RECEIVED 26 MAY 2011

Bolton Mental Health and Soc[illegible] Care Directorate
Rivington Unit, Royal Bolton Hospit[illegible] Minerva Rd, Bolton BL4 0JR
Tel: 01204 390850 Fax: 012[illegible] 390964

Greater Manchester West NHS
Mental Health NHS Foundation Trust

DISCHARGE/PRESCRIPTION NOTIFICATION

William Gallagher

Dr G Rink Breightmet Health Centre Breightmet Fold Lane Brightmet, Bolton BL2 6NT Tel: 01204 463777 Fax: 463740	Date of Birth: 09/05/1970 NHS No: 499 742 9937 ICIS No: 1122129 Patient Address: 36 Oldhams Terrace, BOLTON, BL1 6RD Admission Date: 25/05/2011 Discharge Date: 25/05//2011 Discharging Ward: K3 Discharged To: HOME

Consultant Name:	Dr SEIN
SHO Name:	Dr ODIGI[illegible]
Reason for Admission:	SUIC[illegible]DAL IDEAS/ATTEMPTS
Diagnosis:	ADJ[illegible]STMENT DISORDER
Medications Stopped (inc. Reason)	NIL
Medications Started or Changed (inc. Reason)	NIL
Issues (e.g. Compliance Aid. Less than Normal supply)	
Allergy Status: (if none known, write "none"):	PEN[illegible]ILLIN

DISCHARGE MEDICATION - [illegible] ALL medication for discharge.
NB: Medicines from BOLTON H[illegible]pital Pharmacy are normally dispensed in FULL boxes

Ref.	Drug	Form	Dose	Frequency	GP to continue?	Pharmacy
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						

FOLLOW-UP ARRANGEMENT & CONTACT INFORMATION

Outpatient Appointment:	EXC[illegible]PT REQUESTED BY HOME BASED TREATMENT TEAM
Care Coordinator:	
GP Actions Requested:	TO [illegible]O BLOODS AND OTHER PHYSICAL HEALTH CHECKS

Prescribed By: (Doctor completing form) Signature: Bleep No:	Dr Anthony E Odigie Senior House Officer	Date & Time:	25/05/2011 17:09
Pharmacist Check:	Dispensed by:	Checked by:	Finalised by:

check address

Primary Care Mental Health Service

NHS Bolton

Telephone: 01204 462677
Fax: 01204 462673
Email:
Our Ref: **1122129**

Breightmet Health Centre
Breightmet Fold Lane
Bolton
BL2 6NT

Date 4 January 2011

Dr S Muhsin
The Dunstan Partnership
Breightmet Health Centre
Breightmet Fold Lane
Breightmet, Bolton
BL2 6NT

Dear Dr Muhsin

Re:
William Gallagher - 09/05/1970
499 742 9937
36 Oldhams Terrace
BOLTON
BL1 6RD

The above named was asked to contact the service to confirm an appointment.

We have not heard from them and therefore we have closed the case.

If you wish to discuss this please do not hesitate to contact us.

Yours sincerely,

Primary Care Mental Health Service

RECEIVED - 6 JAN 2011

THE DUNSTAN PARTNERSHIP

Dr. T. Lynch, Dr. T. C. Isaac, Dr. G. Rink, Dr. S. P. Whittaker, Dr. S. Khan, Dr. S. Muhsin
Tina Matthews (Nurse Practitioner)

Breightmet Health Centre
Breightmet Fold Lane
Bolton
BL2 6NT

Tel. (01204) 463777
Fax. (01204) 463740

Ref SPW/CLM

30 August, 2011

Suzanne Doohan
Social Work Services
Westwood House
1250 Westerhouse Road
Glasgow

Dear Ms Doohan

Re:- Mr William Gallagher Date of Birth 09/05/1970
36 Oldhams Terrace, Astley Bridge, Bolton, BL1 6RD

Thank you for your letter dated the 17th August 2011.

Please find enclosed a helpful summary from Dr A Jayasekera dated the 24/6/2011. This explains the background to Mr Gallagher's recent attempted suicide, with an overdose of medications. It appears that he is drinking heavily. He was reviewed by Dr Singh, Consultant Psychiatrist, on the 25th May 2011 and I also enclose this letter, which states that his attempted suicide was in the context of an adjustment reaction as well as harmful use of alcohol.

It also states that Mr Gallagher disengaged from the crisis team, and therefore he was referred on to the Primary Mental Health Care Team. As far as I am aware this has not occurred as yet, and he has not seen a member of our team with regards to his mental health since his attempted suicide.

I hope this is of use to you and if you have any further questions please do not hesitate to contact me.

Yours Sincerely

DR S WHITTAKER

RECEIVED 27 MAY 2011

Greater Manchester West
Mental Health NHS Foundation Trust

Crisis Resolution/Home Based Treatment Service
Rivington Unit
Royal Bolton Hospital
Minerva Road
Farnworth
Bolton
BL4 0JR

Tel: 01204 390597
Fax: 01204 390722

CRISIS RESOLUTION TEAM
Please ask for: Jonathan Cosgrove
Our Ref: WG/JC/db
Date: 25/05/2011

ICIS No: 1122129
NHS No: 499 742 9937

Doctor G Rink
Breightmet Health Centre
Breightmet Fold Lane
Breightmet, Bolton
BL2 6NT

Dear Dr. Rink,

NAME: **William Gallagher**
ADDRESS: **36 Oldhams Terrace BOLTON BL1 6RD**
DOB: **09/05/1970**

I am writing to notify you that the above named patient was seen by Jonathan Cosgrove, RMN, Crisis Resolution Team on 25th May 2011.

PRESENTING PROBLEMS / CURRENT SITUATION:
Referral accepted from A+E/Bolton Community Unit. Mr Gallagher had presented to accident and emergency under the influence of alcohol. He was brought to the department by the Police after an alleged hanging incident. I interviewed him this morning when he was sober.

Mr Gallagher was initially reluctant to engage in conversation, he eventually agreed to discuss recent events. He told me that he was due to be married last week; the wedding had been arranged and booked. However; a few days before the wedding [redacted] walked out on him for no apparent reason. He has been given no explanation for this, he reported being unable to cope with the emotional pain he is feeling. He disclosed that [redacted] will not talk to him although she has been texting him. Apparently he has been getting threats from [redacted] and another male; he feels they have attempted to break into his house.

The day before yesterday; he was feeling so desperate that he drove to a cliff and contemplated driving over the edge. He was able to resist by thinking of his [redacted]. However; yesterday [redacted] had been texting him inciting a reaction from him by taunting him about the wedding. He had become so distressed he began to drink whiskey and consumed two bottles. He had then text[redacted] to inform her that he was going to hang himself. He told me he had tied a belt around his neck but did not have time to attach it to a ligature point as the Police arrived. There were no markings around his neck. He also reported attempting to cut his wrists but again I could view no visible markings. He continued to express ongoing suicidal ideas; he reported having nothing to live for anymore. He could not identify any protective factors not even [redacted]. He told me "I will end up killing himself believe me". He did not disclose this to me personally but his ex-partner told me he had attempted to transfer all legal responsibility [redacted]. I felt this was an attempt to sort his affairs before his death. He described his sleep and appetite to be poor; he is drinking excessive alcohol to block out the hurt.

PAST PSYCHIATRIC HISTORY:
Mr Gallagher told me he had taken an overdose of medications when [redacted] passed away in the early nineties. No other formal psychiatric history. It would appear he has been referred to PCMHT for anger management.

PHYSICAL HEALTH/MEDICAL HISTORY:
Asthma

MEDICATION:
NIL

FAMILY HISTORY:
Mr Gallagher told me [redacted] was deceased, his mother is alive and well but have little contact. He has one brother and two half sisters. He [redacted].

SOCIAL / PERSONAL HISTORY:
Born in Glasgow, normal birthing and developmental milestones achieved. He was reluctant to disclose his personal history stating he has had a turbulent time during his life and did not want to talk about it. He currently lives with his two children. He is unemployed but has spent time working with the board of governors at GMW, he was unclear as to what the role involved.

ALCOHOL HISTORY:
Mr Gallagher reported consuming alcohol on a daily basis, around 2 bottles of whiskey a day.

DRUG HISTORY:
NIL

FORENSIC HISTORY:
NIL

MENTAL STATE EXAMINATION

Appearance/ Behaviour:
A Caucasian male, average build wearing casual clothing. He avoided eye contact and rapport was difficult. He was calm and relaxed with brief moments of irritability. He was not distracted or perplexed.

Cognitions:
Orientated to time, place and person.
Good historian

Mood:
- Subjectively- Low
- Objectively- Low

Speech:
Low volume. Normal rate and flow.

Thoughts:
Suicidal thoughts.
Hopelessness.

Perceptions:
NAD

Insight:
Poor; refusing help and support.

Risk
- Suicide – Moderate to high risk in short term.
- Harm to others- Low risk in short term.

