SAR Team
Inverclyde Royal Hospital
Larkfield Road
GREENOCK
PA16 0XN

NHS
Greater Glasgow and Clyde

MMA Legal
SToK
43-59 Princes Street
STOCKPORT
SK1 1RY

Date: 26 May 2026
Your Ref: 100069
Our Ref: LAT/ACCESS/JMcS/1508773076

Enquiries to: Jacqueline McShane
Direct Line: 01475 504762
Fax:
E-mail: Jacqueline.McShane2@nhs.scot

Dear Sir/Madam

Subject Access Request under the General Data Protection Regulation

Patient: ROBERT LEITCH **D.O.B: 15/08/77**

Thank you for your request received 06 May 2026 in which you seek a copy of your client's personal information.

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

- COPY INVERCLYDE ROYAL HOSPITAL MEDICAL RECORDS

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 organizations 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 the 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

Legal Aspects Team

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☑	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

ADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	☐

Clinical letter - GP: Haem OP clinic 16/3/17

NHS
Greater Glasgow and Clyde

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
01475 633777

Dr. AJ MacGregor
Dr Taylor-Kavanagh & Partner
246 Argyll St
Dunoon
PA23 7HW

Main Switchboard:	
Department:	Haematology, IRH
Contact Tel:	01475 504418
Enquiries to:	Stephanie Docherty (Secretary)
Letter Date:	03/04/2017
Reference:	FP/CW
Dictated Date:	21/03/2017
Transcribed Date:	21/03/2017

Dear Dr MacGregor,

Robert Leitch; D.O.B: 15/08/1977; CHI: 1508773076
Royal An Lochan, Tighnabruaich, Argyll, PA21 2BE

Diagnosis:
Previous easy bruising - since resolved - likely secondary to NSAID use and liver disease

Mr Leitch returned to the Haematology clinic on the16th of March 2017. He has had no significant bruising since we saw him in November. At that stage we felt his bruising was likely a combination of NSAID use and liver disease (he had a previous ultrasound scan that showed hepatomegaly with coarse echotexture).

His full blood count today is normal and his repeat coagulation screen was also normal. He has no lupus anticoagulant or anti-cardiolipin antibody and hepatitis B, hepatitis C and HIV screens were negative.

Given that he has a normal full blood count and coagulation screen and has had no further bruising, I have discharged him from the clinic today.

Yours sincerely

Dr Fraser Patrick
Consultant Haematologist

Electronically Signed: Dr Fraser Patrick, Consultant

cc.

Clinical letter - GP: Haem New OP clinic 16/11/2016

NHS
Greater Glasgow and Clyde
Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
01475 633777

Dr. AJ MacGregor
Dr Taylor-kavanagh & Partner
246 Argyll St
Dunoon
PA23 7HW

Main Switchboard:	01475 633777
Department:	Haematology, IRH
Contact Tel:	01475 504418
Enquiries to:	Stephanie Docherty (Secretary)
Letter Date:	22/11/2016
Reference:	RMDC/SKD
Dictated Date:	16/11/2016
Transcribed Date:	16/11/2016

Dear Dr MacGregor,

Robert Leitch; D.O.B: 15/08/1977; CHI: 1508773076
ROYAL AN LOCHAN, Tighnabruaich, Argyll, PA21 2BE

I had the pleasure of seeing Robert Leitch in the Haematology new patient clinic on 16th November 2016. You sent him to Haematology because of an episode of easy and extensive bruising in August of this year.

I checked his file and found that his coagulation screen did have a slightly prolonged APTT, which was recurrent, but the main thing seemed to me to be that his liver function tests were always quite deranged, namely for a very increased ALT and less increased AST and for a very increased Gamma GT. That is a profile typical of alcoholic liver disease and this gentleman, although he has not been drinking for more than a decade, does have a past history of alcoholic liver disease, which may be the cause of this susceptibility to easy bruising. Besides, he was previously on anti-inflammatories, namely Ibuprofen and Naproxen, which by themselves may induce bruising.

His physical examination showed a slightly overweight man with a vesicular rash in the upper part of his anterior thorax and, apart from that, no other relevant findings, namely of bruises or of evidence of bleeding. Although I do not think that this episode of bruising was due to his liver disease, as I said above, I will do a coagulation screen and will have him come in 2 months to discuss the results of that coagulation screen, of which I will inform you as soon as he comes back to us.

