Identified CoMorbidities:
History of anticoagulant therapy, Anxiety disorder, Depressive disorder

Mental Health Classification:

Safeguarding concerns:
No safeguarding issue identified

Referral Information:

For Children NAI/PST Tool:

Outcome & Destination (with time left department):
Status: A&E Treatment complete
Outcome: Discharged - no follow up **Ward:** 0
Follow up:
Left Department: 05 Feb 2020 20:43

TTO Detail:

CLINICIAN E-NOTES:
Principal Presenting Problem: abdominal pain for 4 days
constipation for 5 days
History of Presenting Problem: hx of upper abdominal pain described as a sharp burningpain thats intermitent, worse with eating, non raditing, severity at 4/10
no vomiting ,no diarhea, hx of constipation for 4 days
no fever, complainingo f dark urine
eating and drinking fine
no abdomnal swelling , no hx of trauma,
no chest pain , no cough ,
constipated for the past 4 days
px mentioned going to hsi GP and GP telling him he should have had LFTs on account of his hepatitis
Past Medical History: Ex-IVDU

Hep C

Not currently using IV drugs (as evidenced by multiple negative drug test) on very slow reduction of methadone program due to anxiety. Reduction has been from approx. 40ml to 20ml over 18 month period. On such a slow reduction program because of his anxiety and has a specific key worker at Aspire to manage this.

DVT but no PE

Groin abscess when using IV drugs 2007 - sepsis

Current Medications: Tamsulosin

Diazepam

?Mirtazepine

Smoking, Alcohol, Drugs, Family and Social History:

Observations and General Examination: not pale, not icteric

Chest Examination: equal air entry bilaterally
no added sounds
Abdominal Examination: soft, mild epigastric tenderness / nil guarding , bowel sounds - heard
PR- good anal sphincteric tone
hard fecal matter in rectum
gloved finger clean
Differential Diagnosis: ? constipation

Management or Treatment Plan: for urine dip- noted
aim home
px currenlty on movicol - advised the disimpaction regimen
px requested bloods
explained to px that based on findings no indication for bloods
px left not happy with not having bloods
safety netting advice given
advised px to see GP if no improvement in constipation

↕↕EMERGENCY DEPARTMENT
Tel. No. (01733) 673285

CONSULTANT: DR D WILBRAHAM↕

North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

Tel: 01733 678000
(If DDI prefix extension number with 67)

To: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

F | C
-6 SEP 2017
S | T

4th SEPTEMBER 2017↕

Ref: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: 07787654419 ↕

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

Dear POOLED BOROUGHBURY ↕

Your patient attended our Department on MONDAY 4th SEPTEMBER 2017 at 10:35 am

Referred by: SELF

CLINICAL DETAILS
Their presenting complaint was:- KIDNEY/TESTICULAR PAIN

On examination I found:-

Patient declared allergies at ED attendance: PENICILLIN↕

Investigations: 12 LEAD ECG PERFORMED

Investigations: BIOCHEMISTRY

Investigations: HAEMATOLOGY ↕

Diagnosis: RENAL COLIC, ↕

Immunisation: ↕

Treatment: MEDS - PER RECTUM

Treatment: RECORDING VITAL SIGNS

Treatment: ADVICE - VERBAL ↕

Disposal & Discharge Details: REF TO AMBULATORY CARE CLINIC↕

Yours sincerely

G MARKHAM, GREGG - ACP, ED
Automatically generated and therefore unsigned

↕EMERGENCY DEPARTMENT
Tel. No. (01733) 673285

CONSULTANT: DR D VIJAYASANKAR↕

North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

Tel: 01733 678000
(If DDI prefix extension number with 67)

To: POOLED BOROUGHBURY
BORCUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

F	C
-6 OCT 2017	
S	T

4th OCTOBER 2017↕

Ref: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: 07787654419 ↕

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

Dear POOLED BOROUGHBURY ↕

Your patient attended our Department on WEDNESDAY 4th OCTOBER 2017 at 07:29 am

Referred by: SELF

CLINICAL DETAILS
Their presenting complaint was:- SOB

On examination I found:-

Patient declared allergies at ED attendance: PENICILLIN↕

Investigations: 12 LEAD ECG PERFORMED

Investigations: HAEMATOLOGY ↕

Diagnosis: OTHER - MEDICAL, ↕

Immunisation: ↕

Treatment: RECORDING VITAL SIGNS ↕

Disposal & Discharge Details: ALLOWED HOME↕

Yours sincerely

KAMA - CONSULTANT ED
Automatically generated and therefore unsigned.

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-19-037879-1

Name: Richard C Dean
DOB: 30 Sep 1962
Address: 19 ADDERLEY, BRETTON, PETERBOROUGH
PE3 8RA
Hospital No: DIS0529177
NHS Number: 498 167 2195

ATTENDANCE INFORMATION
Date &Time: 04 May 2019 10:36
Type: New Attendance
Previous Attendances: 64
Presented With:(complaint)
CHEST PAIN
Incident Type: Illness
ED Clinician: Greg Pugh

Peterborough City ED
Peterborough City Hospital
Bretton Gate
Peterborough

PE3 9GZ
01733 678 000

AT BOROUGHBURY MED CENTRE DR
CRAIG STREET, PETERBOROUGH, CAMBRIDGESHIRE,PE1 2EJ

GP ACTION:

DIAGNOSIS & COMMENTS:
1. No abnormality detected **Qualifier:** Suspected diagnosis

INVESTIGATIONS:

Bed Side:

TREATMENT:
Treatments:
1. Guidance / advice - written

Identified CoMorbidities:
History of anticoagulant therapy

Mental Health Classification:

Safeguarding concerns:
No safeguarding issue

Referral Information:

For Children NAI/PST Tool:

Outcome & Destination (with time left department):
Status: A&E Treatment complete
Outcome: Discharged - no follow up
Follow up:
Left Department: 04 May 2019 13:52

TTO Detail:

CLINICIAN E-NOTES:
Principal Presenting Problem: Chronic abdominal pain
History of Presenting Problem: Patient reports longstanding sharp pain around whole of abdomen, right side of chest. Worse today, not coping at home. Seen by urology in clinic yesterday and diagnosed with UTI, given antibiotics, patient says he feels worse since taking these. Also concerned about sweating, shaking, weight loss despite eating well. Drinking well. Nothing is different about the pain currently. Taking regular paracetamol.
Past Medical History: Frequent attender. Chronic abdominal pain. Ex-IVDU. Essential tremor.
Chest Examination: Chest clear to auscultation.
Abdominal Examination: Soft. generalised tenderness to palpation.
Urine sample - clear urine - no blood
Other Examination: Moist mucous membranes.
Differential Diagnosis: Worsening of chronic abdominal pain
Management or Treatment Plan: Patient offered analgesia but declined, does not want NSAIDS or opioids. I have advised that as this is a chronic condition already under investigation and he has seen a specialist yesterday, does not require any further inpatient investigations. Patient is very upset by this as he feels the symptoms are too bad to manage and he wants to be admitted to hospital for investigation. I have explained that there aren't any inpatient investigations to do (noted recent CT KUB, CT CAP, blood tests, urinalysis). Given chronic pain, I have offered patient APLS review but he has declined. Therefore explained that he does not need to stay in hospital and should review symptoms with GP

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-20-019825-1

Peterborough City ED
Peterborough City Hospital
Bretton Gate
Peterborough

PE3 9GZ
01733 678 000

Name: Richard Dean
DOB: 30 Sep 1962
Address: 14 DRAYTON, BRETTON, PETERBOROUGH
PE3 9XL
Hospital No: DIS0529177
NHS Number: 498 167 2195

