

20/09 2017 WED 13:09 FAX

002/002

cgl

Medical Information Request Form

Patient Name: *Duncan Clacher*

Patient DOB: *21/5/58*

Patient address: *37 Greenland Lane Corby NN18 9DH*

Patient NHS Number: <i>648-816-7464</i>		
Is the patient registered with your practice?	Yes/No	<i>Please see attached protract</i>
Is the patient prescribed any medication by your practice?	Yes/No	If yes, please provide details:
Are there any contra-indications to us prescribing opiates?	Yes/No	If yes, please provide details:
Have there been any significant adverse reactions to other medications?	Yes/No	If yes, please provide details:
Does this person have any medical or psychiatric illnesses or injuries?	Yes/No	If yes, please provide details:
Are there any concerns that you have with us proceeding with treatment?	Yes/No	If yes, please provide details:

As well as answering the above questions could you please provide a FULL medical summary including any blood results or other investigations

Name and role of person completing Medical Information Request Form:

*Colleen Pickerns  
Recovery Worker*

Signature: *[Handwritten Signature]*

Date: *20/9/17*

This service is part of the charity:

*cgl*

Chance, grow, live (CGL) Registered Office: 3rd Floor, Tower Point, 44 North Road, Brighton BN1 3YH. Registered Charity Number in England and Wales (1079827). Company Registration Number 3662700 (England and Wales).

27 Dec 2017	DNA Letter to Lakeside Healthcare
Letter Type	DNA Letter
Letter To	Lakeside Healthcare
Letter From	Diabetes Retinal Screening, Isebrook Hospital

Northamptonshire Healthcare   
 NHS Foundation Trust

Wednesday, 27 December 2017

Northamptonshire  
 Diabetic Eye Screening Programme  
 Abbey Block  
 Isebrook Hospital  
 Irthlingborough Road  
 Wellingborough  
 Northants  
 NN8 1LP

**PRIVATE AND CONFIDENTIAL**  
 Dr. R WHITTAKER  
 THE LAKESIDE SURGERY  
 DR WILCZYNSKI & PARTNERS  
 COTTINGHAM ROAD  
 CORBY  
 NORTHAMPTONSHIRE  
 NN17 2UR

Dear Dr. R WHITTAKER,

**Annual Diabetes Eye Screening – PATIENT HAS NOT RESPONDED**

Mr Duncan Clacher, NHS Number: 648 816 7464, DoB: 21/05/1958  
 37 Greenland Walk  
 Corby  
 Northants  
 NN18 9DH

The above named patient did not attend for their diabetes eye screening.

We have written to the patient advising them of the importance of regular eye screening.

If we do not hear from you or the patient we will invite them again in 12 months' time.

We would be grateful if you could discuss this with the patient to reinforce the importance of this screening.

If you require any further assistance please do not hesitate to contact us on 01933 235845.

Yours sincerely,

Northamptonshire Diabetic Eye Screening Programme

161

09 Jan 2018 Referral to unknown

Letter Type Referral
Letter To
Letter From

GP Referral Lakeside Surgery PathFinder
SURNAME Mr Clacher
FORENAME Duncan
NHS Number 648 816 7464 Date of Birth 21 May 1958
Ethnicity English - ethnic category 2001 census Gender Male
Telephone 01536 743751 Referral Date 08 January 2018
Mobile (other) 07902 310611 GP Dr J G Mellor
Home Address 33 Holyrood Walk Corby Northamptonshire NN18 9JD
Surgery Address Lakeside Healthcare Lakeside Surgery Cottingham Road Corby Northants NN17 2UR Tel: 01536 204154
Ambulance required Hearing impaired Interpreter needed (specify below)
Overseas visitor Visually impaired Learning disability

CLINICAL DETAILS Paste PathFinder below if appropriate

Podiatry Referral:

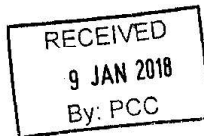
Dear Colleague

Thank you for seeing Mr Clacher who is diabetic and has poor nail care.

Thank you for seeing with a view to preventative care. Please see consultation note below for full information.

Yours sincerely

Dr John G Mellor



MERGED DATA FROM GP CLINICAL SYSTEM

Please check for accuracy and delete information not required for this referral

GP Referral

Lakeside Surgery

PathFinder

Recent Consultations

Consultation date	Notes	Template entries
18 Dec 2017	H: asking for help with long term back pain---see h/o using street buprenoph patches to help---pain for years---on gabapentin--dna mri apt last year, said appt too early --no alc etc now // says not had physio etc /wt steady //some diff with taking child to school etc //freq mict night--no loss saddle sensn etc E: abd nad cns power r=l bilat slr red bilat to 60deg //sensn nad bilat saddle sensn nad no spinal tenderness 138 / 80mmHg D: chronic back pain P: explained how long term opiates //went to s2s but feels not dependant on buprebn etc //diabetic due review etc--theoph level //and review ? pain clinic/other	
18 Dec 2017	H: came today for flu vaccination - states feel s well. NKDA	
04 Jan 2018	H: bloods ok// lipids high// microalb ----sl bilat tinnitus E: 137 / 80mmHg/ent nad bilat foot check could do with gen nail care re prevention // pulses nad sensn nad , no new cns changes see prev P: chat re risk v benefits statin// and ace re bp/proteinuria --discussed s/e medn //and rpt u+e after 2-3w Smoking cessation advice/// add preventer Inhaler clenil bd //technique advised // rerefer pain clinic //mri back as buttock discomfort bilat after walking ? exclude sp stenosis //appt 3-4w to review	HMC Templates COPD 2017-18 COPD MRC Breathlessness Scale Score: MRC Breathlessness Scale: grade 4 Oxygen saturation at periphery: 98 % Diabetes 2017-18 Diabetic Foot Checks Foot Risk Classification (Use for Left foot): O/E - Left diabetic foot at low risk Foot Risk Classification (Use for Right foot): O/E - Right diabetic foot at low risk Detailed foot exam 10g monofilament sensation R foot normal: Yes 10g monofilament sensation L foot normal: Yes O/E - left foot pulses present: Yes O/E - right foot pulses present: Yes Asthma 2017-18 Asthma Royal College Physician asthma assessment 3 question

