

## **Aileen Fairbairn (AA Drs McMaster, Brooksbank & McKelvey)**

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**From:** Gillian McVay (AA Respiratory)  
**Sent:** 26 March 2026 21:27  
**To:** Aileen Fairbairn (AA Drs McMaster, Brooksbank & McKelvey)  
**Subject:** Re: CHI 0807890030 - Letter to Dr McVay, Resp, UHA

Hi,  
  
Just to confirm a sleep study was already requested - the letter was to highlight drugs that may contribute and if he improved we could cancel but it is already in place

Gillian

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**From:** David Sword (AA Respiratory) <David.Sword@aapct.scot.nhs.uk>  
**Sent:** 24 March 2026 16:08  
**To:** Aileen Fairbairn (AA Drs McMaster, Brooksbank & McKelvey) <Aileen.Fairbairn@aapct.scot.nhs.uk>; Gillian McVay (AA Respiratory) <Gillian.McVay@aapct.scot.nhs.uk>  
**Subject:** Re: CHI 0807890030 - Letter to Dr McVay, Resp, UHA

Dr McVay works at XH

regards

david

---

**From:** Aileen Fairbairn (AA Drs McMaster, Brooksbank & McKelvey) <Aileen.Fairbairn@aapct.scot.nhs.uk>  
**Sent:** 24 March 2026 13:22  
**To:** aa.Clinical\_Specialty\_Respiratory\_Ayr Hospital <Clinical\_Specialty\_Respiratory\_AyrHospital@aapct.scot.nhs.uk>  
**Subject:** CHI 0807890030 - Letter to Dr McVay, Resp, UHA

Hi

Please see attached letter FAO Dr Gillian McVay from Dr Brooksbank.

Thank you.

Kind Regards

*Aileen Fairbairn  
Secretary  
Girvan Riverside Medical Practice  
Drs McMaster, Brooksbank & McKelvey  
The Health Centre  
Girvan Community Hospital  
Girvan  
KA26 9HQ*

*Practice Tel: 01465 713343*

*Direct Dial: 01465 716422*

**Dr Bruce W McMaster, Dr Kenneth L Brooksbank & Dr Laura L McKelvey**

The Health Centre  
Girvan Community Hospital  
GIRVAN  
KA26 9HQ

Tel. (01465) 713343  
Fax. (01465) 716424

KLB/AF

Date Dictated: 16 March 2026  
Date Typed: 19 March 2026

Gillian McVay  
Consultant in Respiratory Medicine  
University Hospital Ayr  
Dalmellington Road  
AYR  
KA6 6DX

Dear Dr McVay

**Re: Gary Dorricott 18 Hawkhill Road, OLD DAILLY, KA26 9RD D.O.B. 08/07/1989  
CHI:0807890030 Tel: 01465 710085 07454636473**

I have had a difficult conversation with Gary who has longstanding ADHD, mental health issues and chronic neuropathic pain following road traffic accidents and surgical intervention. His pain is still there but is reasonably well controlled on his gabapentin as well as being on his aripiprazole. I have spoken to have about the dangers of these medications in an attempt to reduce them.

I wondered if you might consider still undertaking sleep studies while he is on these as I think he is quite resistant to coming off them.

I would be grateful for your comments.

Past Medical History:

	Details
<b>Active</b>	
18/12/2025	DNA hospital appointment
29/04/2025	Plain X-ray elbow (Left)
14/03/2025	Arthroscopic subacromial decompression (Right)
17/07/2024	Injection given
15/01/2024	Patient failed to arrange appointment
19/09/2023	Total notes on computer
12/07/2023	Nuclear magnetic resonance
26/01/2022	Patient failed to respond to appointment opt-in letter
27/08/2021	Magnetic resonance imaging of knee (Right)
27/08/2021	Patient self discharge
27/08/2021	Examination of joint under anaesthesia
27/08/2021	Internal fixation of bone NEC
23/08/2021	[SO]Posterior cruciate ligament (Right)

23/08/2021	Open fracture of tibia and fibula, unspecified part, NOS (Left)
23/08/2021	Motor vehicle traffic accidents (MVTA)
23/08/2021	Emergency hospital admission
17/11/2004	Fracture of upper limb
08/01/1999	[X]Attention deficit hyperactivity disorder
15/08/1993	Epilepsy
13/08/1993	[D]Convulsions, febrile
01/11/1991	[D]Convulsions, febrile
25/10/1990	[D]Convulsions, febrile
14/07/1990	[D]Convulsions, febrile
<b>Significant Past</b>	
05/06/2025	DNA hospital appointment
20/02/2025	DNA hospital appointment
22/11/2024	DNA hospital appointment
27/02/2024	Injection given
20/11/2023	DNA hospital appointment
09/10/2023	DNA hospital appointment
29/08/2023	Injection given
01/04/2023	DNA hospital appointment
23/12/2021	DNA hospital appointment
09/12/2021	DNA hospital appointment
13/11/2019	Patient failed to respond to appointment opt-in letter
12/09/2019	DNA hospital appointment
28/08/2019	DNA hospital appointment
15/07/2019	DNA hospital appointment
05/02/2019	DNA hospital appointment
31/03/2016	Nuclear magnetic resonance

Current Medication:

	Details	Dosage/Quantity
<b>Current Acute</b>		
06/02/2026P	Peptac Liquid (peppermint)	10ML AS REQUIRED, 500 ml
<b>Current Repeat</b>		
24/10/2025P	Co-Codamol 30/500 Tablets	TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED, 100 TABLET
24/10/2025P	Duloxetine Gastro-resistant Capsules 60 mg	ONE TO BE TAKEN TWICE A DAY, 28 CAPSULE
24/10/2025P	Meloxicam Tablets 15 mg	ONE TO BE TAKEN DAILY, 30 TABLET
24/10/2025P	Aripiprazole Tablets 10 mg	ONE TO BE TAKEN AT NIGHT, 56 tablet
24/10/2025P	Lansoprazole Capsules (Gastro-Resistant) 30 mg	ONE TO BE TAKEN EACH DAY, 56 capsule
24/10/2025P	Gabapentin Capsules 300 mg	TWO TO BE TAKEN AT NIGHT, 56 CAPSULE
06/02/2026P	Ritalin Tablets 10 mg	ONE TO BE TAKEN THREE TIMES A DAY, 90 tablet

Yours sincerely

*Dr K L Brooksbank*

**Dr K L Brooksbank**

05/11/2002	Irritable colon - Irritable bowel syndrome
03/05/2002	Abscess NOS
14/02/2002	Abscess NOS
24/08/2001	Lumbago with sciatica
08/09/1999	Pain in joint - arthralgia
1983	Knee joint operations
16/01/1975	[D]Vasovagal attack
09/09/1974	Contusion, chest wall
09/09/1974	[X]Assault
08/04/1974	Motor vehicle traffic accidents (MVTA)
26/11/1967	Excision of lesion of skin NEC
26/11/1967	Keratosis

Current Medication:

	Details	Dosage/Quantity
<b>Current Acute</b>		
09/03/2026P	Varenicline Tablets 1 mg	ONE TO BE TAKEN TWICE A DAY, 56 tablet
<b>Current Repeat</b>		
24/02/2026P	Lidocaine Medicated Plaster 700 mg (5 %)	ONE TO BE TAKEN EACH DAY, 30 patch
24/02/2026P	Paracetamol Tablets 500 mg	TWO TO BE TAKEN FOUR TIMES A DAY WHEN REQUIRED, 200 tablet
24/02/2026P	Losartan Potassium Tablets 100 mg	ONE TO BE TAKEN EACH DAY, 56 TABLET
24/02/2026P	Lacidipine Tablets 4 mg	ONE TO BE TAKEN EACH DAY, 56 TABLET

Yours sincerely

*Dr K L Brooksbank*

**Dr K L Brooksbank**





# HEALTH ASSESSMENT ADVISORY SERVICE

02 APR 2026  
→ Dr KLB

58379 001549 0004 E 06900 H2

Dr Brooksbank  
GP PRACTICE GIRVAN  
COMMUNITY HOSPITAL  
GIRVAN  
KA26 9HQ

06900/4 40540

Our phone number is: 03000 927670

If you have a textphone,  
you can call on: 18001 03000 927670

If you get in touch with us, tell us this  
reference number: JH456412A

Date: 31st March 2026

## About your patient

## Address

Full Name Mr Gary Dorricott

18 Hawkhill Road, Old Dailly, Girvan, KA26 9RD

NINo JH456412A

Date of birth 8th July 1989

Dear Doctor,

**If you or someone in your directly employed team has issued a fit note for the above patient, please arrange for that person to complete this form.**

Your patient is being assessed for Universal Credit and we need to find out whether they are able to do any work. By completing this form and providing factual information you will help our Healthcare Professional staff decide whether your patient needs a work capability assessment and if so support that assessment.

Please note

- General Practices have a **contractual obligation** to provide the information requested without charge.
- The form should be completed from your medical records. A separate examination is not necessary.
- Your patient has given consent to allow us to approach you for this information in accordance with GMC guidelines.
- An online version of this report which can be completed electronically and printed is available at [www.gov.uk/government/publications/esa113-interactive-for-use-by-healthcare-practitioners](http://www.gov.uk/government/publications/esa113-interactive-for-use-by-healthcare-practitioners)
- **A fully completed form may help inform the work capability assessment or may mean that your patient will not need a further assessment. It will also help us to make a more informed decision on benefit entitlement.**

## COMPUTER PRINTOUTS

You can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to complete any sections of the form where the answer is not clear from the printout. We are only able to accept information directly relevant to our enquiries. If a printout is available please make sure it includes the following:

- Active problems;
- Current medication with last prescribed date;
- Details of the last three consultations. Please remove any third party data.

If you have any queries about this form please phone the number above. If you would like to discuss anything with our Healthcare Professional staff, please phone the number above and ask for a member of the Healthcare Professional staff on the customer service desk. If there is any medical evidence that you think would be harmful to your patient's health, please give us this information on a separate sheet of paper so that it can be withheld.

**Please reply within 5 working days.** A business reply envelope is enclosed for your use.

Thank you for your help.

Yours sincerely

Miss Vinita Mason

Health Assessment Advisory Service provided by Maximus on behalf of the Department for Work and Pensions  
Universal Credit is operated by the Department for Work and Pensions

RESTRICTED - MEDICAL

Version 02/24

P306341.148/001549/1/2

UC113	<b>Patient Name:</b> Mr Gary Dorricott	<b>Your reply</b>	
	<b>Patient NINo:</b> JH456412A	<b>Patient Date of Birth:</b> 08.07.1989	Please answer the following questions from the information which is currently available to you.

Freeport RUGX-LXHK-UKEG  
Glasgow BSC UC  
Mail Handling Site A  
Wolverhampton  
WV98 2HG

If you need more space for any of your answers, please continue at Part 7.

**1 When did your patient last see a GP?**

16 / 5 / 26

**2 Current conditions affecting ability to work:**

Please give us details of those conditions which may have significant effect on the person's capacity to work. Include:

- Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
- Past, present and planned investigations and management, including medication, where relevant.

If you are sending a computerised printout of current medication you do not need to list this here.

Please complete **both sides** of this form, and return the completed form in the supplied envelope - with the above address showing in the window

Condition and date of diagnosis	Symptoms and signs	Investigations, management & medication
ADHD 1999		
Cervical spine disease 2023 - MRI severe bilateral stenosis @ side.	Painage Turner's syndrome Persistent arm pain	
Possible OSA - elevated Epworth score - awakes sleep studies		
ORIF L Tib + Fib 2021.		Aripiprazole 15mg
Neuropathy @ shoulder 2024.		Clozapine 300mg
Low mood		dutasteride 0.5mg bid Gabapentin 600mg nocte laniquinil 30mg mirtazapine 15mg citalopram 10mg bid

P3063148/001549/2/2



NHS Confidential: Personal data about a patient

**NHS Ayrshire & Arran**

**Area Laboratory Haematology**

DORRICOTT, GARY  
18 HAWKHILL ROAD  
OLD DAILLY  
GIRVAN  
KA26 9RD

CHI No. 0807890030  
Unit No.  
DOB 08/07/1989  
Sex M

Clinician: Dr Laura McKelvey  
Request Location: GP, Girvan Riverside Medical Practice

This report to : Dr Laura McKelvey, GP, Girvan Riverside Medical Practice

10 FEB 2026

	Result	Units	Normal Range
Haemoglobin	158	g/L	133 - 176
White Cell Count	8.4	10 <sup>9</sup> /L	3.7 - 9.5
Platelets	269	10 <sup>9</sup> /L	150 - 400
RBC	5.33	10 <sup>12</sup> /L	4.32 - 5.66
Haematocrit	0.45	%	0.39 - 0.50
MCV	84	fL	82 - 98
MCH	29.6	pg	27.3 - 32.6
MCHC	High 351	g/L	316 - 349
Neutrophils	3.8	10 <sup>9</sup> /L	1.5 - 6.5
Lymphocytes	3.6	10 <sup>9</sup> /L	1.1 - 5.0
Monocytes	0.8	10 <sup>9</sup> /L	0.2 - 0.9
Eosinophils	0.3	10 <sup>9</sup> /L	0.1 - 0.7
Basophils	0.1	10 <sup>9</sup> /L	0.0 - 0.1

*AMM*

Lab No 26B074503

Date Collected 06/02/26 14:31

Authorised By BHI W7AUQPRO Service Account

Printed 07/02/26 05:00

Sample Type Blood

Page 1 of 1

If you have received this report in error, please return to the Haematology Laboratory

STA5717

NHS Confidential: Personal data about a patient

## NHS Ayrshire & Arran

## Area Laboratory Clinical Biochemistry

DORRICOTT, GARY  
18 HAWKHILL ROAD  
OLD DAILLY  
GIRVAN  
KA26 9RD

CHI No. 0807890030  
Unit No.  
DOB 08/07/1989  
Sex M

Clinician: Dr Laura McKelvey  
Request Location: GP, Girvan Riverside Medical Practice

10 FEB 2026

This report to : Dr Laura McKelvey, GP, Girvan Riverside Medical Practice

	Result	Units	Normal Range
Urea	4.4	mmol/L	2.5 - 7.8
Creatinine	65	µmol/L	50 - 120
Sodium	138	mmol/L	133 - 146
Potassium	4.1	mmol/L	3.5 - 5.3
Chloride	103	mmol/L	95 - 108
eGFR result/1.73m2	>60	mL/min	>60
Bilirubin	6	µmol/L	<22
ALP	46	U/L	30 - 130
AST	26	U/L	10 - 45
ALT	42	U/L	5 - 55
Total Protein	69	g/L	60 - 80
Albumin	44	g/L	35 - 50
Globulin	25	g/L	21 - 35
CRP	<5	mg/L	<10