Yours truly

Ricardo Marques da Costa
Haematology Consultant

Electronically Signed: Dr Ricardo Marques da Costa, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
0141 314 9504

Dr. S Saleem
Church Street Surgery
30 Church Street
Dunoon
Argyll
PA23 8BG

Main Switchboard:	0141 314 9504
Department:	General Surgery
Contact Tel:	01475 504678
Enquiries to:	
Letter Date:	30/06/2023
Reference:	SB/CD
Dictated Date:	03/07/2023
Transcribed Date:	04/07/2023

Dear Dr. S Saleem,

Robert Leitch; D.O.B: 15 Aug 1977; CHI: 1508773076
97 ARDENSLATE ROAD, KIRN, Dunoon, Argyll, PA23 8NN

Attendance: Specialty - General Surgery; Clinic - IRSBGS9-MS BROWN IRH COLO CLINIC FRI AM
Date and Time of Appointment - 30/06/2023 10:10

Clinical Comments:
Thank you for referring this young gentleman to the clinic. I note his referral related to two stones in weight loss at the start of the year and this is now stabilised out. He still weighs around 18 stone and doesn't think he is losing any further weight. His CEA is raised and this is obviously of concern as it is even higher than I would usually see in a smoker like him. I did explain to him that this was not diagnostic of cancer, however. I explained to him that other conditions can cause a raised CEA. I note his medical history of quite severe narcolepsy and diabetes. He thinks it is well controlled dietary ···se but I note his hba1c of 132. He has had no abdominal pain, no nausea or dysphagia and no ange in bowel habit. There is no specific family history of bowel cancer. I examined his abdomen and there was nothing to find. I have put him in for an OGD and colonoscopy, as CEA can go up in gastric cancer. If these investigations are negative he will need a CT scan. I have also repeated his bloods today and will be in touch with the results.

Yours sincerely

Ms S Brown

Consultant Surgeon

Electronically Signed: Ms Sylvia Brown, Consultant

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

Inverclyde Royal Hospital
Larkfield Rd
Greenock
PA16 0XN
Main Switchboard: 0141 314 9504
Department: General Surgery
Contact Tel: 01475 504678
Enquiries to:

Robert Leitch
97 ARDENSLATE ROAD
KIRN
Dunoon
Argyll
PA23 8NN

Letter Date: 06/07/2023
Reference: SB/CD
Dictated Date: 03/07/2023
Transcribed Date: 05/07/2023

Dear Mr Leitch,

Your CEA blood test which was the one that was raised to 19 has come down a bit to 10. This is not ormal but is a bit more reassuring as it can go up this level in patients who smoke. I will be in touch with you with the results of your scope test.

Yours sincerely

Ms S Brown

Consultant Surgeon

Electronically Signed: Ms Sylvia Brown, Consultant

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery - Colorectal GGC Colorectal		**Consultant / receiving practitioner** and/or **specialty clinic**
Inverclyde Royal Hospital Larkfield Road Greenock PA16 0XN		**Hospital** and **hospital address** Hospital location code. C313H Email address -

Urgency of referral Urgent
Date of referral 10-Feb-2023 **Date sent** 10-Feb-2023

PATIENT DETAILS

Surname	Leitch
Forename(s)	Robert
Title	Mr
Sex	Male
Date of birth	15-Aug-1977
CHI no.	1508773076
Area of Residence	-

Patient's address

97
Ardenslate Road
Dunoon
PA23 8NN

Contact number(s)

Voice: 07383443420
E-mail: robertleitch93@gmail.com

101028714862D Unique Care Pathway Number: 101028714862D

REGISTERED GP DETAILS

Name	Dr Sabeel Saleem		
GMC code	6154222	GP code	69485
Practice name	Church Street Surgery		
Practice code	84241		

Practice address

30 Church Street
Dunoon
Argyll and Bute
PA23 8BG

Contact number(s)

Voice: 01369 702772
Facsimile: 01369 704502

REFERRING GP DETAILS

Name	Dr. Daniel Paterson		
GMC code	7460875	GP code	84565
Practice name	Church Street Surgery (84241)		
Practice code	84241		

Practice address

30 Church Street
Dunoon
Argyll
PA23 8BG

Contact number(s)

Voice: 01369 703482

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Weight loss and CEA elevated

Comment: Dear Doctor,

This 45 year old chef has lost 2 stone in weight over the last three months, despite HBa1c of 132, and checking his CEA showed level of 19.4 , GGT 217 , ALT 51 alk phos 217 , ESR 16.