Generic Version 1

SystemOne

648 816 7464

Page 2 of 5

GP Referral

Lakeside Surgery

PathFinder

		<p>score: 2  Asthma annual review: Yes  Asthma 2017-18  Asthma  Royal College Physician asthma assessment 3  question score: 2  Asthma annual review: Yes  COPD 2017-18  COPD  MRC Breathlessness Scale Score: MRC  Breathlessness Scale: grade 4  Oxygen saturation at periphery: 98 %  Diabetes 2017-18  Diabetic Foot Checks  Foot Risk Classification (Use for Left foot): O/E - Left diabetic foot at low risk  Foot Risk Classification (Use for Right foot): O/E - Right diabetic foot at low risk  Detailed foot exam  10g monofilament sensation R foot normal: Yes  10g monofilament sensation L foot normal: Yes  O/E - left foot pulses present: Yes  O/E - right foot pulses present: Yes  Smoking template 2017-18  Smoking quick entry  Current smoker: Yes</p>
--	--	--

Allergies

[V]Personal history of non-drug allergy

GP Referral

Lakeside Surgery

PathFinder

Medication

Current Acute Issues

Drug name	Dose	Quantity	Days duration
Ketoprofen 2.5% gel	Apply two to four times a day when required as directed	100 gram	28

Current Repeat Issues

Drug name	Dose	Quantity	Days duration	Last issued
Theophylline 250mg modified-release capsules	One To Be Taken Twice A Day	56 capsule	7	Thursday 14 Dec 2017
Sertraline 50mg tablets	take one daily	28 tablet	28	Thursday 14 Dec 2017
Gabapentin 300mg capsules	tds	100 capsule	28	Thursday 14 Dec 2017
Ventolin 100micrograms/dose Evohaler (GlaxoSmithKline UK Ltd)	ONE PUFF AS REQUIRED	400 dose	56	Thursday 14 Dec 2017
Beclometasone 50micrograms/dose nasal spray	two sprays to both nostrils twice a day, when symptoms controlled reduce to one spray twice a day to both nostrils	200 dose	28	Thursday 14 Dec 2017
Lansoprazole 30mg gastro-resistant capsules	1 ONCE DAILY	28 capsule	28	Thursday 14 Dec 2017, Reauthorised
Ramipril 2.5mg capsules	take one daily	28 capsule	28	Thursday 04 Jan 2018
Atorvastatin 40mg tablets	take one daily	28 tablet	28	Thursday 04 Jan 2018
Clenil Modulite 100micrograms/dose inhaler (Chiesi Ltd)	1 puff To be taken Twice Daily	200 dose	50	Thursday 04 Jan 2018

Medical History

Major Active Problems

- 01 Sep 1993 00:00, Chronic obstructive lung disease
- 22 Aug 2003 00:00, Asthma
- 06 Apr 2005 00:00, Benzodiazepine dependence
- 17 Aug 2011 00:00, Type II diabetes mellitus