FORMULATION:
A 41 year old presenting with an adjustment reaction to his fiancée leaving him days prior to their wedding. He has been drinking excessive amounts of alcohol and has been contemplating suicide. There is evidence that he has made arrangements for his death. He has ongoing thoughts of suicide.

PLAN:
- Accepted informal admission to K3 ward.
- Further assessment required.
- Routine bloods and physical.

If you require any further information, please do not hesitate to contact the Crisis Resolution Team on (01204) 390745 or BLEEP 3012.

Yours sincerely,

Jonathan Cosgrove, RMN
Crisis Resolution Team
Rivington Suite, RBH

RECEIVED 10 JUN 2011

Greater Manchester West
Mental Health NHS Foundation Trust

Crisis Resolution/Home Based Treatment Service
Rivington Unit
Royal Bolton Hospital
Minerva Road
Farnworth
Bolton
BL4 0JR

Tel: 01204 390597
Fax: 01204 390722

CRISIS RESOLUTION TEAM
Please ask for: Jennifer Davies
Our Ref: WG/JD/db
Date: 26/05/2011

ICIS No: 1122129
NHS No: 499 742 9937

Doctor G Rink
Breightmet Health Centre
Breightmet Fold Lane
Breightmet
Bolton
BL2 6NT

Dear Dr. Rink,

NAME: **William Gallagher**
ADDRESS: **36 Oldhams Terrace BOLTON BL1 6RD**
DOB: **09/05/1970**

I am writing to notify you that the above named patient was seen by Jennifer Davies, Occupational Therapist, Crisis Resolution Team on 26th May 2011

PRESENTING PROBLEMS / CURRENT SITUATION:
Referral accepted from K3 for 7 day follow-up and assessment for Home based treatment.

Mr Gallagher was assessed in his home environment. Mr Gallagher informed us of the reason for his recent presentation to A&E and subsequent events. The following underlined section is the assessment completed by Jon Cosgrove (RMN) IN A&E.

Referral accepted from A+E/BCU. Mr Gallagher had presented to accident and emergency under the influence of alcohol. He was brought to the department by the Police after an alleged hanging incident. I interviewed him this morning when he was sober.

Mr Gallagher was initially reluctant to engage in conversation, he eventually agreed to discuss recent events. He told me that he was due to be married last week; the wedding had been arranged and booked. However; a few days before the wedding [redacted] walked out on him for no apparent reason. He has been given no explanation for this, he reported being unable to cope with the emotional pain he is feeling. He disclosed that [redacted] will not talk to him although she has been texting him. Apparently he has been getting threats from [redacted] and another male; he feels they have attempted to break into his house.

The day before yesterday; he was feeling so desperate that he drove to a cliff and contemplated driving over the edge. He was able to resist by thinking of his two children. However; yesterday [redacted] had been texting him inciting a reaction from him by taunting him about the wedding. He had become so distressed he began to drink whiskey and consumed two bottles. He had then text his ex-partner to inform her that he was going to hang himself. He told me he had tied a belt around his neck but did not have time to attach it to a ligature point as the Police arrived. There were no markings around his neck. He also reported attempting to cut his wrists but again I could view no visible markings. He continued to express ongoing suicidal ideas; he reported having nothing to live for anymore. He could not identify any protective factors not even [redacted]. He told me "I will end up killing himself believe me". He did not disclose this to me personally but his ex-partner told me he had attempted to transfer all legal responsibility [redacted]. I felt this was an attempt to sort his affairs before his death. He described his sleep and appetite to be poor; he is drinking excessive alcohol to block out the hurt.

Following this assessment Mr Gallagher was admitted to K3 and discharged by Dr Sein when he denied suicidal thoughts and cited [redacted] as protective factors.

CRT team visited him at home this evening where he stated that he would rather not return to the wards due to him being a Governor within the Mental Health Trust.

Mr Gallagher described some vague plans for slitting his wrists in the bath however his sons remain protective factors.

This evening decisions will be made by social services regarding placement of his boys.

PAST PSYCHIATRIC HISTORY:
Mr Gallagher took an overdose of medications when his father passed away in the early nineties. No other formal psychiatric history. It would appear he has been referred to PCMHT for anger management.

PHYSICAL HEALTH/MEDICAL HISTORY:
Asthma

MEDICATION:
NIL

FAMILY HISTORY:
[redacted] deceased; [redacted] is alive and well but has little contact. He [redacted] and [redacted] He has [redacted].

SOCIAL / PERSONAL HISTORY:
Born in Glasgow, normal birthing and developmental milestones achieved. He was reluctant to disclose his personal history stating he has had a turbulent time during his life and did not want to talk about it. He currently lives with [redacted]. He is unemployed but has spent time working with the board of governors at GMW, he was unclear as to what the role involved.

ALCOHOL HISTORY:
Mr Gallagher reported consuming alcohol on a daily basis, around 2 bottles of whiskey a day up until Wednesday.

DRUG HISTORY:
NIL

FORENSIC HISTORY:
NIL

MENTAL STATE EXAMINATION

Appearance/ Behaviour:
A Caucasian male, average build wearing casual clothing. He avoided eye contact and rapport was difficult. He was calm and relaxed with brief moments of irritability. He stood for the vast majority of the assessment. He was not distracted or perplexed.

Cognitions:
Orientated to time, place and person.
Good historian

Mood:
- Subjectively- Low
- Objectively- Low

Speech:
Low volume. Normal rate and flow.

Thoughts:
Vague suicidal thoughts
Hopelessness.

Perceptions:
NAD

Insight:
Good

Risk

- Suicide – Low risk
- Harm to others- Low risk in short term.

FORMULATION:
A 41 year old presenting with an adjustment reaction to his fiancée leaving him days prior to their wedding.
He has managed to stop drinking due to thoughts for the wellbeing of his children and they remain protective factors.

PLAN:

- Medical Review 27-05-11 @10am with Dr Singh.
- Daily support for initial 3 days to be reassessed on 28-05-11.

If you require any further information, please do not hesitate to contact the Crisis Resolution Team on (01204) 390745 or BLEEP 3012.

Yours sincerely,

Jennifer Davies, OT
Crisis Resolution Team
Rivington Suite, RBH

THE DUNSTAN PARTNERSHIP

Dr. T. Lynch, Dr. T. C. Isaac, Dr. G. Rink, Dr. S. P. Whittaker, Dr. S. Khan, Dr. S. Muhsin
Tina Matthews (Nurse Practitioner)

Breightmet Health Centre
Breightmet Fold Lane
Bolton BL2 6NT

Tel. (01204) 463777
Fax. (01204) 463740

Ref:- TL/TCI/GR/SPW/MJ/VB

18/08/2011

PRIVATE AND CONFIDENTIAL

Mr William Gallagher
36 Oldhams Terrace
Bolton
BL1 6RD

Dear Mr Gallagher

I have noticed from our records that you failed to attend 2 appointments at the surgery on 9th December 2010 and 16th August 2011.

This may have been an oversight on your part, but I need to bring to your attention that the practice now has a policy regarding missed appointments and I enclose an explanation leaflet for you to explain the procedure.

The practice is trying to accommodate patient requests for appointments as best we can and wasted appointments are making access to our services very problematic.

If you have specific problems that you wish to discuss, which are preventing you from informing us when you cannot attend for an appointment, then please let me know and I will try to help where I can.

Thank you for your co-operation in this matter.

Yours sincerely

MRS VERA BOURN
Practice Manager

THE DUNSTAN PARTNERSHIP

Dr. T. Lynch, Dr. T. C. Isaac, Dr. G. Rink, Dr. S. P. Whittaker, Dr. S. Khan, Dr. S. Kiely
Tina Matthews (Nurse Practitioner)

Breightmet Health Centre
Breightmet Fold Lane
Bolton BL2 6NT

Tel. (01204) 463777
Fax. (01204) 463740

Ref:- TL/TCI/GR/SPW/SYK/SLK/BS

28/12/2011

PRIVATE AND CONFIDENTIAL

Mr William Gallagher
36 Oldhams Terrace
Bolton
BL1 6RD

Dear Mr Gallagher

I have noticed from our records that you failed to attend 2 appointments at the surgery on 27th September 2011 and 23rd December 2011.

This may have been an oversight on your part, but I need to bring to your attention that the practice now has a policy regarding missed appointments and I enclose an explanation leaflet for you to explain the procedure.

The practice is trying to accommodate patient requests for appointments as best we can and wasted appointments are making access to our services very problematic.

If you have specific problems that you wish to discuss, which are preventing you from informing us when you cannot attend for an appointment, then please let me know and I will try to help where I can.

Thank you for your co-operation in this matter.