*(Handwritten signature)*

Lab No 26B074503

Date Collected 06/02/26 14:31

Authorised By BHI W7AUQPRO Service Account

Printed 07/02/26 05:00

Sample Type Blood

Page 1 of 1

If you have received this report in error, please return to the Clinical Biochemistry Laboratory

NHS Confidential: Personal data about a patient

**NHS Ayrshire & Arran**

**Area Laboratory Clinical Biochemistry**

DORRICOTT, GARY  
18 HAWKHILL ROAD  
OLD DAILLY  
GIRVAN  
KA26 9RD

CHI No. 0807890030  
Unit No.  
DOB 08/07/1989  
Sex M

Clinician: Dr Laura McKelvey  
Request Location: GP, Girvan Riverside Medical Practice

This report to : Dr Laura McKelvey , GP, Girvan Riverside Medical Practice

10 FEB 2026

	Result	Units	Normal Range
Free T4	17.4	pmol/L	10.0 - 22.0
TSH	0.60	mU/L	0.27 - 4.20

*(Handwritten signature)*

Lab No 26B074503

Date Collected 06/02/26 14:31

Authorised By BHI W7AUQPRO Service Account

Printed 07/02/26 05:00

Sample Type Blood

Page 1 of 1

**If you have received this report in error, please return to the Clinical Biochemistry Laboratory**

NHS Confidential: Personal data about a patient

**NHS Ayrshire & Arran**

**Area Laboratory Clinical Biochemistry**

DORRICOTT, GARY  
18 HAWKHILL ROAD  
OLD DAILLY  
GIRVAN  
KA26 9RD

CHI No. 0807890030  
Unit No.  
DOB 08/07/1989  
Sex M

Clinician: Dr Laura McKelvey  
Request Location: GP, Girvan Riverside Medical Practice

This report to : Dr Laura McKelvey , GP, Girvan Riverside Medical Practice

10 FEB 2026

	Result	Units	Normal Range
Vitamin B12	491	ng/L	197 - 771
Folate	9.2	ug/L	3.9 - 26.8
Folate Comment	There is slight haemolysis in the sample, therefore the reported result may be falsely elevated.		
Haemoglobin A1c (IFCC)	41	mmol/mol	20 - 41

Lab No 26B074503

Date Collected 06/02/26 14:31

Authorised By BHI W7AUQPRO Service Account

Printed 07/02/26 05:00

Sample Type Blood

Page 1 of 1

**If you have received this report in error, please return to the Clinical Biochemistry Laboratory**

24 DEC 2025

*Geye*  
*FB in eye*

GIRVAN COMMUNITY HOSPITAL

DATE: 23/12/25	ARRIVAL TIME (24 HR CLOCK): 16.12	SEEN BY NURSE: clair 1620	TYPE OF REFERRAL: <input type="checkbox"/> GP <input type="checkbox"/> Parent <input type="checkbox"/> 999 <input type="checkbox"/> RTA <input type="checkbox"/> Self <input type="checkbox"/> Police <input type="checkbox"/> Other (Specify)
A&E NUMBER:		SEEN BY DOCTOR: Dr Bookbank	
SURNAME: Dorrcott	FIRST NAME: Gary	PATIENT ADDRESS: 18 Hawkhill Rd. Old Baily POSTCODE: KA269KD TELEPHONE NO:	D.O.B.: 8/7/89 SEX (Male/Female) ETHNICITY:
NEXT OF KIN: ADDRESS: POSTCODE: TELEPHONE NO:	Deni Conway (Partner) 07428017478	GP NAME: GP ADDRESS:	Dr BJB
TRIAGE NOTES: Temp = _____ Pulse = _____ Resp = _____ B/P = _____ SPO2 = _____ On = _____		Signed: _____	
MEDICAL HISTORY: Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> MI <input type="checkbox"/> Asthma <input type="checkbox"/>			
ALLERGIES: <i>nrda, normally fit and well</i>			
TETANUS PROPHYLAXIS: Up to Date <input type="checkbox"/> Need Toxoid <input type="checkbox"/> Needs Tet Immunoglobulin <input type="checkbox"/>			
NOTES: <i>11.7 working with car and felt dirt in it. Gradually worsening vision, feels like possible scratch. crashed on at time of incident. has not attended optician. Patient abrupt - apology and explanation given for question explained that optician can be very helpful. GP informed.</i> <i>Hx as above</i> <i>FB 9 o'clock. - Ripper &amp; needle.</i> <i>- Peak gnt removed.</i> <i>Rx eye large.</i> <i>Chlorophenol eye drops 2<sup>o</sup> (OP)</i>			
MEDICINES PRESCRIBED:			
CURRENT:			
DISCHARGE:			
DOCTOR ATTENDING: SIGNATURE:	<i>[Signature]</i>	REVIEW IN: _____ DAYS AT: A&E <input type="checkbox"/> GP SURGERY <input type="checkbox"/> HOME <input type="checkbox"/>	OR TRANSFER TO: REASON FOR TRANSFER:
DATE OF DISCHARGE:		TIME: 1700	

**Adult Mental Health Services**

**Adult Mental Health Services  
Ailsa Hospital  
Dalmellington Road  
Ayr  
KA6 6AB  
[www.nhsaaa.net](http://www.nhsaaa.net)**



**CLINICAL IN CONFIDENCE**

Dr KL Brooksbank  
Drs McMaster, Brooksbank &  
McKelvey  
Girvan Community Hospital  
Bridgemill  
Girvan  
KA26 9HQ

Clinic Date: 18/12/2025  
Date Dictated: 19/12/2025  
Date Typed: 19/12/2025  
Our Ref: RW/MJD  
Enquiries to Maureen Quinnell  
Tel No: 01292 559810

Dear Dr Brooksbank

**GARY DORRICOTT**

**18 HAWKHILL ROAD, OLD DAILLY, GIRVAN,  
AYRSHIRE, KA26 9RD**

**CHI No: 0807890030**

I am sorry to tell you that Gary failed to attend his ADHD review on 18<sup>th</sup> December 2025 at Arrol Park. As you are aware this is the 3<sup>rd</sup> consecutive ADHD review Gary has failed to attend with a 14 day opt in offered to him after the previous failure to attend.

Gary has not been reviewed since January 2024 and thus I have no alternative but to discharge him from the ADHD clinic and advise you to give consideration to discontinuing his ADHD medication as this cannot be monitored safely.

I had planned to discuss Gary's current medication with him at today's review as I noted that since last review in January 2024 his Methylphenidate has been increased to 10mg 3 times per day which is an increase from the 12.5mg total daily he had been prescribed then. I can only assume this has been through the GP practice. Apologies if this is inaccurate. I will leave to your discretion as to whether or not you continue to prescribe Methylphenidate.

Yours sincerely

*Authorised on 22/12/2025 08:39:04 by Robert White (South).*

**Robert White  
Advanced Nurse Practitioner Mental Health**

Gary Dorricott  
18 Hawkhill Road  
Old Dailly  
Girvan  
Ayrshire  
KA26 9RD

[www.nhsaaa.net](http://www.nhsaaa.net)



**Adult Mental Health Services**

**Adult Mental Health Services**  
Ailsa Hospital  
Dalmellington Road  
Ayr  
KA6 6AB  
[www.nhsaaa.net](http://www.nhsaaa.net)



**CLINICAL IN CONFIDENCE**

Gary Dorricott  
18 Hawkhill Road  
Old Dailly  
Girvan  
Ayrshire  
KA26 9RD

Clinic Date: 18/12/2025  
Date Dictated: 19/12/2025  
Date Typed: 19/12/2025  
Our Ref: RW/MJD  
Enquiries to Maureen Quinnell  
Tel No: 01292 559810

Dear Gary Dorricott

**GARY DORRICOTT**  
**CHI No: 0807890030**

**18 HAWKHILL ROAD, OLD DAILLY, GIRVAN,  
AYRSHIRE, KA26 9RD**

I am sorry you were unable to attend your planned ADHD review on 18<sup>th</sup> December 2025 at Arrol Park.

As you are aware this is now the third consecutive appointment you have failed to attend and I note you have not been reviewed since January 2024. It was important for you to attend these reviews for monitoring purposes so we can safely advise the continuation of your ADHD medication.

Unfortunately I have no alternative but to discharge you from our ADHD clinic and advise your GP to give consideration to discontinue your ADHD medication if this cannot be monitored safely.

Yours sincerely

*Authorised on 19/12/2025 14:16:17 by Robert White (South).*

**Robert White**  
**Advanced Nurse Practitioner Mental Health**

Dr KL Brooksbank  
Drs McMaster, Brooksbank & McKelvey  
Girvan Community Hospital  
Bridgemill  
Girvan  
KA26 9HQ



**Dr Bruce W McMaster, Dr Kenneth L Brooksbank & Dr Laura L McKelvey**

The Health Centre  
Girvan Community Hospital  
GIRVAN  
KA26 9HQ

Tel. (01465) 713343  
Fax. (01465) 716424

LMcK/AF

14 July 2025

To Whom It May Concern

**RE: Mr Gary Dorricott 18 Hawkhill Road, OLD DAILLY, KA26 9RD  
08/07/1989**

Mr Dorricott contacted the Practice today due to a flare of back pain and unfortunately he was unable to attend his Community Service due to the pain.

I would be grateful if you would take this into consideration.

Yours sincerely



**Dr Laura McKelvey**

**Adult Mental Health Services**

**Adult Mental Health Services**  
Ailsa Hospital  
Dalmellington Road  
Ayr  
KA6 6AB  
[www.nhsaaa.net](http://www.nhsaaa.net)



**CLINICAL IN CONFIDENCE**

Gary Dorricott  
18 Hawkhill Road  
Old Dailly  
Girvan  
Ayrshire  
KA26 9RD

Clinic Date: 05/06/2025  
Date Dictated: 06/06/2025  
Date Typed: 17/06/2025  
Our Ref: RW/FA  
Enquiries to Maureen Quinnell  
Tel No: 01292 559810  
Fax No:

Dear Gary Dorricott

**GARY DORRICOTT**

**18 HAWKHILL ROAD, OLD DAILLY, GIRVAN,  
AYRSHIRE, KA26 9RD**

**CHI No: 0807890030**

I was sorry you were unable to attend your planned review at the ADHD Clinic on 5<sup>th</sup> June 2025, at Arrol Park. This is the second, subsequent review that you have missed with the previous one being in February this year. I note you have not been reviewed since January 2024. As you aware, monitoring potential effects/side effects of your ADHD medication is paramount in order to continue to prescribe this safely. Equally there is increased pressure on our Clinics. To that effect, if you can make contact within **fourteen days of receipt** of this letter to the team, to indicate whether or not you require a further ADHD review appointment. If, however, you fail to make contact with fourteen days, I will have no option but to discharge you back to the care of your GP with consideration given to discontinue your ADHD medication as a result of being unable to monitor this safely going forward. This, however, would not exclude you from being re-referred back to the ADHD Clinic in the future.

Yours sincerely

*Authorised on 18/06/2025 09:56:33 by Robert White (South).*

**Robert White**  
**Advanced Nurse Practitioner Mental Health**

Dr KL Brooksbank  
Drs McMaster, Brooksbank & McKelvey  
Girvan Community Hospital  
Bridgemill  
Girvan  
KA26 9HQ



1 MAY 2025

University Hospital Ayr  
 Medical Imaging Department  
 Dalmellington Road  
 Ayr  
 KA6 6DX



**Diagnostic Imaging Report**

CHI No. : 0807890030	Referrer Clinician: Stewart McMinn (Loc Girvan)
Patient Name : Dorricott, Gary	Specialty : General Practice
Patient Address : 18 Hawkhill Road OLD DAILLY	Address : Girvan Riverside Medical Practice Girvan Community Hospital Bridgemill Girvan
DOB : 08/07/1989	Ward/Clinic : KA26 9HQ
Gender : Male	Attendance No. : 51312952

Examination(s) : XR Elbow Lt

Exam Date : 29 April 2025

Accession(s) : A105131295201

Report Date : 30 April 2025

**Authorised**

Patient Name: Gary, Dorricott  
 Patient Address: 18 Hawkhill Road, KA26 9RD  
 DOB: 08/07/1989  
 Patient ID: 0807890030  
 Accession Number: A105131295201  
 Referring Cons: Stewart McMinn (Loc Girvan)  
**Referring Dept:** GP  
**Visit Type:** GP  
 Site: University Hospital Ayr

51312952 29/04/2025 XR Elbow Lt

(5281)

**Clinical Indications**

fell onto left elbow . now tingling down left arm ? any fracture. reduced rom and welling in joint

**Report**

Left elbow

No acute bony injury or effusion is seen:

**Frew, N (Rep.Radiographer RA49336)**

[END REPORT]

Reported by Frew, N (Rep.Radiographer RA49336)

Authorised by Frew, N (Rep.Radiographer RA49336)



14 MAR 2025

University Hospital Ayr  
Dalmellington Road  
Ayr KA8 7DX  
Telephone: 01292 610555  
Ext 14468  
<http://www.nhsaaa.net/>



**The Bruce Day Surgery Suite**

CHI: 0007890030
H: Donnicott, Gary
C: 18 Hawkhill Road
S: Girvan, Ayrshire
F: KA26 9RD
A: 08/07/1989
Dr KL Brooksbank
MRN: 0007890030
D:

Dear Colleague

The above patient attended The Bruce Day Surgery Suite on 14/3/25

The procedure carried out was NIEM SWR SAD  
under local / general anaesthetic. LD

The patient was discharged home following this.

We would be grateful if you could:-

- a) Remove sutures in 8-10 days time.
- b) Remove the theatre dressing in 2 days and dress thereafter as required. Refer with notes
- c) Reduce the theatre dressing in 24 hours / 48 hours / 72 hours.
- d) Dressing to remain intact until clinic appointment.

Comments Plg for 24h. For OP pty ty

District Nurse visit requested by answer phone / telephone on

Patient will contact surgery to make an appointment with Practice Nurse.

The patient has / has not a review appointment. DL to PT

A more detailed letter will follow.

Should you require further information please contact us on the above extension.