Summary

17 Aug 2011, Type II diabetes mellitus

Generic Version 1

SystemOne

648 816 7464

Page 4 of 5

GP Referral

Lakeside Surgery

PathFinder

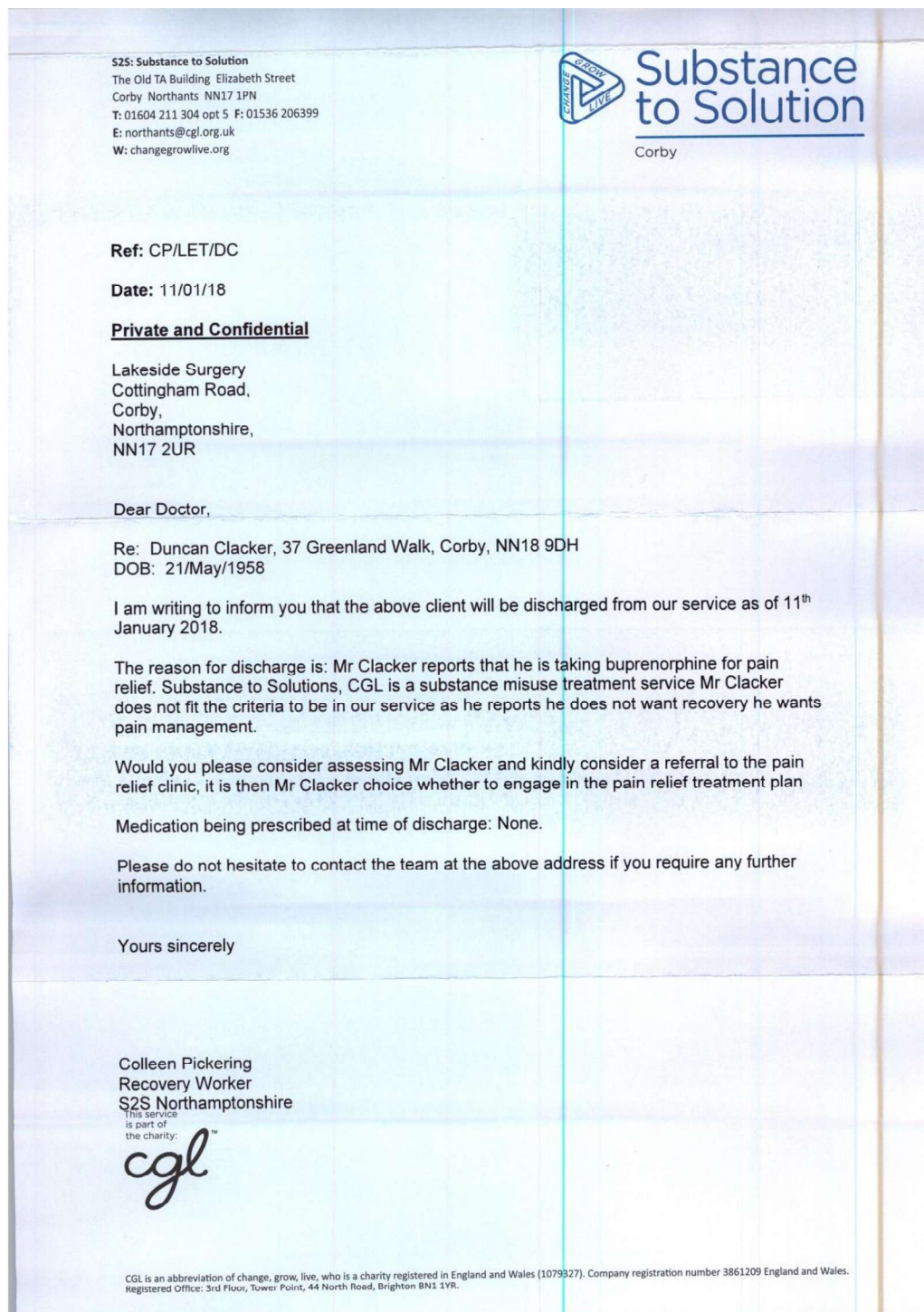
Recent BP recordings

Date	Reading
24 Aug 2015	130 / 80 mmHg
20 Dec 2016	166 / 99 mmHg
27 Mar 2017	138 / 82 mmHg
18 Dec 2017	138 / 80 mmHg
04 Jan 2018	137 / 80 mmHg

Last Weight and BMI

Latest Weight: 98 Kg  
Latest Height: 1.8 m  
Latest BMI: 30.25 Kg/m<sup>2</sup>

11 Jan 2018	Discharge Letter to Lakeside Healthcare
Letter Type	Discharge Letter
Letter To	Lakeside Healthcare
Letter From	S2S Substance to Solution





Kettering General Hospital **NHS**  
NHS Foundation Trust



<b>Name:</b> Mr Duncan Clacher	<b>Gender:</b> Male
<b>DOB:</b> 21 May 1958	<b>Age:</b> 59
<b>Hospital Number:</b> 184902	<b>NHS Number:</b> 648 816 7464

Third Party: Yes / No / Not Assessed

Care professionals: Yes / No / Not Assessed

Other risks:

**Clinical summary**

**Referral details**

Referred by Self / family / friends / education / work colleague

**Diagnosis**

The presenting complaint was 39 Unwell Adult (Respiratory)..

<b>Diagnosis</b>
Left before clinical assesement (Suspected diagnosis)

**Procedures**

<b>Investigations</b>	<b>Treatments</b>
zNone/Other Other	zNone/Other. Other (consider alternatives)

**Medication and medical devices**

<b>Drugs administered in ED</b>	<b>Drugs TTA</b>

**Plan and requested actions**

**Allergies and adverse reaction**

**Distribution list**


GP Letter

**Person completing record**

If you have any queries regarding this attendance please contact the Emergency Department via Switchboard.


THE KETTERING GENERAL HOSPITAL SITE IS A NO SMOKING AREA.

05 Apr 2018	Clinic Letter to Lakeside Healthcare
Letter Type	Clinic Letter
Letter To	Lakeside Healthcare
Letter From	Chronic Pain Clinic, Kettering General Hospital



UNIVERSITY OF  
**LEICESTER**

Affiliated Teaching Hospital



**Kettering General Hospital**  
NHS Foundation Trust

**Surgery CBU (Clinical Business Unit)**  
**Department of Chronic Pain**  
Rothwell Road  
Kettering  
Northants  
NN16 8UZ  
Main Switchboard: 01536 492000  
Web: www.kgh.nhs.uk

**Consultant: Dr N Roberts**

**Hospital Number: 184902**  
**NHS Number: 648 816 7464**

13<sup>th</sup> April 2018

Dr N Roberts – 5<sup>th</sup> April 2018

Dr Mellor  
Lakeside Surgery  
Corby

Dear Dr Mellor




**Re: Mr Duncan Clacher – DOB: 21.05.1958**  
**33 Holyrood Walk, Corby, Northants, NN18 9JD**

Duncan Clacher attended for an appointment on 5<sup>th</sup> April. You may recall that this gentleman has long standing back pain and has tried to self-medicate with buprenorphine, obtained via friends. This gentleman has had back pain for many years, dating back to his 20's when he used to work in the steel industry. He was told that he had crushed a vertebrae.

Medication wise, he takes gabapentin up to 8 tablets a day for the last 2 years, but he does not feel like this has helped. He kindly brought with him his prescription today, which detailed his other medication, which includes sertraline, although he did not really know why he was on this, but no other analgesics. I gather he has had problems in the past with opioid use. His current pain is exacerbated when he stands and during the night.

Mr Clacher has got some urinary frequency with no other bowel disturbance, or any perineal numbness. He has type 2 diabetes, hypertension, asthma, allergy to cats, depression and has also had alcohol problems in the past. Indeed today, he had a marked tremor.