Yours sincerely

MRS VERA BOURN
Practice Manager

THE DUNSTAN PARTNERSHIP

Dr . T. Lynch, Dr. T. C. Isaac, Dr. G. Rink, Dr. S. P. Whittaker, Dr. S. Khan
Tina Matthews (Nurse Practitioner)

Breightmet Health Centre
Breightmet Fold Lane
Bolton BL2 6NT

Tel. (01204) 463777
Fax. (01204) 463740

NHS REFERRAL

Ref

Decision to Refer Date:-
Date Typed:- 19 July, 2011

Dear

Re:- Mr William Gallagher Date of Birth 09/05/1970
36 Oldhams TerraceAstley BridgeBoltonBL1 6RD
Telephone No 07907748650 NHS No 4997429937

17/11/94 Cause of overdose - deliberate08/03/07 Asthma26/11/10 Anger reaction26/11/10 Anger reaction04/01/11 Did not attend mental health appointment25/05/11 Attempted suicide23/06/11 Overdose of drug

01/07/11 ZOPICLONE tabs 7.5mg 1 every night
19/07/11 SYMBICORT TURBOHALER dry powder inhaler 200micrograms + 6micrograms/actuation 4 puffs bd but drop decease as directed once symptoms improved to 1 puff bd

Greater Manchester West
Mental Health NHS Foundation Trust

Please ask for: Dr. Y. Singh
Our Ref: YS/ksw
Date Dictated: 27, May 2011
Date Typed: 3, June 2011

Crisis Resolution/Home Based Treatment Service
Rivington Unit
Royal Bolton Hospital
Minerva Road
Farnworth
Bolton
BL4 0JR

Tel: 01204 390597
Fax: 01204 390722

ICIS No: 1122129
NHS No: 499 742 9937

Dr. G. Rink
Breightmet Health Centre
Breightmet Fold Lane
Breightmet
Bolton

NAME: William Gallagher
ADDRESS: 36 Oldhams Terrace, BOLTON. BL1 6RD.
DOB: 09/05/1970

Date of Appointment: 27, May 2011
Nature of Appointment: Review of patient receiving Home Based Treatment
Diagnosis: Adjustment Reaction
Current Medication: Nil

I reviewed William in the out-patient dept following him being taken on for Home Based Treatment after his inpatient discharge. I won't repeat details of his recent history at length as these have no doubt been covered exhaustibly in previous correspondence but in summary William was told, by his fiancée, days prior to his wedding that this would not be going ahead which understandably upset him greatly, furthermore he describes taunting behaviour and communication from her, leading for him to drink much more alcohol than he is used to, then considering taking his own life, was seen in the A&E dept, admitted to the inpatient unit, was keen to leave, and therefore discharged to Home Based Treatment.

He states that he is feeling more positive now, is able to look to the future, denies ideas of DSH / suicide but understandably when not having anything to do is finding himself pre-occupied and ruminative in trying to understand and make sense of recent events. This has had a negative impact upon his sleep and he finds himself feeling nervous and anxious during the day, that said however, he doesn't describe a significant deterioration in his appetite, energy, motivation or concentration. On direct questioning, he denied any abnormal thoughts or experiences. He says his recent thoughts of suicide are counter to his value system which has left him with some feelings of shame.

At interview William presented as a well dressed gentleman with good self care with whom eye contact and rapport was established and maintained. He was not tearful, distracted,

perplexed or pre-occupied. His speech was normal in rate, volume and flow with no evidence of formal thought disorder. He described his mood as "low" which I felt to be the case on objective examination. Nil current ideas of DSH / suicide. Nil psychotic symptoms. Reasonable insight.

Impression:
Williams presentation is consistent with an adjustment reaction. He is clearly benefitting from input from the Crisis Team and whilst he denies current suicidal ideas, acknowledges that in the days ahead and especially when upset, and thinking about recent events may find himself re-experiencing these thoughts. He is clear in his mind of the different support systems that he can access in these circumstances including the Crisis Team which he understands to be a 24 hour service.

We discussed therapeutic options and agreed the following plan:

1. I don't feel that William is presenting with evidence of a depressive episode and therefore we did not discuss anti-depressant medication.
2. He consented to the introduction of Zopiclone following my explaining its role, remit, likely expectations of treatment and common side effects.
3. I offered him prn Promazine we agreed not to introduce for the moment but may do in due course.
4. He will remain in Home Based Treatment.

If you require any further information, please do not hesitate to contact the Crisis Resolution Team on (01204) 390745.

Yours sincerely

Dr. Y. Singh
Consultant Psychiatrist

Greater Manchester West NHS
Mental Health NHS Foundation Trust

Bolton Mental Health Services
Rivington Unit
Royal Bolton Hospital
Minerva Road
Farnworth
Bolton
BL4 0JR

Tel: (01204) 390282
Fax: (01204) 390765

DISCHARGE SUMMARY

(dictated: 27.5.11)

SURNAME	Gallagher	**FORENAME**	William
DATE OF BIRTH	09/05/1970	**ICIS NUMBER**	1122129
CONSULTANT	Dr K Sein	**WARD**	K3
DATE ADMITTED	25.5.11	**DATE DISCHARGED**	25.5.11
ADDRESS	36 Oldhams Terrace Bolton	**GP**	Dr G Rink Breightmet Health Centre
DIAGNOSIS	**F43.2 – Adjustment disorder**		

Ref: AO/SEC
NHS no: 499 742 9937

27th May 2011

CIRCUMSTANCES LEADING TO ADMISSION:
Referral accepted from A+E/Bolton Community Unit. Mr Gallagher had presented to accident and emergency under the influence of alcohol. He was brought to the department by the Police after an alleged hanging incident. He was interviewed during the morning when he was sober.

Mr Gallagher was initially reluctant to engage in conversation, he eventually agreed to discuss recent events. He said that he was due to be married last week; the wedding had been arranged and booked. However; a few days before the wedding [redacted] walked out on him for no apparent reason. He had been given no explanation for this, and he reported being unable to cope with the emotional pain he was feeling. He disclosed that [redacted] will not talk to him although she has been texting him. Apparently he had been getting threats from [redacted] and another male; he felt that they had attempted to break into his house.

A couple of days before admission, he was feeling so desperate that he drove to a cliff and contemplated driving over the edge. He was able to resist by thinking of his two children. However; the following day his fiancée had been texting him, apparently attempting to incite a reaction from him by taunting him about the wedding. He had become so distressed he began to

drink whiskey and consumed two bottles. He had then text his ex-partner to inform her that he was going to hang himself. He said he had tied a belt around his neck but did not have time to attach it to a ligature point as the Police arrived. There were no markings around his neck. He also reported attempting to cut his wrists but again there were no visible markings. He continued to express ongoing suicidal ideas; he reported having nothing to live for anymore. He could not identify any protective factors, not even his children. He said, "I will end up killing himself believe me". He did not disclose this personally but [redacted] informed us that he had attempted to transfer all legal responsibility for their f[redacted]. This was felt to be an attempt to sort his affairs before his death. He described his sleep and appetite to be poor; and drinking excessive alcohol to block out the hurt.

PAST PSYCHIATRIC HISTORY:
Mr Gallagher said he had taken an overdose of medications when [redacted] passed away in the early nineties. There was no other formal psychiatric history. It would appear that he has been referred to PCMHT for anger management.

PHYSICAL HEALTH/MEDICAL HISTORY:
Asthma

MEDICATION:
NIL

FAMILY HISTORY:
Mr Gallagher reported that [redacted] was deceased, [redacted] is alive and well but they have little contact. He has one brother and two half sisters. [redacted]

SOCIAL / PERSONAL HISTORY:
Born in Glasgow, normal birth and developmental milestones achieved. He was reluctant to disclose his personal history, stating he had had a turbulent time during his life and did not want to talk about it. He currently lives with [redacted]. He is unemployed but has spent time working with the board of governors at GMW, although he was unclear as to what the role involved.

ALCOHOL HISTORY:
Mr Gallagher reported consuming alcohol on a daily basis, around 2 bottles of whiskey a day.

DRUG HISTORY:
NIL

FORENSIC HISTORY:
NIL

MENTAL STATE EXAMINATION:

Appearance/ Behaviour:

A Caucasian male, average build wearing casual clothing. He avoided eye contact and rapport was difficult. He was calm and relaxed with brief moments of irritability. He was not distracted or perplexed.

Cognitions:
Orientated to time, place and person.
Good historian

Mood:
- Subjectively- Low
- Objectively- Low

Speech:
Low volume. Normal rate and flow.

Thoughts:
Suicidal thoughts.
Hopelessness.

Perceptions:
NAD

Insight:
Poor; refusing help and support.

Risk:
- Suicide – Moderate to high risk in short term.
- Harm to others- Low risk in short term.

IMPRESSION:
A 41 year old presenting with an adjustment reaction [redacted] leaving him days prior to their wedding. He had been drinking excessive amounts of alcohol and had been contemplating suicide. There was evidence that he had made arrangements for his death. He had ongoing thoughts of suicide. It was therefore decided to admit Mr Gallagher to K3 ward for manage any risk.

