Subject Access Request Team
Health Records Department
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

NHS
Greater Glasgow and Clyde

MMA LEGAL
STOK, 43 - 59 PRINCES STREET,
STOCKPORT,
SK1 1RY

Date: **25TH MAY 2026**
Your Ref: **100247**
Our Ref: SAR/TEAM/TH
Enquiries to: Tracy Hunter
Direct Line: 0141 211 0667
Email: tracy.hunter3@nhs.scot

Dear Sir/Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: MICHAEL Mc LACHLAN Date: 31.12.1962

Thank you for your request received **7TH MAY 2026** in which you seek a copy of your client's personal information.

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

GARTNAVEL GENERAL HOSPITAL – QUEEN ELIZABETH UNIVERSITY HOSPITAL – NEW VICTORIA INFIRMARY HOSPITAL 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 organisations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation

Where these organisations are based outside Europe we take all appropriate safeguards to protect your information.

Health records are kept for a limited time and this is noted below for your information

- Adult general hospital records – six years after the date of last entry
- Maternity records – 25 years after the birth of the last child
- Children's and young people's records – until the child or young person's 25th birthday.
- Mental health records – 20 years after the date of the last contact

If you have any queries, please do not hesitate to contact us.

If you are unhappy with how your request has been dealt with please contact the NHSGGC Data Protection Officer. Their contact details are noted below:

Data Protection Officer
Information Governance Department
NHS GG&C – 2nd Floor
1 Smithhills Street
Paisley
PA1 1EB
Email: data.protection@ggc.scot.nhs.uk

Yours sincerely

SAR Team

ELECTRONIC PATIENT RECORDS

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

Including:

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

GREATER GLASGOW AND CLYDE
FY1 PRE-ASSESSMENT CLERK-IN

Patient Label:

3112626230
MCLACHLAN M
Michael 31/12/1962
FLAT 1-1
31 ABERFELDY ST.
Glasgow, Lanarkshire
G31 3NS

Date: 5/4/14 **Time:**

Consultant Mr. Eronini

Planned Operation: ~~TRNSA~~ Circumcision

Past Medical History:

Drug misuse
↳ prev. Heroin addiction

Depression

Current Medication:

Trazodone 300mg OD
Risperidone 2mg BD
Buprenorphine 12mg OD
~~Buprenorphine~~

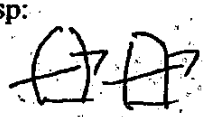
Allergies

nkda

Clinical Examination:

CVS: HS I+II+0

Resp:



Abdo:

SNT
BS+

Other:

n:1

Comments:

n:1

Doctor: A. Sutton **Designation:** FY1

GMC No. 7527482

NHS GG&C Adult Risk Assessment for Venous Thromboembolism (VTE)

[excluding orthopaedics, obstetrics and gynaecology & ENT who have specialty-specific policies]

NHS Greater Glasgow and Clyde

- **Risk Assessment must be completed for all patients within 24 hours of admission to hospital**
- **Patients must be reassessed every 48-72 hours or sooner if condition changes**
- **Reassessment must be documented in Kardex**
- **Please complete risk assessment and then sign and date Risk Assessment Result box at bottom of page.**

3112626230
MCLACHLAN M
Michael 31/12/1962
FLAT 1-1
31 ABERFELDY ST
Glasgow, Lanarkshire
G31 3NS

Surgical patients start here

Non-operative [mainly medical] patients start here

Is the patient bed-bound or expected to have reduced mobility relative to normal state for ≥ 2 days?