On examination, he was rather unsteady on his feet, but we established that his pain was worse with forward flexion towards his knees. Extension was tolerable, but it was difficult to get him to stand straight. Straight leg raising was 80 degrees on both sides, with no evidence of radicular pain.

Chairman: Alan Burns  
Interim Chief Executive: Fiona Wise

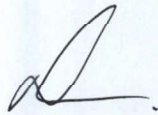
I am almost certain with this gentleman, that despite the fact that there was any radiological evidence, he has got wear and tear, spondylolisthesis affecting his back, related to his work in the steel industry.

We did talk about some options for his back pain, including medical branch nerve blocks, but he was not very keen on injections.

He was however, quite interested in the TENS machine, which could provide him with some degree of pain relief with no adverse consequences. I would agree with you that any opioid medication would be a retrograde step and I have encouraged him to reduce his gabapentin by a tablet a week to try to get him off this as I don't really think that it is helping him and there is no neuropathic element to his pain.

Hopefully, with simple interventions such as TENS, we can improve his quality of life.


Yours sincerely



**Dr N Roberts**  
**Consultant in Chronic Pain Management**

08 Apr 2018	DWP Reports to Lakeside Healthcare
Letter Type	DWP Reports
Letter To	Lakeside Healthcare
Letter From	Employment & Support Allowance, Job Centre Plus

ESA113



**Jobcentreplus**  
Employment and Support Allowance

Post ed  
136668  
LO

---

P556739/005967/1/2

40180

Dr Whittaker *JM*  
WILLOWBROOK HEALTH CENTRE  
THE LAKESIDE SURGERY  
COTTINGHAM ROAD  
CORBY  
NN17 2UR

RECEIVED

10 APR 2018

34200/34

Our phone number is: 01159758331

If you have a textphone,  
you can call on: 18001 01159758331

If you get in touch with us, tell us this  
reference number: YZ806342C

Date: 8th April 2018

---

**About your patient**

Full Name Mr Duncan Clacher

NINo YZ806342C

Date of birth 21st May 1958

Dear Doctor,

Your patient is being assessed for Employment and Support Allowance 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 face-to-face work capability assessment and if so support that assessment.

Please note

- NHS doctors 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.
- It is acceptable for you to delegate completion of the form to your practice nurse but you must confirm your authorisation by signing at the end.
- 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 face to face 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 medical staff, please phone the number above and ask for a member of the medical 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 this 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,

Mrs Elaine Vanden Bos

Address 37 Greenland Wk, Corby, Northants, NN18 9DH

---



Centre for Health and Disability Assessments on behalf of the DWP

RESTRICTED - MEDICAL

Version 10/17

ESA113

Client Name:  
Mr Duncan Clacher

Client NINO: YZ806342C  
Client Date of Birth: 21.05.1958

**Your reply**

Please answer the following questions from the information which is currently available to you.

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

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

4/1/18

**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

Freeport RSBR-GRCB-TCSY  
Centre for Health and Disability Assessments  
5 Orchard Place  
Nottingham Business Park  
Nottingham  
NG8 6PX

Condition and date of diagnosis	Symptoms and signs	Investigations, management & medication
D. mening back-pain ?	referral from Dr. Clacher D. mening 20/1/18	
the patient vision (GPD) smoke noct -	Atorvastatin 40mg od Clonidine 100mcg qd Gabapentin 300mg tid Carbamazepine 300mg od Paracetamol 7.5mg qd Levetiracetam 500mg bid Theophylline 250mg bid ventolin prn	



Centre for Health and Disability Assessments on behalf of the DWP  
**RESTRICTED - MEDICAL**

Version: 10/17

**ESA113**

**About your patient - continued** NINo: YZ806342C

**3 Current conditions not affecting ability to work**  
Please list any other relevant conditions that do not affect the ability to work.

**4 If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities**

Walking or moving	<input type="checkbox"/>	<p style="font-size: small; margin: 0;">in general not can't bend feet/ankles walking</p>
Transferring between seats	<input type="checkbox"/>	
Reaching	<input type="checkbox"/>	
Picking up objects	<input type="checkbox"/>	
Manual dexterity	<input type="checkbox"/>	
Communicating with others	<input type="checkbox"/>	
Continence	<input type="checkbox"/>	
Learning simple tasks	<input type="checkbox"/>	
Awareness of hazards	<input type="checkbox"/>	
Initiating and completing personal actions	<input type="checkbox"/>	
Coping with changes or social engagement	<input type="checkbox"/>	
Appropriateness of behaviour	<input type="checkbox"/>	
Eating or drinking	<input type="checkbox"/>	

**5 Does the patient have a history of threatening or violent behaviour?** No  Yes  Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at **Part 7**

**6 Could your patient travel to an examination centre by public transport or taxi?** No  Please tell us why at **Part 7** Yes

**7 Additional information**  
Please continue on a separate sheet if necessary.

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

**Your Signature**

Signature

Name IN CAPITALS Dr *Merel*

Date 12/4/18

Centre for Health and Disability Assessments on behalf of the DWP  
**RESTRICTED - MEDICAL** Version 10/17

29 May 2018	Clinic Letter to Lakeside Healthcare
Letter Type	Clinic Letter
Letter To	Lakeside Healthcare
Letter From	S2S - Substance to Solution

29/05 2018 TUE 10:11 FAX faxed: 29-5-18 001/02

**S2S: Substance to Solution**  
 Spring House  
 39 Billing Road  
 Northampton NN1 5BA  
 T: 01604 211 304  
 F: 01933 603 101  
 E: northants@cgl.org.uk

**Substance to Solution**  
 Northampton and Daventry

Lakeside

Date: 29.5.18

Private and Confidential

To whom it may concern

Re: Duncan Clacher DOB: 21.5.58  
 Address: 40 33 Holywood walk, Corby,  
NN18 9JD

We are writing because the above person has recently been assessed by our service for support with their drug and/or alcohol use. In order to help provide a safe and appropriate package of care for this person, which may include prescribed treatment (i.e. opiate replacement therapy), can you please provide relevant medical information on the attached form.