ATTENDANCE INFORMATION
Date &Time: 04 Mar 2020 13:29
Type: New Attendance
Previous Attendances: 87
Presented With:(complaint) chest pain
Incident Type: Other than above
ED Clinician:

AT BOROUGHBURY MED CENTRE DR
CRAIG STREET, PETERBOROUGH, CAMBRIDGESHIRE,PE1 2EJ

GP ACTION:

DIAGNOSIS & COMMENTS:
1. Referred to GP / urgent care **Qualifier:** Suspected diagnosis

INVESTIGATIONS:

Bed Side:
1. ECG

TREATMENT:
Treatments:

Interventions:
1. Observation / cardiac monitor, pulse oximetry / head injury / trends

Identified CoMorbidities:
History of anticoagulant therapy, Anxiety disorder, Depressive disorder

Mental Health Classification:

Safeguarding concerns:
No safeguarding issue identified

Referral Information:

For Children NAI/PST Tool:

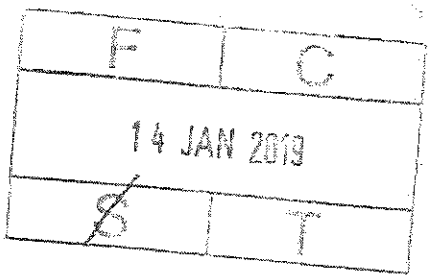
Outcome & Destination (with time left department):
Status: A&E Treatment complete
Outcome: Other Outpatient Clinic
Follow up:
Left Department: 04 Mar 2020 15:15

TTO Detail:

CLINICIAN E-NOTES:

Copy to GP

RICHARD C DEAN | NHS number: 4981672195 | Hospital Number: DIS0529177



NHS
North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Switchboard: 01733 678000
DISCHARGE LETTER

Inpatient Letter

Patient demographics

Patient name	RICHARD C DEAN	**Patient sex**	Male
Patient address	19 ADDERLEY	**Date of birth**	30/09/1962
	BRETTON	**Patient marital status**	Single
	PETERBOROUGH	**NHS number**	498 167 2195
	PE3 8RA	**Other identifier**	DIS0529177

Admission details

Date of admission	31/12/2018 16:30
Source of admission	Not known
Admission method	Other - Not Known

Department & Contact Details - Medical Ward A3 - 01733 678000

Discharging Consultant Name - Dr Mukhtar

Primary / Main Diagnosis on Admission/Clincal Summary
UTI
Constipation

Co-morbidity
EX IVDU
DVT
Hepatitis C
Anxiety
essential tremor with unsteady gait
Previous OD

Follow Up / Treatment on Discharge & Discharge Details - GP TO FOLLOW UP

Management & Progress
Mr Dean presented with abdominal pain colicky it nature worse on urination.
Has recently been treated for UTI by GP.
Urine dip tested positive for leuc and nitrites.
He was commenced on oral antibiotics and CTKUB arranged.

Abdo XRAY: mild faecal loading

CT KUB: normal , nil acute

PSA levels NORMAL

[465375/1]

RICHARD C DEAN NHS number: 4981672195 Hospital Number: DIS0529177

Mandatory Items - Nothing to report

Acute Kidney Injury (AKI) - No AKI

Allergies & Adverse Reactions - Penicillin

Changes to Drugs Since Admission - See below

TTOs

TTO Drug	Dose	Frequency	Route	Duration	GP Action	Source	Signatory	Amended
OMEPRAZOLE 20mg CAPSULES	20mg	Twice daily	Oral	Review	Dose increased	TTO	mehmoodt2	burgeh
MIRTAZAPINE 30mg TABLETS	15mg	Once at Night	Oral	LT	Continue	Patients Own Drug(s)	mehmoodt2	burgeh
Apixaban	2.5mg	Twice daily	Oral	ongoing	Continue	TTO	mehmoodt2	
LACTULOSE SOLUTION	10-15ml	Twice daily	Oral	ongoing	New medication	TTO	mehmoodt2	mehmoodt2
SENNA 7.5mg TABLETS	1-2 tablets	Once at Night	Oral	ongoing	New medication	TTO	mehmoodt2	
TAMSULOSIN 400microgram M/R CAPSULES	400 micrograms	Once in the morning	Oral	ongoing	New medication	TTO	mehmoodt2	
METHADONE 1mg/mL SF MIXTURE	30mg	Once in the morning	Oral	Review	Review	Not Dispensed	mehmoodt2	burgeh
DIAZEPAM 5mg TABLETS	5mg	Once at Night	Oral	Review	Dose decreased	TTO	burgeh	
NITROFURANTOIN 50mg CAPSULES	50mg (19 doses remaining)	Four times a day	Oral	5 days - Last dose 8.1.19	None	TTO	burgeh	

Checked By: Adam Smith, 03/01/2019 13:26

GP practice

GP practice details x Boroughbury Surgery
Boroughbury Surgery
Craig Street
PETERBOROUGH
Cambs
PE1 2EJ
Phone: 01733 62979

Discharge details

Discharging consultant DR S CHOUDHURY

Discharging specialty/department General Medicine

Ward PCH Departure Lounge

Date of discharge 04/01/2019 09:50

RICHARD C DEAN	**NHS number:**	**4981672195**	**Hospital Number:**	**DIS0529177**

GP practice identifier D81026

Person completing record

Name	Kim Jones
Designation or Discharge role	Dept\Ward Discharge
Date completed	04/01/2019 09:52

Distribution list

Copy-to: GP / Patient (Delete as appropriate) Specify additional Copy-to recipients if required:

Letter Ref 465375/1

Date Printed 04/01/2019 09:52

Signed
Kim Jones [Dept\Ward Discharge]
Rabia Yakoob [Medical Staff]
Adam Smith [Pharmacist]
Jubeka Rahman [Medical Staff]
Hayley Burge [Pharmacy Dept]
Taiyyab Mehmood [Medical Staff]

[465375/1]

North West Anglia
NHS Foundation Trust

Department of Ambulatory Care Unit
Consultant: Ambulatory Care Nurse

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
PE3 9GZ

Hospital No:	DIS0529177	Direct Line:	01733 677779
NHS No:	498 167 2195	Fax:	
Clinic Date:	04 Aug 2023	Switchboard:	01733 678000
Priority	**routine**	Email:	nwangliaft.acuservices@nhs.net

Transcribed: 04 Aug 2023
Reference: AJ/AJ

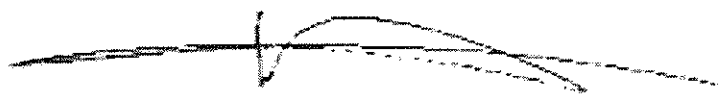
Pooled Boroughbury
General Practitioner
Boroughbury Surgery
Craig Street
Peterborough
PE1 2EJ

Dear Mr./Ms. Pooled Boroughbury

Mr. Richard DEAN DOB 30 Sep 1962
14 Drayton, Bretton, Peterborough, PE3 9XL

Mr Dean was seen and assessed for ?DVT on 23-7-23. Anticoagulants prescribed and advised to attend ACU today for scan to rule out DVT. Unfortunately he did not attend and does not answer his phone. I have sent text message for him to contact ACU to remake appointment but no reply. Therefore he is discharged from ACU. If he needs further assessment and scan then GP to kindly contact ACU co-ordinator

Yours sincerely



Electronically signed by
A. Jones

Distribution:
Pooled Boroughbury, General Practitioner (GP) — email to capccg.boroughburymedicalcentre@nhs.net
Mr. Richard Dean (Patient) — post

PRIVATE AND CONFIDENTIAL
Mr. Richard Dean
14 Drayton
Bretton
Peterborough
PE3 9XL