PROGRESS ON WARD:
Mr Gallagher barely spent six hours on the ward. He was asking to be discharged. He described what had happened as a "the stupidest mistake of my life". He said that he wanted to go home to be with [redacted] He reported that he had support from [redacted] and was happy to access the service and welcome any support. He said that he was no longer interested in marriage and he had closed the chapter with [redacted] He was advised to spend a couple more days on the ward but Mr Gallagher declined this. His mental state examination did not suggest any need to detain him on the ward and as such his request for discharge home was granted.

RISK:
Related to the volatile nature of things currently, his impulsivity and if he uses alcohol.

MEDICATION ON DISCHARGE:

Nil

DISCHARGE PLAN:

1. **Mr Gallagher was happy to engage with the Home Based Treatment Team, and in turn they are happy to support him in the community.**
2. **No medication.**
3. **Mr Gallagher was happy to attend to approach his GP for blood tests and other physical needs.**
4. **No arrangements have been made to follow him up and he has therefore been discharged back to the care of his GP.**

Dr Anthony Odigie
SHO to Dr K Sein
Consultant Psychiatrist

Dr Rink
Breightmet Health Centre
Breightmet Fold Lane
Breightmet
Bolton

Royal Bolton Hospital NHS
NHS Foundation Trust

Department of Accident & Emergency

Royal Bolton Hospital
Minerva Road
Farnworth
Bolton
BL4 0JR

Tel: 01204 390390
Minicom: 01204 390600
www.royalbolton.nhs.uk

01/06/2011

Dr T Lynch
Breightmet Health Centre
Breightmet Fold Lane
Brightmet, Bolton
BL2 6NT

Dear Dr Lynch

RE: William Shearer Gallagher D.O.B. 09/05/1970
NHS: 499 742 9937

The above patient attended the Accident and Emergency Department on **29/05/2011.** The patient was treated as follows:-

DIAGNOSIS	Psychiatric conditions
INVESTIGATION	None
TREATMENT/MEDICATION	Guidance - verbal
CARE PLAN	Left - before being treated

If you require any further information please do not hesitate to contact us on 01204 390300.

Consultants in Accident and Emergency

Greater Manchester West NHS
Mental Health NHS Foundation Trust

Please ask for: Dr. Y. Singh
Our Ref: YS/ksw
Date Dictated: 15, June 2011
Date Typed: 21, June 2011

ICIS No: 1122129
NHS No: 499 742 9937

Crisis Resolution/Home Based Treatment Service
Rivington Unit
Royal Bolton Hospital
Minerva Road
Farnworth
Bolton
BL4 0JR

Tel: 01204 390597
Fax: 01204 390722

Dr. G. Rink (39)
Breightmet Health Centre
Breightmet Fold Lane
Breightmet
Bolton

TG

NAME: William Gallagher
ADDRESS: 36 Oldhams Terrace, BOLTON. BL1 6RD.
DOB: 09/05/1970

RECEIVED 30 JUN 2011

Date of Appointment: 14, June 2011
Nature of Appointment: Review of patient receiving Home Based Treatment
Diagnosis: Adjustment Reaction
Current Medication: Zopiclone 7.5mg po prn max od (prescribed by myself)

I reviewed William in the out-patients dept for a scheduled medical review as part of his ongoing management in Home Based Treatment.

William unfortunately has continued to have, from his account, a very difficult time of late. He alleges that accusations are being spread by [redacted] resulting in him being arrested a few days ago, released with no charge but none-the-less has felt very embarrassed of this. He has been using escalating amounts of alcohol to manage difficult feelings and most specifically this incident and states that since Saturday he has been drinking 10 – 12 pints of lager most nights in a local pub. We did have a conversation regard the negative effect that alcohol could have upon his mental and physical health, in addition to the risk of dependency which William did seem to take on board and stated that he would start to reduce his alcohol consumption and consider a self referral to ADS.

William states that he has been doing all he can to feel "normal" including organising a "fun day" which he is clearly taking pleasure form but does feels as if he is suffering setbacks, for example what described above.

He admitted following his return from the Police station experiencing thoughts of "not wanting to be here" but denied specific thoughts of DSH / Suicide, wither at that or any other time.

He has made contact with a local Solicitor and is considering his own legal proceedings against his ex-partner, in relation to what he considers to be unfair allegations made against him. Zopiclone was helping his sleep, but he feels that this has got worse again. His appetite is low, his levels of energy and motivation are variable, he described his mood as "miserable".

Although Williams energy, motivation, mood and appetite are variable.

William was a well-dressed gentleman who was well kempt, appropriately animated at points, not distressed, perplexed, pre-occupied or anxious. His speech was normal in rate, volume and flow with no evidence of formal though disorder. He described his mood as "miserable" which I felt to be euthymic on objective examination. He describes an uncertain view of the future in relation to the aforementioned issues with [redacted]. He did not describe ideas of DSH / suicide. Nil psychotic symptoms. Reasonable insight.

Impression:
Williams presentation is consistent with an adjustment reaction and he does not present with consistent evidence of a depressive illness. He is keen to be prescribed anti-depressant medication and seemed pleased at the formulation that I offered him.

We agreed the following plan:

1. I have given him a 4 day script of Zopiclone and I would be grateful if you could consider repeating this if William does feel that he requires it, although I would suggest that this be for not much longer than a couple of weeks.
2. William will continue to be manage din Home Based Treatment over the next few weeks.
3. In due course will consider giving him details of counselling services for consideration of psychological therapies with the Primary Care Mental Health Team.

If you require any further information, please do not hesitate to contact the Crisis Resolution Team on (01204) 390745.

Yours sincerely

Dr. Y. Singh
Consultant Psychiatrist

This document CANNOT be used as a prescription

GP	Gallagher, William Shearer
Dr T Lynch BREIGHTMET HEALTH CENTRE BREIGHTMET FOLD LANE BRIGHTMET, BOLTON BL2 6NT	Male 09-May-1970 36 Oldhams Terrace Astley Bridge Bolton BL1 6RD **Hospital Number:** RMC01838159 **NHS Number:** 4997429937

Consultant: Adenwala, Y **Ward:** D2 - SSU **Admit Date:** 23-Jun-2011

	Start/ Prescribed Date	Review Date	Long Term TX
No Medications Recorded			

Significant Events

Type	Description
	Nothing Recorded

RECEIVED 27 JUL 2011

Royal Bolton Hospital NHS
NHS Foundation Trust

Department of Accident & Emergency

Royal Bolton Hospital
Minerva Road
Farnworth
Bolton
BL4 0JR

Tel. 01204 390390
Minicom: 01204 390800
www.royalbolton hospital.nhs.uk

28/06/2011

Dr T Lynch
Breightmet Health Centre
Breightmet Fold Lane
Brightmet, Bolton
BL2 6NT

Dear Dr Lynch

RE: William Shearer Gallagher D.O.B. 09/05/1970
NHS: 499 742 9937

The above patient attended the Accident and Emergency Department on **23/06/2011.** The patient was treated as follows:-

DIAGNOSIS	Psychiatric conditions
	Poisoning (including overdose) - prescriptive drugs
INVESTIGATION	Haematology
	Biochemistry
TREATMENT/MEDICATION	intravenous infusion
	intravenous drug, eg stat/bolus
CARE PLAN	Admit to hospital bed/became a Lodged Patient

If you require any further information please do not hesitate to contact us on 01204 390300.

Consultants in Accident and Emergency

SLK

RECEIVED 30 JUN 2011

Royal Bolton Hospital

Final Copy

IMMEDIATE DISCHARGE SUMMARY

This document CANNOT be used as a prescription

GP	**Gallagher, William Shearer**
Dr T Lynch BREIGHTMET HEALTH CENTRE BREIGHTMET FOLD LANE BRIGHTMET, BOLTON BL2 6NT	Male 09-May-1970 **Hospital Number:** RMC01838159 **NHS Number:** 4997429937 36 Oldhams Terrace Astley Bridge Bolton BL1 6RD

Consultant: Adenwala, Y **Ward:** D2 - SSU **Admit Date:** 23-Jun-2011

Active Health Issues on Discharge

Type	Health Issue and Description	Onset Date
Procedure	Excision of lipoma from flank	18-Jun-2010

Description Not Recorded

Allergies

Type	Allergy
	Nothing Recorded

RECEIVED 27 JUL 2011

This document CANNOT be used as a prescription

GP	Gallagher, William Shearer
Dr T Lynch BREIGHTMET HEALTH CENTRE BREIGHTMET FOLD LANE BRIGHTMET, BOLTON BL2 6NT	Male **Hospital Number:** RMC01838159 09-May-1970 **NHS Number:** 4997429937 36 Oldhams Terrace Astley Bridge Bolton BL1 6RD

Consultant: Adenwala, Y **Ward:** D2 - SSU **Admit Date:** 23-Jun-2011

Immediate Discharge Summary

Prepared By: Yuzaiful, MD Yusof MD House Officer - Post Reg **Prepared When:** 24-Jul-2011 17:55

Have Health Issues been Reviewed?