We would really like to work with you to help your patient address their substance misuse. We therefore require the following information to ensure that we proceed with any clinical intervention safely.

**We would be grateful if you could return the information by fax within 48 hours to (01604 603101).**

We would also ask that you contact us if the individual requires a prescription for any opiate medication whilst in treatment with our service.

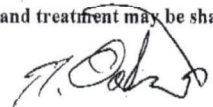
If you have any queries, or require any further information, please do not hesitate to contact the team.

I thank you in anticipation of your earliest response.

Yours sincerely

S2S – Substance to Solution

I give my consent that information about my support and treatment may be shared between the services that are delivering support to me.

Name: Duncan Clacher      Signature: 

29/05 2018 TUE 10:11 FAX

002/ 12

*cgl*

Medical Information Request Form

Patient Name:

Patient DOB:

Patient address:

Patient NHS Number:		
Is the patient registered with your practice?	Yes/No	
Is the patient prescribed any medication by your practice?	Yes/No	If yes, please provide details:
Are there any contra-indications to us prescribing opiates?	Yes/No	If yes, please provide details:
Have there been any significant adverse reactions to other medications?	Yes/No	If yes, please provide details:
Does this person have any medical or psychiatric illnesses or injuries?	Yes/No	If yes, please provide details:
Are there any concerns that you have with us proceeding with treatment?	Yes/No	If yes, please provide details:

As well as answering the above questions could you please provide a FULL medical summary including any blood results or other investigations

Name and role of person completing Medical Information Request Form:

*Kimberley Broom Recovery champion.*

Signature:

*K.E.B.*

Date:

*29.5.18*



Change, grow, live (CGL) Registered Office: 3rd Floor, Tower Point, 44 North Road, Brighton BN1 1YR.  
Registered Charity Number in England and Wales (1079327). Company Registration Number: 3861209 (England and Wales).

05 Jun 2018	Referral to unknown
Letter Type	Referral
Letter To	
Letter From	

NHS Nene & Corby CCGs

**BACK PAIN REFERRAL FORM**  
Northamptonshire Healthcare

GP referral form

<b>Person referred</b>	Mr Duncan Clacher	
NHS number	648 816 7464	Home Address
Date of Birth	21 May 1958	33 Holyrood Walk Corby NN18 9JD
Gender	Male	
Home phone	01536 743751	
Mobile phone	07902 310611	
Ethnicity	English - ethnic category 2001 census	
<b>GP Surgery</b>	Lakeside Healthcare, 1 Cottingham Road, Corby NN17 2UR	
Referred by	Dr Harish Kundaje	
Date of referral	05 06 2018	

Supporting Information	
<input type="checkbox"/>	<b>Military Service status</b>
<input type="checkbox"/>	<b>Has a Cognitive impairment (e.g. dementia / learning disability etc.)</b> <i>Please give details:</i>
<input type="checkbox"/>	<b>Has a sensory impairment (e.g. deafness/visual impairment etc.)</b> <i>Please give details:</i>
<input type="checkbox"/>	<b>Has a mobility impairment.</b> <i>Please give details:</i>
<input type="checkbox"/>	<b>Interpreter required.</b> <i>Preferred language: Main spoken language English</i>

RECEIVED  
05 JUN 2018  
By: PCC

NHS Nene & Corby CCGs

**BACK PAIN REFERRAL FORM**  
Northamptonshire Healthcare

GP referral form

Medical Details	
History	Status
Red Flags	No
Radicular Pain	Yes right side L5 S1 nerve root
Plain X-ray	
MRI	Shows prolapsed discs
<b>Medical Summary Merged from Record</b>	Significant conditions   Medication   Allergies   Investigations last 4w
<b>Additional Comments</b>	
<b>Current Problems</b>	
<b>Start date</b>	<b>Problem</b>
01 Sep 1993 00:00	Chronic obstructive lung disease (H3...)
22 Aug 2003 00:00	Asthma (H33..)
06 Apr 2005 00:00	Benzodiazepine dependence (X00Rv)
17 Aug 2011 00:00	Type II diabetes mellitus (X40I5)
27 Feb 2014 00:00	CT of head (X70my)
27 Feb 2014 00:00	Tonic-clonic seizure (XM03h)
27 Feb 2014 00:00	CT of chest (5678.)

