not the only) cause of COPD. If you currently smoke, reducing and stopping smoking is the intervention which will be most helpful for your health. There's more information about smoking cessation available from NHS inform at <https://www.nhsinform.scot/healthy-living/how-to-stop-smoking>

Inhalers There are regular inhaler treatments which improve symptoms and reduce risk of flare-ups of COPD. The information in this report will help your GP team decide on the best inhalers for you. Making sure inhalers are being used properly is very important, and this should be reviewed at your follow up appointment. You can also get more information about the common COPD inhalers and how to use them from Asthma + Lung UK at <https://asthmaandlung.org.uk/living-with/inhaler-videos>

Vaccinations These reduce risk of severe infections which can trigger flare-ups of COPD. You should get vaccinations as they are recommended to you.

Exercise and pulmonary rehabilitation Being active has physical and mental health benefits. Building up and maintain exercise activity improves your fitness, makes you stronger, and helps you manage your COPD and stay out of hospital. Sometimes referral for a program of exercise and education called 'pulmonary rehabilitation' will be appropriate. Pulmonary rehabilitation has been proven to have significant health benefits for people with COPD and other lung conditions. Ask your GP team if you should be referred for this.

Cardiovascular risk assessment We know that having COPD can put you at higher risk of developing problems with the heart, as well as increase the risk of having a stroke. If a diagnosis of COPD is confirmed, your GP may consider undertaking a simple assessment of your cardiovascular system to see if you would benefit from starting medication to help reduce your risk of future events.

The next step is to arrange to discuss this letter and test outcome with the GP team who referred you.

Kind Regards,

Direct Access Spirometry Service

Electronically Signed: ,

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
No known ASN requirements

REFERRAL TO	
Spirometry GGC Direct Access Spirometry	Consultant / receiving practitioner and/or specialty clinic
Respiratory Direct Access Services NHS Greater Glasgow & Clyde	Hospital and hospital address Hospital location code. G035G Email address
Urgency of referral Routine Date of referral 06-Mar-2024	Date sent 06-Mar-2024

PATIENT DETAILS	Patient's address																	
<table border="1"> <tr><td>Surname</td><td>Ross</td></tr> <tr><td>Forename(s)</td><td>Matthew</td></tr> <tr><td>Title</td><td>Mr</td></tr> <tr><td>Sex</td><td>Male</td></tr> <tr><td>Date of birth</td><td>07-Mar-1965</td></tr> <tr><td>CHI no.</td><td>0703653210</td></tr> <tr><td>Area of Residence</td><td></td></tr> </table>	Surname	Ross	Forename(s)	Matthew	Title	Mr	Sex	Male	Date of birth	07-Mar-1965	CHI no.	0703653210	Area of Residence		<table border="1"> <tr><td>2 Poplar Avenue JOHNSTONE PA5 0EF</td></tr> <tr><td>Contact number(s)</td></tr> <tr><td>Voice: 01505 352334 Voice: 07584 412115</td></tr> </table>	2 Poplar Avenue JOHNSTONE PA5 0EF	Contact number(s)	Voice: 01505 352334 Voice: 07584 412115
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1010323876659	Unique Care Pathway Number: 1010323876659
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REGISTERED GP DETAILS	Practice address													
<table border="1"> <tr><td>Name</td><td>Dr John Dempster</td></tr> <tr><td>GMC code</td><td>6053771</td><td>GP code</td><td>36901</td></tr> <tr><td>Practice name</td><td>Dr Cassidy & Partners (13464)</td></tr> <tr><td>Practice code</td><td>87343</td></tr> </table>	Name	Dr John Dempster	GMC code	6053771	GP code	36901	Practice name	Dr Cassidy & Partners (13464)	Practice code	87343	<table border="1"> <tr><td>Linden Medical Centre 25 Floors Street Johnstone PA5 8PZ</td></tr> <tr><td>Contact number(s)</td></tr> <tr><td>Voice: 01505 320151 Facsimile: 01505 801053 E-mail: ggc.gp87343@nhs.scot</td></tr> </table>	Linden Medical Centre 25 Floors Street Johnstone PA5 8PZ	Contact number(s)	Voice: 01505 320151 Facsimile: 01505 801053 E-mail: ggc.gp87343@nhs.scot
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Linden Medical Centre 25 Floors Street Johnstone PA5 8PZ													
Contact number(s)													

Voice: 01505 320151

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: COPD

Comment: Dear Colleague

I would appreciate if you could arrange spirometry for this 58 year old gentleman who is a smoker of many years with a family history of COPD. He recently developed a cough which was in relation to a viral illness that he had but was associated with bronchi and he does have a longer term background cough and I think it is probably early COPD with an infective exacerbation. I would appreciate if you could arrange spirometry to confirm this.