NHS 111 Report - For Information

DEAN, Richard *Born* 30-Sep-1961 *Gender* Male	*NHS No.* 498 167 2195 *Local Patient ID* DB6FD91C-EDB3-407C-82A3-C80984FC5E10
Home Address 19 Adderley Bretton Peterborough PE3 8RA *Emergency Phone* 07787654419	*GP Practice* Boroughbury Medical Centre (was Lincoln Rd) Boroughbury Medical Surgery Craig Street Peterborough Cambridgeshire PE1 2EJ *Phone* 01733307840

Patient's Reported Condition

GENERAL HEALTH INFORMATION

Case Summary

Disposition:
Speak to a Primary Care Service within 6 hours
Dx13

Selected care service:
IUC - HUC INTEGRATED URGENT CARE (OOH GP) - PETERBOROUGH (HOME OOH PROVIDER)

Rationale:
Illness
Warm to touch
Tremor onset more than 7 days ago
Previous medical assessment for problem
Worse since last medical consultation
Other worsening symptoms present

Disposition Override:
Dx13 - Speak to a Primary Care Service within 6 hours

User comments:
What is the main problem? - Shaky and sweaty. feels hot to touch. legs are swollen.
Are you so breathless that speaking more than a few words is impossible? - Able to speak with full sentences. declared does feel SOB at times. Not at the moment.
Have you had the tremor for MORE THAN ONE WEEK? - hx weeks. come back last few days. Seen GP about the tremor resulting in blood tests and stool tests.
Have you got any other symptoms that are getting worse? - Abdo pain. in A&E PR bleed - Haemorrhoids diagnosed. not felt right since. feels weak with no appetite.
- Comments: Left sided sharp abdo pain with occasional associated back pain which comes and goes. Problems urinating. Swelling to back of knee. Disposition Override Reason: c/o sharp abdo pain with questions regarding abnormal blood test results from GP (not currently known).
- SOS 111
Advice given:
If there are any new symptoms, or if the condition gets worse, changes or you have any other concerns, call us back.
If there are any new symptoms, or if the condition gets worse, changes or you have any other concerns, call us back.

Patient's Reported Condition

GENERAL HEALTH INFORMATION

Information And Advice Given

Disposition

Speak to a Primary Care Service within 6 hours

Document Created **04-Aug-2018, 17:01**

Document Owner	**HUC 111**
Authored by	**Trevor Van Kleef - Call handler, Cambridgeshire (HUC 111) on 04-Aug-2018, 15:58**
Consent Status	**Consent given for electronic record sharing**

Encounter Type	**NHS111 Encounter**
Encounter Time	**04-Aug-2018, 15:38 to 04-Aug-2018, 15:58**
Case Reference	**13DB78DA-19B1-465D-8B26-7914F9A98CC8**
Case ID	**2369695**
Encounter Identifier	**13DB78DA-19B1-465D-8B26-7914F9A98CC8**
Encounter Disposition	**Speak to a Primary Care Service within 6 hours**
Care Setting Location	**Incident Location**
Care Setting Address	*Visit Address* **19 Adderley** **Bretton** **Peterborough** **PE3 8RA**
Care Setting Type	
Responsible Party	**Salil Choudhary - Medical Director, HUC 111**

Document ID **F50314BC-B9CA-4D9F-849C-BA75E63EC455** *Version* **1**

Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

Tel: 01733 678000
(If DDI prefix extension number with 67)

o: DR S PANDAY
THE SURGERY
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE
PE1 2SF

4th SEPTEMBER 2012

ef: Patient
RICHARD DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: NO PHONE

D.O.B. 30/09/1962

Our Ref: A/E Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

ear DR PANDAY

our patient attended our A/E Dept on MONDAY 3rd SEPTEMBER 2012 at 2:36 pm.

eferred by: SELF

heir presenting complaint was:-
VT RT LEG, SOB

n examination I found:-

nvestigations: OTHER

nvestigations: HAEMATOLOGY

nvestigations: BIOCHEMISTRY

iagnosis: DEEP VENOUS THROMBOSIS,R LOWER LEG

mmunisation:

reatment: OTHER TREATMENT

reatment: ADVICE - WRITTEN

isposal: REFERRED OTHER CLINIC

F	C
- 3 SEP 2012	
S	T

ours sincerely

SAWAR-ED-SHO
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GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-19-037655-1

Peterborough City ED
Peterborough City Hospital
Bretton Gate
Peterborough

PE3 9GZ
01733 678 000

Name: Richard C Dean
DOB: 30 Sep 1962
Address: 19 ADDERLEY, BRETTON, PETERBOROUGH
PE3 8RA
Hospital No: DIS0529177
NHS Number: 498 167 2195

ATTENDANCE INFORMATION
Date &Time: 03 May 2019 15:01
Type: New Attendance
Previous Attendances: 64
Presented With:(complaint)
KIDNEY INFECTION
Incident Type: Illness
ED Clinician:

AT BOROUGHBURY MED CENTRE DR
CRAIG STREET, PETERBOROUGH, CAMBRIDGESHIRE,PE1 2EJ

GP ACTION:

DIAGNOSIS & COMMENTS:

INVESTIGATIONS:

Bed Side:

TREATMENT:
Treatments:
1. Prescription / medicines prepared to take away
2. Guidance / advice - written
3. Observation / cardiac monitor, pulse oximetry / head injury / trends

Identified CoMorbidities:
History of anticoagulant therapy

Mental Health Classification:

Safeguarding concerns:

Referral Information:

For Children NAI/PST Tool:

Outcome & Destination (with time left department):
Status: Left after assessment with intent to attend other healthcare provider
Outcome: GP
Follow up:
Left Department: 03 May 2019 16:58

TTO Detail:

CLINICIAN E-NOTES:

North West Anglia
NHS Foundation Trust

Dept of Urology 202
Consultant: Mr. S. Sharma

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
PE3 9GZ

Hospital No: DIS0529177
NHS No: 498 167 2195
Clinic Date: 03 May 2019
Priority **routine**

Direct Line: 01733 677482
Fax: 01733 676741
Switchboard: 01733 678000

Transcribed: 16 May 2019
Reference: SS/RC

Pooled Boroughbury
General Practitioner
Boroughbury Surgery
Craig Street
Peterborough
PE1 2EJ

Dear Jason

Mr. Richard C DEAN DOB 30 Sep 1962
19 Adderley, Bretton, Peterborough, PE3 8RA

Diagnosis:
Urinary tract infection
Background:
Ex intravenous heroin user on Methadone via ASPIRE, clean for 4-5 years
Chronic hepatitis C, previous Hepatitis B
Recurrent DVT on lifelong anticoagulation
Mixed anxiety and depressive disorder

Thank you for referring Mr Dean who was seen in clinic this afternoon. I understand he has been feeling unwell for over 18 months and has multiple ongoing symptoms. He has had multiple A&E attendances and admissions to hospitals and outpatient appointments in gastroenterology, colorectal and endocrinology where he has been extensively investigated with little to yield to date.

He complains of dark malodorous urine. He has has an enterococcus faecalis urinary tract infection previously and he complains of lower urinary tract symptoms. He has had a CT chest/abdo/pelvis which has shown some bronchiectasis and a lung nodule but nothing specific

from a urinary point of view. Renal function is normal. CT KUB did not show any renal tract calcification and myeloma screen is negative.

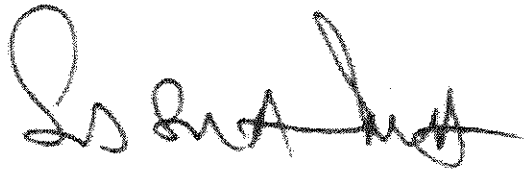
On questioning Mr Dean he states he gets up once at night to void with normal daytime frequency. He has hesitancy and a slowish flow. On examination abdomen was soft. External genitalia normal. Rectal examination revealed a normal size smooth non-tender and benign feeling prostate. Urine dipstick interestingly was negative for everything except nitrates. It has been sent for culture and I have given Mr Dean a prescription for Nitrofurantoin 50mg qds for 7 days.

