

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



MMA Legal
SToK, 43-59 Princes Street
Stockport
SK1 1RY

Date: 20th May 2026
Your Ref: 100198
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: ALAN FLETCHER DOB: 30/12/1987

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:

**GLASGOW ROYAL INFIRMARY & DENTAL HOSPITAL RECORDS
X-RAYS REPORTS**

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 | <input type="checkbox"/> | | |
| ACS | <input type="checkbox"/> | | |
| BEATSON HOSPITAL | <input type="checkbox"/> | | |
| CANNIESBURN HOSPITAL | <input type="checkbox"/> | | |
| DENTAL HOSPITAL | <input type="checkbox"/> | | |
| GARTNAVEL GENERAL HOSPITAL | <input type="checkbox"/> | | |
| GLASGOW ROYAL INFIRMARY | <input checked="" type="checkbox"/> | | |
| INVERCLYDE ROYAL HOSPITAL | <input type="checkbox"/> | MATERNITY | <input type="checkbox"/> |
| NEW VICTORIA ACH | <input type="checkbox"/> | | |
| PRINCESS ROYAL MATERNITY | <input type="checkbox"/> | | |
| QUEEN ELIZABETH UNIVERSITY HOSPITAL | <input type="checkbox"/> | MATERNITY | <input type="checkbox"/> |
| ROYAL ALEXANDRA HOSPITAL | <input type="checkbox"/> | MATERNITY | <input type="checkbox"/> |
| ROYAL HOSPITAL FOR CHILDREN | <input type="checkbox"/> | | |
| STOBHILL HOSPITAL | <input type="checkbox"/> | | |
| VALE OF LEVEN | <input type="checkbox"/> | MATERNITY | <input type="checkbox"/> |
| WEST CARE AMBULATORY HOSPITAL | <input type="checkbox"/> | | |
| WESTERN INFIRMARY RECORDS | <input type="checkbox"/> | | |
| <u>Including:</u> | | | |
| BADGERNET | <input type="checkbox"/> | | |
| CAREVUE | <input type="checkbox"/> | | |
| MEDICAL ILLUSTRATION | <input type="checkbox"/> | | |
| METAVISION | <input type="checkbox"/> | | |
| PHYSIOTHERAPY | <input type="checkbox"/> | | |
| RADIOLOGY | <input type="checkbox"/> | | |
| WEST MARC | <input type="checkbox"/> | | |

Emergency Attendance Letter



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

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 16/02/2017

Consultant: Dr Scott Taylor

PA Costello
Knightswood Medical Practice
1980 Great Western Road
Glasgow
Glasgow
G13 2SW

Dear PA Costello

Re: **Fletcher Alan**
FLAT 0-1
Glasgow G14 0HG

DOB: **30/12/1987**

CHI: **3012876456**

Attended on: **16/02/2017 at 20:07 hrs.**

Departed on: **at hrs.**

Discharge Type: **01a - Discharge with no follow up**

Destination: **Private residence**

Previous ED Attendance in last 12 months: **3**

Presenting complaint
hand and foot inj

Nursing Assessment:

Investigations in ED:

1. XR Hand Rt

2. XR Ankle Rt

3. XR Foot Rt

Diagnosis:

Diagnosis	Side	Site
Sprain and strain of ankle		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Patient had altercation this PM, punched another gentleman and "went over" ankle, unsure exact mechanism. Pain and tenderness over right 2nd MC and lateral malleolus/proximal 5th MT. X-ray hand appears NAD, right foot possible avulsion # 5th MT. D/C with crutches, RICE and analgesia, if pain worsening to re-present

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Alan Fletcher
Doctor

Copies to:

- 1. PA Costello (GP)

School Address:

73



Glasgow Royal Infirmary

CHI: 3012876456

Total Att: 13

12 Mth Att: 3

Title: MR

FLETCHER

Alan

DOB: 30/12/1987

Age: 29y

Sex: Male

FLAT 0-1
6 BLAWARTHILL ST
Glasgow
Lanarkshire
G14 0HG
07492566221

Next of kin: FLETCHER, MARIA
Relationship: Parent
0141 952 1696

GP: PA Costello
0141 959 1196

Attendance Date: 16/02/2017 Arrival Time: 20:07

Registration Time: 20:07 Date of Incident: 16/02/2017

Major Incident Desc:

Reason for Attendance: hand and foot inj

Nursing Assessment

Alerts: Not Recorded

Allergies: None Known

Pain Score:

Triage Category:

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date:

Nurse name:

