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

NHS
Greater Glasgow and Clyde

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

Date:8 July 2026
Your Ref: 100124
Ref: SAR / ACCESS /CD
Enquiries to: Catrina
Direct Line: 0141 201 3381
Email: catrina.doogan@nhs.scot

Dear Sir / Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: JACQUELINE GOOD DOB: 14/05/1961

Thank you for your recent request 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 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 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:

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	☐
LABS	☐

Letter to Patient:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW

Main Switchboard: 0141 201 3000
Department: Pain Management Clinic
Contact Tel: 0141 355 1492
Enquiries to: ggc.painmanagement.nursing@nhs.scot
Letter Date: 06/02/2026
Reference:
Dictated Date: 06/02/2026
Transcribed Date:

Jacqueline Good
76 WHITEHAUGH AVENUE
Paisley
Renfrewshire
PA1 3SR

Dear Jacqueline Good,

Your name is on a wait list for **Nurse Chronic Pain Management Group Sessions.**

There will be no requirement for you to speak or share any of your personal information during these sessions.

We are writing to ask if you still wish to be invited.

We have included a leaflet which gives you information about the group sessions so that you can decide if this is right for you.

The groups will run on Attend Anywhere Video Platform. The service will see when you arrive in the video group and there is no need to create an account.

The Attend Anywhere link will be on your appointment letters.

You will need a device with a camera, sound and a microphone – Attend Anywhere works on any smart phone, laptop, PC, iPad or tablet and is best if you are on Wi-Fi to avoid data charges.

There are 2 sessions lasting no more than 90 minutes and one week apart.

Please contact the service on **0141 355 1492** within 2 weeks of the date at the top of this letter to confirm if you wish to attend the Group Sessions.

If you are leaving a message of confirmation on the answering machine, please tell us your **NAME and CHI NUMBER and state NURSE MANAGE PAIN GROUP SESSIONS.**

If we do not hear from you within this time, we will assume that you no longer wish to attend and will discharge you with notification to your GP.

Yours sincerely

Sioban Saba

Lead Nurse Pain Management Service

Electronically Signed: ,

cc.

Department of Respiratory Medicine
Stobhill ACH
Spirometry Report

NHS Greater Glasgow and Clyde

CHI:	**1405613246**				
Last Name:	**Good**	**Height:**	**163 cm**	**Physician:**	
First Name:	**Jacqueline**	**Weight:**	**67.0 kg**	**Ward:**	**Stobhill B19**
Date of Birth:	**14/05/1961**	**BMI:**	**25 kg/m²**	**Smoking status:**	**Smoker**
Age:	**61 Years**	**Race:**	**Caucasian**	**Smoking pk-yrs:**	
Gender:	**female**	**Pred. Module:**	**GLI_ECCS**	**Physiologist:**	**Lennon R**
Visit date:	**30/07/2022**	**Referral reason:**	**COPD**		

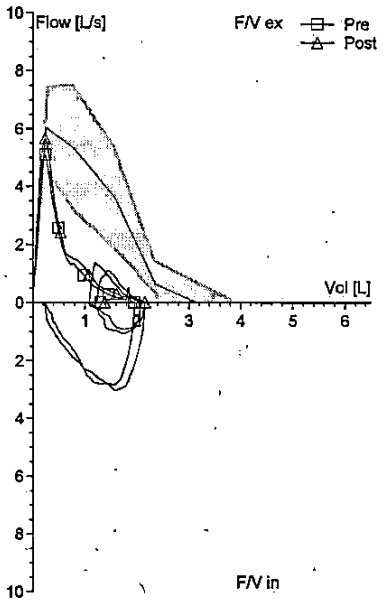
SR Range Normal +/- 1.64 to 1.64 Mild +/- 1.65 to 2.50 Moderate +/- 2.51 to 3.50 Severe +/- >3.50