NHS Nene & Corby CCGs

**BACK PAIN REFERRAL FORM**  
Northamptonshire Healthcare

GP referral form

14 Jan 2015 00:00	Opioid type drug dependence (XE1YR)	
05 Apr 2018 00:00	Back pain (XM1GI)	
<b>Past Major Problems</b>		
<b>Start date</b>	<b>Problem</b>	<b>End date</b>
12 Sep 1978 00:00	Patient "sectioned" (XM1To)	12 Sep 1978
03 Jan 1984 00:00	Drug overdose (Xa4eX)	03 Jan 1984
27 Mar 1987 00:00	Heavy drinker (Ub0IO)	27 Mar 1987
17 Nov 1988 00:00	Drug overdose (Xa4eX)	17 Nov 1988
15 Feb 1992 00:00	Prolapsed lumbar intervertebral disc (N122.)	15 Feb 1992
09 Dec 2002 00:00	O/E - depressed (2257.)	07 Mar 2016
14 Apr 2007 00:00	[V]Limb and other problems (ZV49.)	07 Mar 2016
28 Sep 2007 00:00	Gallbladder calculus (X308A)	07 Mar 2016
21 May 2008 00:00	Laparoscopic cholecystectomy (78105)	21 May 2008
26 Nov 2009 00:00	Generalised abdominal pain (197A.)	07 Mar 2016
<b>Medication – Current repeat prescription</b>		
<b>Consultation date</b>	<b>Drug name</b>	
05 Apr 2004	Theophylline 250mg modified-release capsules	
03 Jul 2015	Sertraline 50mg tablets	
27 Mar 2017	Ventolin 100micrograms/dose Evohaler (GlaxoSmithKline UK Ltd)	
26 Jun 2017	Beclometasone 50micrograms/dose nasal spray	
04 Jan 2018	Lansoprazole 30mg gastro-resistant capsules	
04 Jan 2018	Ramipril 2.5mg capsules	
04 Jan 2018	Atorvastatin 40mg tablets	
04 Jan 2018	Clenil Modulite 100micrograms/dose inhaler (Chiesi Ltd)	
08 May 2018	Metformin 500mg tablets	
<b>Medication – Acutes (within last 3 months)</b>		
<b>Start date</b>	<b>Full description</b>	<b>End date</b>
26 Apr 2018	Gabapentin 300mg capsules 21 capsule - Extra supply as part of 300mg TDS dose	03 May 2018
08 May 2018	Metformin 500mg tablets 56 tablet - one daily for a week and then bd	05 Jun 2018
08 May 2018	Ketoprofen 2.5% gel 100 gram - Apply two to four times a day when required as directed	05 Jun 2018
08 May 2018	Co-codamol 8mg/500mg tablets 100 tablet - ONE to TWO tablets to be taken every four to six hours when required for pain relief. Maximum 8 tablets in 24 hours	20 May 2018
<b>Allergies</b>		
<b>Start date</b>	<b>Allergy or Sensitivity</b>	
22 Aug 2003	[V]Personal history of non-drug allergy (ZV150)	
<b>Recent Blood test results</b>		

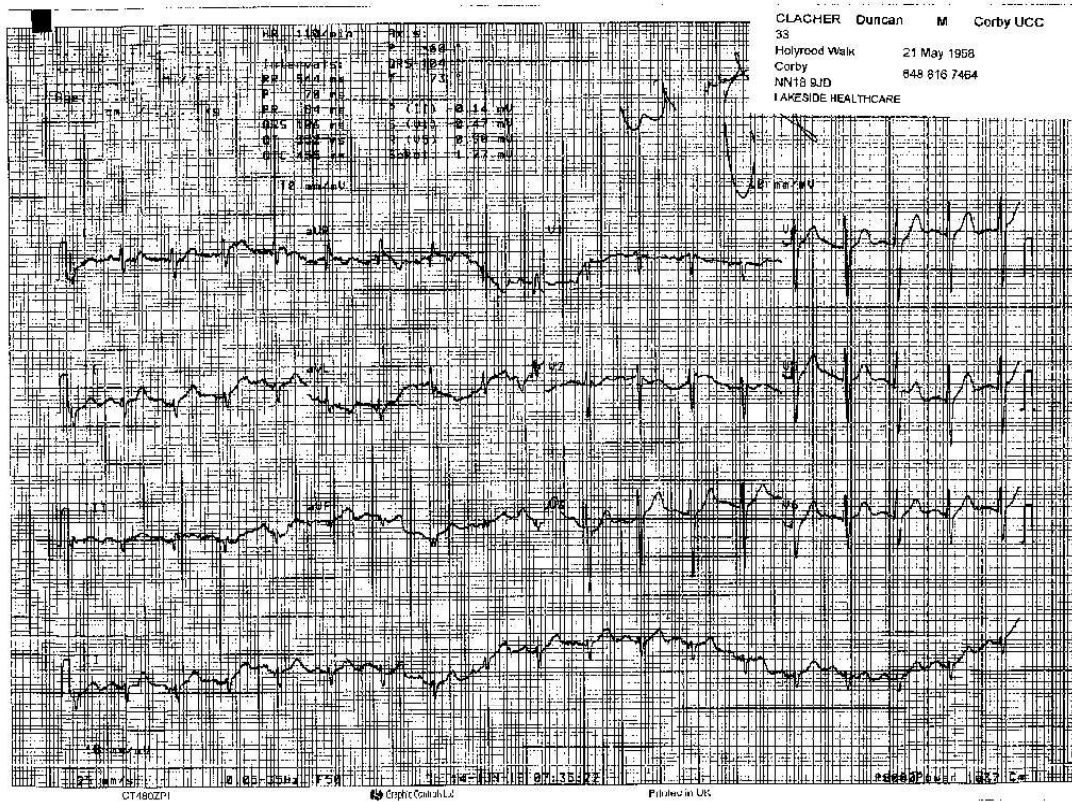
NHS Nene & Corby CCGs

**BACK PAIN REFERRAL FORM**  
Northamptonshire Healthcare

GP referral form

<b>Date specimen collected</b>	<b>Battery Headers</b>
01 Jun 2018 18:38	MRI Spine lumbar
<b>Textual Results</b>	
<p>MRI Spine lumbar: This is a FINAL report. MRI Spine lumbar 01-Jun-2018:          Accession No: RNQZ905878974 Clinical Information: ongoing lower back          pain radiates to the right l5 and s1 nerve root ? slipped disc.;;  <b>REPORT:</b> Substantial broad L5/S1 disc protrusion, narrowing the          lateral canal recess on either side, particularly the left side, with          impingement on the traversing left S1 nerve root. Broad L4/5 disc          bulge, narrowing both lateral canal recesses to a moderate degree,          with impingement on the traversing right L5 nerve roots. No          significant disc related abnormality at other levels. Normal lower          cord and conus. Normal marrow signal throughout. Typed by: Dr          David Walter (Consultant Radiologist Kettering General Hospital          Foundation Trust C4130905) 02-JUN-2018 11:21 PM Final          report approved by: Dr David Walter (Consultant Radiologist Kettering          General Hospital Foundation Trust C4130905) 02-JUN-2018 11:21 PM          Reported by Walter / EXTERNAL</p>	

