SAR Team
Health Records Department
Glasgow Royal Infirmary Hospital
8 - 16 Alexandra Parade
Glasgow
G31 2ER

NHS
Greater Glasgow and Clyde

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

Date: 23rd June 2026
Your Ref: 100427
Our Ref: SAR Team /PA
Enquiries To: Patricia
Direct Line: 0141 201 3382
Email: patricia.armstrong3@nhs.scot

Dear Sir/Madam,

Re: Subject Access Request under the General Data Protection Regulation

PATIENT: MICHELLE KIMMETT DOB: 29/07/1982

Thank you for your request received 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:

STOBHILL ACH HOSPITAL RECORDS
NO X-RAYS TAKEN

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 me.

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

SAR 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	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐

NHS
Greater Glasgow and Clyde

COLPOSCOPY DEPARTMENT
WOMEN & CHILDREN'S DIRECTORATE
STOBHILL HOSPITAL
133 Balornock Road
Glasgow
G21 3UW
Contact: Alison McCormick
Telephone: Reception - 0141 355 1209
Reference: AMcC / ML
14/11/2019

Miss Michele Kimmet
31 Ledmore Dr
Glasgow
Lanarkshire
G15 7AB

Dear Miss Kimmet

CHI number: 2907826026 Unit number: 10671331L

Thank you for attending the clinic on 31/10/2019.

A LLETZ (Loop Excision) treatment was performed at this visit and the result was CIN (abnormal cells, not cancer).

The test results indicate that you no longer require to attend the colposcopy clinic. I recommend that your next smear should be taken in 6 months time.

Your GP has been advised of your results. You will be contacted nearer the time to make arrangements for your next smear appointment.

If you have any concerns please contact your own GP or alternatively contact the Colposcopy Department on 0141 355 1209 or 0141 355 1831 and we will do our best to help you.

Yours sincerely

Dr M Laing
Specialty Doctor

copy to:

NHS
Greater Glasgow and Clyde

COLPOSCOPY DEPARTMENT
WOMEN & CHILDREN'S DIRECTORATE
STOBHILL HOSPITAL
133 Balornock Road
Glasgow
G21 3UW
Contact: Alison McCormick
Telephone: Reception - 0141 355 1209
Reference: AMcC / ML
14/11/2019

Dr JA Connelly
Drumchapel Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Connelly

Patient Details:		
	CHI Number	2907826026
	Unit Number	10671331L
	Name	Michele Kimmet
	Date of Birth	29/07/1982
	Address	31 Ledmore Dr, Glasgow Lanarkshire G15 7AB

Your patient was seen at the clinic on 31/10/2019 and at this visit, LLETZ (Loop Excision) treatment was performed.

No smear was taken.

A LLETZ biopsy of the cervix was taken and the result was CIN2.

Your patient has been treated for High Grade CIN and has now been discharged from the colposcopy clinic. I recommend that a follow up smear should be taken in 6 months time.

Your patient has been advised of the results and that she will be invited to attend for her next smear test. Your patient will therefore appear on your Recommended Call List (RCL) on SCCRS in due course.

Yours sincerely

Dr M Laing
Specialty Doctor

copy to:

Acute Services Division
Women and Childrens' Health
Colposcopy Clinic – Follow-up Visits

NHS Greater Glasgow and Clyde

Patient Details	Appointment Details			
2907826026 F KIMMET Michele 29/07/1982 31 LEDMORE DR Glasgow, Lanarkshire G15 7AB	Hospital: SB084LC	Code:		
	Consultant/Clinician: MLAING.			
	Appointment Date: 30/01/2019	Time:		
	Type of Episode		Attendance Status	
	1. New patient episode		1. Attended	
	2. Follow-up/Return Out-Patient	✓	2. Cancelled by Patient	
	3. In-Patient		3. Cancelled by Clinic	
	4. Ext. cytol.visit		5. Attended by Could NOT wait	
			8. Did Not Attend DNA	
	Contraception:	Parity:	LMP: (Date)	

Colposcopy Assessment Details

Colposcopy done: ✓	Colposcopist name: LAING.

Findings

**SCJ visualised	Yes ✓ No ☐	**Transformation zone classsificion	
Aceto-white	Yes ✓ No ☐	0. Not known	
Mosaic	Yes ☐ No ✓	1. Type I - fully visualised	
Punctation	Yes ☐ No ✓	2. Type II - into canal but visualised	✓
Atypical vessels	Yes ☐ No ✓	3. Type III - not fully visualised	
*Patient pregnant?	Yes ☐ No ✓	Expected date of delivery:	

**Colposcopic opinion cervical		**Colposcopic opinion vaginal	
1. No cervix		1. Normal	✓
2. Normal		2. HPV / inflammation / benign	
3. HPV/ Inflammation / benign		3. VaIN / low grade	
4. CIN / low grade		4. VaIN / high grade	
5. CIN / high grade	✓	5. Invasion	
6. Invasion		6. Other	
7. Other		7. Not performed	
8. Not performed			

Notes

IUCD Threads preserved.