I am arranging for him to have:-

1. Flow rate and post void scan
2. Flexible cystoscopy

Kind regards

Yours sincerely



Electronically signed by
Sunil D Sharma MS FRCS (Urol)
Consultant Urological Surgeon

As this is a clinical letter written from one professional to another it is likely to contain some technical information. If you do not understand any part of this letter and wish to obtain specific explanation regarding the contents please discuss this with your GP.

Distribution:
Pooled Boroughbury, General Practitioner (GP) — email to
capccg.boroughburymedicalcentre@nhs.net
Mr. Richard C Dean (Patient) — post

PRIVATE AND CONFIDENTIAL
Mr. Richard C Dean
19 Adderley
Bretton
Peterborough
PE3 8RA

:EMERGENCY DEPARTMENT
el. No. (01733) 673285

NSULTANT: DR A BHANOT↕

o: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

Tel: 01733 678000
(If DDI prefix extension number with 67)

F	C
-5 JAN 2018	
8	T

3rd JANUARY 2018↕

ef: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: 07787654419 ↕

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

ear POOLED BOROUGHBURY ↕

our patient attended our Department on WEDNESDAY 3rd JANUARY 2018 at 9:55 am

eferred by: SELF

LINICAL DETAILS
heir presenting complaint was:- KIDNEY PAIN

n examination I found:-
CU

atient declared allergies at ED attendance: PENICILLIN↕

nvestigations: NONE/NO FURTHER INVESTIGATIONS ↕

iagnosis: OTHER - SURGICAL, ↕

mmunisation: ↕

reatment: ↕

isposal & Discharge Details: REF TO AMBULATORY CARE CLINIC↕

ours sincerely

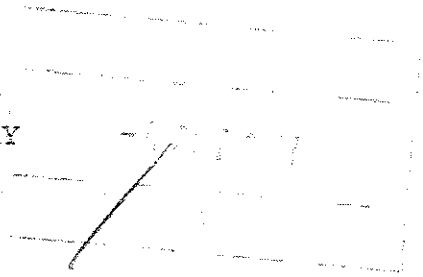
utomatically generated and therefore unsigned.

EMERGENCY DEPARTMENT
el. No. (01733) 673285

ONSULTANT: DR A JONES↕

o: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ



North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

2nd OCTOBER 2017↕

Tel: 01733 678000
(If DDI prefix extension number with 67)

ef: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: 07787654419 ↕

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

ear POOLED BOROUGHBURY ↕

our patient attended our Department on MONDAY 2nd OCTOBER 2017 at
7:08 am

eferred by: SELF

LINICAL DETAILS
heir presenting complaint was:- return/unwell

examination I found:-
EASE SEE ATTACHED LETTER

tient declared allergies at ED attendance: PENICILLIN↕

vestigations: NONE/NO FURTHER INVESTIGATIONS ↕

agnosis: , ↕

munisation: ↕

eatment: ADVICE - VERBAL ↕

sposal & Discharge Details: ALLOWED HOME↕

urs sincerely

BHANOT - Consultant ED
tomatically generated and therefore unsigned.

PATIENT NAME: DIS No:

Coding: Please tick relevant boxes to enable planning, audit and income

Essential Information for GP: (Diagnostics)

Pruritis secondary to Edoxaban. Please Consider medication review.

Patient Group			Trauma Diagnosis codes		
Assault - Alleged (alleged alcohol related)	3A	☐	Abrasion	C	☐
Assault - Alleged	3	☐	Abscess	R1	☐
Child / Adolescent mental health	11	☐	Amputation	M	☐
Child Protection (suspected)	10	☐	Bite/Sting	K	☐
Domestic Violence (Alleged alcohol related)	9A	☐	Bruise	B	☐
Domestic Violence	9	☐	Burn – Electric	H1	☐
Firework Injury	17	☐	Burn – Radiation	H4	☐
No Abnormality Detected	6	☐	Burn – Thermal	H2	☐
Non Trauma (alleged alcohol related)	5A	☐	Burn –Chemical	H3	☐
Non Trauma (pregnant)	5P	☐	Dislocation	D	☐
Non Trauma	5	☐	Foreign Body	G	☐
Post operative problem	8	☐	Fracture Closed	F2	☐
Pt brought in dead / died in department	7	☐	Fracture dislocation (joint)	F4	☐
Road Traffic Collision (alleged alcohol related)	15A	☐	Fracture Open	F1	☐
Road Traffic Collision	15	☐	Fracture suspected	F3	☐
Self Harm	2	☐	Gun Shot	T	☐
Self Harm (alleged alcohol related)	2A	☐	Internal Injury	N	☐
Sports Injury	16	☐	Laceration	A	☐
Trauma / Accident (pregnant)	1P	☐	Minor Head injury	M1	☐
Trauma Accident	1	☐	Multiple Injury	Q	☐
Trauma/Accident (alleged alcohol related)	1A	☐	Nerve Injury	W	☐
			Post concussion syndrome	M2	☐
			Puncture Wound	U	☐
			Soft tissue infection	R	☐
			Soft tissue inflammation	R2	☐
			Sprain/ Soft tissue injury	E	☐
			Stab	S	☐
			Tendon/ Muscle/ vascular injury	V	☐

Anatomical Site

Abdomen	27	☐	Clavicle	9	☐	Genitalia	34	☐	Neck	4	☐
Ankle	22	☐	Digit (s)	16	☐	Hand	15	☐	Nose	7	☐
Ano-rectal	33	☐	Ear	6	☐	Head excluding face	2	☐	Pelvis	28	☐
Arm/Axilla	11	☐	Elbow	12	☐	Hip	18	☐	Shoulder	10	☐
Back	31	☐	Eye	5	☐	Knee	20	☐	Thigh	19	☐
Buttocks	32	☐	Face	3	☐	Lower Leg	21	☐	Thoracic spine	36	☐
Cervical Spine	35	☐	Foot	23	☐	Lumbosacral Spine	37	☐	Toe (s)	24	☐
Chest	26	☐	Forearm	13	☐	Mouth/Jaw/Teeth/Throat	8	☐	Wrist	14	☐

102-104 Bridge Street, Peterborough PE1 1DY
Telephone: 01733 895 624 Fax: 01733 349 221
Freephone: 0800 111 4354

Date 02/10/2013

Dear Colleague
63 Lincoln Road Surgery

Re: Richard Dean DOB: 30/09/1962
Address: 19 Adelaide, Bretton, Peterborough, PE3 9PG

Summary for GP

Diagnosis
F11.2 Mental and Behavioural Disorder due to the use of [substance]

Impression
Mr Dean presented slightly low in mood. He was polite and cooperative throughout the consultation

Management plan
1. I have agreed to continue with the same regime until next review
2. Key worker appointment for support and psychosocial intervention to continue
3. Next medical review on 6/01/2014 at 14.00
4. GP: May I kindly ask you to refer Mr Dean to the local Hepatologist for further intervention regarding his hepatitis C
5. Letter to GP

A full treatment discussion was held regarding the treatments offered, covering areas including: the intended benefits of treatment (and the chances of getting those benefits), potential side-effects of treatment, alternative treatment options, what the treatment involved, and the opportunity to take some time to consider the treatment options available.

Current prescription from CRI
Methadone mixture 1mg/1ml 50ml

Current prescription from GP
Diazepam 17mg OD

Safeguarding
The patient reports that he has no parental/carer responsibility for under-18s or vulnerable adults. Please let us know if this is correct and up to date.