14 Jun 2018	Drug Chart to Corby Urgent Care Centre
Letter Type	Drug Chart
Letter To	Corby Urgent Care Centre
Letter From	Corby Urgent Care Centre



14 Jun 2018 Drug Chart to Corby Urgent Care Centre

Letter Type Drug Chart  
 Letter To Corby Urgent Care Centre  
 Letter From Corby Urgent Care Centre



### Observation Chart

CLACHER Duncan M Corby UCC  
 33 Holyrood Walk 21 May 1958  
 Corby NN18 9JD 648 816 7464  
 LAKESIDE HEALTHCARE

Admission date: 14.6.18 Bed number: 12

Time	06	08	10	12	14	16	18	20	22	24
Respiratory Rate	31-40									
	25-30									
	21-24									
	12-20	20	20							
SpO <sub>2</sub>	9-11									
	≤8									
	≥96	98								
	94-95									
Inspired O <sub>2</sub> %	92-93									
	≤91									
	%	KA								
	≥39°									
Temperature	38°									
	37°									
	36°	36.6								
	35°									
Blood Pressure (Systolic)	≤35°									
	230									
	220									
	210									
	200									
	190									
	180									
	170									
	160	131								
	150									
	140									
	130		131							
	120									
	110									
Heart rate	100									
	90									
	80									
	70									
	60									
	50									
	40									
Conscious level	140									
	Alert	A								
Blood sugar	130									
	V/P/U									
Signature		JN								

**CLINICAL RISK**

**AMBER : MEDIUM**  
 15 minute observations  
 Dr. .... aware at .....  
 Signature: .....

**WHITE : LOW**  
 2 sets of observations before discharge

**ECG**

Procedure performed  
 Informed verbal consent given from above named patient  
 Name: KIRANDEEP BHANSA  
 Signature: KIRANDEEP

**BLOOD SAMPLING**

Taken using aseptic technique following SOP protocol  
 Informed verbal consent given from above named patient  
 Name: CIARAN FALLON  
 Signature: .....

**CANNULA INSERTION**

Performed using aseptic technique following SOP protocol  
 Informed verbal consent given from above named patient  
 Name: A. WILKINSON  
 Signature: A. WILKINSON Time: 0850

**CANNULA REMOVAL**

Performed using aseptic technique  
 Informed verbal consent given from above named patient  
 Name: .....  
 Signature: ..... Time: .....

**COMMENTS**

Pain score 2/10 @ 0855





Corby Urgent Care Centre **NHS**

**PRESCRIPTION CHART**

<b>Allergies</b>	<b>Type of reactor</b>	CLACHER Duncan M Corby UCC 33 Holyrood Walk Corby NN18 9JD LAKESIDE HEALTHCARE
NKDA		21 May 1958 648 816 7464
Signed: <i>A. White</i> Date: 14/5/18		GP
Confirmed by prescriber <input type="checkbox"/>		Signed: _____

Patients Weight.....

**Once only drugs**

Date	Time required	Drug	Dose	Route	Signature	Given By	Time given
14/6/18		GTR spray	Ti	slc	<i>[Signature]</i>	AW	
14/6/18		Aspirin	300s	o	<i>[Signature]</i>	AW	08:00

**Intravenous Fluids**

Date	Fluid	Vol	Rate/time	Prescribers signature	Batch No	Start time	Nurse's Signature

**Oxygen prescription**

Record oxygen saturations and flow rate on the Kews card

Target oxygen saturation (tick)	Time	Date administered											
88-92% <input type="checkbox"/> 94-98% <input type="checkbox"/>													
Other.....%													
Saturation not indicated <input type="checkbox"/>													
Continuous <input type="checkbox"/> PRN <input type="checkbox"/>													
Starting flow rate													
Device													
Prescribers Signature	Bleep												

Observation Chart and Drug Chart seen before discharge Doctor 1..... Doctor2.....



14 Jun 2018	Angioplasty Report to Lakeside Healthcare
Letter Type	Angioplasty Report
Letter To	Lakeside Healthcare
Letter From	Cardiology, Kettering General Hospital



Affiliated Teaching Hospital

WHITTAKER RN  
 THE LAKESIDE SURGERY  
 COTTINGHAM ROAD  
 CORBY  
 NORTHAMPTONSHIRE  
 NN17 2UR



Rothwell Road  
 Kettering  
 Northants  
 NN16 8UZ  
 Main Switchboard: 01536 492000  
 www.kgh.nhs.uk

Private and Confidential

Exam: 14/06/2018      Reported: 14/06/2018      Patient ID: 184902      NHS No: 648 816 7464

Name: **DUNCAN CAMPBELL CLACHER**      DOB: 21/05/1958  
 Address: 33 HOLYROOD WALK, CORBY, NORTHAMPTONSHIRE, NN18 9JD


Dear Dr Whittaker,

I am pleased to briefly describe the outcomes of the **urgent coronary angioplasty procedure** performed on your patient at Kettering General. Detailed examination results are included. Any questions or concerns you should have are welcome.