Yes

Have Allergies been Reviewed?

Yes

Anticipated Discharge Date

Jun 23 2011

History, Findings and/or Impressions

presented following INGOT + self hanging + alcohol. Treated with IV parvolex as P levels above tx line. Patient then absconded from the ward before formal pysch review against medical and pysch advice. Police were informed but they found hima t home to be 'safe and well' and were unable to section 136 as pt in own home. Pysch on call planned to call crisis team. Pysch f/u / police involvement if they felt necessary. No contact from Mental Health team to MAU at time of writing.

Key Results and Results Awaited

Admit Medicines Stopped During Admission

Admit Medicines Changed During Admission

Medicines Given Only During This Visit

Follow Up Arrangements/Referrals

Future Management/Action Required by GP

Check had f/u.

Information Given To Patient

Confirmation Of Sick Note Status

RECEIVED 27 JUL 2011

Greater Manchester West NHS
Mental Health NHS Foundation Trust

AJ/lb/ 1122129
NHS No: 499 742 9937

Clinic: 24/06/2011
Typed: 24/06/2011

Mental Health Services
Rivington Unit
Royal Bolton Hospital
Minerva Road
Farnworth
Bolton
BL4 OJR

Tel 01204 390283
Fax: 01204 390765

Dr.G Rink
Breightmet Health Centre
Breightmet Fold Lane
Brightmet
Bolton
BL2 6NT

RECEIVED 28 JUN 2011

Dear Dr Rink

Re: William Gallagher, dob 09/05/1970
36 Oldhams Terrace, BOLTON, BL1 6RD

I saw this man on the 24/06/2011 at the Rivington Unit with the Crisis Resolution Team worker Jennifer Davies.

He is 41 years old, living with [redacted] and [redacted]. Both [redacted] have the same [redacted] whom they have no contact with. He had been with his last [redacted]; they were due to get married on the 21/05/2011 however in mid May she decided to end the relationship. He said that she did not tell him why and had no contact with him for the last two weeks. She has made allegations of harassment which he says are false. He was arrested two weeks ago by the Police and taken to the Police cells and kept for seven hours and released with a warning. He says that he feels unhappy about this as he had not done anything in the first place.

He has never previously had a psychiatric illness and denies any previous alcohol misuse.

Since the 21/05/2011, he has described intermittent low mood which is settled when active, but low when ruminating on his present life and thinking why his last partner left. His concentration and energy is variable; he says that he is managing to care for himself and [redacted]. His sleep is reduced and interrupted, appetite variable and weight decreased.

attended

He is able to leave home alone and tries to keep active. He is able to socialise, although mainly in pubs.

He said that since the 21/05/2011, he had been drinking "near enough every day". He drinks about six days a week from 6pm to 1am up to 10 pints of alcohol. He said that alcohol was a depressant. He denied any withdrawal symptoms when abstaining from alcohol.

He used to drink only a couple of pints at weekends.

On the 25/05/2011, he was admitted to the psychiatric ward for six hours after threatening to harm himself after drinking two bottles of Whisky.

On the 22/06/2011, he had taken an overdose of four Zopiclone tablets, about seven Promazine, Cetrizine and about 30 Paracetamol tablets with alcohol. He then called the Crisis Team "it was a cry for help". The ambulance was called and couldn't find him and the Police brought him to a medical ward on a Section 136. He was given two out of the three bags of Parvolex. He said that he didn't stay for the last bag of Parvolex as he felt frustrated at not being allowed to smoke. He took his own discharge [redacted] came.

This morning he said he had sent [redacted] to school and had gone to the Bank and then visited an elderly couple who were asking for his help regarding their council kitchen. He says that they knew of him because of his writing for the magazine Bolton Life.

He has his [redacted] one week and then his [redacted] are with his [redacted] whom he had known for seven years. She is not the [redacted] of either of [redacted]. Social Services are involved because of his fostering.

He said that now he recognised that his behaviour following separation from his last [redacted] was counterproductive and that he wanted to abstain from alcohol. He said that he would visit a friend today and stay with [redacted] and also spend more time with his partner of seven years who he left four years ago. She remains supportive. He has no further contact with his last partner.

Mental state examination

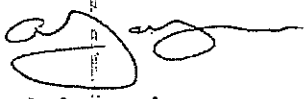
There was a reasonable rapport, he was coherent. His mood was slightly anxious, although not objectively depressed.

Thoughts

He admitted difficulty adjusting to the break-up with his last partner and the way the relationship ended. He was aware that he had become irresponsible in his behaviour and that this was not helpful for his future especially with regard to his ability to care for his sons. He denied any active wish to harm himself, saying that he wanted to avoid alcohol.

He has an adjustment reaction and a history of alcohol misuse; he has no other psychiatric illness. He did not want any psychiatric medication. Admission would be counter therapeutic and he himself said that admission to the ward would make his situation worse. He was advised to engage constructively with the Crisis Resolution Team in order to help him adjust to his change in circumstances and was told how to contact the Alcohol and Drugs Service. The Crisis Resolution Team will contact Social Services regarding his present presentation in view of his continued care for his two sons.

Yours sincerely



Dr A Jayasekera
Consultant Psychiatrist

Mental Health Referral (16 – 64 years):

For use by GPs and other health professionals

Emergency or Crisis Referrals should be made to the Crisis Resolution service on: 390597

Referrals

- This form is for **new** mental health (including psychology or counselling) referrals. If the patient **already** has a care-coordinator under the Care Programme Approach then you should contact them first.

- Please complete this form, the TAG assessment (attached), and if relevant the PHQ9 (depression) and send to:

  33 Victoria Square
  Bolton
  BL1 1 RJ (Fax 463301)

- Patients with a primary diagnosis/presentation of alcohol, substance misuse, or a learning disability should be referred to specialist services for these conditions

Referrer			
Name and title/profession		GP: None	
Address	The Dunstan Partnership Breightmet Health Centre Breightmet Fold Lane Bolton BL2 6NT	Surgery (if different from referrer):	
Telephone	01204 463777		
Patient Information			
Patient's Name	William Gallagher	Gender	Male
Address	36 Oldhams Terrace Astley Bridge Bolton	D.O.B	09/05/1970
Post Code	BL1 6RD		
Telephone	07907748650	First Language	
NHS Number	4997429937	Requires Interpreter?	☐ Yes ☐ No

Ethnicity (if known)				
a. White	**b. Mixed**	**c. Asian or Asian British**	**d. Black or Black British**	**e. Other ethnic Groups**
☒ British	☐ White & Black Caribbean	☐ Indian	☐ Caribbean	☐ Chinese
☐ Irish	☐ White & Black African	☐ Pakistani	☐ African	☐ Any other ethnic group
☐ Any other white background	☐ White and Asian	☐ Bangladeshi	☐ Any other black background	**f. Not Stated**

Urgency & Risk

We aim to see patients who require an urgent assessment within 5 working days from the receipt of the referral. If you believe that this is the case than please complete this section. Referrals without this information will be treated as non-urgent. Please complete the TAG assessment, PHQ9 (if appropriate for depression) and use the space here to identify why the patient needs to be seen urgently. We will use this information to help determine our response to the referral. Use this section if necessary to further highlight any risks to the patient because of their mental health needs

low risk

Child Concern/Vulnerable Adult

If there are any issues please record them here – or indicate contact details for further information

single parent to three children

Last seen by GP (date): 28/11/11

Significant Others/Carers

If you know that the patient has significant others (relatives, friends or next of kin) involved in their care please indicate here together with contact details

Daughter age 14 yrs, and ex partner

Presenting mental health need and any relevant history

Please describe the mental health need which the patient is presenting with as well any relevant previous history. Please also use this section to outline any associated relevant social needs and circumstances

Hx of overdose may 2011, then was under PMHT for anger mx + depression / stress - seeing Kaith
OVerdose due to break up from [redacted] + problems surrounding this.
Initally attended PMHT but [redacted] moved in with him from glasgow after experiencing her own problems with [redacted]s family + this led to pt being unable to keep to regular appointmeetns. Now things more in a routine + feels ready + keen to engage again in services to help anger related problems, short fuse + underlying low mood.
PHQ 9/27 today. Main issue is anger management. [redacted] lives with pt all the time, and [redacted]s - live with him on alternating weeks. Feels short fused with his kids. No hx of violence buty wants to behave better / cope better.
Alcohol 14 units per wk, smoker. hx of asthma.

Current Medication

01/07/11 ZOPICLONE tabs 7.5mg 1 every night

28/11/11 SYMBICORT TURBOHALER dry powder inhaler 200micrograms + 6micrograms/actuation 4 puffs bd but drop decease as directed once symptoms improved to 1 puff bd

28/11/11 QVAR EASI-BREATHE cfc free breath actuated inhaler 100micrograms/actuation inhale 1 dose twice daily

28/11/11 salbutamol cfc free breath actuated inhaler 100micrograms/actuation inhale 2 doses as needed

Risk to Staff

If the patient, their home environment (including pets), or other people in the household may present any risk to Primary Care staff please complete this section.