Please take care when prescribing other medications that may have misuse potential eg benzodiazepines, opioid analgesia, pregabalin etc
Please inform us if this patient is being prescribed any medication that is likely to have significant interactions with Methadone or Buprenorphine. It is also essential that hospital consultants treating the patient are aware of his / her treatment for opiate dependency as drug interactions may potentially have fatal consequences. Please be especially careful with regards to medications which prolong the QT interval (e.g. Citalopram).

The full review is included below. Please let us know if there are any inaccuracies or omissions.

Full Review

Current Substance Use
Heroin: No
Crack: no
Other: Nil
Over the counter medication: Nil
Tobacco: 10 cigarettes a day
Alcohol: no

Urine drug screening positive for: Methadone/Diazepam

Physical Health
Hep C positive, diagnosed 5 years ago, no currently under the care of a specialist. Hep B vaccination completed five years ago. Allergy to penicillin.

Mental Health
He reported no major mental health issue. He reported no history of self harm or suicidal attempts. No current thought of harming himself.
MSE: The speech was normal in rate, volume and quantity. No evidence of formal thought disorder or perceptual disturbances. The mood was slightly low and there was no evidence of anxiety.

Social History
He lives in a shared accommodation. He has no driving licence. He has six grown up children, he has regular contact with them. He is currently unemployed.

Risks identified
Overdose risk due to low tolerance discussed with the client.
No recent forensic history disclosed.

Investigations:
Nil

Discussion

1. I have explained him the risk of using illicit substances and prescribed medication.
2. The client has been informed about the medication with regards to its side-effects and potential interaction with other prescribed medication.

Should you require further information, please do not hesitate to contact me.

Yours sincerely,

Dr V. Di Fabio
Consultant Psychiatrist

North West Anglia
NHS Foundation Trust

Dept of Colorectal Surgery 202
Consultant: Miss E. Drye

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
PE3 9GZ

Hospital No:	DIS0529177	Direct Line:	01733 677471
NHS No:	498 167 2195	Fax:	01733 676741
Clinic Date:	02 May 2019	Switchboard:	01733 678000
Priority	**routine**	Email:	nwangliaft.colougiadmin@nhs.net
Transcribed:	13 May 2019		
Reference:	ED/FT		

Mrs. Linda Parker
Advanced Dietitian
Nutrition and Dietetics 007
Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

Dear Mrs. Parker

Mr. Richard C DEAN DOB 30 Sep 1962
19 Adderley, Bretton, Peterborough, PE3 8RA

I would be grateful if you would see this 56 year old gentleman who since January 2019 has lost a further 10 kg in weight. His current BMI is 26.7. He has been about this weight since about 2017 although was not referred at that point for weight loss. According to the patient he has never been seen by a Dietician and we have not found a cause for his weight loss. I would be grateful if you would see him and assess him as to whether he needs any dietary supplements.

Yours sincerely

ERDrye

Electronically signed by
Miss E Drye
Consultant Colorectal Surgeon

Distribution:
Mrs. Linda Parker, Advanced Dietitian — post
Pooled Boroughbury, General Practitioner (GP) — email to capccg.boroughburymedicalcentre@nhs.net

North West Anglia
NHS Foundation Trust

Dept of Colorectal Surgery 202
Consultant: Miss E. Drye

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
PE3 9GZ

Hospital No:	DIS0529177	Direct Line:	01733 677471
NHS No:	498 167 2195	Fax:	01733 676741
Clinic Date:	02 May 2019	Switchboard:	01733 678000
Priority	**routine**	Email:	nwangliaft.colougiadmin@nhs.net

Transcribed: 13 May 2019
Reference: ED/FT

Pooled Boroughbury
General Practitioner
Boroughbury Surgery
Craig Street
Peterborough
PE1 2EJ

Dear Doctor,

Mr. Richard C DEAN DOB 30 Sep 1962
19 Adderley, Bretton, Peterborough, PE3 8RA

I saw this 56 year old gentleman as a GPM referral. He has already been referred to Gastroenterology. He is also waiting to be seen by the Urologists tomorrow, 3rd May, and is due to be seen by the Endocrinologists in July. According to the patient he has been loosing weight for months, however looking at the investigations he had a CT scan in 2017 for weight loss and nothing obvious was found. He also had a CT colonoscopy in 2017 which showed some diverticular disease and a flexible sigmoidoscopy to check the left colon which was normal apart from diverticular disease.

He complains of feeling, unwell and weak. He has tremors, he can hear lots of bowel sounds after eating, he gets pain in the right iliac fossa and epigastrium but he denies any indigestion or heartburn. He has rusty coloured urine which solidifies but a recent urine sample was negative. He opens his bowels every few days but he does take Senna intermittently and does strain. There is no PR bleeding. He does not have an appetite and today he weighed 87 kg and he said he was previously weighed in March he was 97 kg and this was confirmed in our records that in January he was 97 kg. This has been consistent and around this level since 2017. His BMI is 26.7. There is no family history of any bowel problems.

He has emphysema and hepatitis C which is dormant, previous DVT's for which he takes Apixaban and is an ex-IVDU of five years.

He takes Methadone, Tamulosin, Omeprazole, Mirtazapine, Diazepam, Apixaban and has no known allergies. He does not work, he smokes 1 cigarette a day and he drinks no alcohol.

Reviewing his blood tests they were all normal including LFT's. I have advised him not to take Senna but I have given him a prescription for Movicol and I would be grateful if you would give him a repeat prescription for this. I do not think he needs any further investigation from a colorectal point of view but I have encouraged him to keep the Gastroenterology appointment on 13 May. I will refer him to the Dieticians to see if they can give him some supplements and review his dietary intake, otherwise I have discharged him from our clinic.

Yours sincerely

Electronically signed by
Miss E Drye
Consultant Colorectal Surgeon

Distribution:
Pooled Boroughbury, General Practitioner (GP) — email to
capccg.boroughburymedicalcentre@nhs.net

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-20-010185-1

Peterborough City ED
Peterborough City Hospital
Bretton Gate
Peterborough

PE3 9GZ
01733 678 000

Name: Richard Dean
DOB: 30 Sep 1962
Address: 14 DRAYTON, BRETTON, PETERBOROUGH
PE3 9XL
Hospital No: DIS0529177
NHS Number: 498 167 2195

ATTENDANCE INFORMATION
Date &Time: 02 Feb 2020 13:27
Type: New Attendance
Previous Attendances: 80
Presented With:(complaint) ABDO PAIN ?RETENTION
Incident Type: Illness
ED Clinician: Bushra Abdelqader

AT BOROUGHBURY MED CENTRE DR
CRAIG STREET, PETERBOROUGH, CAMBRIDGESHIRE,PE1 2EJ

GP ACTION: Please Review medications for GORD .