Yours sincerely,

14 MAR 2025

University Hospital Ayr  
Dalmellington Road  
Ayr KA6 7DX  
Telephone: 01292 610555  
Ext 14468  
<http://www.nhsaaa.net/>



**The Bruce Day Surgery Suite**

CHI: 0807890030
H: Dorricott, Gary
C: 18 Hawkhill Road
S: Girvan
F: KA26 9RD
A: 08/07/1989
Dr KL Brooksbank
MRN: 0807890030

Dear Colleague

The above patient attended The Bruce Day Surgery Suite on 14/3/25

The procedure carried out was Neur Shunt SDD  
under local / general anaesthetic. LD

The patient was discharged home following this.

We would be grateful if you could:-

- a) Remove sutures in 7-10 days time.
- b) Remove the theatre dressing in 2 days and dress thereafter as required. Refer with repn
- c) Reduce the theatre dressing in 24 hours / 48 hours / 72 hours.
- d) Dressing to remain intact until clinic appointment.

Comments P.hys to sub For OP ptyty

District Nurse visit requested by answer phone / telephone on .....

Patient will contact surgery to make an appointment with Practice Nurse.

The patient has / has not a review appointment: DL as PT

A more detailed letter will follow.

Should you require further information please contact us on the above extension.

Yours sincerely,

**NHS Confidential: Personal data about a patient**

<b>University Hospital Ayr</b> <b>Dalmellington Road</b> <b>Ayr</b> <b>KA6 6DX</b> <b>Phone: 01292 610 555</b>	<b>Immediate Discharge Letter</b> <b>&amp;</b> <b>Prescription</b>
--	--

<b>To:</b> Drs McMaster, Moore Brooksbank Girvan Community Hospital Bridgemill Girvan KA26 9HQ	<b>Re:</b> GARY DORRICOTT 18 HAWKHILL ROAD , OLD DAILLY , GIRVAN , AYRSHIRE , KA26 9RD DOB: 08/07/1989 Hosp. No.: 0807890030 CHI No.: 0807890030
--	---

<b>Date of Admission:</b>	14/03/2025	<b>Ward:</b>	AYR DAY SURGERY
<b>Mode of Admission:</b>	Planned	<b>Consultant:</b>	DR KENNETH CHENG (Orthopaedics)
<b>Admission Reason:</b>	right subacromial decompression	<b>Follow Up:</b>	
<b>Discharge Date:</b>	14/03/2025		

**Operation/Procedure** Right subacromial decompression under GA  
 - DR JUDITH RAMSEY ( 2025-03-14 13:07:57 )

**Social/Nursing/AHP** Prescribed medications dispensed by DSU  
 - NURSE NICOLA STEVENSON ( 2025-03-14 15:47:02 )

Allergy/intolerance	Reaction
***No Known Drug Allergies	

*Allergy records are as recorded at time and date of printing.*

Drug	Route	Dose/Frequency	Note	GP		
				to	Days	Supply
CO-CODAMOL 30/500 Tablets	Oral	<b>2 Tablet FOUR</b> <b>times daily -</b> <b>7am;1pm;6pm;10pm</b> <b>when required (PRN)</b> <b>FOR PAIN</b>		Yes	N	28

**Discharged by:** DR JUDITH RAMSEY

Page: 1 of 2  
**Report generated on:** 14.03/2025 20:00

**NHS Confidential: Personal data about a patient**

<b>University Hospital Ayr</b> Dalmellington Road Ayr KA6 6DX Phone: 01292 610 555	<b>Immediate Discharge Letter &amp; Prescription</b>
--	--

<b>To:</b> Drs McMaster, Moore Brooksbank Girvan Community Hospital Bridgemill Girvan KA26 9HQ	<b>Re:</b> GARY DORRICOTT 18 HAWKHILL ROAD , OLD DAILLY , GIRVAN , AYRSHIRE , KA26 9RD DOB: 08/07/1989 Hosp. No.: 0807890030 CHI No.: 0807890030
--	---

<b>Drug</b>	<b>Route</b>	<b>Dose/Frequency</b>	<b>Note</b>	<b>GP to contin</b>	<b>POD</b>	<b>Days Supply</b>
MORPHINE SULFATE 10 mg in 5mL Oral Solution	Oral	<b>10 mg every 6 HOURS when required (PRN) FOR PAIN</b>		No	N	7

**Additional Medicines Information:**

<b>Drug</b>	<b>Discontinued / Modified reason</b>
<b>Medicines discontinued or modified during admission (Medicines that patient was recorded as admitted on only)</b>	
<i>*** Warning - accuracy of information in this section is dependent on details entered by users of the HEPMA system.*** ****Information here may be incomplete and is for guidance only.****</i>	

**Discharged by:** DR JUDITH RAMSEY

Page: 2 of 2

**Report generated on:** 14.03/2025 20:00



**Adult Mental Health Services**

**Adult Mental Health Services  
Ailsa Hospital  
Dalmellington Road  
Ayr  
KA6 6AB  
[www.nhsaaa.net](http://www.nhsaaa.net)**



**CLINICAL IN CONFIDENCE**

Gary Dorricott  
18 Hawkhill Road  
Old Dailly  
Girvan  
Ayrshire  
KA26 9RD

Clinic Date: 20/02/2025  
Date Dictated: 21/02/2025  
Date Typed: 01/03/2025  
Our Ref: RW/MQ  
Enquiries to: Maureen Quinnell  
Tel No: 01292 559810  
Fax No:

Dear Gary Dorricott

**GARY DORRICOTT  
CHI No: 0807890030**

**18 HAWKHILL ROAD, OLD DAILLY, GIRVAN,  
AYRSHIRE, KA26 9RD**

I am sorry you were unable to attend the planned ADHD review on 20<sup>th</sup> February 2025, at Arrol Park. A further appointment will be sent in due course.

Due to the monitoring requirements of being on ADHD medication, it is important that you attend your ADHD reviews. I look forward to seeing you at your next appointment, in the meantime if you have any concerns please do not hesitate to get in touch.

Yours sincerely

*Authorised on 03/03/2025 08:59:04 by Robert White (South).*

**Robert White  
Advanced Nurse Practitioner Mental Health**

Dr KL Brooksbank  
Drs McMaster, Brooksbank & McKelvey  
Girvan Community Hospital  
Bridgemill  
Girvan  
KA26 9HQ



**Dr Bruce W McMaster, Dr Kenneth L Brooksbank & Dr Laura L McKelvey**

The Health Centre  
Girvan Community Hospital  
GIRVAN  
KA26 9HQ

Tel. (01465) 713343  
Fax. (01465) 716424

LMcK/AF

Date Dictated: 15 January 2025  
Date Typed: 16 January 2025

To Whom It May Concern

**RE: Mr Gary Dorricott 18 Hawkhill Road, OLD DAILLY, KA26 9RD  
08/07/1989**

This is a letter to confirm that Gary has been bothered with neck pain and knee pain. He is currently on co-codamol, duloxetine, gabapentin, meloxicam, ritalin and aripiprazole.

He has been struggling with his sleep recently and as a result has been oversleeping in the morning and therefore failed to attend his Community Service on 8, 9 and 15 January 2025.

I would be grateful if this could be taken into consideration.

Yours sincerely

*Dr Laura McKelvey*

**Dr Laura McKelvey**



## MSK DISCHARGE REPORT



<b>Patient Name:</b>	Gary Dorricott
<b>Address:</b>	18 Hawkhill Road, Old Dailly, Girvan, Ayrshire, KA26 9RD
<b>CHI:</b>	0807890030
<b>GP:</b>	Mr Iain Cowie
<b>Consultant:</b>	
<b>Referrer Source:</b>	
<b>Referral Date:</b>	21/08/2023
<b>Start Date:</b>	03/11/2024
<b>Discharge Date:</b>	2/11/2024
<b>No. of treatments:</b>	0
<b>Discharge Reason:</b>	Discharged – Patient DNA
<b>Treatment Outcome:</b>	
<b>Therapist:</b>	Daniel Thompson
<b>Location:</b>	MSK Physiotherapy - UHA

Dear Colleagues

**Diagnosis:** Right sided neck and shoulder pain

**Actions for GP/Follow up recommendations:**

Many thanks for your referral to Physiotherapy for ongoing rehab of the above pain. The patient DNA'd his initial appointment with myself and no further contact has been made.

Patient discharged.

Referred on to \_\_\_\_\_ (if applicable)

Yours sincerely,  
*Authorised on 22/11/2024 09:15:51 by Daniel Thompson.*  
Daniel Thompson  
22/11/2024

Dr KL Brooksbank  
Drs McMaster, Brooksbank & McKelvey  
Girvan Community Hospital  
Bridgemill  
Girvan  
KA26 9HQ

**Dr Bruce W McMaster, Dr Kenneth L Brooksbank & Dr Laura L McKelvey**

**The Health Centre  
Girvan Community Hospital  
GIRVAN  
KA26 9HQ**

**Tel. (01465) 713343  
Fax. (01465) 716424**

KLB/AF

Date Dictated: 21 November 2024  
Date Typed: 22 November 2024

To Whom It May Concern

**RE: Mr Gary Dorricott 18 Hawkhill Road, OLD DAILLY, KA26 9RD  
08/07/1989**

Mr Dorricott has asked me to provide him with a letter for medical evidence.

He has severe mental health problems. He has been attending Psychiatrists for most of his life. He has significant and severe ADHD with PTSD related symptoms and ongoing severe anxiety. I understand that as part of a recent Court adjudication he is attending something called the Caledonian Group. Since attending his mental health has significantly deteriorated with an increase in his agitation, anxiety, rumination and thoughts of self-harm.

I do not think a custodial sentence would do him any good at all but I hope that this letter would support any potential mitigation to look at alternatives available to him.

Yours sincerely

*Dr K L Brooksbank*

**Dr K L Brooksbank**









**Dr Bruce W McMaster, Dr Kenneth L Brooksbank & Dr Laura L McKelvey**

The Health Centre  
Girvan Community Hospital  
GIRVAN  
KA26 9HQ

Tel: (01465) 713343  
Fax: (01465) 716424

HM/AF

Date Dictated: 10 July 2024  
Date Typed: 11 July 2024

To Whom It May Concern

**RE: Mr Gary Dorricott 18 Hawkhill Road, OLD DAILLY, KA26 9RD  
08/07/1989**

The above named gentleman has a long history of mental health disorders and was diagnosed with ADHD in childhood. We have entries dating back to January 1999 in his current notes.

He also suffered a severe motor vehicle accident in August 2021, sustaining a number of fractures and has persisting problems following this. Although no formal diagnosis of PTSD has been made he exhibits many of the symptoms of PTSD following this road accident.

A combination of the long standing mental health problems, the impact of the road accident and the ADHD in my opinion may well make Gary very vulnerable to psychological manipulation and coercions.

Indeed at some of his recent attendances at surgery he has expressed the view that he feels coerced into seeking medication.

Yours sincerely

*Dr Haldane Maxwell*

**Dr Haldane Maxwell  
Locum GP**

**Aileen Fairbairn (AA Drs McMaster, Brooksbank & McKelvey)**

---

**From:** Curaleaf Clinic <appointments@curaleafclinic.com>  
**Sent:** 17 June 2024 10:40  
**To:** aa.Clinical\_Practice\_GirvanDrMcMaster&Ptnrs\_80274  
**Subject:** Curaleaf Clinic - Awaiting information  
**Attachments:** Referral.pdf

Dear colleagues,

Your patient Mr gary dorricott (1989-07-08) has expressed an interest in seeing a private consultant at Curaleaf Clinic to consider medicinal cannabis treatment for their Attention Deficit Hyperactivity Disorder (ADHD).

Before an appointment can be offered, we ask for some medical information to assess the safety and appropriateness of medicinal cannabis treatment for the patient. I enclose a copy of the patient's self-referral form and consent to release the requested information to Curaleaf Clinic.

Please can you email the following information to [referrals@curaleafclinic.com](mailto:referrals@curaleafclinic.com)

- A brief summary of the patient's medical record (including current diagnoses, current and previous medications, and recent test results where available).
- Any clinical letters confirming the patient's diagnosis, and past treatments/investigations they have undergone.

An appointment with us does not necessarily mean medical cannabis will be prescribed. Our CQC registered clinic offers a second opinion service for patients, where they have had their condition fully investigated and where standard therapies have been tried with no benefit. We only consider prescribing cannabis for conditions where there is clinical evidence to support it from our London Clinic.

You can see a list of conditions we treat here: <https://www.curaleafclinic.com/conditions/>

A good basic NHS e-learning on cannabis for professionals is available free e-lfh.org.uk and Curaleaf is running free educational webinars for the medical profession, you'll find details here: <https://curaleafeducation.co.uk/>

Should you require further information please email [referrals@curaleafclinic.com](mailto:referrals@curaleafclinic.com) or call us on 020 7459 4075.

Best Wishes,

Curaleaf Clinic (Formerly Sapphire Medical Clinics)



Completion Date: 2024-06-17

Patient Information

Title:	Mr
First Name:	gary
Surname:	dorricott
Date of Birth:	1989-07-08
Phone Number:	07454363473
Email Address:	garyd1989@yahoo.co.uk
Address:	18 Hawkhill Road Old Dailly Girvan KA26 9RD Scotland

GP Information

GP Name:	Dr brooksbank
GP Email:	Not entered
GP Address:	Girvan community hospital

Medical Information

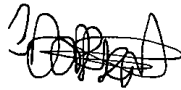
Reason for Referral:	Attention Deficit Hyperactivity Disorder (ADHD)
Medical Treatments:	Ritalin Tanqylin Diazepam
Psych Treatment:	Emdr Trauma



Declarations

Summary Of Care:	I would like Curaleaf Clinic to request my Summary Care Record and clinical letters related to my condition from my GP. Please note this may cause a slight delay to your assessment process in some cases.
------------------	---

Patient  
Signature:

A handwritten signature in black ink, appearing to be 'J. [unclear]', written over a horizontal line.





NHS Confidential: Personal data about a patient

Gary Dorricott  
18 Hawkhill Road  
Old Dailly  
Girvan  
Ayrshire  
KA26 9RD

[www.nhsayrshireandarran.com](http://www.nhsayrshireandarran.com)





Although this is going to take some time I do feel he would benefit from injection into his subacromial space for pain relieving purposes and he is happy with this. I discussed the risks and benefits of this and he was injected with 40mg of Kenalog and 4ml 1% Lidocaine. Post injection he had no ill effects and I will review him back at clinic in 6 weeks where we will go through the ins and outs of surgery as he was quite agitated today.