Yes ☐ No ☐

Does the patient have any risk factors for thrombosis? (tick ✓ all that apply)

Age >60	☐	Use of oestrogen-containing contraceptive therapy	☐
Active cancer or cancer treatment	☐	Use of hormone replacement therapy	☐
Dehydration	☐	Pregnancy or < 6 weeks post partum [seek specialist advice]	☐
Known thrombophilias	☐	Critical care admission eg HDU/ITU	☐
Obesity (BMI>30)	☐	Total anaesthetic + surgical time >90 minutes	☐
Current significant medical condition e.g. Serious infection, Heart failure, Respiratory disease or inflammatory disease	☐	Surgery involving pelvis or lower limb with a total anaesthetic + surgical time >60 minutes	☑
Personal history or first degree relative with a history of VTE	☐	Acute surgical admission with inflammatory or intra-abdominal condition	☐
Varicose veins with phlebitis	☐	Hip fracture	☐

- No thromboprophylaxis required.
- Continue to reassess every 48-72 hours or sooner if condition changes.
- Document all reassessments in drug kardex.
- **Risk assessment now complete**
- **Complete Risk Assessment Result Box**

Yes, 1 or more risk factors identified ☑

No risk factors identified ☐

Does the patient have any contraindications to pharmacological prophylaxis? (tick ✓ all that apply)

Active bleeding	☐	Untreated inherited bleeding disorders (e.g. haemophilia or von Willebrands)	☐
Acquired bleeding disorders (e.g. acute liver failure)	☐	Neurosurgery, spinal or posterior eye surgery	☐
Concurrent use of anticoagulants (such as warfarin with INR>2)	☐	Lumbar puncture, epidural/spinal anaesthesia expected within the next 12 hours	☐
Acute stroke	☐	Other procedure with high bleeding risk – discuss with senior if unsure	☐
Uncontrolled hypertension (230/120 mmHg or higher)	☐	Lumbar puncture, epidural/spinal analgesia within the previous 4 hours	☐
Thrombocytopenia (<75 x 10⁹/l)	☐	Thyroid surgery	☐

- **Discuss with senior clinical staff before prescribing pharmacological prophylaxis**
- Consider mechanical prophylaxis e.g. AES unless contra-indicated.
- Reassess patient every 48-72 hours or sooner if condition changes

No contraindications to pharmacological prophylaxis identified ☑

Contraindications to pharmacological prophylaxis identified ☐

Surgical patients – Enoxaparin 40mg + AES ☑
*prior to application of AES, please check contraindications to AES

Medical patients – Enoxaparin 40mg ☐
Prescribe Enoxaparin at 6pm
[on day of surgery, at the later of either 4h post-op or 6pm]
Reduce Enoxaparin to 20mg if <50Kg or eGFR <30ml/minute/1.73m² ☐
Discontinue at discharge or when returned to pre-morbid mobility

Contraindications to anti-embolism stockings (AES) Y ☐ N ☐

Peripheral neuropathy	☐
Peripheral vascular disease	☐
Cellulitis or Gross oedema	☐
Leg deformity or Fragile skin	☐
Leg / foot ulcers	☐
Allergy	☐
Unusual leg size/shape	☐

Risk assessment result – please tick ✓ all that apply

VTE risk factors: YES ☑ NO ☐ Contraindications to pharmacological prophylaxis: YES ☐ NO ☑ Prescribed: LMWH ☑ AES ☑ NONE ☐

Patient informed of VTE risks and benefits of thromboprophylaxis YES ☑ NO ☐ N/A ☐ Information leaflet provided YES ☐ NO ☑

Print Assessor's Name: H. Sutton Signature: [signature] Date: 5/4/18

Clinic Letter

NHS
Greater Glasgow and Clyde

Dr. DG Stoddart
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Main Switchboard: 0141 211 3000
Email Inquiries to: ann.mcnaughton@ggc.scot.nhs.uk
Contact Tel Details: ann.mcnaughton@ggc.scot.nhs.uk

Dictated Date: 03/04/2014
By: Mr O Hilmi
Transcribed Date: 11/04/2014
By: Stephanie Burns1

Dear Dr. DG Stoddart,

Patient

Name:	McLachlan Michael
CHI:	3112626230
DOB:	31 Dec 1962
Address:	ESKDALE HOUSE
	Glasgow
	G34 9EG