Spirometry

Substance	Salbutamol
Dose	400mcg MDI

		Pred	Best Pre	% Pred	SR	SR Graph	Best Post	% Pred	SR	% Chg
FVC	L	3.15	1.95	62	-2.60		2.16	68	-2.13	11
FEV 1	L	2.48	1.30	52	-3.09		1.39	56	-2.87	7
FEV 1 % FVC	%	79	67	84	-1.67		64	81	-1.97	-4
FEV 1 % VC MAX	%	79	67	84	-1.67		64	81	-1.97	-4
PEF	L/s	6.03	5.08	84	-1.04		6.66	94	-0.40	11
MMEF 75/25	L/s	2.23	0.73	33	-2.46		0.72	32	-2.46	-0

	Meas
SpO2 %	97



Comments

GP Code: 87606

Inhalers withheld prior to test.

FVC may be underestimated due to persistent cough

Reduced FEV1/FVC ratio indicates airflow obstruction. Bronchodilator produces no significant response. Results are consistent with COPD Stage 2 (NICE 2010).

MRC - 2

Reported: R Lennpn
Verified: R Vaughn

Previous Patient Notes for Pain Management (newest at the top).

Note: Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

Patient Note		**Outpatient Note**
Date/Time: 18-Jun-2026 16:06	**Created By:** Clinical Nurse Specialist - Laura Forbes3	**Role:** Nurse - GGC
Specialty: Pain Management	**Organisation:**	Sensitive

Note:

17/6/26 - CNS review appointment
Last seen - PG first contact - Dec

Pain History
Widespread Pain
Main area of concern - low back and bilateral hip pain
Arthritis diagnosed in pelvis, hips, knees and elbow

Past Medical History
COPD, HTN, Duodenitis, Endometriosis (Hysterectomy at 32)

Currently
Right foot - appears to be plantar fasciitis - Fairly new, sharp pain in the right heel.
pain across pelvis and both knees - R worse than L.
Had to give up my job, handed her notice in and finishes at the end of June. Worked for over 20 years with Clinique within the beauty counters. Can't manage on her feet for the long shifts.
A&E yesterday - chest infection - exacerbation of COPD - Review with GP 19/6/26. On ABX.

Medications
GP practice Dihydrocodeine 30mg tablets 112 tablet 1 TABLET(S) UP TO FOUR TIMES A DAY WHEN REQUIRED. (MAX TOT DOSE 240MG) 07-Jul-2025 28-Apr-2026 - 2 taken AM, not every day. Will sometimes use a 2nd dose in the afternoon as required. Not using every day. Goes days without using 30mg.
GP practice Dihydrocodeine 60mg modified-release tablets 56 tablet 1 TABLET TWICE DAILY 07-Jul-2025 04-Jun-2026 Takes 120mg at night - This is helpful overnight for pain relief.
GP practice Citalopram 20mg tablets 28 tablet 1 TABLET DAILY 14-Feb-2022 04-Jun-2026 - 1 tablet a day - Helpful for low mood.
GP practice Paracetamol 500mg caplets (A A H Pharmaceuticals Ltd) 224 tablet 2 TABLETS UP TO FOUR TIMES DAILY AS REQUIRED 28-Feb-2025 13-Jan-2026 - Stopped, not helpful.
GP practice Salbutamol 100micrograms/dose inhaler CFC free 200 dose 1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED 09-Jun-2026 09-Jun-2026
GP practice Amoxicillin 500mg capsules 15 capsule 1 CAP THREE TIMES A DAY 01-Apr-2026 01-Apr-2026
GP practice Easyhaler Salbutamol sulfate 100micrograms/dose dry powde... 200 dose 1 PUFF UP TO FOUR TIMES DAILY AS REQUIRED 30-Mar-2026 30-Mar-2026
GP practice Formoterol Easyhaler 12micrograms/dose dry powder inhaler... 120 dose 1 PUFF AM AND PM 30-Mar-2026 30-Mar-2026
GP practice Salbutamol 100micrograms/dose inhaler CFC free 200 dose 1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED 05-Jan-2026 05-Jan-2026
GP practice Braltus 10microgram inhalation powder capsules with Zonda... 60 capsule INHALE 1 CAPSULE ONCE A DAY 17-Jul-2025 04-Jun-2026
GP practice Ramipril 5mg capsules 56 capsule 1 CAPSULE ONCE A DAY 10-Jun-2025 13-Apr-2026
GP practice Formoterol Easyhaler 12micrograms/dose dry powder inhaler... 240 dose 1 PUFF AM AND PM 30-Mar-2026 30-Mar-2026
GP practice Lactulose 3.1-3.7g/5ml oral solution 500 ml 15 MLS TWICE A DAY 28-Feb-2025 04-Feb-2026