Waiting List

Yours sincerely

*Authorised on 28/02/2024 16:41:03 by Iain Cowie.*

**Iain Cowie PH58415**  
**Advanced Physiotherapy Practitioner**  
**Orthopaedics/MSK**

**Adult Mental Health Services**

**Adult Mental Health Services**  
Ailsa Hospital  
Dalmellington Road  
Ayr  
KA6 6AB  
[www.nhsaaa.net](http://www.nhsaaa.net)



**CLINICAL IN CONFIDENCE**

Dr KL Brooksbank  
Drs McMaster, Brooksbank &  
McKelvey  
Girvan Community Hospital  
Bridgemill  
Girvan  
KA26 9HQ

Clinic Date: 29/01/2024  
Date Dictated: 29/01/2024  
Date Typed: 30/01/2024  
Our Ref: JS/LV  
Enquiries to Maureen Quinnell  
Tel No: 01292 559810

Dear Dr Brooksbank

**GARY DORRICOTT**  
**CHI No: 0807890030**

**22 GLENDOUNE STREET, GIRVAN, AYRSHIRE,  
KA26 0AB**

**Diagnosis:** Adult ADHD

**Psychiatric Medication:** Methylphenidate currently taking half a tablet of 5mg three times a day (total dose is 7.5mg a day)  
**Change of medication:** Increase to 5mg BD and maintain at 2.5mg at night

**Recommendations/Plan:** 1. Next outpatient appointment in one years' time.

I carried out a telephone review of Gary on 29 January 2024.

He described that he had been restarted on Methylphenidate a few months earlier, and since then the situation has improved significantly.

Two years ago he had a road traffic accident on his motorbike from which he sustained multiple orthopaedic injuries and has been unable to work. His normal coping strategy of working has therefore been removed and he is in a lot of pain and has become far more agitated and frustrated. He has had more time to think and overthink, which has only exacerbated his difficulties.

Since the treatment with the Methylphenidate he has felt more self-aware of others, less irritable, has a better filter at times, his concentration and memory are better and he is less distractible. Friends and family have also noticed the improvement.

He is not aware of any other psychiatric history but does have some anxiety which he believes may be due to the ADHD and the symptoms from it.



**GARY DORRICOTT**  
**CHI No: 0807890030**

**22 GLENDOUNE STREET, GIRVAN, AYRSHIRE, KA26**  
**0AB**

He described also having a history of febrile convulsions and epilepsy but is not on any treatment for this. I did advise him that if he does have any symptoms such as the absences that he described at times that he should seek support and may need a neurological assessment. Gary was somewhat resistant to this, however, I have recommended that this is something that he will need to do if he is aware of any difficulties.

He is not currently on any other medications. He smokes approximately ten cigarettes a day, reported no history of illicit substance misuse, seldom uses alcohol and is in receipt of benefits.

Gary grew up in children's homes and in foster care, leaving at approximately age 15/16 before working as a mechanic and at times as a builder. He is unable to do any of these currently because of his physical health. He has been with his partner for two years and they have no children.

#### **MENTAL STATE EXAMINATION**

On mental state examination there was pressure of speech but he was pleasant, not irritable and did not present as overly flat in affect. He did acknowledge that his mood can fluctuate but overall is better. He has variable sleep which is dependent on any worries or ruminations. There has been some slight gain in weight but no obvious change. At times when taking the tablets, and if he does not eat, he can have loss of appetite. He felt that his concentration and memory have improved but there are still difficulties and he feels better able to cope with stress. He described difficult motivation because he wants to do things but struggles because of his physical limitations and can be emotional at times. His irritability continues but has improved. He described intermittent panic attacks and also flashbacks of the road traffic accident a few years earlier and childhood trauma. There was no indication of psychosis, thought disorder, no self-harming, and whilst he does experience some suicidal thoughts there were no plans or intent associated with this and his family are protectors.

He does certainly present with features of ADHD into adulthood and the Methylphenidate has been of benefit. **I have recommended a slight increase from his current dose to 5mg twice a day** as he does appear to have a drop in energy and concentration between the tablets and there could be room for improvement from his current symptoms with a higher dose. **He wishes to keep the night time dose at 2.5mg which I think is more than reasonable** and I have agreed to review him as an annual review.

He is aware that he can contact services if there are any concerns prior to this. He has anxiety in relation to his benefits but I have reassured him that he can use a diagnosis of ADHD and also the impact this has on his mental health as a consequence. There are no other concerns that he has reported and I am hopeful that his anxiety will reduce once the dose increases slightly.

**GARY DORRICOTT**  
**CHI No: 0807890030**

**22 GLENDOUNE STREET, GIRVAN, AYRSHIRE, KA26**  
**0AB**

In the meantime if there are any concerns please do not hesitate to contact me.

Yours sincerely

*Authorised on 30/01/2024 14:15:20 by Jacqueline Scott.*

**Dr Jacqueline Scott**  
**Consultant Psychiatrist**



Gary Dorricott  
22 Glendoune Street,  
Girvan,  
Ayrshire,  
KA26 0AB

Date 15/01/2024

Our Ref: DYRTR/KM/0807890030

Dear Gary Dorricott

**Musculoskeletal (MSK) Services Department (including Orthotics Services) -  
NHS Ayrshire and Arran**

This is an information letter to inform you that your referral has been removed from our waiting list due to the following reason:

- You failed to respond to your letter advising you to contact the department to organise your appointment to start your treatment.

We have advised your **Referring Practitioner**.

Further advice on musculoskeletal problems and management can be found at:

**[www.nhsinform.co.uk/msk](http://www.nhsinform.co.uk/msk)**

**MSK Services**

Copy to referrer:  
Dr KL Brooksbank  
Drs McMaster, Brooksbank & McKelvey  
Girvan Community Hospital  
Bridgemill  
Girvan  
KA26 9HQ

**Adult Mental Health Services**

**Adult Mental Health Services**  
Ailsa Hospital  
Dalmellington Road  
Ayr  
KA6 6AB  
[www.nhsaaa.net](http://www.nhsaaa.net)



**CLINICAL IN CONFIDENCE**

Gary Dorricott  
22 Glendoune Street  
Girvan  
Ayrshire  
KA26 0AB

Clinic Date: 20/11/2023  
Date Dictated: 20/11/2023  
Date Typed: 20/11/2023  
Our Ref: JS/LV  
Enquiries to Maureen Quinnell  
Tel No: 01292 559810

Dear Mr Dorricott

I am sorry you did not attend your near me appointment on 20 November 2023. I also called you on your mobile number that we have and there was no response. I did not leave a message. Thank you for calling back.

I will you offer one further appointment and would be grateful if you could contact the department if you wish this appointment.

Yours sincerely

*Authorised on 22/11/2023 15:39:22 by Jacqueline Scott.*

**Dr Jacqueline Scott**  
**Consultant Psychiatrist**

Dr KL Brooksbank  
Drs McMaster, Brooksbank & McKelvey  
Girvan Community Hospital  
Bridgemill  
Girvan  
KA26 9HQ



**Adult Mental Health Services**

**Adult Mental Health Services**  
Ailsa Hospital  
Dalmellington Road  
Ayr  
KA6 6AB  
[www.nhsaaa.net](http://www.nhsaaa.net)



**CLINICAL IN CONFIDENCE**

Gary Dorricott  
22 Glendoune Street  
Girvan  
Ayrshire  
KA26 0AB

Clinic Date: 09/10/2023  
Date Dictated: 09/10/2023  
Date Typed: 16/10/2023  
Our Ref: JS/LW  
Enquiries to Maureen Quinnell  
Tel No: 01292 559810

Dear Gary

I am sorry you were not able to attend your appointment with myself today as a near me appointment. I will send you another appointment and I would be grateful if you are not able to attend that you contact myself to cancel or rearrange.

Yours sincerely

*Authorised on 17/10/2023 16:24:30 by Jacqueline Scott.*

**Dr Jacqueline Scott**  
**Consultant Psychiatrist**

Dr KL Brooksbank  
Drs McMaster, Brooksbank & McKelvey  
Girvan Community Hospital  
Bridgemill  
Girvan  
KA26 9HQ





01 SEP 2023

Drs McMaster, Moore & Brooksbank  
Medical Record Application

Date: 1/9/23

Applicant Information:

Surname: DORRIGOTT

Forename: GARY

Date of Birth: 08/07/1989

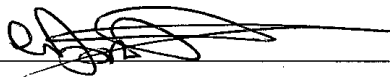
Home Address: 22 Glendown STREET  
GILVAN  
KAZB OAB

Contact Telephone Number: 07454636473

I wish to see/have a copy of my medical records held by Dr McMaster & Partners (\*delete as appropriate)

Reason for Request:

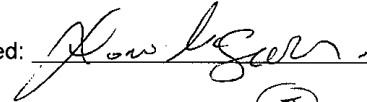
I require these records as I have court case and lawyers require a full doctors record.

Applicants Signature: 

Copy of Medical Records Requested

I confirm that I have received a full copy of my electronic and paper medical records held by Dr McMaster & Partners on: 17/10/23

Fee Charged: NIL

Signed: 

Patient phoned <sup>(LJ)</sup> to authorise Lauren McCurk to collect notes + sign on his behalf x ok with ok. KLP.

11 SEP 2023

Service User Copy Printed 08/09/23 by Mrs Alison Forbes

**Dorricott, Gary (Mr)**

Date of Birth 08-Jul-1989 (34y)

CHI Number 0807890030

Gender Male

<b>Generic Mental Health Assessment</b>	
Centre of Care South Ayrshire CMHT	Status Closed
Date of Activity 01 September 2023 12:33 by Mr John Kennedy	

**Dorriccott, Gary (Mr)**

Date of Birth 08-Jul-1989 (34y)

CHI Number 0807890030

## Presentation

### Source of current referral

GP

**Note:** I would be grateful if you would see this gentleman. His current address is 22 Glendoune Street, Girvan having previously been registered at 27A Knockcushan Street, Girvan. He has a long history of childhood psychiatric illness, having been diagnosed as having ADHD and spend around 6 or 7 years on methylphenidate. He has had a diagnosis confirmed of ADHD along with severe emotional stress, following prolonged adversity in his life. He is very close to his foster mum, having previously been homeless as a child. He stopped methylphenidate in school as he felt it was sedating him and he has struggled over the last few years. He describes extreme mood swings with angry outbursts and I have had a number of difficult phone calls with him when he goes off in tangents and gets very distressed and angry. He describes highs and lows. The other day he described wishing to drive his car into an oncoming lorry but managed to stop doing this. He has had previous antidepressant therapy. He gets extremely agitated and can at times be verbally abusive when his emotions take over. He has recently had ongoing difficulties with physiotherapy following a diagnosis of a shoulder and neck injury for which he is awaiting an MRI. He has also had a left tibial fracture with open reduction and internal fixation after a motor vehicle accident in 2021. He has taken a long time to recover from this and has had an impact on his mental health. There is no substance misuse but he has been a frequent non attender when given appointments with yourself. I would be grateful if he could be seen once more by your team. There has not been any record of any violence towards Mental Health workers or any NHS Clinicians but his manner and choice of words can be unfortunate to say the least.

### Date referral received

15/06/2023

### Assessment type

New

### Patient agreed to carer being involved in treatment?

Not recorded

### Current medication

Nil psychiatric medications currently.

Previously prescribed citalopram, fluoxetine and mirtazepine states he is not that keen on medications doesn't like the feeling of fog or other side effects such as a metallic taste in his mouth.

As a child he appears to have been prescribed medication for ADHD which he thinks he started when he was around 7 and he along with his adoptive Mother took the decision to stop this medication as he felt doped up as Gary described it.

### Crisis arrangements

Gary is aware of how to access services.

### Summary of strengths, goals and aspirations

Enjoys working on motorbikes and cars which he is unable to access since his motorbike crash in 2021.

### Has Care Programme Approach been considered?

No

### Has the Adult Support and Protection Act been considered?

No

### Has the Mental Health Act been considered?

No

### Has Adults with Incapacity Act been considered?

No

## Advanced Statement

### Advanced Statement in place?

No

### Has the individual been made aware of their right to have an Advanced Statement?

Not recorded

**Dorricott, Gary (Mr)**

Date of Birth 08-Jul-1989 (34y)

CHI Number 0807890030

### Named Person

Named Person identified?

No

Has the individual been made aware of their right to identify a Named Person?

Not required as already identified

### Summary of Assessment

#### Summary of Assessment

#### Current difficulties

Gary describes his main issue as anger especially with other males. 'I am extremely explosive and there are crack heads running about'. He states he can feel irritable all the time stating he doesn't like dishonestly that he can bite the nose of people he perceives as being dishonest with him. He gave other examples where he states he would be assaultive towards someone where he felt they had been a perceived injustice of some description. Gary reports that his 'difficulties spiked since motorbike accident'.

#### Forensic history

Despite describing assaultive behaviours he reports no charges or outstanding convictions associated with the behaviour he describes. The only Police involvement he has had was in relation to driving convictions where he received 6 penalty points and a fine. Nevertheless he reports that he is impulsive reporting that he doesn't think that he reacts with the exception being his adopted mother and his sister. He states he never knows how his mood can be stating it can just depend on how he wakes up reporting he can just wake up feeling shit.

#### Risk

He reports he can have thoughts of not wanting to be here but clearly reported that he would never act on these thoughts stating it was for cowards therefore he would not complete suicide. Nil history of overdose. States he harmed himself once by cutting and has never done this again. Gary reports his behaviour can be impulsive but not to harm himself in anyway. Regarding his future he hopes to recover enough from physical injuries sustained in a motorbike accident in 2021 that he can return to working on cars and motorbikes.

#### Mental state

Gary disclosed that he can experience feeling of worthless or guilt when he has acted impulsively to situations. He was unable to rate his mood today stating it is variable. Gary has an interest in cars and motorbikes which gave him a sense of achievement however since his accident physically he has been unable to maintain his interests. He states he doesn't really have a typical day 'it just depends on how I feel'. Nil issues with energy levels. Sleep is problematic due to pain in his shoulder and other injuries sustained in RTA 2021. Appetite is okay reports gaining 2 stone due to being less active again associated with his RTA injuries. Reports having ADHD as a child and being prescribed medication from around 8 to 13 years old then he and his adopted mother took the decision to stop the medication as he felt doped as he described it. Gary repeated several times, 'my heads no right', he asked, 'what do I have to do to prove a point'. He stated, 'I'm a nice guy but not a nice guy'. Gary reports to feel guilty at times for the way he reacts but he stated after this that he also feels that 'everyone deserves it'. He describes ongoing fast/difficult thoughts but did not elaborate on what these were and appeared to have trouble expressing his feelings. Gary was casually dressed with tattoo's on arms and neck. He attended for assessment on his own accord. Gary spoke loudly, he maintained eye contact but often talked over writer and at times had difficulty following the questions and others would appear to prefer not to answer certain questions. There was no evidence of any Psychosis/thought disorder and Gary's cognition was not impaired.