Attendance

Attended:	03/04/2014 13:40
New/Return:	G R ENT
Referral Source:	
Consultant:	Mr Omar Hilmi
Specialty:	Ear, Nose & Throat (ENT)
Clinic:	GROHEN8-MR HILMI THUR PM

Procedures:

Date	Procedures/Interventions/Operations	Code
21/02/2014	EXCISION OF SUBMANDIBULAR GLAND	F44.4
21/02/2014	LEFT SIDED OPERATION	Z94.3

Clinical Comments:

I saw Mr McLachlan in the ENT clinic today. He has done very well of his recent excision of left submandibular gland. The wound has healed up nicely. He has full facial neve function and the problems he was getting with pain pre-operatively are completely resolved. Pathology confirms just chronic inflammation of the gland. I have therefore discharged him back to your care.

Yours sincerely,

Electronically Signed: Mr Omar Hilmi, Consultant

cc.

McLachlan Michael CHI: 3112626230

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Date of Completion: 26/02/2014

Dr. DG Stoddart
The Cairns Practice
Shettleston Health Centre
420 Old Shettleston Road
Glasgow
G32 7JZ

Dear Dr DG Stoddart,

Name	CHI	DoB	Address
Michael McLachlan	3112626230	31/12/1962	Eskdale House Care Home, Eskdale House Glasgow G34 9EG

Admitted	Type	Discharged	Destination
21/02/2014 07:44	In Patient	21/02/2014	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
Ear, Nose & Throat (ENT)	Mr Omar Hilmi	GGH Ward 4A - GS/ENT	0141 211 3214

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments: This 51 year old man underwent removal of left submandibular gland today. He will be reviewed in OPD in 6/52.

Treatments: None recorded.

Follow-up arranged: 6/52

Planned Outpatient Investigations: nil

Final Discharge letter to follow: no

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Co-codamol 30/500 Tablets	Oral	2	tablet(s)	As Required	7 Days	up to 4 times daily

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Doctor Anna Harrison
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Elaine Shearon,

Letter to Patient:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Michael McLachlan
FLAT 1-1
10 GIRVAN STREET
Glasgow
Lanarkshire
G33 2DP

Main Switchboard: 0141 201 1100
Department: Urology Unit
Contact Tel: 0141 201 3529
Enquiries to: janice.paulley@ggc.scot.nhs.uk
Letter Date: 27/07/2020
Reference: jP
Dictated Date: 27/07/2020
Transcribed Date: 27/07/2020

Dear Mr McLachlan ,

UPDATE ON NHS GGC HOSPITAL SERVICES

We are writing to you because you are currently waiting for surgery. We wish to give you an update on our current position.

During the COVID-19 pandemic, hospitals across Scotland had to cancel a large number of operations. We are sorry this has caused your wait to be extended.

We wish to share with you the current situation for our hospitals and our plans for restarting our services.

Services were stopped during the COVID-19 pandemic for a number of reasons including patient and staff safety, but also to allow many staff to be redeployed to help manage the pandemic. As the spread of COVID-19 slows down, we are beginning to restart services in line with the Scottish Government guidance. However, this will be a very gradual process and it could be some months before we are back at full capacity.

The safety and wellbeing of patients and staff remains our top priority. To ensure the most urgent patients are treated first, entries on waiting lists are being carefully reviewed by a consultant. The hospital team will contact you in due course to ensure we have up-to-date information on your condition.

We are also making changes to the way we provide services. Some of our patient pathways have been changed to prevent risk of infection, staff members will be wearing appropriate PPE and you may be asked to carefully adhere to safety directions before and after your procedure. At this time services may be offered in a limited number of hospitals.

This means that you may be asked to attend any hospital in the NHS Greater Glasgow and Clyde area.

We thank you for your patience whilst we work through the recovery from the COVID-19 pandemic.