* Denotes mandatory item for ALL new referrals

** Mandatory if colposcopy / biopsy / smear done at visit

Diagnostic Procedure/Treatment Details

*Was smear done at visit? Yes ☐ No ☑	*Cervix Biopsy Type		**Cervix Histology Results	1	2
**Smear result	1. No biopsy		1. Unsatisfactory		
1: Negative (normal smear)	2. Directed biopsy		2. Normal		
2: Unsatisfactory	3. Multiple directed biopsy		3. CIN1		
3: Borderline change in squamous cells	4. Excisional Biopsy (LLETZ)	✓	4. CIN2	✓	
4: Low grade dyskaryosis	5. Wedge Biopsy		5. CIN3		
5: High grade dyskaryosis (moderate)	*Was Vaginal Biopsy Done? Yes ☐ No ☑		6. Invasive Squamous (1a1)		
6: High grade dyskaryosis (severe)	**Vaginal Biopsy Result		7. Invasive Squamous (1a2)		
7: High grade dyskaryosis? invasive	1. Unsatisfactory		8. Invasive Squamous (>1a)		
8: Glandular Abnormality	2. Normal		9. CGIN (low grade)		
9: Endocervical Adenocarcinoma	3. ValN1		10 CGIN (high grade)		
10: Endometrial or other malignancy	4. ValN2		11 Invasive Adenocarcinoma		
11: Borderline change in endocervical cells	5. ValN3		12 Other		
HPV Status	6. Invasive vaginal carcinoma				
1. Positive	7. Other				
2. Negative					
99. None					

*Procedure/Treatment Performed	Definitive Histology (Highest)	Excision Complete LLETZ
Patient consent obtained? Yes ☑ No ☐	1. Unsatisfactory	1. Complete
1. None	2. Normal	2. Endo cervix - Incomplete
2. LLETZ ✓	3. CIN1	3. Ecto cervix - incomplete
3. Cold coagulation	4. CIN2	4. Both - Incomplete
4. Laser ablation	5. CIN3	5. Inconclusive
5. Cone (laser or knife)	6. Invasive Squamous (1a1)	Notes
6. Cryotherapy	7. Invasive Squamous (1a2)	
7. Trachelectomy	8. Invasive Squamous (>1a)	
8. Cervical Amputation	9. CGIN (low grade)	
9. Hysterectomy	10. CGIN (high grade)	
Analgesia Administered	11. Invasive Adenocarcinoma	
1. No analgesia	12. Other	
2. Local analgesia ✓		
3. General/regional anaesthesia		

Follow Up Care/Management Plan

*Planned follow-up care/treatment

1. Return to colposcopy clinic	5. Cancer Treatment		Number of months to next follow up:
2. Return to hospital smear clinic	6. Discharge	✓	
3. Treatment - Inpatient	7. Other care or treatment		Recommend interval to next smear (months): 6
4. Treatment - Outpatient			

Standard Letter Number: Patient 11 GP 19 Dictated letter only ☐

PRINT NAME (BLOCK CAPITALS)	SIGNATURE	DATE
LAING	[signature]	30 MAY 2019

CIN2 LLETZ

SCORE UPDATED.

NHS
Greater Glasgow and Clyde

COLPOSCOPY DEPARTMENT
WOMEN & CHILDREN'S DIRECTORATE
STOBHILL HOSPITAL
133 Balornock Road
Glasgow
G21 3UW
Contact: Alison McCormick
Telephone: Reception - 0141 355 1209
Reference: AMcC / ML
22/08/2019

Miss Michele Kimmet
31 Ledmore Dr
Glasgow
Lanarkshire
G15 7AB

Dear Miss Kimmet

CHI number: 2907826026 Unit number: 10671331L

Thank you for attending the clinic on 01/08/2019.

A biopsy of the cervix was taken and the result was CIN (abnormal cells, not cancer).

The test results indicate that you require treatment, which would be best carried out at the colposcopy clinic. Details of your next appointment are enclosed.

In the meantime, if you have any concerns please contact your own GP or alternatively contact the Colposcopy Department on 0141 355 1209 or 0141 355 1831 and we will do our best to help you.

Yours sincerely

Dr M Laing
Specialty Doctor

copy to:

NHS
Greater Glasgow and Clyde

COLPOSCOPY DEPARTMENT
WOMEN & CHILDREN'S DIRECTORATE
STOBHILL HOSPITAL
133 Balornock Road
Glasgow
G21 3UW
Contact: Alison McCormick
Telephone: Reception - 0141 355 1209
Reference: AMcC / ML
22/08/2019

Dr JA Connelly
Drumchapel Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Connelly

Patient Details:		
	CHI Number	2907826026
	Unit Number	10671331L
	Name	Michèle Kimmet
	Date of Birth	29/07/1982
	Address	31 Ledmore Dr, Glasgow Lanarkshire G15 7AB

Your patient was seen at the clinic on 01/08/2019 and at this visit, a colposcopy was done but no treatment was undertaken.