#### History

Gary reports that there was parental substance misuse whilst he was growing up which led to adoption aged 10. States he has a good relationship with his adopted Mother. Reports his elder brother has substance misuse issues and finds the relationship with him difficult. Brother stays in Fife. Sister lives locally and he has a good relationship with her. Gary described his biological dad as a 'beast' and biological mother a 'junkie'. Gary reports to have been subjected to abuse as a child and did not wish to go over this stating talking about his Trauma makes him feel worse. Gary advised that he did not need to talk about his past.

#### Physical health

Physically he has shoulder and neck injuries. He has also had a left tibial fracture with open reduction and internal fixation after a motor vehicle accident in 2021. Currently seeing a private Physiotherapist in Ayr which he finds beneficial. Gary did not find the NHS Physio very helpful and also hinted that he doesn't have faith in the health service either.

**Dorriccott, Gary (Mr)**

Date of Birth 08-Jul-1989 (34y)

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Gender based violence - Gary reports he witnessed/experienced emotional and physical abuse prior to his adoption. Lives on his own sometimes his girlfriend of a year and half stays over with him. In receipt of benefits. Has debts that are manageable.

**Drug/Alcohol**

Nil alcohol or substance misuse history. Reports to have dabbled in Cocaine use some years ago and his friends would describe him as 'mouse' when taking this.

Social consumes alcohol with friends on occasions likewise has the very occasional cannabis use.

**Medication**

Gary reports to have been on medications for his ADHD from the age of 8-12. He reports to have stopped this due to sedation. Gary has been on several antidepressants but reports little benefit from same and states that if he missed a day he would feel more irritable. Gary's feelings about medications were unclear. He at one point stated he wasn't a guinea pig. Some education offered on rationale for some medications.

**Discussion**

Gary was unsure what needs he has could be met by the CMHT.

He states he is struggling and would consider medication?

Therefore we agreed that we would discuss his assessment today further with Dr Scott at next MDT which Gary was agreeable to.

Discussed with Dr Scott who will offer Gary a Near Me appointment and look to consider medication for ADHD. Gary updated on this plan.

**Ayrshire Mental Health Risk Assessment Framework**

**Mental state**

**Mental state**

Green

**Note:** Current difficulties Gary describes his main issue as anger especially with other males. 'I am extremely explosive and there are crack heads running about'. He states he can feel irritable all the time stating he doesn't like dishonestly that he can bite the nose of people he perceives as being dishonest with him. He gave other examples where he states he would be assaultive towards someone where he felt they had been a perceived injustice of some description. Gary reports that his 'difficulties spiked since motorbike accident'. Forensic history Despite describing assaultive behaviours he reports no charges or outstanding convictions associated with the behaviour he describes. The only Police involvement he has had was in relation to driving convictions where he received 6 penalty points and a fine. Nevertheless he reports that he is impulsive reporting that he doesn't think that he reacts with the exception being his adopted mother and his sister. He states he never knows how his mood can be stating it can just depend on how he wakes up reporting he can just wake up feeling shit. Risk He reports he can have thoughts of not wanting to be here but clearly reported that he would never act on these thoughts stating it was for cowards therefore he would not complete suicide. Nil history of overdose. States he harmed himself once by cutting and has never done this again. Gary reports his behaviour can be impulsive but not to harm himself in anyway. Regarding his future he hopes to recover enough from physical injuries sustained in a motorbike accident in 2021 that he can return to working on cars and motorbikes. Mental state Gary disclosed that he can experience feeling of worthless or guilt when he has acted impulsively to situations. He was unable to rate his mood today stating it is variable. On examination his mood appeared euthymic. Gary has an interest in cars and motorbikes which gave him a sense of achievement however since his accident physically he has been unable to maintain his interests. He states he doesn't really have a typical day 'it just depends on how I feel'. Nil issues with energy levels. Sleep is problematic due to pain in his shoulder and other injuries sustained in RTA 2021. Appetite is okay reports gaining 2 stone due to being less active again associated with his RTA injuries. Reports having ADHD as a child and being prescribed medication from around 8 to 13 years old then he and his adopted mother took the decision to stop the medication as he felt doped as he described it. Gary repeated several times, 'my heads no right', he asked, 'what do I have to do to prove a point'. He stated, 'I'm a nice guy but not a nice guy'. Gary reports to feel guilty at times for the way he reacts but he stated after this that he also feels that 'everyone deserves it'. He describes ongoing fast/difficult thoughts but did not elaborate on what these were and appeared to have trouble expressing his feelings. Gary was casually dressed with tattoo's on arms and neck. He attended for assessment on his own accord. Gary spoke loudly, he maintained eye contact but often talked over writer and at times had difficulty following the questions and others would appear to prefer not to answer certain questions. There was no evidence of any Psychosis/thought disorder and Gary's cognition was not impaired. History Gary reports that there was parental substance misuse whilst he was growing up which led to adoption aged 10. States he has a good relationship with his adopted Mother. Reports his elder brother has substance misuse issues and finds the relationship with him difficult. Brother stays in Fife. Sister lives locally and he has a good relationship with her. Gary described his biological dad as a 'beast' and biological mother as 'junkie'. Gary reports to have been subjected to abuse as a child and did not wish to go over this stating talking about his Trauma makes him feel worse. Gary advised that he did not need to talk about his past. Physical health Physically he has shoulder and neck injuries. He has also had a left tibial fracture with open reduction and internal fixation after a motor vehicle accident in 2021. Currently seeing a private Physiotherapist in Ayr which he finds beneficial. Gary did not find the NHS Physio very helpful and also hinted that he doesn't have faith in the health service either. Gender based violence - Gary reports he witnessed/experienced emotional and physical abuse prior to his adoption. Lives on his own sometimes his girlfriend of a year and half stays over with him. In receipt of benefits. Has debts that are manageable. Drug/Alcohol Nil alcohol or substance misuse history. Reports to have dabbled in Cocaine use some years ago and his friends would describe him as 'mouse' when taking this. Social consumes alcohol with friends on occasions likewise has the very occasional cannabis use. Medication Gary

**Dorriccott, Gary (Mr)**

Date of Birth 08-Jul-1989 (34y)

CHI Number 0807890030

reports to have been on medications for his ADHD from the age of 8-12. He reports to have stopped this due to sedation. Gary has been on several antidepressants but reports little benefit from same and states that if he missed a day he would feel more irritable. Gary's feelings about medications were unclear. He at one point stated he wasn't a guinea pig. Some education offered on rationale for some medications. Discussion Gary was unsure what needs he has could be met by the CMHT. He states he is struggling and would consider medication? Therefore we agreed that we would discuss his assessment today further with Dr Scott at next MDT which Gary was agreeable to. Discussed with Dr Scott who will offer Gary a Near Me appointment and look to consider medication for ADHD. Gary updated on this plan.

**Engagement**

**Engagement with services**

Amber

**Note:** He states he is struggling and would consider medication. Therefore we agreed that we would discuss his assessment today further with Dr Scott at next MDT which Gary was agreeable to. Described the NHS in his words as shit. History of non-engagement.

**Medication management**

Amber

**Note:** Nil psychiatric medications currently. Previously prescribed citalopram, fluoxetine and mirtazepine states he is not that keen on medications doesn't like the feeling of fog or other side effects such as a metallic taste in his mouth. As a child he appears to have been prescribed medication for ADHD which he thinks he started when he was around 7 and he along with his adoptive Mother took the decision to stop this medication as he felt doped up as Gary described it.

**Risk of absconding**

Green

**Note:** Nil issues identified.

**Risk of suicide/self-harm**

**Risk of self-harm**

Green

**Note:** Nil history of overdose. States he harmed himself once by cutting and has never done this again.

**Risk of suicide**

Green

**Note:** He reports he can have thoughts of not wanting to be here but clearly reported that he would never act on these thoughts stating it was for cowards therefore he would not complete suicide. Nil history of overdose. States he harmed himself once by cutting and has never done this again. Gary reports his behaviour can be impulsive but not to harm himself in anyway.

**Risk of harm to or from others**

**Risk of harm to others**

Amber

**Note:** Gary describes his main issue as anger especially with other males. He states he can feel irritable at the time stating he doesn't like dishonestly that he can bite the nose of people he perceives as being dishonest with him. He gave other examples where he states he would be assaultive towards someone where he felt they had been a perceived injustice of some description. Despite describing assaultive behaviours he reports no charges or outstanding convictions associated with the behaviour he describes. The only Police involvement he has had was in relation to driving convictions where he received 6 penalty points and a fine. Nevertheless he reports that he is impulsive reporting that he doesn't think that he reacts with the exception being his adopted mother and his sister.

**Abuse issues**

Amber

**Note:** Gender based violence - Gary reports he witnessed/experienced emotional and physical abuse prior to his adoption.

**Neglect/Vulnerability issues (consider ASP/AWIA)**

Green

**Note:** Nil issues identified.

**Child protection concerns**

Green

**Note:** Nil issues identified. Nil dependants.

**Child well-being concerns**

Green

**Note:** Nil issues identified.

**Dorricott, Gary (Mr)**

Date of Birth 08-Jul-1989 (34y)

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<b>Risk from substance misuse</b>
<b>Substance misuse</b> Green <b>Note:</b> Nil alcohol or substance misuse history. Social consumes alcohol with friends on occasions likewise has the very occasional cannabis use.
<b>Social and personal risks</b>
<b>Support network</b> Green <b>Note:</b> Supportive friends. Adoptive Mother and his sister are supportive.
<b>Physical health</b> Amber <b>Note:</b> Physically he has shoulder and neck injuries. He has also had a left tibial fracture with open reduction and internal fixation after a motor vehicle accident in 2021. Currently seeing a private Physiotherapist in Ayr which he finds beneficial.
<b>Occupation of time</b> Amber <b>Note:</b> Since RTA has a lack of structure and routine.
<b>Housing and finances</b> Green <b>Note:</b> Lives on his own sometimes his girlfriend of a year and half stays over with him. In receipt of benefits. Has debts that are manageable.
<b>Any other issues</b>
<b>Any other issues</b> Green <b>Note:</b> Nil identified.
<b>Overall Impression of Risk</b>
<b>Overall Impression of Risk</b> Green <b>Note:</b> Rated green - can be managed with existing supports.
<b>Immediate Risk Management Plan</b>
<b>Immediate Risk Management Plan</b> Gary was unsure what needs he has could be met by the CMHT. He states he is struggling and would consider medication. Therefore we agreed that we would discuss his assessment today further with Dr Scott at next MDT which Gary was agreeable to. Has day time and out of hours contact details.

**Dorricott, Gary (Mr)**

Date of Birth 08-Jul-1989 (34y)

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<b>Gender Based Violence Assessment</b>
Was gender based violence routine enquiry carried out during this assessment? Yes - (Outcome: No disclosure)
<b>Gender Based Violence Disclosure Assessment (ONLY COMPLETE THIS SECTION IF ANSWERED YES (OUTCOME:VICTIM) ABOVE, FOR ALL OTHER ANSWERS LEAVE AS 'NOT APPLICABLE')</b>
What type of GBV is involved Not applicable
Is abuse current or past or both? Not applicable
Describe the relationship between the service user and the perpetrator Not applicable
What is the sex of perpetrator(s)? Not applicable
<b>Response to disclosure</b>
Referred to other specialist service Not applicable
Information given on local services Not applicable
Shared information with other health professional Not applicable
Shared information with external agency (e.g. police, social work etc) Not applicable
Safety planning discussed Not applicable
Child protection procedures initiated Not applicable
Adult protection procedures initiated Not applicable
No further action required Not applicable
Documented plan in case record Not applicable
Revisit enquiry at a later date Not applicable
Has consent been given to share this information with GP? Not applicable
<b>Mental health and well-being</b>
Mental health and well-being strengths/needs identified? Not recorded
<b>Behaviour</b>
Aggressive behaviour Not known

**Dorricott, Gary (Mr)**

Date of Birth 08-Jul-1989 (34y)

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**Suspicious or accusatory behaviour**

Not known

**Eating problems**

Not known

**Wandering**

Not known

**Overactivity**

Not known

**Odd, inappropriate or unacceptable behaviour**

Not known

**Cognition**

**Memory**

Not known

**Attention and concentration**

Not known

**Understanding**

Not known

**Expression**

Not known

**Mental health**

**Thought disorganisation**

Not known

**Delusions**

Not known

**Hallucinations and other perceptual abnormalities**

Not known

**Elated or expansive mood**

Not known

**Depressed mood and ideation**

Not known

**Obsessional ideas and compulsive behaviour**

Not known

**Intrusive ideation**

Not known

**Anxiety, phobias and panics**

Not known

**Somatic preoccupations**

Not known

**Lowering of energy, drive or interest**

Not known

**Self-esteem**

Not known

**Sleep disturbance**

**Dorricott, Gary (Mr)**

Date of Birth 08-Jul-1989 (34y)

CHI Number 0807890030

Not known

**Involvement in treatment and care**

Not recorded

**Mental health and well-being summary**

**Mental health and well-being summary**

Gary hoping to have his 'head sorted' to allow him back to work.

**Alcohol or substance misuse**

**Alcohol/substance misuse strengths/needs identified?**

No

**Alcohol misuse**

No

**Misuse of prescribed drugs**

No

**Misuse of non-prescribed drugs**

No

**Alcohol/substance misuse summary**

**Alcohol/substance misuse summary**

Nil history.

**Forensic/Criminal**

**Forensic/criminal**

The only Police involvement he has had was in relation to driving convictions where he received 6 penalty points and a fine.

