Clyde SAR Team
Level E
Inverclyde Royal Hospital
Larkfield Road
Greenock
PA16 0XN

NHS
Greater Glasgow and Clyde

PRIVATE

MMA LEGAL LTD
23 GOODLASS ROAD
BUILDING B
SPEKE LIVERPOOL
L24 9HJ

Date: 12.06.2026
Your Ref: 100318
Our Ref: SART / JM / LM / 1304846393
Enquiries to: Lynne McEldowney
Direct Line: 01475 504786

E-mail: lynne.mceldowney@nhs.scot

Dear Sir/Madam

Subject Access Request under the General Data Protection Regulation

Patient: PAUL CARROLL **DOB: 13/04/1984**

Thank you for your request for records received 28th 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

Lynne McEldowney
SAR Team

MANUAL PATIENT RECORDS

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

Including:

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

Affi

CHI: 1304846393
CRN: 301199 13/04/1984
CARROLL PAUL M
13 MAIMHOR ROAD
SEAMILL
WEST KILBRIDE AYRSHIRE KA23 9EE

PATIENT ALERTS

DO NOT FILE DOCUMENTS ON TOP OF THIS DIVIDER. DO NOT REMOVE FROM CASE RECORD

Any patient alerts (eg drug/anaesthetic reaction, infection risk, disability awareness etc) must be recorded on this sheet with the date and name of person filling in the sheet. Full details should still be recorded in the patient's notes. A yellow "alert" sticker should be affixed to the front cover of the case sheet at the same time. If the alert no longer applies the entry on this sheet should be crossed-through and the sticker removed.

Drug Reactions / Anaesthetic Reactions / Allergies	*Date*	*Name*

Blood Transfusion Information *Detail special requirements eg irradiated products, pre-medication etc*		

Infection Control *Record infection risk - Blood-Borne Viruses, MSRA, VRE, CJD etc*		

Mental Health - *See reverse of divider for Mental Health Information*		

Other *Record any other relevent information including behavioural issues eg aggression etc*		

Disability Awareness *Please circle any that apply and give details where appropriate*

Blind or partially sighted	*Hard of hearing*	*Other - please give details*
Wheel-chair user	*Communication/learning difficulties*	

Clinical Trial Participation / Cancer Registry *Tick box and give details overleaf*	
Living Will *Tick box if in use*	

STYS257D

MENTAL HEALTH INFORMATION:

NAMED PERSON: .....

ADDRESS OF NAMED PERSON: .....

.....

WELFARE GUARDIAN: .....

ADDRESS OF WELFARE GUARDIAN: .....

.....

ADVANCE STATEMENT	DATE STARTED	DATE REVOKED
1.		
2.		
3.		

Accident and Emergency Department
Inverclyde Royal Hospital, Larkfield Rd

Resus

R7002562

A&E No. 07025421

3

301199

Surname	CARROLL	**First Name**	PAUL	**Title:**	
Address:	13 MAIMHOR ROAD SEAMILL WEST KILBRIDE AYRSHIRE	**Postcode**	KA23 9EE		
		Telephone:			
Date of Birth:	13.04.84	**Sex:**	M	**Age:**	23 yrs

GP Name:	HENDERSON JAMES		
Address:	LENNOXTOWN CLINIC 103 MAIN STREET LENNOXTOWN	**Postcode**	G66 7DA
		Telephone:	01360310357

Next of Kin	ANGELA		
Relationship:	PARENT		
Address:	13 MAIMHOR ROAD SEAMILL WEST KILBRIDE AYRSHIRE	**Postcode**	KA23 9EE
		Telephone:	
Primary Carer:			

Date of Attendance: 23.09.07 21:51

Date of Incident:

Presenting Complaint: ? DISLOCATION, INJURY R SHOULDER

Triage GROSS DEFORMITY? PREVIOUS SHOULDER DISLOCATION OBVIOUS SWELLING AND DEFORMITY IN RT SHOULDER. HAS HAD ALCOHOL TONIGHT.C FINE S FINE M RESTRICTED.