Nil

Referrer's Signature: S Kiely

Print Name: S Kiely

Date of Referral: 28 November, 2011

Greater Manchester West NHS
Mental Health NHS Foundation Trust

Please ask for: Dr. Y. Singh
Our Ref: YS/ksw
Date Dictated: 29, July 2011
Date Typed: 3, August 2011

ICIS No: 1122129
NHS No: 499 742 9937

Crisis Resolution/Home Based Treatment Service
Rivington Unit
Royal Bolton Hospital
Minerva Road
Farnworth
Bolton
BL4 0JR

Tel: 01204 390597
Fax: 01204 390722

Dr. G. Rink
Breightmet Health Centre
Breightmet Fold Lane
Breightmet
Bolton

NAME: William Gallagher
ADDRESS: 36 Oldhams Terrace, BOLTON. BL1 6RD.
DOB: 09/05/1970

DISCHARGE LETTER

Dear Dr. Rink

William was managed by the Crisis Team between 25, May 2011 and discharged on 12, July 2011.

This was in the context of an adjustment reaction, as well as harmful use of alcohol, you will be in receipt of correspondence, the context of which I won't repeat here.

From the beginning of July, William has been disengaging from the Crisis Team and therefore a team decision was made to discharge him and refer him on to the Primary Care Mental Health Team, as originally planned.

If you require any further information, please do not hesitate to contact the Crisis Resolution Team on (01204) 390745.

Yours sincerely

Dr. Y. Singh
Consultant Psychiatrist

RECEIVED 18 AUG 2011

Primary Care Psychological Therapy Service

Bolton NHS
NHS Foundation Trust

Telephone: 01204 462677
Fax: 01204 462673
NHS No: 499 742 9937
Our Ref: KN/CAM/1122129

Breightmet Health Centre
Breightmet Fold Lane
Bolton
BL2 6NT

Date: 14 September 2011

Dr G Rink
Breightmet Health Centre
Breightmet Fold Lane
Breightmet
Bolton
BL2 6NT

RECEIVED 19 SEP 2011

Dear Dr.Rink

Re: William Gallagher - DoB: 09/05/1970
36 Oldhams Terrace, BOLTON, BL1 6RD

William was referred by the Crisis Team and I carried out a screening appointment with him on the 01/09/2011.

William said he has been experiencing significant problems since his relationship of 24 years came to an end in May 2011. William was due to get married, she cancelled the wedding the week before and there has been subsequent problems in terms of their contact which has involved at times the police.

He identified difficulties in adjusting to their separation and said this was complicated by threats he received from his ex partner's current partner. He also questioned why this happened although said he has been able to come to now accept that there is nothing further he can do about it and that he needs to get on with his life.

At the assessment, William reported that his mood was good and he does not have any further suicidal nor passive thoughts. As you will be aware, William took an overdose whilst under the Crisis Team on 23/06/2011 and also reported attempting to hang himself prior to the overdose. William said he had felt very low in mood, confused and worthless. He had also consumed large amounts of alcohol which he now recognises contributed to impairment in his thinking. William told me that he knew [redacted] would be ok with [redacted] although now can not understand why he attempted to take his life and wants to put the [redacted] needs first.

He is reporting his mood as good and PHQ-9 scores were low 5/27. His concentration has improved and he described an improved sleeping pattern. William can see a future and recognised that his way of thinking has changed, he is optimistic and said he wants to get back on track. He has recently organised a charity fund raising and said that his level of functioning has improved and his appetite has returned to normal. He did identify feelings of embarrassment when facing people, however is trying to ignore this and get on with it.

William Gallagher - DoB: 09/05/1970
36 Oldhams Terrace, BOLTON, BL1 6RD

There is evidence of further difficulties with h[redacted]r in terms of not wanting to see her and William said that she can just turn up at times. He has contacted the police as he has been cautioned to stay away from her to file his complaint at her behaviour. He is also seeking legal assistance in regards to [redacted]services and local authority input as William [redacted] who is the [redacted]. He said that he has taken such steps to start to re-claim his life back although acknowledged that he has had a good relationship with these services until recently.

In regards to alcohol, William acknowledged that he had increased his alcohol intake as a coping strategy. He has not taken up ADS as discussed with the Crisis team and said that he is managing his alcohol intake by reducing it himself. He reported avoiding drinking at home and drinking up to 12 units a week at the pub.

I think that William has experienced a lowering of mood in response to his relationship difficulties. He denies any psychological problems prior to this. He appears to have ongoing stressful life events, [redacted] has recently come to live with him from Glasgow and he is concerned about her welfare. S[redacted] under children services and he is currently working with them for his daughter to live with him. He does however appear to be in control of his alcohol use and his mood has improved. In regards to anxiety, he identified some physical symptoms which appear to be in response to threat which his related to problems with[redacted]

I have offered a follow up appointment for a review with William in two weeks time and to extend the assessment period. I will be able to update you following this appointment. In the meanwhile please do not hesitate to contact me should you require further information.

Yours sincerely

Kath Nield

Kath Nield
Mental Health Practitioner

Fax Message

To Dr Lynch & Partners

Phone

Fax:

From: Suzanne Doohan

Social Work Services
Westwood House
1250 Westerhouse Road
Glasgow

Phone 0141 276 3400
Fax 0141 276 3432

Date 19.8.11

No of Pages 4. Including this one

Reference

Message

William Gallagher - DOB. 9/5/70.

→ Dr Whittaker

Typed 30/8/11 CM

RECEIVED 19 AUG 2011

NHS
Greater Glasgow and Clyde

East Glasgow
Community Health & Care Partnership

Westwood House
1250 Westerhouse Road
Glasgow
G34 9EA

HEALTH INFORMATION CONSENT FORM

The person named below agrees to information being passed from their GP to the Social Work Department under the Boarding Out and Lodging Procedures.

GP DR LYNCH + Partners

ADDRESS Breightmet Medical Centre

Breightmet Fold Lane, Breightmet, Bolton, BL2-6NT TEL 01204 463777

SIGNED BY W. Gallagher

NAME William GALLAGHER

DATE OF BIRTH 09/05/1970

ADDRESS 36 Oldhams Terrace

Astley Bridge, Bolton, BL1-6RD

NHS
Greater Glasgow and Clyde

East Glasgow
Community Health & Care Partnership

Westwood House
1250 Westerhouse Road
Glasgow
G34 9AE

Date: 17 August 2011

Dr Lynch and Partners
Breightmet Medical Centre
Breightmet Fold Lane
Breightment
Bolton
BL2 6NT

Dear Dr Lynch and Partners

I write as the allocated worker for [redacted] who is the [redacted] your patient William Gallagher of 36 Oldhams Terrace, Bolton, BL1 6RD DOB 09/05/1970.

[redacted] is currently a "Looked After" child with a condition of residence naming her [redacted]r. This placement has been unstable for several months and no longer looks viable. Glasgow Social Work Services are considering other placement options and William Gallagher has made a request to look after [redacted] on a full time basis.

As per our Looked After procedures, I am required to carry out background and health checks on any potential carer.

I would be most grateful if you could advise whether Mr Gallagher has any medical conditions or ongoing mental health issues which would prohibit him from providing an adequate level of care for his child. I am aware that Mr Gallagher has experienced a period of mental illness recently, could you please advise whether this episode was in response to crisis or whether Mr Gallagher has an ongoing diagnosed illness.

Mr Gallagher has agreed for relevant information to be shared and I attached a mandate giving his authorisation.

RECEIVED 19 AUG 2011

Should you need to speak to me in person I can be contacted on 0141 276 3400 or by email at suzanne.doohan@sw.glasgow.gov.uk

Yours sincerely

SDoehan

Suzanne Doohan
Social Work Services
If phoning or visiting, please ask for Suzanne Doohan
Phone 276 3400 Fax 0141 276 3432

Royal Bolton Hospital NHS
NHS Foundation Trust

Royal Bolton Hospital
Minerva Road
Farnworth
Bolton
BL4 0JR

Tel: 01204 390390
Minicom: 01204 390600
www.royalbolton.nhs.uk

Department of Accident & Emergency

12/12/2011

Dr T Lynch
Breightmet Health Centre
Breightmet Fold Lane
Brightmet, Bolton
BL2 6NT

Dear Dr Lynch

RE: William Shearer Gallagher D.O.B. 09/05/1970
NHS: 499 742 9937

The above patient attended the Accident and Emergency Department on **09/12/2011**. The patient was treated as follows:-

DIAGNOSIS	Soft tissue inflammation Head
INVESTIGATION	None
TREATMENT/MEDICATION	None (consider guidance/advice option)
CARE PLAN	Left - refused treatment

If you require any further information please do not hesitate to contact us on 01204 390300.