Please could you determine if there is a bowel malignancy here.

Yours sincerely,
Dr J McKelvie (locum GP)

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Date of onset	Date recorded
Mechanical low back pain	23-Oct-2019	23-Oct-2019
Type 2 diabetes mellitus	20-Apr-2018	20-Apr-2018
Obstructive sleep apnoea	13-Apr-2018	13-Apr-2018
Narcolepsy	13-Apr-2018	13-Apr-2018
Nondependent alcohol abuse	11-Apr-1991	11-Apr-1991

Family conditions (All priorities)

Description	Date of Onset
FH: Diabetes mellitus	20-Dec-2017
FH: Ischaemic heart dis. >60	20-Dec-2017

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Metformin Hydrochloride Tablets 500 mg	56	56 TABLET	INITIALLY ONE TO BE TAKEN EACH MORNING WITH BREAKFASTFOR 1 WEEK THEN INCREASED TO TWICE PER DAY WITH FOOD	-	09-Feb-2023	09-Feb-2023
Co-Codamol 30/500 Tablets	50	50 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	20-Mar-2020	03-Feb-2023
Modafinil Tablets 100 mg	90	90 TABLET	TAKE TWO IN THE MORNING AND ONE AT MIDDAY	-	17-Apr-2018	03-Feb-2023

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Naproxen E/c tablets 250 mg	56	56 tablet	ONE TO BE TAKEN THREE TIMES A DAY WITH FOOD	-	11-Jan-2023	03-Feb-2023
Piroxicam Gel 0.5 %	112	112 gram	TO BE USED FOUR TIMES A DAY	-	11-Jan-2023	03-Feb-2023
Piroxicam Gel 0.5 %	112	112 gram	TO BE USED FOUR TIMES A DAY	-	12-Oct-2022	12-Oct-2022

Blood Pressure

Date Recorded	Systolic	Diastolic

13-Feb-2018	150	90
03-Jan-2018	150	92
20-Dec-2017	150	89

Body Measurements

Date Recorded	Height	Weight	BMI
20-Apr-2018	181	126.1	-
20-Dec-2017	1.816	127.5	386614.82

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker, 30 Cigarettes/day:		20-Dec-2017
Alcohol consumption, 0 units/week:		20-Dec-2017
Aerobic exercise 2 times/week:		20-Dec-2017

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

QFIT requested?:Result pending

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Haematology GGC General Referral		**Consultant / receiving practitioner** and/or **specialty clinic**
Inverclyde Royal Hospital Larkfield Road Greenock PA16 0XN		**Hospital** and **hospital address** Hospital location code. C313H Email address -

Urgency of referral Routine
Date of referral 04-Oct-2016 **Date sent** 04-Oct-2016

PATIENT DETAILS

Surname	LEITCH
Forename(s)	ROBERT
Title	MR
Sex	Male
Date of birth	15-Aug-1977
CHI no.	1508773076
Area of Residence	-

Patient's address

ROYAL AN LOCHAN
TIGHNABRUAICH
PA21 1BE

Contact number(s)

Voice: 07867301185

101012260675M

Unique Care Pathway Number: 101012260675M

REGISTERED GP DETAILS

Name	Dr Alida Macgregor		
GMC code	6120486	GP code	69540
Practice name	Kyles Medical Centre		
Practice code	84773		

Practice address

KYLES MEDICAL CENTRE
SCHOOL ROAD
TIGHNABRUAICH
ARGYLL
PA21 2BE

Contact number(s)

Voice: 01700811207

REFERRING GP DETAILS

Name	Dr. Alida MacGregor		
GMC code	6120486	GP code	69540
Practice name	Dr A MacGregor & Dr N Hallum (84773)		
Practice code	84773		

Practice address

Kyles Medical Centre
Tighnabruaich
Argyll
PA21 2BE

Contact number(s)

Voice: 01700 811207

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: non-traumatic spontaneous bruising

Comment: Dear Doctor,

Many thanks for seeing this patient who I discussed with Dr Clarke. Robert presented with recurrent significant spontaneous bruising. Initial bloods demonstrated normal Hb and platelets, normal PT but slightly increased APTT. His LFt's are abnormal, on review they have been persistently up. Robert has been tee-total for 15 years but does have a significant history of 10 years heavy alcohol abuse. Following discussion with Dr Clarke I have requested a liver screen including USS but she felt haematology clinic review was appropriate with the bruising history.