Temp		C
HR		bpm
BP	/	mmHg
MAP		mmHg
RR		bpm
SpO2		%
Oxygen		%

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes:



3012876456 30/12/1987 3012876456 30/12/1987 3012876456 30/12/1987 3012876456 30/12/1987 3012876456 30/12/1987 3012876456 30/12/1987

FLETCHER FLETCHER FLETCHER FLETCHER FLETCHER FLETCHER FLETCHER FLETCHER

Alan Alan Alan Alan Alan Alan Alan Alan

To be Completed by Clinician

Child Assessment Questionnaire		Yes	No
Previous attendance (consider any relevant trauma from previous presentations)			
History variable between accounts			
Examination not compatible with history / presentation			
Delay in presentation			
Fracture / head injury or significant bruising in baby or non-mobile toddler			

Discuss with Senior Medical Staff / Nurse on duty any factors identified

Date	Clinical Notes	Time Seen
16/12/17	Seen By <u>A. FLETCHER</u>	2145

(L) (R) hand / ankle injury
 - patient preleg present earlier developing (R) hand pain. Also went over (R) ankle during the admission
 inquire if invertebral
 - (R) fit well
 - (R) hand dominant, reflexes sound technique
 O.F. - (L) hand - swollen & tender over 2nd MC, full ROM, N/V intact
 (R) ankle - tender over lateral malleolus of foot base of 5th MT, N/V intact. weightbearing with difficulty
 Imp - ?#
 Plan
 x-ray (L) hand, ankle & foot
 x-ray hand -> nil #
 x-ray foot -> ? small avulsion #
 -> consider analgesia, crutches, analgesia, 10-present

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given

XR Hand Rt

Performed	16-Feb-2017 21:42	Received	17-Feb-2017 12:16
Reported	17-Feb-2017 12:14	Order Number	G107H32354722
Status	Final	Source System	MiSys

XR Hand Rt

Final

Alan Fletcher

Clinical History :

punch injury/went over right ankle. tender lateral malleolus, 5th MT and 2nd MC ?#

XR Hand Rt :

Comparison made to previous radiograph dated 16/01/2017.

No acute bony injury.

Code N: No note: No sticky note available. Referrer's interpretation is unknown.

XR Ankle Rt :

No acute bony injury.

Code N: No note: No sticky note available. Referrer's interpretation is unknown.

XR Foot Rt :

No acute bony injury.

Code N: No note: No sticky note available. Referrer's interpretation is unknown.

Reported by: Dr James Drummond(ST1) and Dr Abdullah Al-Adhami

Verified by: Dr Abdullah Al-Adhami

XR Foot Rt

Performed	16-Feb-2017 21:42	Received	17-Feb-2017 12:16
Reported	17-Feb-2017 12:14	Order Number	G107H32354724
Status	Final	Source System	MiSys

XR Hand Rt

Final

Alan Fletcher

Clinical History :

punch injury/went over right ankle. tender lateral malleolus, 5th MT and 2nd MC ?#

XR Hand Rt :

Comparison made to previous radiograph dated 16/01/2017.

No acute bony injury.

Code N: No note: No sticky note available. Referrer's interpretation is unknown.

XR Ankle Rt :

No acute bony injury.

Code N: No note: No sticky note available. Referrer's interpretation is unknown.

XR Foot Rt :

No acute bony injury.

Code N: No note: No sticky note available. Referrer's interpretation is unknown.

Reported by: Dr James Drummond(ST1) and Dr Abdullah Al-Adhami

Verified by: Dr Abdullah Al-Adhami

XR Ankle Rt

Performed	16-Feb-2017 21:42	Received	17-Feb-2017 12:16
Reported	17-Feb-2017 12:14	Order Number	G107H32354723
Status	Final	Source System	MiSys

XR Hand Rt

Final

Alan Fletcher

Clinical History :

punch injury/went over right ankle. tender lateral malleolus, 5th MT and 2nd MC ?#

XR Hand Rt :

Comparison made to previous radiograph dated 16/01/2017.

No acute bony injury.

Code N: No note: No sticky note available. Referrer's interpretation is unknown.

XR Ankle Rt :

No acute bony injury.

Code N: No note: No sticky note available. Referrer's interpretation is unknown.

XR Foot Rt :

No acute bony injury.

Code N: No note: No sticky note available. Referrer's interpretation is unknown.