Previous trials - Tramadol - no benefit, Co-Codamol - caused nausea, Amitriptyline - caused drowsiness, no pain relief, Topical creams/gels - minimal benefit

Discussion
Manage Pain - Did not opt in, not ready at this time. Can explore SSM within next 1:1 review
Sleep - gets a bit of a sleep with the DHC, chronic issues with sleep. "never been a good sleeper".

TENS - No CI
Trialled on lower back, with effect and Jacqueline kept on leaving clinic. Husband present to drive.
Full instructions for use and pad placement discussed. Safety information reiterated.
can use 2 hours QDS. No issues raised.

Plan
Telephone review appointment - discuss intro to SSM on a 1:1 basis.

Patient Note		**Outpatient Note**
Date/Time: 03-Dec-2025 11:41	**Created By:** Physiotherapist - Pam Gavin	**Role:** AHP - GGC
Specialty: Pain Management	**Organisation:**	Sensitive

Note:

Discussed with Dr Rae
agreed with management plan
advice to add to letter re opiate induced constipation- suggestion

https://handbook.ggcmedicines.org.uk/guidelines/gastrointestinal-system/management-of-constipation/

Opioid-induced constipation
Laxative and dose
Senna, 15mg at night -
and either
Lactulose, 15ml twice daily regularly -
Or
Docusate sodium 100-500mg daily -

In patients with opioid-induced constipation who have not adequately responded to at least two classes of laxatives (given at an adequate dose for a sufficient duration), consider naloxegol 25mg once daily. An inadequate response to laxatives is defined as opioid-induced constipation symptoms of at least moderate severity, in at least one of the four stool symptom domains (incomplete bowel movement, hard stools, straining or false alarms), while taking at least one laxative class for at least 4 days during the prior 2 weeks.

Patient Note		**Outpatient Note**
Date/Time: 02-Dec-2025 18:30	**Created By:** Physiotherapist - Pam Gavin	**Role:** AHP - GGC
Specialty: Pain Management	**Organisation:**	Sensitive

Note:

Consent to consultation- 11.00

Risk Assessment not required

Attended the pain management service for a consultation in person

Referral Information/concerns checklist

GP referral
Description: Low back pain
Comment: This lady has been suffering low back and bilateral hip pain for several years an on reg opiate medication for approx. 6 years.
XR's show mild degenerative changes only. She is reluctant to attend physio due the pain.
She is currently taking 240mg of DHC a day and variable amounts of paracetamol, never more than 6 a day.
I was hoping she could be seen and offered some alternative forms of pain management in the hope of reducing her opiate use.
Concerns Checklist:
Mild arthritis diagnosed in pelvis / hips / knees / elbow - feels this doesn't match up to pain levels.
Severe widespread pain which has been worsening for last 2 years
Doesn't feel enough has been done to find out what's going on
I feel frustrated or embarrassed that I can?t do the things I used to do.
I feel in a low mood - can be in tears due to pain / lack of sleep
Takes citalopram which helps keep mood stable
I feel that people are judging me - doesn't feel anyone understands pain
I feel lonely and isolated.
Worked as a retail manager for 30+ years - had to step down 2 years ago due to pain - now works 2 days a week - needs to work - doesn't want to stop working
Managing to see family and friends regularly
Managing day to day tasks at home but takes longer / paces self
Broken sleep due to pain
Feels taking too much medication but can't get by without it. Dihydrocodeine is the only thing that helps, takes paracetamol in between
Meds cause SE / constipation - has to take laxatives.
Other specialities reviews
Ortho- elbow- degenerative tendinopathy
Imaging
Prev x-rays pelvis, elbow,