**Dorricott, Gary (Mr)**

Date of Birth 08-Jul-1989 (34y)

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**Physical**

**Physical health and well-being strength/needs identified?**

No

**Physical impairment or disability**

No problem

**Physical health condition**

No problem

**Long term physical health conditions**

No

**Long term condition**

None

**Long term condition (2)**

None

**Long term condition (3)**

None

**Long term condition (4)**

None

**Mobility**

No problem

**Sensory impairment**

No problem

**Diet/hydration**

No problem

**Swallowing difficulties**

No problem

**Continence**

No problem

**Distress/pain caused by physical state**

No problem

**Side-effects of prescribed medication**

No problem

**Health promotion advice required**

No

**Sexual health**

No issues/concerns raised

**Blood borne virus testing**

No need for testing

**Dorriccott, Gary (Mr)**

Date of Birth 08-Jul-1989 (34y)

CHI Number 0807890030

<b>Physical health check/assessment</b>
Does the patient meet SMI (Severe Mental Illness) criteria, and/or is patient prescribed anti-psychotic medication? No
<b>Physical health check</b> Not applicable
<b>Responsible for annual physical health check</b> Not applicable
<b>Date of last physical health assessment</b> Not Recorded
<b>Date BMI last measured and recorded</b> Not Recorded
<b>Smoking status</b>
Does the patient smoke? Not recorded
Offered referral for smoking cessation support Not recorded
<b>Physical summary</b>
Physical summary Physically he has shoulder and neck injuries. He has also had a left tibial fracture with open reduction and internal fixation after a motor vehicle accident in 2021. Currently seeing a private Physiotherapist in Ayr which he finds beneficial.
<b>Social</b>
Social strengths/needs identified? No
<b>Work/vocational/educational performance</b> No problem
<b>Ability to work now</b> No problem
<b>Social activities outside the home</b> No problem
<b>Activities of daily living</b> No problem
<b>Personal care</b> No problem
<b>Relationship with close family</b> No problem
<b>Relationship with partner</b> No problem
<b>Relationships with others close by</b> No problem

**Dorriccott, Gary (Mr)**

Date of Birth 08-Jul-1989 (34y)

CHI Number 0807890030

**Carer's needs/support**

**Carer's needs assessment**

Not recorded

**Carer support offered**

Not recorded

**Social summary**

**Social summary**

Gary enjoys 'hanging out with bikers' because they 'show respect'. Gary reports to hang about a garage where he is able to chat to one of the men there.

**Consent to care and treatment**

**Sufficient information provided?**

Yes

**Does the person understand the information given to them that is relevant to the decision?**

Yes

**Can the person retain that information long enough to be able to make the decision?**

Yes

**Can the person use or weigh up the information as part of the decision-making process?**

Yes

**Can the person communicate their decision?**

Yes

**Is consent valid?**

Yes

**Is the consent given voluntarily?**

Yes

01 SEP 2023

Drs McMaster, Moore & Brooksbank  
Medical Record Application

Date: 1/9/23

Applicant Information:

Surname: DORRIGOTT

Forename: GARY

Date of Birth: 08/07/1989

Home Address: 22 Glendown STREET  
GILVAN  
KAZ6 0AB

Contact Telephone Number: 07454636473

I wish to see/have a copy of my medical records held by Dr McMaster & Partners (\*delete as appropriate)

Reason for Request:

I require these records as I have court case and lawyers require a full Doctors Record.

Applicants Signature: 

**Copy of Medical Records Requested**

I confirm that I have received a full copy of my electronic and paper medical records held by Dr McMaster & Partners on: \_\_\_\_\_

Fee Charged: \_\_\_\_\_

Signed: \_\_\_\_\_



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[www.nhsayrshireandarran.com](http://www.nhsayrshireandarran.com)



31 JUL 2023



## Ayrshire Doctors On Call

**1 Patient Contacts for Drs McMaster, Moore & Brooksbank**

Page 1 of 2

**Patient : Gary Dorricott**

**(Gender: Male ) (DOB: 08/07/1989) (Age: 34 years) (CHI: 0807890030)**

**Case No** 11896 **Case Date** 28/07/2023 21:29  
**Own Dr** Brooksbank, K

Emergency Care Summary viewed on case

**Current Address** The Old School House  
Old Dailly Girvan  
**Home Address (If Different)** 22 Glendoune Street Girvan

KA26 9RB **Current Phone** 07387 287738  
 KA26 0AB **Home Phone (If Different)**

**Case Type** Advice  
**Priority On Reception** within 2 hours

**NHS 24 Advice by** Joanna Davidson (Call Taker Si) () **Triage Start** 21:44  
**Triage End** 22:26

Clinical summary created by: Joanna Davidson (Call Taker Si) () [28/07/2023 22:27:13]

Reason for call: FEVER - 24 HRS

28:07:2023 21:36:00 DAVIDSONJ1.. FAINTED BUT IS NOW AWAKE , FEVER , DISORIENTATED , SENSITIVITY TO LIGHT , PINS AND NEEDLES IN HANDS AND ARM , PAIN BEHIND EYES , HEADACHE... DIZZY AND UNBALANCED AT TIMES BUT CAN MOBILISE TO TOILET.. MOTORBIKE CRASH 2YRS AGO.. INTERMITTENT CHEST PAIN FOR A WHILE BUT NONE TODAY.. NO NEW NECK STIFFNESS BUT HAS NECK STIFFNESS , SAW PHYSIOTHERAPIST YESTERDAY.. STATES DROWSY.. FACE IS RED.. UNSURE OF TEMP , DOES NOT HAVE A THERMOMETER.. TRAPPED WIND AND BURPING , TEMP FEELS NORMAL.. HAS VOMITED , FOOD STUFF.. LOSING FOCUS ON OPENING EYES..

28:07:2023 22:24:24 CLARKN.. HX FAINT 4HRS AGO. DENIES HEAD INJURY. PHOTOPHOBIA. NECK PAIN ? UNSURE IF WORSE. DENIES RAH. FAST-VE. SKIN WARM. PINS & NEEDLES WHEN LYING RHS. RHS STIFF AND PAINFUL NORMAL FOR PATIENT. FULL BODY ACHES... DROWSINESS NOW RESOLVED. ABLE TO WALK. PU. BO. VOMITED X 1 FOOD STUFF. HEADACHE BEHIND R EYE RADIATING ABOVE R EYES. INTERMITTENT VISUAL DISTURBANCES WORSEING OVER TODAY. ANALGESIA NIL TAKEN. PAIN SCORE 6-7/10 ADVISED ANALGESIA PCEC 2..

Outcome: PCEC within 2 Hrs

### Case Questions

NHS 24 Feedback

Do you agree with the outcome determined by NHS 24? - Yes

CLINICAL PORTAL -

Did you perform a lookup on the A&A Clinical Portal? - No

### Pocketed Aremote Consult by:

Start Type	End Type	Consult Start	Consult End
Adastra Consult by	Gillespie, Stephanie	Consult Start	23:01
Start Type	Advice	End Type	Advice
		Consult End	23:03

### History

asked to call patient. rings out and goes to answering machine. msg left 23.02. for call back. no alternative number.

### Examination

Report Statistics:

Report produced by Adastra Version 3 - 29/07/2023 00:19:48

PTO

**Patient : Gary Dorricott**

**(Gender: Male ) (DOB: 08/07/1989) (Age: 34 years) (CHI: 0807890030)**

**Diagnosis**

**Treatment**

**Clinical Code(s)**

**Prescriptions**

**Informational Outcome(s)**

Refer To Hospital -

✓ **Adastra Consult by**

Gillespie, Stephanie

**Consult Start** 23:58

**Start Type** Advice

**End Type** Advice

**Consult End** 00:03

**History**

asked to call patient. rings out and goes to answering machine. msg left 23.02. for call back. no alternative number.

s/w patient. not feeling well in self today. feeling flushed at times. dizziness earlier today. LOC earlier today. patient has very vague memories surrounding this. poor hx - but states that felt 'weird' prior to this. unwitnessed. unsure how long he was out for. no urinary incontinence. no tongue biting. no injuries. nauseated earlier. small vomit. no thermometer to check temp. tolerating small amounts of diet and fluids. no urinary symptoms. normal bowels. no rashes. states that is feeling better than he did. had been feeling well in the last few days - 'under a bit of stress'. normally fit and well.

**Examination**

sounds well - chatty and talking in full sentences

**Diagnosis**

unexplained LOC

**Treatment**

advised to attend ED ASAP  
understanding  
will make own way there

✓ **Clinical Code(s)**

R0023 [D]Collapse

**Prescriptions**

**Informational Outcome(s)**

Refer To Hospital -

*Recorded*



26 JUL 2023

MENTAL HEALTH SERVICES

Adult Community Mental Health Team  
Main Building  
Ailsa Hospital  
Dalmellington Road  
Ayr  
KA6 6AB



**PERSONAL IN CONFIDENCE**

Mr Gary Dorricott  
22 Glendoune Street  
Girvan  
KA29 0AA

Date Typed: 26<sup>th</sup> July 2023  
CHI No: 0807890030  
Enquiries to: John Kennedy  
Direct Line: 01292 559777

Dear Mr Dorricott

You have been referred to the Community Mental Health Team.

It would be helpful in progressing your referral if you would telephone 01292 559777 between the hours of 9.30 am – 4.30 pm to confirm that you would like an appointment.

If we do not hear from you by **9<sup>th</sup> August 2023** you will be discharged from the Community Mental Health Team back to your referrer.

We look forward to hearing from you.

Yours sincerely,

**Appointments Office  
NHS Ayrshire & Arran**

c.c Dr Brooksbank, GP, Girvan Health Centre





NHS Confidential: Personal data about a patient

Advanced Physiotherapy Practitioner  
Trauma & Orthopaedics  
University Hospital Ayr  
KA6 6DX

[www.nhsaaa.net](http://www.nhsaaa.net)







## MSK DISCHARGE REPORT



<b>Patient Name:</b>	Gary Dorricott
<b>Address:</b>	22 Glendoune Street, Girvan, Ayrshire, KA26 0AB
<b>CHI:</b>	0807890030
<b>GP:</b>	Dr KL Brooksbank
<b>Consultant:</b>	
<b>Referrer Source:</b>	Dr K Brooksbank
<b>Referral Date:</b>	13/09/2022
<b>Start Date:</b>	11/11/2022
<b>Discharge Date:</b>	07/06/2023
<b>No. of treatments:</b>	6
<b>Discharge Reason:</b>	DNA – x2 UTAs rescheduled appts and x4 DNA in total
<b>Treatment Outcome:</b>	
<b>Therapist:</b>	Moira Paton
<b>Location:</b>	GIRVAN PHYSIOTHERAPY

Dear Dr Brooksbank

**Diagnosis:** (R) knee pain, (R) shoulder pain. ORIF (L) tibia following RTC 2021

**Actions for GP/Follow up recommendations:** none

Attended with constant knee and shoulder pain. Shoulder pain prior to RTC. Gary reported to me he had ADHD and sometimes had anger issues. Initial assessment of his knee was limited due to pain and fear avoidance when moving the knee which had flexion of 30 – 65 degrees. (R) shoulder AROM limited in all directions by pain. Due to ongoing pain Gary was referred to Hydrotherapy which he found did provide some benefit – he did cancel an appointment and so missed his final assessment with my Hydro colleagues who did follow him up by telephone. Unfortunately Gary's attendance at Physiotherapy was not consistent. I referred him to my APP colleague Lindsay Campbell for assessment of his (R) shoulder. This consultation did not go smoothly. Unfortunately Gary DNA his last appointment with me on 24/05/2023 and did not contact the MSK Hub for any further appointments. He was therefore discharged.

Referred on to \_\_Hydro, APPs\_\_\_\_\_(if applicable)

Yours sincerely,  
 Authorised on 15/11/2023 12:27:49 by Moira Paton.  
 Moira Paton  
 15/11/2023

**NHS Confidential: Personal data about a patient**

To: BW.MCMASTER

**University Hospital Ayr Emergency  
Department**

Dalmellington Road

Ayr

KA6 6DX

Tel: 01292 614578

**DUTY CONSULTANT: DR ALAN KRICHELL**

**PATIENT DETAILS**

<b>Patient Name</b>	Gary Dorricott
<b>CHI Number</b>	0807890030
<b>DOB</b>	08/07/1989
<b>Address</b>	22 GLENDOUNE STREET,GIRVAN,... KA26 0AB

**ATTENDANCE DETAILS**

<b>Arrival Date &amp; Time</b>	07/05/2023 15:14
<b>Attendance Number</b>	AYR-23-010001-1

**Diagnosis**

**Treatment**

**Investigations**

**Additional Information**

**DISCHARGE DETAILS**

<b>Discharge Date &amp; Time</b>	07/05/2023 17:56
----------------------------------	------------------

**Left Department Date &  
Time**

Not Known Not Known Patient did not wait

**Child Protection**

**Adult Protection /Concern  
Referral?**

**Clinician Seen**





He told me at this point that it was only because he had mentioned lawyers to his physiotherapist that he had been taken seriously and referred for this appointment today, and was clearly disgruntled. I explained that the reason for this appointment was for imaging and diagnosis to help decide further management and was independent of any insurance/legal proceedings.

Due to pain Mr Dorricott was reluctant to let me fully assess his shoulder today however he had no obvious asymmetry or muscle wasting. He had good flexion and extension of the cervical spine but rotation to the right was limited at end of range and brought on right sided shoulder blade pain and shoulder pain. Palpation on the right side of his neck was extremely painful and reproduced pain around the shoulder blade.

He had normal shoulder girdle movement. He was reluctant to flex above 90° or abduct beyond 80° due to pain and tells me that when he did this at physiotherapy last week there was a popping noise and this has been very sore since then. He had reasonable internal rotation and external rotation and external rotation was painful and stiff at end of range but I felt this was inhibited by pain rather than true stiffness. Elbow flexion and extension was normal. On resisted muscle tests external rotation and abduction strength was inhibited due to pain otherwise myotomes were normal in the right upper limb. He had reduced sensation to light touch on the C8 distribution of the right arm. Tinel's test at the cubital tunnel was negative and he had normal intrinsic power in the right hand. There was a normal appearance of his hand. Reflexes were intact and symmetrical.

Clinically there was a mixed picture of neuropathic pain in a C8 right distribution and rotator cuff pain. I note he had an ED attendance in 2020 due to insidious onset but it is noted in his records that he attended ED because he could not obtain a GP appointment. An X-ray at that point was normal. The only other investigations for his shoulder and neck have been a poly-trauma CT which happened at the time of the accident. This had reported no change in the neck, there is no comment about the shoulder but there did not appear to be any bony injury from this.

An X-ray was taken of his right shoulder in clinic today which awaits formal radiology reporting, however I could see no obvious joint or bone abnormality. When I spoke to Gary before he went for an X-ray he looked very angry and I asked him what his look of concern was. It was intended in a constructive way to clarify his concerns, he told me had had numerous scans and x-rays before and he only wanted a jag to make him pain free. I explained I needed to establish the source of pain before we could determine management. He agreed to go to x-ray and I said we would talk about the plan in more detail on his return from x-ray.

When he returned from X-ray he became very angry and verbally aggressive telling me that I had been unprofessional and rude which was not intended. I apologised if this was the way it had come across. However he then continued to say the only reason that we are ordering scans and taking him seriously is because he has threatened us with lawyers. He tells me that everyone he has met within the NHS has been very unprofessional and we only get our

finger out when he threatens to “sue or complain”, and that he would go to a lawyer on his way home.