Consultants in Accident and Emergency

RECEIVED 15 DEC 2011

RE: Codie Brooks D.O.B. 14/10/1995

Primary Care Psychological Therapy Service

Bolton NHS
NHS Foundation Trust

Telephone: 01204 462677
Fax: 01204 462673
NHS No: 499 742 9937
Our Ref: KN/PLS/1122129

Breightmet Health Centre
Breightmet Fold Lane
Bolton
BL2 6NT

Date: 29th September 2011
(Dictated 26/09/2011)

Dr G Rink
Breightmet Health Centre
Breightmet Fold Lane
Bolton
BL2 6NT

RECEIVED 0 3 OCT 2011

Dear Dr Rink

Re: William Gallagher - DoB: 09/05/1970
36 Oldhams Terrace, Bolton. BL1 6RD

I am writing to inform you that William did not attend his follow up appointment on the 16/09/2011 and has not contacted the service. You will have a copy of my screening letter and I am unable to provide any further information. I have therefore discharged him from the service.

Please do not hesitate to contact me shoud you require any further information and a re-referral can be made in the usual way.

Yours Sincerely

KNield

Kath Nield
Mental Health Practitioner

Primary Care Psychological Therapy Service

Bolton NHS
NHS Foundation Trust

Breightmet Health Centre
Breightmet Fold Lane
Bolton
BL2 6NT

Telephone: 01204 462677
Fax: 01204 462673
NHS No: 499 742 9937
Our Ref: JO/KF/1122129

Date: 1 October 2012
(Dictated 12 September 2012)

Dr Rink
Breightmet Health Centre
Breightmet Fold Lane
Bolton
BL2 6NT

Dear Dr Rink

Re: William Shearer Gallagher - DoB: 09/05/1970
36 Oldhams Terrace, BOLTON, BL1 6RD

Following your referral the above client attended two sessions of an anger management group in April 2012. However, he unexpectedly failed to attend further sessions and we have had no further contact from him.

Apologies for the delay in this letter reaching you – I have been one extended sick leave.

Mr Gallagher has been discharged from this service.

Yours sincerely

Dr John Owen
Clinical Psychologist

RECEIVED - 4 OCT 2012

Primary Care Psychological Therapy Service

Bolton NHS
NHS Foundation Trust
Breightmet Health Centre
Breightmet Fold Lane
Bolton
BL2 6NT

Telephone: 01204 462677
Fax: 01204 462673
NHS No: 499 742 9937
Our Ref: KN/CAM/1122129

Date: 24 January 2012
(Dictated on 20 January 2012)

Dr G Rink
Breightmet Health Centre
Breightmet Fold Lane
Breightmet
Bolton
BL2 6NT

Dear Dr Rink

Re: William Gallagher - DoB: 09/05/1970
36 Oldhams Terrace, BOLTON, BL1 6RD

I saw William for a screening assessment on the 16th January 2012 and knew him from a previous assessment carried out in August 2011 when he was referred to the PCPTS by the Crisis Team.

William is identifying anger as his main problem. He reports his mood as good and said he has been engaging in voluntary activities through his community work since September 2011. William said he has experienced problems with anger for many years and could trace this back to his earlier life experiences of being physically and emotionally abused [redacted] and subsequent problems with his anger as a teenager. William's mother experiences mental health problems and William elected to go into a children's home through problems with his father.

Currently, William can be quick tempered which he said can be triggered when [redacted] fail to follow plans or when plans are changed. William said this can happen around twice a week, he tends to shout and will then use behavioural techniques of counting to ten to calm himself down. He has had anger management in the past and said he uses a CD from this course to help relax him.

He acknowledged that he feels under stress with local authority and children services input. William feels frustrated with some of their approaches and input and said he can find this invasive although realises the need for their involvement. He feels frustrated that coming to the PCPTS feels on the terms of the local authority. William is applying for special guardianship for the son he joint fosters with [redacted] has recently moved in with William, he has acknowledged this has been stressful at times. He told me that children services are happy with this arrangement and he has initiated the Bolton Lads and Girls club to be involved and there is a pending appointment with CAMHS. William denies any suicidal thoughts.

RECEIVED 25 JAN 2012

THE DUNSTAN PARTNERSHIP

Dr. T. Lynch, Dr. T. C. Isaac, Dr. G. Rink, Dr. S. P. Whittaker, Dr. S. Y. Khan, Dr. S. L. Kiely
Tina Matthews (Nurse Practitioner)

Breightmet Health Centre
Breightmet Fold Lane
Bolton BL2 6NT

Tel. (01204) 463777
Fax. (01204) 463740

Ref:- TL/TCI/GR/SPW/SYK/SLK

12/09/2012

PRIVATE AND CONFIDENTIAL

Mr William Gallagher
36 Oldhams Terrace
Bolton
BL1 6RD

Dear Mr Gallagher

We would like to invite you to a free health check here at the surgery. It is called a Cardiovascular Disease (CVD) risk assessment.

What is a Cardiovascular Disease (CVD) Risk Assessment?

A Cardiovascular Disease Risk Assessment is a way of finding out how at risk you are of having a heart attack or a stroke in the next 10 years. It is only an estimate. Once your risk is calculated we will explain to you what this means, and how we can help. What happens next depends on the level of your risk (see below).

Who needs one?

ld like to offer a FREE CVD risk assessment to all adults 40-74 yrs of age.

How is your CVD Risk calculated?

Are you between 40-74 yrs age?

↓

appointment with our Health Care Assistant, Sue Warman, or alth trainer, Tom Hardman. **Just ask for a 'CVD risk** le of your urine too. **Unfortunately, we are unable to cks on a Friday afternoon / evening.**

↓

They will measure your height, weight and test your urine. They will ask you about any family history of heart disease or stroke. They will ask you if you smoke and drink alcohol. Your blood pressure will be taken and a blood test to check your cholesterol and **blood sugar level***. You will be offered a booklet with lifestyle advice.

All the details are put into a special calculator to give you an idea about how you are doing. One week after your blood test, give us a ring and the receptionist will tell you one of the following:

You have **Low risk of heart attack or stroke**

Please follow healthy lifestyle advice in the booklet given to you. You may be offered another health check in the future.

You have **some (medium) risk of heart attack or stroke**

Please follow healthy lifestyle advice in the booklet given to you. You may be offered another health check in the future.

You have a **Higher than average risk of** heart attack or Stroke and may need our support

You will be advised to see your GP or Tina Matthews, Nurse Practitioner, to discuss if treatment to help prevent heart disease or a stroke is required. You will also be advised to see Tom Hardman, our Health trainer.

***If your blood sugar level is raised on this check up, you will be invited by letter to attend for a further test called an 'oral glucose tolerance test', to check whether you are prone to diabetes. We need this result before we can complete the CVD risk calculation.**

THE DUNSTAN PARTNERSHIP

Dr. T. Lynch, Dr. T. C. Isaac, Dr. G. Rink, Dr. S. P. Whittaker, Dr. S. Y. Khan, Dr. S. L. Kiely
Tina Matthews (Nurse Practitioner)

Breightmet Health Centre
Breightmet Fold Lane
Bolton BL2 6NT

Tel. (01204) 463777
Fax. (01204) 463740

Ref:- TL/TCI/GR/SPW/SYK/SLK

12/03/2012

PRIVATE AND CONFIDENTIAL

Mr William Gallagher
36 Oldhams Terrace
Bolton
BL1 6RD

Dear Mr Gallagher

We would like to invite you to a free health check here at the surgery. It is called a Cardiovascular Disease (CVD) risk assessment.

What is a Cardiovascular Disease (CVD) Risk Assessment?

A Cardiovascular Disease Risk Assessment is a way of finding out how at risk you are of having a heart attack or a stroke in the next 10 years. It is only an estimate. Once your risk is calculated we will explain to you what this means, and how we can help. What happens next depends on the level of your risk (see below).

Who needs one?

We would like to offer a FREE CVD risk assessment to all adults 40-74 yrs of age.

How is your CVD Risk calculated?

Are you between 40-74 yrs age?

↓

Make an **afternoon or evening appointment** with our Health Care Assistant, Sue Warman, or an appointment **with** our Health trainer, Tom Hardman. **Just ask for a 'CVD risk assessment'.** Please bring a sample of your urine too.

↓

They will measure your height, weight and test your urine. They will ask you about any family history of heart disease or stroke. They will ask you if you smoke and drink alcohol. Your blood pressure will be taken and a blood test to check your cholesterol and **blood sugar level***. You will be offered a booklet with lifestyle advice.