No smear was taken.

A diagnostic biopsy of the cervix was taken and the result was CIN2.

The test results indicate that your patient requires further treatment, which would be best managed as an outpatient at the colposcopy clinic. Your patient has been asked to return for outpatient treatment. Another appointment has been arranged for her to attend the clinic at 10:00 on the 26/09/2019.

Yours sincerely

Dr M Laing
Specialty Doctor

copy to:

Acute Services Division
Women and Childrens' Health
Colposcopy Clinic – New Referrals Only

NHS Greater Glasgow and Clyde

Patient Details

2907826026
KIMMET
Michele F
31 LEDMORE DR 29/07/1982
Glasgow, Lanarkshire
G15 7AB

Appointment Details

Hospital: STOBHILL		Code:	
Consultant/Clinician: M WAING			
Appointment Date	DD 08 MM YYYY	Time:	
Type of Episode			
1. New patient episode	✓	3. In-Patient	
2. Follow-up/Return Out-Patient		4. Ext. cytol.visit	
LMP: (Date)	DD MM YYYY		
Parity:			
Contraception:	IUCD.		

New Referral Details (captured for 1st visits only) PLEASE TICK ALL APPROPRIATE BOXES

Date of Referral: 21 MM 2009 Date of Referral Smear: 12 06 2009

Reason for Referral		Referral Cytology		HPV Status at Referral	
0. Not known		0: Not known		1. Positive	
1. Abnormal screening smear	✓	1: No smear		2. Negative	
2. Abnormal test after colposcopy		2: Negative (normal smear)		99. None	
3. Clinically suspicious cervix		3: Unsatisfactory		**Referral Source**	
4. Suspicious symptoms		4: Borderline change in squamous cells		1. GP	✓
5. Other		5: Low grade dyskaryosis		2. Consultant same unit	
Main Referral symptom		6: High grade dyskaryosis (moderate)		3. Consultant other unit	
0. Not known		7: High grade dyskaryosis (severe)	✓	4. Consultant other HB	
1. None	✓	8: High grade dyskaryosis? invasive		6. Prison / Penal estab.	
2. IMB		9: Glandular Abnormality		9. Other (inc. Armed Forces)	
3. PCB		10: Endocervical Adenocarcinoma		0. Comm.Health (FPA)	
4. Discharge		11: Endometrial or other malignancy		**Other Comments:**	
5. PMB		12: Borderline change in endocervical cells		PMH:- Nil.	
6. Other		AGUS		Drugs Nil.	

Previous cervical surgery		Year of Treatment (up to 5 can be recorded)				
0. Not known						
1. None	✓					
2. LLETZ						
3. Cold coagulation						
4. Laser ablation						
5. Cone Laser/knife						
6. Cryotherapy						
7. Trachelectomy						
8. Cervical amputation						
9. Hysterectomy						

Allergies Penicillin

Colposcopy Assessment Details

Colposcopy done: ✓			Colposcopist name: WAING		
Findings					
**SCJ visualised	Yes ✓	No	**Transformation zone classsificion		
Aceto-white Numerous	Yes ✓	No	0. Not known		
Mosaic	Yes	No ✓	1. Type I - fully visualised		
Punctation	Yes	No ✓	2. Type II - into canal but visualised	✓	
Atypical vessels	Yes	No ✓	3. Type III - not fully visualised		
*Patient pregnant?	Yes	No ✓	Expected date of delivery:		
**Colposcopic opinion cervical			**Colposcopic opinion vaginal		
1. No cervix			1. Normal	✓	
2. Normal			2. HPV / inflammation / benign		
3. HPV/ Inflammation / benign	✓		3. VaIN / low grade		
4. CIN / low grade			4. VaIN / high grade		
5. CIN / high grade			5. Invasion		
6. Invasion			6. Other		
7. Other			7. Not performed		
8. Not performed					