I tried to explain today that although he has had an X-ray in 2020 and CT poly-trauma after the accident, this does not show the soft tissues and that I was concerned that there may be a small tendon tear or tendinopathy of his rotator cuff. I also felt it was very likely he had a C8 nerve root compression which would not be shown on the previous imaging that had been carried out. He then claimed that he had been told many times his shoulder had been scanned and therefore he had been lied to in the past

I explained that a steroid injection may be indicated depending on the MRI result if there was local shoulder pathology without any significant tear, however would not be indicated for C8 nerve root compression and therefore the MRI would help clarify both diagnosis and management.

He then went on to tell me that his expectation was a “jag to make him pain free today so that he could get on with his life and on with his day”. I reiterated that Moira Paton his physiotherapist had referred him here for further assessment for his shoulder and a steroid injection if indicated. He then continued to be very angry within the clinic, some of which was overheard by Jennifer Jones and Iain Anderson.

He did consent to go for an MRI scan of his neck and shoulder. I have referred him for this and I will be in touch with him on receipt of the result.

He did not give me the chance to discuss this any further or discuss any other management plan in the interim as he started leaving telling me “he just wanted out of the building to get on with his day”. Once we receive his MRI result we will be in touch with him.

Yours sincerely

*Authorised on 01/03/2023 16:09:17 by Lindsay Campbell.*

**Lindsay Campbell PH45125  
Advanced Physiotherapy Practitioner Trauma & Orthopaedics/MSK**

Moira Paton  
Physiotherapy  
Girvan Community Hospital  
Bridgemill  
GIRVAN

Mr Dan Thomson  
Team Lead Physiotherapist  
Physiotherapy Department  
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Mrs J Reid  
Consultant Physiotherapist in MSK  
Crosshouse Hospital  
KILMARNOCK  
KA2 0BE

MURO - 10.30am

1.3.-23



# CONFIDENTIAL MEDICAL EXPERT REPORT

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Ayr  
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Telephone: 01292 614349

First Report of: Mr Peter S. Young  
Specialist Field: Trauma & Orthopaedics  
Solicitors Reference: DORR3002/00001  
Expert Reference: PY/GD/080789  
Date of Report: 23/06/2022

Report of Mr Peter S. Young

Reference: DORR3002/00001



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## 2. Specifics

**The Client:** Mr Gary Dorricott  
**Address:** 27A Knockcushan Street, Girvan, KA26 9AG  
**Date of Birth:** 08/07/1989  
**Form of Identification:** Date of birth check

**Date of Interview:** 25/05/2022  
**In Attendance:** Mr Gary Dorricott  
**Date of First Report:** 23/06/2022  
**Date of Report Editing:** N/A  
**Instructing Solicitor:** Lee Murray of Digby Brown Solicitors  
**Pursuer:** Mr Gary Dorricott

**Medical Expert:** Mr Peter Young  
**Qualifications:** BMedSci, BMBS, FRCS (Tr & Orth), PhD  
**Specialist Field:** Consultant in Trauma & Orthopaedic Surgery

**Experience:** Full time Trauma and Orthopaedic Consultant working within the NHS.

Medicolegal trauma and orthopaedic expert, Bond Solon civil expert certified.

Full details of my qualifications and experience are available in Appendix 1.

Report of Mr Peter S. Young

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### **3. Questions to be addressed via letter of instruction**

"We would be obliged if you examine our client and provide a full and detailed report dealing with the injuries sustained, treatment received and present condition, dealing in particular with the capacity for work, if relevant and giving a prognosis."

"We require input on causation and prognosis and these are areas that we consider require an opinion from a practitioner at consultant level."

Report of Mr Peter S. Young  
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#### 4. Summary

Mr Dorricott was 32 years old when on the 23<sup>rd</sup> August 2021 he was the driver of a motorbike in a head-on road traffic collision with a campervan. In my opinion Mr Dorricott suffered multiple injuries including:

1. Soft tissue injury to the neck with suspicion of injury to the nerves supplying the right arm (brachial plexus injury).
2. Soft tissue injury to the right shoulder causing an exacerbation of pre-existing right shoulder impingement.
3. Soft tissue injury to the left hand on a background of previous fifth metacarpal (small bone of the hand) fracture.
4. Multiple ligament injuries to the right knee, treated conservatively in a knee brace.
5. Open fracture (bone protruding through the skin) of the left tibia (shin) requiring emergent surgery to clean the wound and fix the fracture with a plate and screws.
6. Soft tissue injury to the abdomen and pelvis which settled fully after 2 weeks.

Mr Dorricott required emergency surgery to his left leg, and was in hospital for three days.

Mr Dorricott had a severe limitation in his activities of daily living. He moved into a friend's house and required significant assistance with activities of daily living for three months. He has been unable to return to any of his leisure activities to date.

Report of Mr Peter S. Young  
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#### **4.1. Present Condition**

At the time of report Mr Dorricott notes discomfort and stiffness from his left ankle, instability and pain from his right knee, severe pain and limitation from his right shoulder, stiffness from his neck with altered feeling in the right arm. The soft tissue injury to the left hand has resolved.

Examination at the time of report was in keeping with a well-healed fracture of the left lower leg, irritation from the metal plate and screws and post-traumatic stiffness of the left ankle.

Examination of the right knee was in keeping with multiple ligament rupture and ongoing instability. Examination of the right shoulder was in keeping with right shoulder impingement.

Examination of the neck was in keeping with musculoskeletal discomfort affecting the muscles to either side of the neck and linking the neck and shoulder. On balance, there is evidence of injury to the nerves supplying the right arm.

In my opinion Mr Dorricott would benefit from physiotherapy to the left ankle, right knee, neck and right shoulder including a steroid injection to the right shoulder. He may further benefit from an MRI scan of the neck and right brachial plexus.

#### **4.2. Prognosis**

##### **4.2.1. Neck**

In my opinion Mr Dorricott has had a significant soft tissue injury to the neck and has ongoing musculoskeletal discomfort and possible injury to the nerves of the right arm.

Nerve conduction studies and an MRI scan would help to delineate the underlying injury to the neck and brachial plexus, and guide treatment and prognosis.

On balance, I would anticipate the neck improving significantly with an appropriate course of physiotherapy. On balance, if the investigations confirm a recovering nerve injury, I would not anticipate any long-term consequences as a direct result of the accident.

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#### 4.2.2. Right Shoulder

In my opinion following an appropriate course of physiotherapy and a steroid injection to the right shoulder I would anticipate Mr Dorricott's shoulder impingement settling back to his normal baseline.

On balance I would not anticipate any long-term consequences as a direct result of the accident.

#### 4.2.3. Right Knee

On balance Mr Dorricott is likely to gain a significant improvement in the stability of his right knee with appropriate physiotherapy. On balance, Mr Dorricott is likely to have some degree of persistent instability from the knee in the longer term.

In my experience, with appropriate engagement with physiotherapy, he will not require ligament reconstruction surgery when balancing the risks and benefits. This will however be dependent on his outcome following physiotherapy.

In my opinion, on balance, he is more likely than not to develop post-traumatic osteoarthritis of the knee as a direct result of the accident.

#### 4.2.4. Left Lower Leg

In my opinion Mr Dorricott's fracture has healed. On balance his residual injuries are related to soft tissue irritation from the underlying metalwork.

On balance, the post-traumatic stiffness of the left ankle will improve with physiotherapy. In my view, he will not develop post-traumatic osteoarthritis.

On balance I would anticipate Mr Dorricott requiring removal of the metalwork to improve his symptoms due to the tendon irritation evident at examination.

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#### **4.3. Labour Market**

Mr Dorricott is a trained mechanic but was unemployed at the time of accident, due to other mental health issues.

In my opinion Mr Dorricott will struggle with the heavy manual labour side of this work, due to the multitude and severity of his injuries, and potential instability from the right knee.

His labour market employability will depend on his response to physiotherapy. On balance however, at present I would consider him to be at a disadvantage on the labour market in the longer term as a result of the accident.

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## 5. History of the Incident/Injury

Date of Injury: 23/08/2021  
Time of Injury: 18:30 approximate  
Location of Injury: Main road outside of Girvan  
Situation: Driver of motorbike  
Conditions: Dry and bright  
Occupation at time: Unemployed  
Age at time: 32  
Dominant hand: Left

### 5.1. History of Injury

Mr Dorricott reports on the 23<sup>rd</sup> August 2021 he was the solo rider of his own motorbike. He reports travelling approximately 60 miles per hour on a national speed limit road on a slow right bend.

He reports seeing a campervan on the opposite side of the road indicating to turn right across his lane. As he approached the campervan it suddenly pulled out in front of him to turn across the road.

Mr Dorricott reports he slammed the brakes as hard as he could and did try to swerve to avoid the campervan, however, he impacted against the side of the campervan at speed, with his head and shoulders penetrating the window.

Mr Dorricott's next memory is of lying on the road and attempting to stand, at which point he felt severe pain in his right knee and very severe pain in his left leg which was unable to hold his weight.

He was helped to the side of the road where he subsequently lay down. He also noted pain from his right shoulder and right hand at that point.

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Mr Dorricott reports removing his helmet at the time due to a feeling of impending sickness, and did not notice specific neck pain at that point.

Mr Dorricott reports an ambulance attended the scene and he was taken to the local accident and emergency department. He reports his motorbike was written off.

#### *23/08/2021 Scottish Ambulance Service Records*

The records state Mr Dorricott had been involved in a motorbike accident at 60 miles per hour, a head-on collision with a van. His helmet had been removed prior to attendance and he had tried to rise immediately after the accident but was suffering significant pain in the lower legs.

He was identified with an open fracture of the left leg with a small penetrating wound, and some pins and needles in the left leg.

He was placed in a pelvic binder (a tight belt around the pelvis in case of fracture), a splint was applied to his left leg and he was transferred to the local accident and emergency department.

## **5.2. Initial Diagnosis & Treatment**

#### *23/08/2021 University Hospital Ayr A&E Records*

The records state Mr Dorricott was a motorbike driver involved in a head-on collision with a van at approximately 60 miles per hour. He was complaining of pain from the right hip and left lower leg.

He was noted to be tender over his tibia and fibula on the left side with an obvious wound over the lower leg. He was noting pins and needles in his left lower leg.

He was transferred for an emergent polytrauma CT (CT scan from head to pelvis), as well as x-rays of his left leg.

His CT scan reported no obvious other injuries, x-ray of his tibia confirmed an open fracture. He was referred on to the orthopaedic team for further management.

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*23/08/2021 Orthopaedic Records*

The records state Mr Dorricott was a motorbike rider involved in a 40 - 60 mile per hour road traffic collision when a campervan pulled across the road to turn into a service area.

Mr Dorricott had hit the side of the van with his head travelling through a window, and had walked away immediately afterwards.

He was diagnosed with an open fracture of his left tibia, no other injuries were seen on his trauma CT.

His left leg was placed in a below-knee backslab (an open cast to allow for swelling), elevated on pillows and he was admitted for a CT scan of his left knee and surgical treatment thereafter.

He was reporting tenderness from the right knee. Examination revealed an effusion (swelling within the knee joint) and an x-ray confirmed a fracture of the fibular head. His right knee was placed in a brace.

He was also complaining of pain from the left hand. A normal range of motion was noted on examination with some swelling over the fifth metacarpal (small bone on the outside of the hand). X-ray was undertaken which confirmed an old fracture with no new injury.

### **5.3. In Hospital Orthopaedic Treatment**

*24/08/2021 Orthopaedic Records*

The records state Mr Dorricott had been admitted with a left comminuted (multi-fragmentary), open (bone penetrating the skin) fracture of the distal one third of his tibia (shinbone).

He was also noted to have an avulsion fracture (pull-off fracture) of the right fibular head (bone around the knee). He was a motorbike rider involved in a head-on collision with a campervan at approximately 50 miles per hour.

At the time of review, he was continuing to complain of pain from the left wrist, right knee, left lower leg. Suspicion was raised of a possible fracture of the left radial styloid (wrist).

Report of Mr Peter S. Young

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The surgical options were discussed with Mr Dorricott, he was formally consented and taken to theatre for fixation of his left lower leg and examination of his knee and wrist.

*24/08/2021 Orthopaedic Operation Note*

Mr Dorricott's operation note states an examination of his right knee was undertaken, laxity was noted in his posterior cruciate ligament, as well as the posterolateral corner of his knee (suggestive of significant ligament injuries), he was placed in a splint. An MRI was requested.

X-rays were undertaken in theatre of his left wrist which showed no bony injury.

His left lower leg underwent surgery to debride (clean) the wound over the front of his leg where the bone had protruded, and apply a metal plate and screws to hold the fracture in place.

This was reportedly uncomplicated, he was placed in a backslab afterwards.

*25/08/2021 Orthopaedic Records*

The records state Mr Dorricott was recovering well following his surgery. His observations were stable, he was comfortable in bed and the examination findings from the right knee were explained to him and the requirement for an MRI scan.

*26/08/2021 Orthopaedic Records*

The records state Mr Dorricott's wounds were satisfactory. He continued to await an MRI scan.

*27/08/2021*

The records state Mr Dorricott had minimal pain from the left leg, was overall comfortable and the foot had a good blood supply and sensation.

Regarding the right knee his knee brace was causing some numbness and bruising in his thigh.

His MRI scan reported a rupture of his lateral collateral ligament (ligament on the outside of the knee), swelling in the posterior cruciate ligament (ligament within the knee) and a possible rupture of the meniscocapsular ligament (small ligament holding cartilage in place). His other ligaments were notably intact.

Report of Mr Peter S. Young  
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Mr Dorricott was reviewed by a soft tissue knee specialist who wished to discuss Mr Dorricott's case with other colleagues in the region to decide the best management option.

At that stage Mr Dorricott reportedly was struggling with the mental health impact following his accident and day in hospital, a hinged knee brace was applied to the right knee, and he discharged himself from hospital at that stage.

#### **5.4. Further Outpatient Treatment**

##### *30/08/2021 A&E Records*

The records state Mr Dorricott was seen with pain from his left lower leg and left lower aspect of his abdomen. He had reportedly felt a pop when he had got up to go to the bathroom.

He was noted to have swelling and bruising in the posterior aspect of the right knee but no evidence of compartment syndrome (increased pressure in the lower leg).

He was noted to be tender in the left iliac fossa (the lower aspect of his abdomen) with some bruising in this area. X-ray was undertaken of his abdomen which showed no acute issue.

He was discharged home, diagnosed with a soft tissue injury of his abdomen.

##### *09/09/2021 Fracture Clinic Records*

The records state Mr Dorricott was reviewed. The wounds to his left lower leg were healing well, sutures were removed and he was placed back into a cast to remain non-weight bearing. He continued in a knee brace on the right side.