Tetanus Cover:

Allergies:

P= **BP=** / **RR=** **Sat=** **BM=**

PF= **GCS=E:** M: V: Total:

Drugs Prescribed

Date	Drug	Dose	Route	Signature	Given By	Time

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DRUG PRESCRIPTIONS IN A&E (INCLUDING TETANUS PROPHYLAXIS)

ate Given	Drug (block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given by
23/9/7	MORPHINE	5mg	IV	2330	C.L	CM
23/9/7	MIDAZOLAM	4mg	IV	2370	C.L	CM

nsultant DR. STODDART.

en By C Martin. Time 2300

Date	
23/9/7.	
	23 yr old ♂
	PC (R) shoulder injury ? dislocation.
	HPC. Recurrent dislocation Right shoulder x2. last 5/52 ago recently moved to this area right hand dominant window cleaner slipped on steps tonight holding onto bannister with right hand felt right shoulder come out.
	PMH otherwise well
	previous GA no problems.
	Last ate 8pm.
	own teeth.
	DM nil routine
	NKDA.
	O/E.
	Obvious step deformity (R) shoulder. no bruising/swelling/bony pain

IY0435D

Body Part Stamp

Imp recurrent ~~[illegible]~~.
dislocation (R) shoulder
X-rays confirm

C. MARTIN
C. [illegible]
A+E

Plan relocate

more to resus

baseline obs BP, SaO_2, ECG. monitoring

Airway
MP 1 own teeth nil loose.
good ROM neck.

BP 140/80. P 70 (1) voltag
SaO_2 100%.

IV access.

IV morphine.

Date	
	IV midazolam
	N_2O.
	uneventful relocation
	post + intra procedure obs stable
	post reduction film satisfactory
	observe post-sedation
	Discharged 1hr post-procedure with father
	~~[illegible]~~ polysling + review # clinic in am.
	C. MARTIN
	C. [illegible]
	CLINICAL FELLOW A+E

DISCHARGE DRUG PRESCRIPTIONS

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

Discharge Codes (please circle)

1. Discharge Home	2. Refer GP	3. A&E Clinic	4. Fracture Clinic
5. Other Clinic	6. Transfer	7. Admit Ward	8. Patient Deceased

ACCIDENT & EMERGENCY CONTINUATION SHEET A&E No. DATE

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	☐
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STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	☐
OPEN EYES	☐
PODIATRY	☐
ORTHOTICS	☐

EMERGENCY DEPARTMENT
INVERCLYDE ROYAL HOSPITAL
LARKFIELD ROAD
GREENOCK
PA16 0XN

Dr JAMES HENDERSON
LENNOXTOWN CLINIC
103 MAIN STREET LENNOXTOWN
G66 7DA

Date: 23 Sep 2007

Dear Dr JAMES HENDERSON ,

Re: PAUL CARROLL, 13 MAIMHOR ROAD, SEAMILL, WEST KILBRIDE, KA23 9EE
Date of Birth: 13/04/1984 CHI number: 1304846393

Your patient attended Inverclyde Royal Hospital on the 23 Sep 2007 at .

The presenting complaint was:	**? DISLOCATION, INJURY R SHOULDER**
Triage information:	**GROSS DEFORMITY? PREVIOUS SHOULDER DISLOCATION OBVIOUS SWELLING AND DEFORMITY IN RT SHOULDER. HAS HAD ALCOHOL TONIGHT.C FINE S FINE M RESTRICTED.**
The following investigations were carried out:	**SHOULDER X-RAY - RIGHT**
The A&E diagnosis was:	**DISLOCATION - SHOULDER - RIGHT**
The following treatment was given:	**None**
At the conclusion of treatment the patient was:	**OUT PATIENT CLINIC**
Follow-up:	**FRACTURE CLINIC**
Additional information:	**None**

Yours sincerely,

CHERYL MARTIN
EMERG MED DOCTOR