No significant interval change when compared with the previous study dated 5/10/2022. Mild degenerative change is noted at the hips and sacroiliac joints with subchondral sclerosis. Osteophyte formation is present at the lower lumbar spine.
The elbow joint space is preserved, however marginal osteophyte formation is present at the olecranon, consistent with minimal degenerative change. Small olecranon spur is noted.
Present Condition/History of Present Condition

Pelvis, hips, knees, ankles, right elbow
Not so much back
More band round pelvis
Lying on side increase pain lateral leg to ankle- - no pins and needles no numbness
Can get cramps- at night

Left leg - can shake when in bed involuntarily
2-3 times a month

Bilateral foot pain -prev fractures- shooting pain newer up foot at end of day at work relieves 5-10 min- last 4 weeks

Aggs

Prolonged sitting 15 min
Standing too long

Eases
Prev dihydracodeine- now not as effective
Hot shower

24 Hours
Stiff morning 10-15 min
More in knees on stairs

Red flags
No pins and needles no numbness

Bowel- constipation - leads to pain stomach -

Had physio through pulmonary rehab found too difficult - walks as much as can

Impact of pain

Sleep- 3-4 hours a night - struggles to get to sleep wakens frequently

Functional Status/Activity Levels-
Up at 7 - washed dressed ready for work
On feet - 8.5 hours
Not working up dressed washed doing housework - shopping looking after grandchildren - dinners
Too tired for other interests

Work- 2/7 week on feet Clinique- prev manager 30 years stepped down due to physical nature
Family- lives with partner

Mood/ Anxiety
Sister passed away funeral tomorrow
Pain has upset - frustration that in pain has said would take all tablets but no intention to carry out

Adverse events
No trauma

Social History
Lives with partner

Drug History
H/O: drug allergy 30-Aug-2013 Sertraline 50mg tablets
Formoterol Easyhaler 12micrograms/dose dry powder inhaler... 120 dose 1 PUFF AM AND PM 21-Oct-2025 21-Oct-2025
Salbutamol 100micrograms/dose inhaler CFC free 200 dose 1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED 21-Oct-2025 21-Oct-2025
Citalopram 20mg tablets 28 tablet 1 TABLET DAILY 14-Feb-2022 07-Nov-2025
Dihydrocodeine 30mg tablets 112 tablet1 TABLET(S) UP TO FOUR TIMES A DAY WHEN REQUIRED. (MAX TOT DOSE 240MG) 07-Jul-2025 07-Nov-2025
Dihydrocodeine 60mg modified-release tablets 56 tablet 1 TABLET TWICE DAILY 07-Jul-2025 07-Nov-2025
Braltus 10microgram inhalation powder capsules with Zonda... 60 capsule INHALE 1 CAPSULE ONCE A DAY 17-Jul-2025 07-Nov-2025
Ramipril 5mg capsules 56 capsule 1 CAPSULE ONCE A DAY 10-Jun-2025 07-Nov-2025

Lactulose 3.1-3.7g/5ml oral solution 500 ml 15 MLS TWICE A DAY 28-Feb-2025 25-Aug-2025

Paracetamol 500mg caplets (A A H Pharmaceuticals Ltd) 224 tablet2 TABLETS UP TO FOUR TIMES DAILY AS REQUIRED 28-Feb-2025 25-Aug-2025