DIAGNOSIS & COMMENTS:
1. No abnormality detected **Qualifier:** Confirmed diagnosis

INVESTIGATIONS:

Bed Side:
1. Blood Glucose - Capillary
2. Urinalysis
3. Bladder Scan

TREATMENT:
Treatments:

Interventions:
1. Observation / cardiac monitor, pulse oximetry / head injury / trends

Identified CoMorbidities:
History of anticoagulant therapy, Anxiety disorder, Depressive disorder

Mental Health Classification:

Safeguarding concerns:
No safeguarding issue identified

Referral Information:

For Children NAI/PST Tool:

Outcome & Destination (with time left department):
Status: A&E Treatment complete
Outcome: Discharged - no follow up **Ward:** 0
Follow up:
Left Department: 02 Feb 2020 14:49

TTO Detail:

CLINICIAN E-NOTES:
Principal Presenting Problem: Change in urine colour post eating
History of Presenting Problem: Patient reports has been noticing change in urine colour after eating . He also repots abdominal pain only after eating . Mainly epigastric.
He has brought fluid sample that reports is his urine , yellow turbid in colour .
No change in bowel habit
No nausia no vomiting .
No difficulty passing urine, no dysuria, urgency or frequency.
No chest pain , no cough , no SOB .
Managing to eat and drink normally .
Patient reports urine is normal throught the day but only changes colour post meals .
Was in ED yesterday at 18:00 same complaint - abdominal pain post meals , Bedside aorta scan was normal .
Past Medical History: Hepatitis C
Ex IVDU
Previous DVT
Anxiety
Frequent attender - note frequent attender plan.
Current Medications: Apixaban , omeprazole , methadon e, diazepam , Tamsulosin

Allergies - Penicillin
Smoking, Alcohol, Drugs, Family and Social History: Reports does not smoke nor drink
No Current IVDU
Lives alone
Observations and General Examination: Triage Obs NAD . Afebrile .
Look swell.
GCS 15/15
Warm well perfused
Abdominal Examination: Soft non tender , bowel sounds present.
No palpable bladder
Other Examination: Bladder scan , Post voidal 0 mls .
Patient passed good amoun f urine in derpatment as per nurse Jo , Urine dip NAD , Normal colour .
Differential Diagnosis: ? GORD

Management or Treatment Plan: Re-assurance and discharge home .
I Explained to Mr Dean that all invistigations and examination are normal and abdominal pain is likely secondary to his GORD and to see GP for review of medication .
Explained that explain the colour of urine post meals but was normal with us and urine dip is normal, Patient wasn't happy and was demanding a catheter to monitor his urine; I eplained that bladder scan was 0 and hence no indication for catheter.
I explained that he has had multiple invistigations were normal .

Copy to GP

RICHARD C DEAN **NHS number:** **4981672195** **Hospital Number:** **DIS0529177**

F	C
-7 FEB 2017	
S	T

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

Ambulatory Care Unit
Telephone: 01733 677779

Outpatient Letter

Patient demographics

Patient name	RICHARD C DEAN	**Patient sex**	Male
Patient address	19 ADDERLEY	**Date of birth**	30/09/1962
	BRETTON	**Patient marital status**	Single
	PETERBOROUGH	**NHS number**	498 167 2195
	PE3 8RA	**Other identifier**	DIS0529177
		Patient telephone number	NOT ON PHONE (Home)

Admission details

Appointment Date 02/02/2017 12:30

Main Diagnosis
Attended ACU with a red swollen area to R leg, back of knee.
PMH DVT and IVDU.
Has been sub therapeutic of Warfarin.
Have started patient on reloading warfarin of 10mg 5mg and 5mg and a weight based LMWH.
Will see 3/7 to check INR and 4/7 for U/S scan.

Reason for Attendance/Clinical Summary - ? DVT

Management and Progress
See in ACU for further diagnosis.

Anticoagulation Patients only - Not applicable

Follow Up Arrangements & Discharge Details - See in ACU

Allergies & Adverse Reactions - Penicillin

Advice to Patient - safety netted.

Potential memory concern identified? - No

GP practice

GP practice details	X Boroughbury Medical BOROUGHBURY MEDICAL CENTRE CRAIG STREET PETERBOROUGH PE1 2EJ Phone: 01733 571110
GP practice identifier	D81026

Discharge details

Discharging consultant	Surgeon Commander Callum Gardner
Discharging specialty/department	Nursing Episode
Clinic	PCH Ambulatory Care Unit
Date of discharge	02/02/2017 17:00

[320629/0]

RICHARD C DEAN	NHS number:	4981672195	Hospital Number:	DIS0529177

Person completing record

Name	Preethy Nath
Designation or Discharge role	Medical Staff
Date completed	03/02/2017 13:44

Distribution list

Copy-to: GP / Patient (Delete as appropriate) Specify additional Copy-to recipients if required:

Letter Ref 320629/0

Date Printed 03/02/2017 13:44

Signed Preethy Nath [Medical Staff]

[320629/0]

EMERGENCY DEPARTMENT
el. No. (01733) 673285

Peterborough and Stamford Hospitals
NHS Foundation Trust

NSULTANT: DR C LIU↕

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

Tel: 01733 678000
(DDI prefix extension number with 67)

: POOLED BOROUGHBURY
   BOROUGHBURY SURGERY
   CRAIG STREET
   PETERBOROUGH

   PE1 2EJ

F | C
-7 FEB 2017
S | T

2nd FEBRUARY 2017↕

f: Patient
   RICHARD C DEAN
   19 ADDERLEY
   BRETTON
   PETERBOROUGH

   PE3 8RA
   Telephone: NOT ON PHONE ↕

D.O.B. 30/09/1962

   Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

ar POOLED BOROUGHBURY ↕

ur patient attended our Department on THURSDAY 2nd FEBRUARY 2017 at
:00 pm

eferred by: SELF

LINICAL DETAILS
heir presenting complaint was:- RT CALF SWELLING

n examination I found:-
EEN BY ACU

atient declared allergies at ED attendance: PENICILLIN↕

nvestigations: NONE ↕

iagnosis: , ↕

mmunisation: ↕

reatment: ADVICE - VERBAL ↕

isposal & Discharge Details: REFER TO AMBULATORY CARE UNIT↕

ours sincerely

utomatically generated and therefore unsigned.

North West Anglia
NHS Foundation Trust

Dept of Diabetes & Endocrinology 006
Consultant: Dr J. Rajkanna

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
PE3 9GZ

Hospital No: DIS0529177
NHS No: 498 167 2195
Clinic Date: 02 Dec 2019
Priority **routine**

Direct Line: 01733 673699
Fax: 01733 676992
Switchboard: 01733 678000
Email: nwangliaft.renal-diabetes-endocrinesecs@nhs.net

Transcribed: 19 Dec 2019
Reference: JR/LR

Pooled Boroughbury
General Practitioner
Boroughbury Surgery
Craig Street
Peterborough
PE1 2EJ

Dear Colleague,

Mr. Richard DEAN DOB 30 Sep 1962
14 Drayton, Bretton, Peterborough, PE3 9XL

The above-named patient again failed to attend Clinic today. No further appointment will be given as per Trust policy. He is discharged from the Trust unless I have any correspondence from you.

Yours sincerely

R. J. Raj

Electronically signed by
Dr Jeyanthy Rajkanna
Consultant in Diabetes and Endocrinology

Distribution:
Pooled Boroughbury, General Practitioner (GP) — email to capccg.boroughburymedicalcentre@nhs.net
Mr. Richard Dean (Patient) — post

PRIVATE AND CONFIDENTIAL
Mr. Richard Dean
14 Drayton
Bretton
Peterborough
PE3 9XL

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-19-028192-1

Peterborough City ED
Peterborough City Hospital
Bretton Gate
Peterborough

PE3 9GZ
01733 678 000

Name: Richard C Dean
DOB: 30 Sep 1962
Address: 19 ADDERLEY, BRETTON, PETERBOROUGH
PE3 8RA
Hospital No: DIS0529177
NHS Number: 498 167 2195

ATTENDANCE INFORMATION
Date &Time: 02 Apr 2019 18:02
Type: New Attendance
Previous Attendances: 59
Presented With:(complaint)
CONSTIPATED
Incident Type: Illness
ED Clinician: Ujeet Shrestha

AT BOROUGHBURY MED CENTRE DR
CRAIG STREET, PETERBOROUGH, CAMBRIDGESHIRE,PE1 2EJ

GP ACTION:

DIAGNOSIS & COMMENTS:

INVESTIGATIONS:

Bed Side:

TREATMENT:
Treatments:

Identified CoMorbidities:
History of anticoagulant therapy

Mental Health Classification:

Safeguarding concerns:

Referral Information:

For Children NAI/PST Tool:

Outcome & Destination (with time left department):
Status: Left after assessment but before treatment complete (destination unknown)
Outcome: Left Dept - before being treated
Follow up:
Left Department: 02 Apr 2019 19:50

TTO Detail:

CLINICIAN E-NOTES:

Unit 4, Rightwell East, Bretton Peterborough PE1 1DY
Telephone: 01733 895 824 Fax: 01733 349 221
Freephone: 0800 111 4364

30/9/62

Richard Dean

Private and Confidential

Dear Doctor

Could you please provide us with an update medical summary for this client, please fax to the Aspire Admin Team, our fax number is 01733 349221.