Reported by: Dr James Drummond(ST1) and Dr Abdullah Al-Adhami

Verified by: Dr Abdullah Al-Adhami

MANUAL PATIENT RECORDS

- | | | |
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| RADIOLOGY | <input type="checkbox"/> | |
| WEST MARC | <input type="checkbox"/> | |
| LABS | | |

Adult Treatment Centre

Dear Oral Surgeon,

15 February 2016

Patient Name: Mr Alan Fletcher
Address: FLAT 0/1, 6 BLAWRTHILL ST,
Glasgow
Post Code: G14 0HG
Date of Birth: 30/12/1987
Tel No.: Home
Mobile
GDP (if any)

The above patient requires the following treatment:

Please extract upper left third molar, 28.

I feel this would be best carried out within the Glasgow Dental Hospital. Thank you for seeing this patient for treatment.

Yours sincerely,



Ms Diane Swanson

Qualified General Dental Practitioner.



F

RVG 6100

Lin

DENTAL DIRECTORATE
GLASGOW DENTAL HOSPITAL
FLOOR 1, 378 SAUCHIEHALL STREET
GLASGOW, G2 3JZ

CONFIDENTIAL

Title: Mr/Ms/Miss/Mrs (delete as applicable)
 First name: Alex
 Surname: Fletcher
 Address: Flat no. (if applicable)
6 Blairhill Street Flat 011
Yoker Glasgow
 Postcode: G14 0HQ
 Occupation: Lighting Sound engineer
 Date of birth: 30/12/1987

Gender: Male/Female (delete as applicable)
 Home tel no: 07492766721
 Business tel no:
 In case of emergency contact tel no:
07480769125

Expectant mother? Yes/No
 (delete as applicable)

	Yes	No	Details
1. Do you feel generally healthy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Do you have or have you had - rheumatic fever, a heart murmur, or a replacement heart valve? You may require antibiotics before treatment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Do you carry a medical warning card?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Are you receiving or have you had treatment for high blood pressure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Have you had hepatitis, jaundice, or tuberculosis?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Do you suffer from bronchitis, asthma, or any other chest conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<u>Asthma</u>
7. Do you have diabetes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Do you have arthritis?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Do you suffer from hayfever or eczema?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. (a) Are you receiving any tablets, creams, or ointments from your doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<u>Ibuprofen</u> <u>Naproxen</u>
10. (b) Do you take or have taken steroids in the past two years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Are you allergic to any foods, medicines or materials?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. Do you suffer from epilepsy or are you prone to fainting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13. Have you ever bled excessively e.g. following a cut, tooth extraction or operation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
14. Have you been hospitalised? If yes what for and when?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
15. Have you had a joint replacement or any other implants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
16. Are you attending any other hospital clinics or specialists?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
17. Do you suffer from any infectious diseases, including HIV or hepatitis?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
18. Did you have growth hormone treatment before the mid 1980s?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
19. Do you smoke or use tobacco products?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
20. Do you pay for treatment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>If not give reason why:</u>
21. Have you been diagnosed with or are suspected of having H1N1 influenza A (swine flu) at the present time? If you answered yes to the above question are you currently receiving medication?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Dentist's name and address
 Doctor's name and address: Knight subod Medical practice

Signature Patient/Parent/Guardian (delete as appropriate) Date

SURNAME	CHRISTIAN NAME(S)	UNIT NUMBER
CONSULTANT	REFERRED BY	

DATE

C/O - Painful on upper left wisdom tooth
tooth has cracked.

HPC - 3-4 weeks pain has been around
Often a constant pain

Nothing relieves apart ibuprofen (400mg).
↳ taken 1 ibuprofen (400mg) today for
shoulder (popped out lifting).

PDM - Haven't been to dentist for about 3/4
years
pulled out own LL8 last year (no problem since).

PMH - Asthmatic
Popped shoulder from lifting (left shoulder)
went to GP and was given ibuprofen +
~~naproxen~~ naproxen.

FH - not known. (adopted).

SH - non-smoker (never was)
social drinker (about once a month).

nb not eaten today (never have HNE due to
work)

E/O : Msm - nil
Lymph - nil
TMJ - nil
Soft tissue - nil
- generalised plaque
- healed ulcer LR

I/O : Tongue - nil
Gingiva - nil
Mucosa - ulcer on LR + LL (lingual)
otherwise fine.

Pt consented for XLA 28 verbally.

1.5 x Lidocaine 2% (1:20,000 adrenaline)

28 extracted successfully intact.

HAIPOIG (W+V)

Advised pt to contact GDP regarding self-extracted

36.

Discharged from clinic.



MINH NGUYEN STUDENT.

C. Callaghan
COPT