Yours sincerely
Dr J Dempster

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Alcohol dependence syndrome	-	01-Aug-2023	01-Aug-2023
In prison	-	16-Jun-2015	16-Jun-2015
Superficial burn NOS	- extensive - fell into a fire - (L) forearm and hand, (R) forearm and upper arm and (L) side of face.	22-Aug-1970	22-Aug-1970

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Primary closed reduction of traumatic dislocation of joint	1st right middle finger	15-Oct-2006	15-Oct-2006
Standard circumcision	-	20-Aug-1970	20-Aug-1970

Family conditions (All priorities)

<u>Description</u>	<u>Comment</u>	<u>Date of Onset</u>
No FH: Ischaemic heart disease	Disease: SPICE Basic Health Values, priority=2	05-Oct-2006
No family history diabetes	Disease: SPICE Basic Health Values, priority=2	05-Oct-2006

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

No current medications recorded

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Doxycycline Hyclate Capsules 100 mg	6	6 CAPSULE	TWO TO BE TAKEN ON THE FIRST DAY THEN ONE TO BE TAKEN EACH DAY FOR 4 DAYS	-	05-Mar-2024	05-Mar-2024
Prednisolone Tablets 5 mg	30	30 TABLET	SIX TO BE TAKEN IN THE MORNING FOR 5 DAYS	-	05-Mar-2024	05-Mar-2024
Easyhaler Salbutamol Dry Powder Inhaler 100 micrograms/actuation	200	200 dose	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	05-Mar-2024	05-Mar-2024

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
09-Jun-2015	117	79
28-Sep-2006	140	80
28-Sep-2006	140	80

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
05-Oct-2006	173	90.5	-

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Weight (kg):	90.5	-
Height (m):	173	-
Cigarette smoker, 20 Cigarettes/day:		19-Aug-2015
Current smoker:		24-Apr-2014
Current smoker:		06-Jan-2014
Current smoker:	Disease: SPICE Basic Health Values, priority=2	05-Oct-2006
Current smoker:	Disease: SPICE DES CVD, priority=2	28-Sep-2006
Alcohol consumption, 12 units/week:		19-Aug-2015
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	05-Oct-2006
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	05-Oct-2006

Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Persistent Cough:	YES	-

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information**Administrative 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

Department of Respiratory Medicine
Glasgow Royal Infirmary
Pulmonary Function Report



CHI:	0703653210	Height:	170 cm	Physician:	
Last Name:	Ross	Weight:	80.0 kg	Ward:	QEUE
First Name:	Matthew	BMI:	28 kg/m ²	Smoking status:	Smoker
Date of Birth:	07/03/1965	Race:	Caucasian	Smoking pk-ys:	45
Age:	60 Years	Pred. Module:	GLI_ECCS	Physiologist:	Malik T
Gender:	male	Indication:			
Visit date:	23/05/2025				

Note GLI ethnic correction only adjusts for spirometry.

SR Range	Normal +/- 1.64 to 1.64	Mild +/- 1.65 to 2.50	Moderate +/- 2.51 to 4.00	Severe +/- >4.00
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Spirometry

		Pred	Best Pre	% Pred	SR	Best Post	% Pred	SR	% Chg	%Pred Chg
FVC	L	4.16	4.33	104.1	0.28	4.10	98.5	-0.10	-5.3	-5.6
FEV1	L	3.24	2.57	79.4	-1.38	2.47	76.2	-1.59	-4.0	-3.2
FEV1 % FVC	%	78	59		-2.41	60		-2.32		
FEV1 % VC MAX	%	78	59		-2.41	60		-2.32		
PEF	L/s	8.01	6.03	75.3	-1.63	6.67	83.3	-1.10	10.6	8.0
MMEF 75/25	L/s	2.76	1.12	40.4	-2.00	1.12	40.4	-2.00	0.0	0.0

Comments Reported to ERS/ATS 2021 and ARTP 2020 guidelines unless otherwise stated.

Sdr sdc ` sPDTG+gnv dudq+ F QH plogst rdc enqoqelapic k xnt s Qdrt lq ` qf
` bbt q sd ` mc qlod ` s akd- RoN1 < 86\$
Oj xd ` q < 34
R' lat s l nkccx onv cdq, mst rdc nmc ` x
Bnt f ghrf ` mc bld ` qogldf l sgqt f gnt sc ` x

L hic ` hupv nar s bsm Agnbgnc k enqoqct bdr m qronm d ` mc l hic ` hupv
nar s bsmmodq l r - MBD 1/ 0/ bsdq v nt k ch f mnd BNOC Rs f d 1 lmsgr
o ` s lms

DF lms