Kind regards

0141 201 3529

Janice.paulley@ggc.scot.nhs.uk

You can contact us between the hours of 8.30 – 4.30 pm Monday – Friday.

Electronically Signed: ,

cc.

Acute Services Division - Surgery & Anaesthetics Directorate
General Surgery

NHS Greater Glasgow and Clyde

Hospital:
Admission Date: 21/02/2014 **Operation Date:** 21/02/2014
Name: Michael McLachlan (CHI:3112626230)
Date of Birth: 31/12/1962 **Age:** 51 yrs **Ward:** GGHSAU
Principal Surgeon: Mr Omar J Hilmi
Anaesthetist: Dr Lowe
Assistants: Dr Carrera
Diagnosis: Sialolithiasis (K115)
Procedure: Excision Of Submandibular Gland (Left) (F444)
Post Op Comments:

Operation Note:
PRE-OP:
This gentleman presented with recurrent pain and swelling associated with the left submandibular gland.
There was no obvious stone on scanning but there was a suggestion of possible stenosis.
As the symptoms persisted he wished formal excision of the gland.
The risks of surgery were explained including the nature of the scar, risk of bleeding, infection and paraesthesia and facial nerve weakness.
Having taken this on board he was keen to proceed.

PROCEDURE:
Through a neck crease incision, 2.5cm below the angle of the mandible, the left submandibular gland was defined.
Branch of facial artery identified and ligated with suture ligature.
Gland excised.
Hypoglossal and lingual nerve identified and preserved.
Ligature to duct.
Haemostasis checked.
Closure - 4:0 Polysorb and glue to skin.

POST-OP:
1. Routine observations.
2. Home later if well.
3. Outpatient review in six weeks, GRI

FNB OF AMPULLA OF VATER

Performed	01-Feb-2023 10:32	Received	01-Feb-2023 16:27
Reported	07-Feb-2023 15:57	Order Number	F,23.0000516.T
Status	Final	Source System	Telepath

Pathology Final

NHS GREATER GLASGOW AND CLYDE
PATHOLOGY DEPARTMENT . ENQUIRIES TO: 0141-354-9487 (89487)

Date collected: 01.02.2023
Date received : 01.02.2023 Date reported: 07.02.2023

Reporting Pathologist : Fraser Duthie
Consultant Pathologist: Fraser Duthie

FNB OF AMPULLA OF VATER

CLINICAL HISTORY

Dilated CBD and PD.

MACRO

This specimen is received in PreservCyt. A cell block has been prepared from this subsequently, containing any naturally formed clots or microbiopsies. This cell block has been processed as specimen B.

MICROSCOPY

This virtually acellular specimen contains only scanty benign biliary epithelial cells, and is not diagnostic.

Dr Fraser Duthie, Consultant

Report generated: 07/02/23
Authorised: 07/02/23 by Dr F Duthie

Submandibullar Gland

Performed	21-Feb-2014 12:00	Received	24-Feb-2014 12:21
Reported	13-Mar-2014 15:39	Order Number	D,14.0014011.Y
Status	Final	Source System	Telepath

Pathology Final

NHS GREATER GLASGOW AND CLYDE
PATHOLOGY DEPARTMENT ENQUIRIES TO: 0141-354-9487 (89487)

Date collected: 21.02.2014
Date received : 24.02.2014 Date reported: 13.03.2014

Reporting Pathologist : Douglas McLellan
Consultant Pathologist: Douglas McLellan

LEFT SUBMANDIBULAR GLAND

CLINICAL HISTORY:
Chronic stenosis. Excision of left submandibular gland. ?Normal.

MACRO:
An irregular submandibular gland 24 x 20 x 11mm. There is no obvious abnormality on section.