IUCD threads seen

* Denotes mandatory item for ALL new referrals

** Mandatory if colposcopy / biopsy / smear done at visit

Diagnostic Procedure/Treatment Details

*Was smear done at visit? Yes ☐ No ☑	*Cervix Biopsy Type		**Cervix Histology Results	1	2
**Smear result	1. No biopsy		1. Unsatisfactory		
1: Negative (normal smear)	2. Directed biopsy	✓	2. Normal		
2: Unsatisfactory	3. Multiple directed biopsy		3. CIN1		
3: Borderline change in squamous cells	4. Excisional Biopsy (LLETZ)		4. CIN2	✓	
4: Low grade dyskaryosis	5. Wedge Biopsy		5. CIN3		
5: High grade dyskaryosis (moderate)	*Was Vaginal Biopsy Done? Yes ☐ No ☑		6. Invasive Squamous (1a1)		
6: High grade dyskaryosis (severe)	**Vaginal Biopsy Result		7. Invasive Squamous (1a2)		
7: High grade dyskaryosis? invasive	1. Unsatisfactory		8. Invasive Squamous (>1a)		
8: Glandular Abnormality	2. Normal		9. CGIN (low grade)		
9: Endocervical Adenocarcinoma	3. VaIN1		10. CGIN (high grade)		
10: Endometrial or other malignancy	4. VaIN2		11. Invasive Adenocarcinoma		
11: Borderline change in endocervical cells	5. VaIN3		12. Other		
HPV Status	6. Invasive vaginal carcinoma				
1. Positive	7. Other				
2. Negative					
99. None					

*Procedure/Treatment Performed	Definitive Histology (Highest)	Excision Complete LLETZ
Patient consent obtained? Yes ☐ No ☐	1. Unsatisfactory	1. Complete
1. None	2. Normal	2. Endo cervix - Incomplete
2. LLETZ	3. CIN1	3. Ecto cervix - incomplete
3. Cold coagulation	4. CIN2	4. Both - Incomplete
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6. Cryotherapy	7. Invasive Squamous (1a2)	
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8. Cervical Amputation	9. CGIN (low grade)	
9. Hysterectomy	10. CGIN (high grade)	
Analgesia Administered	11. Invasive Adenocarcinoma	
1. No analgesia	12. Other	
2. Local analgesia		
3. General/regional anaesthesia		

Follow Up Care/Management Plan

*Planned follow-up care/treatment

1. Return to colposcopy clinic		5. Cancer Treatment		Number of months to next follow up:
2. Return to hospital smear clinic		6. Discharge		
3. Treatment - Inpatient		7. Other care or treatment		Recommend interval to next smear (months):
4. Treatment - Outpatient	✓			

Standard Letter Number: Patient 19 GP 15 Dictated letter only ☐

PRINT NAME (BLOCK CAPITALS)	SIGNATURE	DATE		
LAING		DD/	MM	2019

Severe. - Minimal changes

PBX 1

SCCRS updated

LLETZ

Performed	31-Oct-2019 10:26	Received	31-Oct-2019 16:44
Reported	13-Nov-2019 14:47	Order Number	D,19.0082335.E
Status	Final	Source System	Telepath

Pathology Final

NHS GREATER GLASGOW AND CLYDE
PATHOLOGY DEPARTMENT ENQUIRIES TO: 0141-354-9487 (89487)

Date collected: 31.10.2019
Date received : 31.10.2019 Date reported: 13.11.2019

Reporting Pathologist : Gareth Bryson
Consultant Pathologist: Gareth Bryson

LLETZ

CLINICAL HISTORY

CIN2 in PB D190057775

MACRO

2 fragments tissue are received, largest 9 x 6 x 5 mm.

MICROSCOPY

Microscopy shows cervix from the transformation zone. This biopsy is of sub-optimal quality because of specimen fragmentation.

There is CIN2 in a total of 2/5 blocks of tissue. The CIN is present in only one of the two tissue fragments received. The CIN does not colonise endocervical glands and there is no invasion. There is no glandular dysplasia. Koilocytosis is seen in keeping with HPV infection.

The completeness of excision cannot be formally assessed because of the fragmented nature of this specimen. However, dysplasia is present at diathermied margins.

Summary: CIN2 - margins not assessable.

Dr G Bryson, Consultant

Report generated: 13/11/19
Authorised: 13/11/19 by Dr Gareth Bryson

Cervical Biopsy

Performed	01-Aug-2019 13:29	Received	02-Aug-2019 09:48
Reported	15-Aug-2019 15:32	Order Number	D,19.0057775.K
Status	Final	Source System	Telepath

Pathology Final

NHS GREATER GLASGOW AND CLYDE
PATHOLOGY DEPARTMENT ENQUIRIES TO: 0141-354-9487 (89487)

Date collected: 01.08.2019
Date received : 02.08.2019 Date reported: 15.08.2019

Reporting Pathologist : Sarah Bell
Consultant Pathologist: Sarah Bell

PUNCH BIOPSY OF CERVIX

CLINICAL HISTORY

Severe Colp minimal changes IUCD in situ

MACRO

One piece of tissue measuring 3 mm is received.

MICROSCOPY

Microscopy shows small strips of ectocervical epithelium showing high-grade CIN (2). There is no underlying subepithelial tissue for assessment.

Dr S Bell, Consultant

Report generated: 15/08/19
Authorised: 15/08/19 by Dr S Bell