Thank you

F	C
16 SEP 2019	
S	T

102-104 Bridge Street, Peterborough PE1 1DY
Telephone: 01733 895 624 Fax: 01733 349 221

cgl

Dear Colleague
Boroughbury MC

Re: Richard Dean DOB: 30/09/1962
Address: 19 Adelaide, Bretton, Peterborough, PE3 9PG

Richard was seen on 1/9/ 2016 for medical review in Peterborough.
His worker Jacqui was able to attend the appointment.

Summary for GP

Diagnosis
F11.24 Mental and Behavioural Disorder due to the use of opioids – active dependence

Management plan

1. **Richard to remain on the same medication regime 30mls of methadone.**
2. **Richard agreed to start reducing his methadone 1 ml every 28 days to start next month.**
3. **Regular reviews with recovery worker.**
4. **Next medical review in 3 months or sooner if needed.**
5. **Safe storage of medication discussed**
6. **Advice about lifestyle, smoking, diet and sleep given today.**
7. **Overdose risks discussed and understood. Client aware of early signs of overdose and know to seek medical help if needed.**

Current prescription from CRI
30mls of methadone

Current prescription from GP
Diazepam 17mg OD; Warfarin; Mirtazapine 15mg

Safeguarding
The patient reports that he has no parental/carer responsibility for under-18s or vulnerable adults. Please let us know if this is correct and up to date.

Please take care when prescribing other medications that may have misuse potential e.g. benzodiazepines, opioid analgesia, pregabalin etc
Please inform us if this patient is being prescribed any medication that is likely to have significant interactions with Methadone or Buprenorphine. It is also essential that hospital consultants treating

the patient are aware of his / her treatment for opiate dependency as drug interactions may potentially have fatal consequences. Please be especially careful with regards to medications which prolong the QT interval (e.g. Citalopram).

The full review is included below. Please let us know if there are any inaccuracies or omissions.

Assessment

Current Substance Use
Results from most recent drug test: unable to give us urine sample due to physical health problem.

Client stated that he has not been using illicit substances for a long time.
He denied taking any other illicit substances including alcohol. We have discussed and agreed for Richard client to start reducing by 1 ml every 28 days. He is agreeable to this.
Over the counter medication - no
Tobacco – smokes about 5 a day, smoking cessation discussed
Alcohol: not drinking
We discussed the effects of drugs on his health.

Method of funding drug use – does not take drugs

Physical Health
Was admitted to hospital as he had a blockage, was unable to pass urine and faeces. He said this resolved on its own without any procedures. He still goes to hospital for check-ups. He is on Warfarin for DVTs. Client reported that he has no other physical health problems.
BBV Status and Hepatitis B vaccination – client reported that he is fully vaccinated against hepatitis B.
Drug allergies - Penicillin

Family History
Client reported that there is no history of sudden death in the family

Mental Health
Client reported that he has depression and on medication for it. He stated that he still suffers from depression. I advised him to go to the GP if at all he is still struggling with it. Client presented as settled in mood, however he presented as unkempt with a bad odour. Interacted and behaved appropriately during the consultation. He had good eye contact. He denied any self-harming or suicidal ideation. No unusual perceptions or thought disorder observed.

Social History
Lives in a shared accommodation, client reports that he has 6 children and no partner. His children are all grown up the youngest aged 32 years. He is unemployed and on benefits

Forensic History
Any pending legal issues - no
Reported no recent involvement in the criminal justice system.
No known convictions for violent offences or arson.
No involvement in domestic violence

Risks identified
Risk of tolerance and accidental overdose discussed
Contact with children or carer responsibilities – client reports that she/he is not in contact with children. We discussed substance safekeeping: discussed need to keep Methadone /buprenorphine away from children and also not to get intoxicated when supervising them.
DVLA – legal issues discussed
No concerns around mental capacity – client agreed to the management plan above.

Physical examination:
Intoxication/withdrawal
Injection sites
BP: 126/71 P: 73

Investigations and Medical interventions
Liver function tests – not needed
ECG – not indicated
BBV testing – offered and refused
Hepatitis A and B immunisations – immunised already

Discussion

A full treatment discussion was held regarding the treatments offered, covering areas including: the intended benefits of treatment (and the chances of getting those benefits), potential side-effects of treatment, alternative treatment options, what the treatment involved, and the opportunity to take some time to consider the treatment options available.

See management plan and summary at top of document.

Yours sincerely

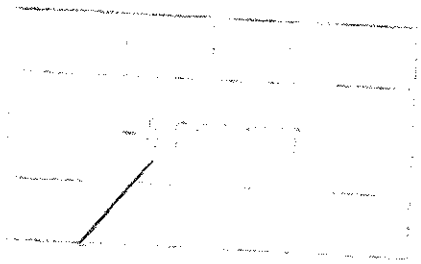
Sibonile Mandizvidza
(Non-Medical Prescriber)

:EMERGENCY DEPARTMENT
el. No. (01733) 673285

ONSULTANT: DR A JONES↕

o: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ



North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ
Tel: 01733 678000
(If DDI prefix extension number with 67)

2nd OCTOBER 2017↕

ef: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: 07787654419 ↕

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

ear POOLED BOROUGHBURY ↕

our patient attended our Department on SUNDAY 1st OCTOBER 2017 at
:00 pm

eferred by: SELF

LINICAL DETAILS
eir presenting complaint was:- HEADACHE/SHAKING

examination I found:-

tient declared allergies at ED attendance: PENICILLIN↕

vestigations: NONE ↕

agnosis: LEFT BEFORE SEEING DOCTOR, ↕

munisation: ↕

eatment: RECORDING VITAL SIGNS

eatment: ADVICE - VERBAL ↕

sposal & Discharge Details: LEFT BEFORE SEEING DOCTOR↕

urs sincerely

tomatically generated and therefore unsigned.

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-19-027795-1

Name: Richard C Dean
DOB: 30 Sep 1962
Address: 19 ADDERLEY, BRETTON, PETERBOROUGH
PE3 8RA
Hospital No: DIS0529177
NHS Number: 498 167 2195

ATTENDANCE INFORMATION
Date &Time: 01 Apr 2019 14:29
Type: New Attendance
Previous Attendances: 58
Presented With:(complaint)
UNWELL
Incident Type: Other than above
ED Clinician: Timothy Wray

Peterborough City ED
Peterborough City Hospital
Bretton Gate
Peterborough

PE3 9GZ
01733 678 000

AT BOROUGHBURY MED CENTRE DR
CRAIG STREET, PETERBOROUGH, CAMBRIDGESHIRE,PE1 2EJ

GP ACTION: Advised to try movicol disimpaction regime and see GP if no improvement although not already has outpatients gastro and urology appointments next month

DIAGNOSIS & COMMENTS:
1. Constipation **Qualifier:** Suspected diagnosis

INVESTIGATIONS:
1. Full Blood Count (FBC)
2. Urea*
3. Creatinine & Electrolytes*
4. LFT
5. Lactate*