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***If your blood sugar level is raised on this check up, you will be invited by letter to attend for a further test called an 'oral glucose tolerance test', to check whether you are prone to diabetes. We need this result before we can complete the CVD risk calculation.**

THE DUNSTAN PARTNERSHIP

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Ref:- TL/TCI/GR/SPW/SYK/SLK/BS

06/03/2012

PRIVATE AND CONFIDENTIAL

Mr William Gallagher
36 Oldhams Terrace
Bolton
BL1 6RD

Dear Mr Gallagher

Further to our previous letter dated 23rd December 2011, we have been made aware that you failed to attend another appointment on 5th March 2012.

As explained in the leaflet we sent you, and according to our Missed Appointments Policy, we have now requested that your name is removed from our practice list.

You will soon receive a letter from Wigan and Bolton NHS Agency informing you of the date on which you cease to be our patient.

You will need to register with another GP in your area. If you have tried to register with three GP practices and on each occasion have received written notices of refusal, you can be allocated to a GP practice by Bolton Primary Care Trust. You must take the written notices to the Patients Advice and Liaison Service (PALS) at the Health Information Centre at Lever Chambers Centre for Health, Ashburner Street, Bolton, BL1 1SQ, Tel No 01204 462701, and they will then apply the allocation procedure.

Yours sincerely

THE DUNSTAN PARTNERSHIP

THE DUNSTAN PARTNERSHIP

www.thedunstanpartnership.co.uk

Breightmet Health Centre
Breightmet Fold Lane
Bolton BL2 6NT

Tel. (01204) 463777
Fax. (01204) 463740

Ref:- TL/TCI/GR/SPW/SYK/MH

28 October 2013

PRIVATE AND CONFIDENTIAL

Mr William Gallagher
36 Oldhams Terrace
Astley Bridge
Bolton
BL1 6RD

Dear Mr Gallagher

We note from your records that you have **one or more** of the following long term conditions:- Ischaemic Heart Disease, Atrial Fibrillation, Heart Failure, Peripheral Arterial Disease, Angina, Transient Ischaemic Attack (TIA) / Stroke, Diabetes, Chronic Obstructive Pulmonary Disease, Asthma, Chronic Kidney Disease, Epilepsy or a Mental Health Condition.

We have been checking through our records of patients with the above conditions and note that you are now due your Annual Check Up. We invite patients for their Annual Check Up during their **month of birth. Below, we have highlighted the appointments that you need to ask for when you telephone the surgery to make your appointment and any possible actions.**

PLEASE NOTE:- Due to the Practice's diabetic population increasing, we have had to expand our Diabetic Team. Sister Gardiner will continue to see those patients with more complex conditions and Sister Stant and Sister Patel will see new patients, as well as those patients with less complex conditions.

Please make sure you tell the receptionist which tick box has been highlighted below, when you make your appointment. If it is easier, you can tell the receptionist which option, ie Option A, B, C etc.

APPOINTMENTS THAT YOU NEED TO MAKE:-

a. ☒ No blood test required this time.
b. ☐ Blood test with our Healthcare Assistant – at least **one week before** your annual appointment.
c. ☐ Annual Cardiovascular Appt (with Sister Morrell, Sister Stant or Sister Patel)
d. ☐ Annual Diabetic Appt (with Sister Gardiner)
e. ☐ Annual Diabetic Appt (with Sister Stant or Sister Patel)
f. ☐ Annual Diabetic / Cardiovascular Appt (with Sister Gardiner)

g. ☐ Annual Diabetic / Cardiovascular Appt (with Sister Stant or Sister Patel)
h. ☐ Annual Diabetic / CKD Appt (with Sister Gardiner)
i. ☐ Annual Diabetic / CKD Appt (with Sister Stant or Sister Patel)
j. ☐ Annual Diabetic / CKD / Cardiovascular Appt (with Sister Gardiner)
k. ☐ Annual Diabetic / CKD / Cardiovascular Appt (with Sister Stant or Sister Patel)
l. ☒ Annual Asthma Appt (with Sister Stant or Sister Patel)
m. ☐ Annual COPD Appt (with Sister Patel or Sister Stant)
n. ☐ Annual Asthma / COPD / Cardiovascular Appt (with Sister Stant or Sister Patel)
o. ☐ Annual CKD Appt ☐AM Appt ☐PM Appt (with any of the Practice Nurses)
p. ☐ Annual CKD / Cardiovascular Appt (with Sister Morrell, Sister Stant or Sister Patel)
q. ☐ Annual CKD / Asthma / COPD Appt (with Sister Stant or Sister Patel)
r. ☐ Annual CKD / Asthma / COPD / Cardiovascular Appt (with Sister Stant or Sister Patel)
s. ☐ Annual Mental Health Check (with Sister Morrell, Sister Stant or Sister Patel), followed by an appointment with the GP on the same day.

DO I NEED TO BRING A URINE SAMPLE TO MY APPOINTMENT?

☐Yes ☒No

OTHER ACTIONS:-

☐ Complete Annual Epilepsy Questionnaire – no appt required, please see note overleaf.

Hopefully, we will be able to make your appointments for the same day, should you need more than one.

If a blood test is required, there is no need to telephone for your result, as this will be discussed at your annual check up appointment.

Please find below a short explanation for each long term condition, as to why it is important you attend for your annual check up.

Ischaemic Heart Disease, Heart Failure, Stroke / TIA, Atrial Fibrillation, Peripheral Arterial Disease and Angina (Cardiovascular Appt)
Our aim is to ensure that the management of your health is tailored to suit your needs with the above conditions. We will update our records by taking your blood pressure and your weight and will update our information about smoking, lifestyle and your medication.

Diabetes
All patients with diabetes should undergo a Diabetes Care Review at least once annually. Your Diabetes Review will allow our Doctors and Practice Nurses to monitor your health. At your review, we will take your height, weight and blood pressure. Review your blood glucose control and cholesterol levels. Discuss any issues you have with your diabetes or health in general. Advise any change in regime, lifestyle or medication, including any side effects. **When you attend for your Diabetes Care**

Review, please bring with you your glucometer, if you have one, and any blood glucose readings that you have taken recently.

Chronic Obstructive Pulmonary Disease (COPD)
Attending for your COPD Annual Check would be an opportunity to discuss any problems you may be experiencing, such as breathlessness, wheezing our coughing. We would also carry out a lung function test to monitor your condition and ensure you are on the most effective treatment. We also like to see patients who do not have any symptoms at the moment and who feel well – maybe you could reduce your inhalers for a while. It is important we see you when you are well so that, hopefully, you will stay this way. **Please bring your inhalers with you to your appointment.**

Asthma
Sometimes, patients are not aware that their asthma is not well controlled and they get used to having symptoms and begin to accept them as being normal. Hopefully, by attending for regular reviews, we can ensure your treatment is controlling your asthma symptoms in the best possible way. **Please bring your inhalers with you to your appointment.**

Chronic Kidney Disease (CKD)
Patients with CKD have, in the past, had a kidney function test which has shown readings which are lower than normal. Please do not worry, as this *may* be normal, depending on your age and other factors. CKD means your kidneys are not working as well as they once did. Severity can vary, but most cases are mild to moderate. An average 60 year old will be said to have CKD. Most people with CKD do not have symptoms and do not progress to kidney failure. It is important, therefore, that we check your kidney function each year, together with your blood pressure and a simple urine test, in order to monitor your progress.

Epilepsy
It is important to us that your Epilepsy is not causing you any concern and, therefore, it would help us if you could take 5 minutes to complete the enclosed questionnaire and, either, hand it in to reception or post it to the surgery. To ensure that you are on the best medication for your epilepsy, your next prescription should only be issued when we have received this questionnaire. If you feel, on completion of this questionnaire, that you would like a review appointment with Tina Matthews or the GP, please do not hesitate to contact the surgery on the above telephone number and arrange a routine appointment for an Epilepsy Review.

Mental Health Condition
As part of the practice's aim to provide you with the best possible care, it is important that patients who suffer from a Mental Health Condition have a health check and medication review. The nurse will perform some routine physical checks, ie blood pressure, measure your height and weight etc before one of the doctors sees you for your medication review. As your medication may affect your thyroid and kidney function, the Practice Nurse will also take a blood sample

We apologise for the lengthy letter but we are responding to comments from patients who get separate letters for each condition and feel that one letter is more effective and cost efficient.

We look forward to seeing you.

THE DUNSTAN PARTNERSHIP

www.thedunstanpartnership.co.uk

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Breightmet Fold Lane
Bolton BL2 6NT

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Ref:- TL/TCI/GR/SPW/SYK/MH

17 September 2013

PRIVATE AND CONFIDENTIAL

Mr William Gallagher
36 Oldhams Terrace
Astley Bridge
Bolton
BL1 6RD

Dear Mr Gallagher

We note from your records that you have **one or more** of the following long term conditions:- Ischaemic Heart Disease, Atrial Fibrillation, Heart Failure, Peripheral Arterial Disease, Angina, Transient Ischaemic Attack (TIA) / Stroke, Diabetes, Chronic Obstructive Pulmonary Disease, Asthma, Chronic Kidney Disease, Epilepsy or a Mental Health Condition.

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