Current
Dihydracodeine- 2 x30mg - 60mg at 11.00 3-4 hours paracetamol - at night 2x30 9 60mg (normally takes 2x30 before bed Doesn?t feel 60mg dose kicks in the same as the 30

Paracetamol - doesn?t like taking as feels sick

Previous
Creams and gels
Dermacool - helped elbow didn?t help elsewhere

Amt- drowsy - no help to pain
Tramadol - no benefit
Cocodmaol - makes sick

Past Medical History

Moderate chronic obstructive pulmonary disease	-	16-Aug-2022
Chronic obstructive pulmonary disease	stage 2- see docman	25-Jul-2022
Essential hypertension	-	21-Dec-2020
Duodenitis	on scope	29-May-2018
Endometriosis	++	01-Jan-1992
Polymenorrhoea	-	01-Jan-1992
Cervicitis and endocervicitis	cautery Rx	01-Jan-1982

Hysterectomy - 32- due to endometriosis- HRT stopped due to BP started citalopram

Lifestyle
G/H-
Okay
Weight - losing a little
Smoking- 5-10cpd- knows shouldn?t
Alcohol- ni l
Non prescribed illicit drugs- nil

Observation - walked slow cadence
Regular change position standing up stretching during consultation
Patient Expectations
Help to reduce pain.

Discussion

Opiates discussion- dependence side effects on bowels potential to become less effective. Prefers short acting as works more quickly and very reluctant to change. Discussed trying reducing dihydracodeine resistant to this particularly related to short acting .
Discussed self management options open to considering this.

Analysis/Impression

Quite reliant on dihydracodeine feels only things that has helped may be difficult to change however may be more likely if increases confidence and knowledge.

Problem List
Chronic joint pains-

Management plan
1. Tens
2. Pain ed
3. Future medication reduction
4. ? Pain PT , PMP in future

Patient Note		Remote Consultation
Date/Time: 02-Sep-2025 11:25	**Created By:** Pain Management Physiotherapist - Emma Dodds2	**Role:** AHP - GGC
Specialty: Pain Management	**Organisation:**	Sensitive

Note:

PEIS 2 telephone call today at 10:15 - consent obtained and safe to proceed.
Attended PEIS 1 - no questions from first session and found info helpful.

Concerns Checklist:
Mild arthritis diagnosed in pelvis / hips / knees / elbow - feels this doesn't match up to pain levels.
Severe widespread pain which has been worsening for last 2 years
Doesn't feel enough has been done to find out what's going on
I feel frustrated or embarrassed that I can?t do the things I used to do.
I feel in a low mood - can be in tears due to pain / lack of sleep
Takes citalopram which helps keep mood stable
I feel that people are judging me - doesn't feel anyone understands pain
I feel lonely and isolated.
Worked as a retail manager for 30+ years - had to step down 2 years ago due to pain - now works 2 days a week - needs to work - doesn't want to stop working
Managing to see family and friends regularly
Managing day to day tasks at home but takes longer / paces self
Broken sleep due to pain
Feels taking too much medication but can't get by without it. Dihydrocodeine is the only thing that helps, takes paracetamol in between
Meds cause SE / constipation - has to take laxatives.

Plan: Agreed physio first contact as noted from MDT vetting.
Appointment made and date agreed. Letter sent via post with patient consent.

Patient Note		Remote Consultation
Date/Time: 26-Aug-2025 10:19	**Created By:** CNS Pain Management - Angela Hill3	**Role:** Nurse - GGC
Specialty: Pain Management	**Organisation:**	Sensitive

Note:

Attended PEIS session1 via AA.
Staff present ET & AH.
Camera on throughout. No issues to note.
Proceed to PEIS session2 telephone appointment.

Patient Note		Other
Date/Time: 15-Jul-2025 11:00		**Role:** AHP - GGC

	Created By: Physiotherapist - Lorna Semple	
Specialty: Pain Management	**Organisation:**	Sensitive
Note: MDT vetting for pain service. PEIS then physio		