##### *07/10/2021 Fracture Clinic Records*

The records state Mr Dorricott's x-rays were satisfactory.

##### *04/11/2021 Fracture Clinic Records*

The records state Mr Dorricott's wounds had healed well. His x-rays remained satisfactory. He was placed into a moon boot and advised to begin gently weight bearing as able. Regarding his right knee, he was referred on for physiotherapy.

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*16/12/2021 Fracture Clinic Records*

The records state Mr Dorricott was almost fully weight bearing in his moon boot, with some discomfort. His wounds had reportedly healed well with no signs of infection.

He demonstrated a good range of movement from the knee and ankle on the left side.

Regarding the right knee, he demonstrated a full active range of motion from 0° up to 110°.

Mr Dorricott was also reporting discomfort from the right shoulder. Examination revealed a range of flexion and abduction (lifting arm to the front and side) of 0-180°. Rotation of the shoulder was normal compared to the opposite side.

An x-ray was undertaken and was reportedly satisfactory.

Mr Dorricott was advised to remove his boot entirely, and given his reasonable progress was advised that physiotherapy may not be required.

Mr Dorricott reports he has since been to the fracture clinic once again regarding his right knee and pain from his left ankle. He has reportedly been referred on for physiotherapy. These records were not available at time of report.









*Authorised on 08/03/2022 14:05:54 by Miss Gibson's Assistant.*

**Mr A Clarke**  
**Clinical Teaching Fellow**  
**GMC: 7041800**



GPFR JH456412A: Mr GARY DORRICOTT

Rec 2.2.22  
Dr KLB

Independent  
Assessment  
Services

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DR BROOKSBANK  
GIRVAN COMMUNITY HOSPITAL  
NORTH OF GIRVAN  
GIRVAN 30800  
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Services  
c/o DWP PIP(1)  
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Wolverhampton  
WV98 1AA

**Telephone:** 0118 914 9400

**Our Ref:** JH456412A

**Date:** 30th January 2022

## PERSONAL INDEPENDENCE PAYMENT

### Request for Further Medical Evidence

Dear Doctor,

I am writing to you about a patient who has made a claim for Personal Independence Payment:

Patient's name: **Mr GARY DORRICOTT**

Date of birth: **08/07/1989**

Address: **27A KNOCKCUSHAN STREET, GIRVAN, KA26 9AG**

Independent Assessment Services is contracted to carry out assessments for Personal Independence Payment by the Department for Work and Pensions. It would be very helpful in assessing your patient's benefit claim if you could complete the enclosed factual report form.

**Your patient (or a person appointed to handle their affairs due to the claimant's mental incapacity to do so) has given their consent for us to request this information from you.**

You should base your report on your knowledge of the patient and on his records. A special appointment is not required. Please include in your report any relevant information contained in letters or reports from hospitals or consultants. It may be helpful to your patient to enclose any relevant correspondence contained in their file, such as recent consultant letters or letters from a Community Mental Health Team. If the patient has died or recently moved to another area please still complete the report if you can.

To ensure compliance with the Rehabilitation of Offenders Act 1974 your report should not contain any reference to criminal convictions, whether spent or not, unless the information is directly relevant to your patient's condition or disability. This report is not subject to the Access to Medical Reports Act 1998. The patient does not need to read it before it is returned.

The patient may, at any stage, request a copy of this report to be sent to them by the Department for Work and Pensions. Harmful and embarrassing information should not be included in your report.

P30264372/000959/1/5

OP101

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assessment  
services on  
behalf of

  
Department  
for Work &  
Pensions

S

GPFR JH456412A: Mr GARY DORRICOTT

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Guidance on completing section 6 is enclosed. Further information including more detailed guidance on completing your report can be found at [www.dwp.gov.uk/healthcare-professional/guidance](http://www.dwp.gov.uk/healthcare-professional/guidance).

We enclose an invoice for you to claim a fee of £33.50. Please send your completed report and invoice together\* in the enclosed business reply envelope. **Please reply within 5 working days.**

\*A request for payment will only be accepted on the enclosed invoice form, which must be completed and include the GMC number.

If you have any queries regarding completion of the report or if you would like to discuss this request with our medical staff, please phone the number at the top of this letter. Thank you for your help.

Yours sincerely,

**Mrs Olivia Gray** (Nurse, 17D0260E)

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GPFR JH456412A: Mr GARY DORRICATION

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## Guidance on completion of section 6

The assessment for Personal Independence Payment considers the claimant's ability to carry out a series of everyday activities as per section 6.

In this section, please provide information on the claimant's ability to carry out the relevant activities, if you are able.

Write what has been observed by yourself or another healthcare professional in relation to these listed activities. For example: self-care - "rose unaided from a chair in surgery, no bending difficulty noted"; getting around - "walks slowly with marked right sided limp using a walking stick, not breathless or very breathless when attends surgery for routine check".

Please only include observations, not opinions.

### To consider when completing the form:

Here are **examples of information** that is particularly useful to us for the following conditions.

- **Respiratory conditions** including asthma and COPD - exercise tolerance, **recorded** variability, peak flow readings (including serial readings), spirometry results, treatment and compliance - prescriptions requested regularly / when was last prescription, oral steroids and hospital admissions in last 12 months.
- **Ischaemic Heart Disease** - investigations including results of formal exercise testing, exercise tolerance, clinical findings, response to treatment including nitrates, treatment compliance, hospital admissions in last 12 months.
- **Musculoskeletal conditions** - **recorded** symptoms, recorded history of falls, detailed clinical findings **including range of joint movements**, treatment including planned surgical treatment with dates, response to treatment and compliance - prescriptions requested regularly / when was last prescription.
- **Mental health conditions** - documented history of self-harm, self-neglect, detailed mental state findings, history of admissions - voluntary or compulsory, regular prescriptions and last one ordered.
- **Sensory impairment** - visual and auditory acuity.

P30264372/000959/2/5

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Department  
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Pensions

Your GP Factual Report

819178013

Patient's name & Ref No Mr GARY DORRICOTT

JH456412A

Date when patient last seen by a health professional 2 / 2 / 22

Where and by whom Telephone consultation 2/2/22 by Dr L. McKelvey (GP GUMAN COMMUNITY HOSPITAL)

Notes:

- Please record relevant information based on your knowledge of the patient and their medical records.
Please write down facts rather than opinion. We require an objective report - please only include information about symptoms that are recorded in the patient's records and information about disabling effects that you or another healthcare professional have directly observed.
It may be helpful to your patient to enclose any relevant correspondence contained in their file - for example, recent consultant letters or letters from a Community Mental Health Team. Please ensure that any third party information is removed. Third party information is any sensitive information that refers to someone other than the patient - for example, the patient's family
Please complete all sections as fully as possible but write "not known" if appropriate. "Not known" can be helpful.
Relevant information is anything that relates to health conditions or disabilities which impact on the patient's functional ability.

1. Disabling conditions

Please list conditions or impairments which affect the patient's functional ability.

NVTA August 2021 - open trial #, ORIF 27/8/21
Perishing pain @ knee
ADND 99
Chronic

2. History of condition(s). Include details of any relevant special investigations

Remain in @ leg brace
- reduced mobility
- ↑ severe pain @ knee
- ongoing @ ortho pain

P30264372/000559/3/5

**3. Symptoms and variability**

*This is especially helpful in conditions that fluctuate. It should be based on information in the clinical record. Include both day-to-day and longer-term fluctuations. Include the frequency and duration of exacerbations. Please also specify if the condition is well controlled.*

Exhibits signs of variable mood, ↓ mobility

**4. Relevant clinical findings**

*Entitlement is based on the impact of the individual's impairment or health condition(s) on their everyday life. Please provide details of examination findings related to the severity or impact of any health conditions or impairments.*

In knee brace  
sign of surgery

### 5. Treatment - Current, planned, response and prognosis

Please provide details of drug and non-drug treatment and aids and appliances used (prescribed or, if known, non-prescribed). Please specify frequency of treatment and, for medication, dose as relevant.

[Empty dotted lines for text entry]

### 6. Effects of the disabling condition(s) on day to day life

If known, it would be helpful to have information on the patient's ability to:

- Manage their health conditions and treatment
- Communicate
- Walk or move around
- Get somewhere on their own
- Make simple decisions
- Prepare, cook and eat food
- Wash, bathe and use the toilet/ manage incontinence
- Dress and undress

Only include information that has been confirmed by a health professional. Please state if this is not known.

Reduced walking

[Handwritten note with arrow pointing to 'Walk or move around' in the list above]

[Empty dotted lines for text entry]

P30264372/000955/4/5

**7. Does the patient have a history of threatening or violent behaviour?**

No  Yes  Don't know

*If yes, tell us about their behaviour within the last 5 years. Use the space below at Part 9*

**8. Could your patient travel to an assessment centre by public transport or taxi?**

Yes  No  Don't know

*If no, please tell us why. Use the space below at Part 9*

**9. Additional information**

*Use this section if there was insufficient space in one of the previous boxes OR to add important relevant factual information that has not been written in the body of the report. Do not use the section to provide an opinion.*

[Large empty box with horizontal dotted lines for additional information.]

I understand that, in certain circumstances, this report will be released to my patient, their legal representative and any authority deciding an appeal in relation to their entitlement to benefit. I also understand that the only information that can be withheld is medical evidence that would be harmful to the person's health.

Your signature

Name in capitals

Date

Drs McMaster, Moore & Brooksbank  
Health Centre  
Stamp: Girvan Community Hospital  
Girvan  
KA26 9HQ  
Tel: 01465 713343  
Fax: 01465 716424  
Prescriptions Only: 01465 716420

# GP Factual Report Invoice

**To:** Independent Assessment Services **Related GP Factual Report**  
 c/o DWP PIP(1) **GPFR serial no:** 819178013  
 Mail Handling Site A **Date requested:** 30th January 2022  
 Wolverhampton **DWP ref:** JH456412A  
 WV98 1AA **Patient's name:** Mr GARY DORRICOTT  
**Date of birth:** 08/07/1989  
**GP/surgery invoice ref:** KLB/AF/ 5675

**Payee details:**

**Payee name:** DR K L BROOKSBANK  
Payee name to be the same as the name of the doctor  
 Dr Kenneth Moore & Brooksbank

**Surgery name and address:**  
 Health Centre  
 Girvan Community Hospital  
 Girvan  
 KA26 9HQ  
 Tel: 01465 713343  
 Fax: 01465 716424  
 Postcode: Prescriptions Only: 01465 716420

**VAT status**

VAT registered: VAT no: 

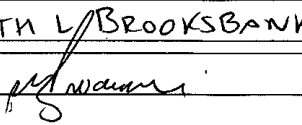
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**NET amount:** £33.50  
**VAT 20%:** £6.70  
**Total amount:** £40.20  
 Not VAT registered: **Total amount:** £33.50

**Bank Details** (Payment will be made by BACS transfer)

**Sort code:** 83 23 16 **Account no:** 00173163

**I hereby claim the appropriate fee for completing the above GP factual report**

**Print name:** KENNETH L BROOKSBANK **Tel no:** 01465 713343  
**Signature:**  **Date:** 3/2/22  
**GMC no. of the GP who completed the GPFR (must be completed):** 4186731

**Authorisation (ATOS USE ONLY)** WBS: GB.704471.010.06 **GL code:** 604102  
**Print name:**

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**GPFR received:**

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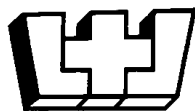
  
**Signature:**

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**Payment Approved:**

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P30254372/000959/5/5



Fife Health Board  
**Kirkcaldy Unit**

Victoria Hospital,  
Hayfield Road,  
Kirkcaldy,  
Fife KY2 5AH  
Tel: 0592 261155  
Fax: 0592 202248

PAEDIATRIC DEPARTMENT

CRS/HM/V.

14 July 1989

Dr Burt  
About House East  
Maygate  
DUNFERMLINE

Dear Dr Burt

Re - Gary Dorricott, 63 Bute Crescent, Dunfermline. D.O.B. 08.07.89

Thank you for your letter dated 12.7.89. Thanks for bringing this family's problems to attention. I will certainly arrange for an apnoea alarm etc to be provided and to put the wheels in motion will send a copy to our Liaison Health Visitor and to Mrs Morris at Forth Park.

I will also make arrangements for Gary to be followed up in the Dunfermline Maternity Clinic.

Yours sincerely

DR C R STEER  
Consultant Paediatrician

18 JUL 89

c.c. Sarah Dow, Liaison Health Visitor, VHK  
Mrs Morris, Forth Park Maternity Hospital, Kirkcaldy

23 DEC 2021

Adult Community Mental Health Team  
Ailsa Hospital  
Dalmellington Road  
Ayr,  
KA6 6AB  
[www.nhs-ayrshire.org](http://www.nhs-ayrshire.org)



MENTAL HEALTH SERVICES

**Personal in Confidence**

Mr Garry Dorricot  
27a Knockcushan Street  
Girvan  
KA26 9AG

Date Typed: 23<sup>rd</sup> December 2021  
Your Ref: N/A  
Our Ref: AF/PL  
CHI: 0807890030  
Enquiries to: Alison Forbes  
Direct Line: 01292 559777

Dear Mr Dorricot

(ANHH)

I am sorry you were unavailable for your appointment on 23<sup>rd</sup> December 2021 with Alison Forbes, Community Mental Health Nurse.

If you wish a further appointment, please contact the above number within the **next fourteen days**. If no contact is made, we will assume you no longer need an appointment and you will be discharged back to the care of your G.P.

Yours sincerely,

**Appointments Office  
NHS Ayrshire & Arran**

c.c Girvan Community Hospital, Bridgemill, Girvan, KA26 9HQ

[www.nhsaaa.net](http://www.nhsaaa.net)





way to doing so. There is evidence of lysis around the distal screws however he has enough bone stock to facilitate healing.

Check X-rays have been removed by Miss Gibson and shown to Gary who was happy with these appearances today. Overall we feel he is making excellent progress. We have told him to discard the moonboot when he feels comfortable. He has been referred to physiotherapy previously but unfortunately has not received this to date. We have not repeated the referral as we feel he is making excellent progress. I have therefore reassured him and advised that we will see him again in 2 months' time with check X-rays of left tibia on arrival. Gary seems happy enough with this outcome today.

Yours sincerely

*Authorised on 18/12/2021 13:51:44 by Miss Gibson's Assistant.*

**Andrew Clarke**  
**Clinical Teaching Fellow in Orthopaedics**  
**GMC: 7041800**