Bed Side:
1. Urinalysis **Comments:** All negative, SG 1.030

TREATMENT:
Treatments:
1. Observation / cardiac monitor, pulse oximetry / head injury / trends

Identified CoMorbidities:
History of anticoagulant therapy

Mental Health Classification:

Safeguarding concerns:
No safeguarding issue

Referral Information:

For Children NAI/PST Tool:

Outcome & Destination (with time left department):
Status: A&E Treatment complete
Outcome: GP
Follow up:
Left Department: 01 Apr 2019 18:14

TTO Detail:

CLINICIAN E-NOTES:
Principal Presenting Problem: RIF pain + difficulty passing urine + BNO for 5 days
History of Presenting Problem: Initally said problems with RIF pain had only been few days then said several months. Note many previous attendences. He says last few days has had trouble passing urine. No dysuria, frequency or urgency, drinking well. Says at time has sedement/looks "like custard". Says BNO 5 days and not passing flatus for a few days. Prior to that, difficulty going, hard stools. Off food, no nausea or vomiting, but says each time he eachs stomach rumbles a lot then the colicky crampy RIIF pain starts. No fevers. Feels washed out and tired all the time - several months.Feels that there is something wrong inside even though tests are normal ?anxiety element
Past Medical History: EX IVDU - says 6yrs ago
DVT
Hepatitis C
Anxiety
essential tremor with unsteady gait
Previous OD
Current Medications: <<ALLERGY - PENICILLIN- rash>>
OMEPRAZOLE 20mg CAPSULES 20mg Twice daily
MIRTAZAPINE 30mg TABLETS 15mg Once at Night
Apixaban 2.5mg Twice daily Oral
LACTULOSE SOLUTION 10-15ml Twice daily Oral
SENNA 7.5mg TABLETS 1-2 tablets Once at Night
TAMSULOSIN 400microgram M/R CAPSULES 400 micrograms Once in the morning
METHADONE 1mg/mL SF MIXTURE 20mg Once in the morning Oral
DIAZEPAM 5mg TABLETS 5mg

Smoking, Alcohol, Drugs, Family and Social History: Non smoker
Doesnt drink alcohol and didnt drink previously
Ex-IVDU - stopped 6yrs ago
Observations and General Examination: HR 108/65, HR85, Sats 97on A, Temp 37.1, RR 14
Looks washed out
Abdominal Examination: Some mild RIF tenderness, soft , no masses or guarding
PR - Chaperone by RN Gemma, verbal consent - rectum full with moderate hard stool
Neurological and Spine Examination: GCS15/15
Other Examination: RR 14, Temp 37.1,
Looks washed out< BP 108/65, HR 85, Says 97 on Air
Differential Diagnosis: 1) Constipation
2) Unexplained tiredness - previous bloods normal, prevous review by endocrinology last August. Awaiting Uro and Gastro review next month. ??Chronic fatigue
Management or Treatment Plan: 1) Chase bloods
2)) Analgesia - declined
3) Urine dip - negative for all
4) If bloods normal then home with movicol disimpaction regeime GP follow up for ongoing tiredness
Progress Note 1: All blood tests (FBC/U&E/LFT/CRP normal ranges. Urine normal. Discharged home with movicol disimpaction regieme advice (has sachets at home), advised to see GP if syptoms persisting and await outpatients for uro/gastro and endo which have already been arranged

North West Anglia
NHS Foundation Trust

Diagnostic Imaging Department
Peterborough City Hospital
Edith Cavell Campus
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Peterborough
PE3 9GZ

Telephone 01733 678384

ABULIKAILIK EHAB DR
Boroughby Medical Centre
Craig Street
Peterborough
Cambridgeshire
PE1 2EJ

F	C
- 4 MAR 2020	
S	T

Dear Consultant/ Doctor,

We would like to inform you that the patient below failed to attend for their Diagnostic Imaging appointment, and did not contact the department with a reason for not being able to attend.

We have therefore **cancelled** this procedure as per Trust policy. If when you contact this patient, you still require this examination, would you please refer again.

Please note, that many DNAs can be due to incorrect patient address details on the request form. Would you please therefore confirm the patient details should you re-refer.

Patient: Mr Richard C Dean
Date of birth: 30-Sep-1962
NHS Number: 498 167 2195
Patient GP: DR AT BOROUGHBY MEDICAL PRACTISE
Practice: Boroughby Medical Centre
Referrer: ABULIKAILIK EHAB DR
Referral Source: Boroughby Medical Centre

For: **US Abdomen**
On: **Sunday 01 March 2020 at 12:20**
At: **Peterborough City Hospital, Diagnostic Imaging Department**

Yours sincerely

On behalf of Radiology Booking Team.

Lung Cancer Screening

NHS

10/07/2025

Booking Office:
Universal House
E.r.f. Way
Middlewich, Cheshire
CW10 0QJ
Telephone: 01733 968 848
Office hours: Mon-Fri:8am-8pm, Sat:8am-1pm

NHS Number: 498 167 2195

BOROUGHBURY MEDICAL CENTRE
CRAIG STREET
PETERBOROUGH
CAMBRIDGESHIRE
PE1 2EJ

Dear GP PRACTICE

RE: Lung Cancer Screening - CT Scan Results

Your patient Mr Richard C Dean attended a Lung Cancer Screening appointment on 01/07/2025, followed by a low dose CT scan on 01/07/2025.

Please use SNOMED CT code 713548006 to record that a low dose CT scan was completed.

Please find attached lung health check results and CT scan information captured at the appointment for your reference.

INFORMATION ONLY - Your patient's CT scan demonstrates a small lung nodule. This is a common finding on scans and in most cases is an area of scarring or inflammation on the lungs. This is not of immediate concern but we will call your patient for a follow up scan in 3 months time.

INFORMATION ONLY - Your patient's CT scan confirms evidence of mild emphysema. No further action is required. Patient has been advised to stop smoking and offered referral to smoking cessation services.

Yours sincerely
LUNG CANCER SCREENING TEAM

NHS Lung Cancer Screening (LCS) is the new programme name for Targeted Lung Health Checks (TLHC).

LUNG HEALTH CHECK RESULTS

Patient:	Mr Richard C Dean	NHS Number:	498 167 2195
Address:	14 Drayton, Bretton, PETERBOROUGH, PE3 9XL	Date of Birth:	30/09/1962
GP Practice:	BOROUGHBURY MEDICAL CENTRE	Phone Home:	
Gender:	Male	Phone Work:	07787654419
FF Location:		Phone Mobile:	07787654419

PLCO Lung Cancer Risk: SNOMED CT 1792031000000106	2.22%	Fulfils PLCO criteria (>= 1.51%):	Yes (fulfils PLCO criteria)
LLP Lung Cancer Risk: SNOMED CT 1792001000000100	6.57%	Fulfils LLP criteria (>= 2.5%):	Yes (fulfils LLP criteria)
Comment:			

Current Smoking Status:	Current smoker	Avg. number of cigarettes per day whilst smoking:	10
Number of years smoked:	49	Number of years since quit smoking:	0
Smoked in last 4 weeks:	Yes	Struggling to stop smoking:	Yes
Height (cm):	181	Weight (kg):	82
Previous respiratory diagnosis:	COPD, Emphysema, Pneumonia		
Personal history of previous cancer:	No	Family history of lung cancer:	No (no family history of lung cancer)
Personal history of asthma:	No	Job or activity with asbestos exposure:	No
Education:	High school graduate (GCSEs)	Ethnic Group:	White (referent group)

Spirometry Conducted:		No	Reason why not conducted:		Unavailable
FEV1 (litres):		Predicted:		FEV1:Predicted:	%
FVC (litres):		Predicted:		FVC:Predicted:	%
FEV1:FVC Ratio:	%	BMI (kg/m2):	25	Blood Pressure:	