Yours sincerely

Dr Alida MacGregor

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Date of onset	Date recorded
Alcohol dependence syndrome	01-Mar-1991	01-Mar-1991

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omeprazole 20mg gastro-resistant capsules	28	capsule	1 CAPSULE ONCE A DAY	-	29-Aug-2016	29-Aug-2016
Ibuprofen 400mg tablets	84	tablet	1 TABLET THREE TIMES DAILY	-	29-Aug-2016	29-Aug-2016
Co-codamol 30mg/500mg tablets	100	tablet	TAKE TWO TABLETS FOUR TIMES P[more]	-	29-Aug-2016	29-Aug-2016
Co-codamol 30mg/500mg tablets	100	tablet	TAKE TWO TABLETS FOUR TIMES P[more]	-	21-Jul-2016	21-Jul-2016
Co-codamol 30mg/500mg tablets	100	tablet	TAKE TWO TABLETS FOUR TIMES P[more]	-	12-May-2016	12-May-2016
Naproxen 250mg tablets	56	tablet	1-2 TABLET TWICE DAILY	-	12-May-2016	12-May-2016

Blood Pressure

Date Recorded	Systolic	Diastolic
18-Jan-2016	120	84
14-Jan-2016	134	88

Body Measurements

No Body Measurements Recorded

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information
Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

US Testes

Performed	22-Aug-2023 15:07	Received	22-Aug-2023 15:48
Reported	22-Aug-2023 15:46	Order Number	C313H39338464
Status	Final	Source System	MiSys

US Testes Final
Robert Leitch
Clinical History :
Swelling lower pole sickle and upper pole right testicle? Testicular pathology

US Testes :
The patient describes his symptoms as having resolved since referral (February 2023).

Both epididymi appear normal, no focal abnormalities are identified.

Both testes appear normal in size, shape and echo texture.
Normal Doppler perfusion is noted bilaterally.
No focal intratesticular lesions are identified.

Left sided varicocele is noted.

Both kidneys were scanned and appear normal in shape and position.
The right kidney measures 13.1 cm and the left kidney slightly smaller measuring 10.7 cm in bipolar diameter.
Good cortical thickness is maintained bilaterally.
There is no evidence of mass, hydronephrosis or obvious calculi in either kidney.

Examination performed and reported by A Gilmour, Sonographer RA35695.

Reported by: Audrey Gilmour (Sonographer)
Verified by: Audrey Gilmour (Sonographer)

US Abdomen

Performed	04-Nov-2016 13:23	Received	04-Nov-2016 13:56
Reported	04-Nov-2016 13:54	Order Number	C313H31922104
Status	Final	Source System	MiSys

US Abdomen Final
Robert Leitch
Clinical History :
39-year-old male. Abnormal LFTs and clotting. Tee total for 15 years but legacy of 10 years heavy alcohol use.? Liver pathology.

US Abdomen :
Scanned by Morgyn Sneddon, sonographer.

Technically difficult examination due to patient obesity. Poor image quality.

The liver is enlarged measuring 21.4 cm. There is a coarse echo texture throughout with an associated reduction in sound throughput. These appearances are suggestive of diffuse fatty infiltration/parenchymal disease. Within the right lobe of liver, adjacent to the gallbladder, there are several hypoechoic, wedge-shaped areas the largest measuring 3.2 cm. Appearances are suggestive of focal fatty sparing. No other overt focal pathology or intrahepatic duct dilatation evident on limited imaging.

Common bile duct and aorta are obscured. The gallbladder is normal.
The pancreas demonstrates an increased echogenicity and lobulated anterior outline suggestive of diffuse fatty infiltration. Nil focal.

Both kidneys appear sonographically normal, however, the patient demonstrates exquisite tenderness on direct scanning of the left kidney.
Spleen is poorly visualised, however appears grossly normal. No abdominal free fluid.

Reported by: Morgyn Sneddon
Verified by: Morgyn Sneddon