MICROSCOPY:
Sections show submandibular gland. There is ductal sclerosis with focal squamous metaplasia. Within duct lumina there is some proteinaceous exudate together with inflammatory cells. There is generalised parenchymal atrophy associated with a mild lympho-plasmacytic chronic inflammatory cell infiltrate. The appearances are essentially of atrophy and chronic inflammation in keeping with ductal stenosis. The possibility of IgG4 disease was considered, but is excluded on immunocytochemical staining.

Dr Douglas McLellan, Consultant

Dictated: 13/3/14
Typed: 13/03/14 JMcC

Electronically authorised by Douglas McLellan.

CT Abdomen and pelvis with contrast

Performed	17-Mar-2026 22:43	Received	18-Mar-2026 07:03
Reported	18-Mar-2026 07:01	Order Number	G405H43330611
Status	Final	Source System	MiSys

CT Abdomen and pelvis with contrast Final
Michael McLachlan
Clinical History :

63 M, 3/7 of worsening abdominal pain, nausea and vomiting.

Diffuse abdominal pain, percussion tenderness, guarding, pain on movement in bed.

WBC 30, CRP 182, pyrexial

Previous gallstones, pancreatitis and small renal calculi.

?Cause of presentation.

Thank you

CT Abdomen and pelvis with contrast :

Portal venous acquisition. Comparison is made previous CT dated 09/11/22 and MRCP dated 14/11/22.
Paucity of intra-abdominal fat limits interpretation.

Mild right sided hydronephrosis and proximal hydroureter. Previously noted 5 mm nonobstructive renal calculi at the mid pole of the left kidney has migrated and now lies within the proximal left ureter, resulting in obstruction.
Very minor urothelial enhancement of the left renal pelvis likely reflects inflammation. Possible scattered peripheral foci of hypoattenuation throughout the renal cortex may represent concurrent pyelonephritis.
Unchanged 3 mm nonobstructive renal calculi at the lower pole left kidney, unchanged from previous.
Normal right kidney.
Bladder outlines normally with multiple phleboliths within the pelvis.

Normal gallbladder with no evidence of cholecystitis.
Unchanged calibre of the CBD and pancreatic duct down to the level of the ampulla. Again, no gross obstructive ductal calculi or mass lesion identified.
Normal adrenals and spleen.
No gross abnormality to the unprepared small and large bowel.
Small right-sided inguinal hernia containing loops of small bowel. No evidence of obstruction or incarceration.

Minor nodularity/scarring at both lung bases may be inflammatory in nature. Overall, appearances have improved since prior CT in 2022.
No aggressive bony lesion.

Opinion:
5 mm left obstructive ureteric calculi with resultant mild upstream hydronephrosis and proximal hydroureter. Minor urothelial enhancement likely reflects inflammatory changes.
Possible scattered peripheral foci of hypoattenuation at left renal cortex, raises the possibility of concurrent pyelonephritis especially given raised inflammatory markers - please note this is usually a clinical diagnosis.
Discussion with urology advised.

Consultant Review:
There is a typographical error in the 4th sentence of the report. This sentence should read "Mild **left** sided hydronephrosis and proximal hydroureter". The findings are otherwise as described

above with calculus in the proximal left ureter with resultant mild hydronephrosis and hydroureter. The hypoattenuation in the left kidney suggests acute focal nephritis.

Reported by: Dr Adriel Kwek Ju Wen (SpR) and Dr Ross MacDuff
Verified by: Dr Ross MacDuff

XR Chest

Performed	20-Oct-2023 15:27	Received	26-Oct-2023 11:38
Reported	26-Oct-2023 11:36	Order Number	G306H40211998
Status	Final	Source System	MiSys

XR Chest Final
Michael McLachlan
Clinical History :

RMZ consolidation on previous XR - ?resolved

XR Chest :
The patchy right-sided inflammatory change on the previous film of 21/07/2023 has resolved. Minor scarring superolateral to the left hilum as previously. No new focal lung pathology. Normal heart and mediastinal contour. No pleural effusions. The bony thorax is intact.

Reported by: Dr Colin Noble
Verified by: Dr Colin Noble