<b>Reason For Exam:</b>	<ul style="list-style-type: none"> <li>• Non-ST elevation MI</li> </ul> <p>Ongoing chest pain since 5 AM. called ambulance at 5 AM but was not keen for hospital admission. Later self presented to corby health care.          Type 2 DM, Heavy chronic smoker. brother had MI in 40s.</p>
-------------------------	---

<b>Procedure Today:</b>	• Percutaneous coronary intervention to distal LCX.
-------------------------	---

Procedure Staff

<b>Consultant:</b>	Dr Prashanth Raju
<b>1st Operator:</b>	Dr Mohammed Elhana
<b>Diagnosis:</b>	• Non-ST-segment elevation myocardial infarction
<b>Follow up:</b>	<ul style="list-style-type: none"> <li>• Aspirin 75mg indefinitely</li> <li>• Ticagrelor 90mg BD for 1 year</li> <li>• Secondary prevention</li> <li>• Smoking Cessation</li> <li>• Refer to Cardiac Rehabilitation</li> <li>• Echocardiogram</li> <li>• Home tomorrow if well</li> <li>• Routine follow up.</li> </ul>
 Electronically signed by Dr Prashanth Raju on 14/06/2018 at 12:12	Dr P Raju, Consultant Cardiologist Secretary: Christina Pitts Phone: 01536 492815 Fax: 01536 491871 Email: christina.pitts@kgh.nhs.uk <input type="checkbox"/> GP <input type="checkbox"/> Patient <input type="checkbox"/> Pathway/Notes <input type="checkbox"/> Consultants    BCIS



Page 1 of 2



Patient No: 184902



Chairman: Alan Burns  
 Interim Chief Executive: Fiona Wise  
 Patient: DUNCAN CAMPBELL CLACHER

<b>Access:</b>	Right Radial artery 6F sheath: The puncture site was infiltrated with 5.0 ml of 2% Lidocaine. Hemostasis was successfully achieved by mechanical compression (TR Band).
<b>Diagnostic Findings:</b>	
Coronary tree with left dominance	
<b>Left Main Stem:</b>	Long and Normal
<b>Left Anterior Descending:</b>	Minor diffuse atheroma
<b>Circumflex Artery:</b>	Dominant vessel, with severe distal bifurcational lesion at PDA,PLV bifurcation.
<b>Right Coronary Artery:</b>	small and Non dominant
<b>Intervention Summary:</b>	
EBU3.75 6FR Guide used to engage to LMS with minimal difficulty, L-PDA wired with Sion Blue and BMW to L-PLV, moderate complexity Medina 1:1:1 lesion predilated with 2.5x15 semi compliant balloon before stented provisionally with Onyx DES 2.5x18 and post dilatation done with 2.75 x8 NC , good final result.	



Patient No: 184902

Chairman: Alan Burns  
Interim Chief Executive: Fiona Wise  
Patient: DUNCAN CAMPBELL  
CLACHER

14 Jun 2018	Out of Hours to Lakeside Healthcare
Letter Type	Out of Hours
Letter To	Lakeside Healthcare
Letter From	NHS 111 Report For Information

NHS 111 Report - For Information

CLACHER, Duncan Born 21-May-1958 Gender Male	NHS No. 648 816 7464 Local Patient ID 80E77F21-90B8-4CCA-89FC-8EC63C85D5D1
Home Address 33 Holyrood Walk Corby Northamptonshire NN18 9JD	GP Practice Lakeside Surgery (OOH IC24) The Lakeside Surgery Cottingham Road Corby Northamptonshire NN17 2UR Phone 01536204154
Emergency Phone 07902310611	

Patient's Reported Condition

2 days hasn't been able to sleep, panic attacks when lying down, has had them before, pain in chest, neck and arm. COPD.

Case Summary

Disposition:  
The disposition is: Emergency Ambulance Response for Acute Coronary Syndrome  
Dx0112

Selected care service:  
No referral made.

Rationale:  
Illness  
Chest/upper back pain  
Pain present at time of assessment  
Warm to touch  
Features of cardiac pain, arm, neck or jaw  
No indication scene unsafe  
No help available to get medication

User comments:  
What is the main problem? - 2 days hasn't been able to sleep, panic attacks when lying down, has had them before, pain in chest, neck and arm. COPD.  
Advice given:  
None recorded.

Patient's Reported Condition

2 days hasn't been able to sleep, panic attacks when lying down, has had them before, pain in chest, neck and arm. COPD.

Information And Advice Given

Disposition

The disposition is: Emergency Ambulance Response for Acute Coronary Syndrome

Document Created	14-Jun-2018, 05:20
Document Owner	Derbyshire Health United
Authored by	Phoebe Needham - Call handler, Ashgate Manor (Derbyshire Health United) on 14-Jun-2018, 05:15
Consent Status	Consent given for electronic record sharing

<i>Encounter Type</i>	<b>NHS111 Encounter</b>
<i>Encounter Time</i>	<b>14-Jun-2018, 05:12 to 14-Jun-2018, 05:15</b>
<i>Case Reference</i>	<b>A0276AB1-C228-4A44-88E5-8171C5462533</b>
<i>Case ID</i>	<b>2594066</b>
<i>Encounter Identifier</i>	<b>A0276AB1-C228-4A44-88E5-8171C5462533</b>
<i>Encounter Disposition</i>	<b>The disposition is: Emergency Ambulance Response for Acute Coronary Syndrome</b>
<i>Care Setting Location</i>	<b>Incident Location</b>
	<i>Visit Address</i>
<i>Care Setting Address</i>	<b>33 Holyrood Walk Corby Northamptonshire NN18 9JD</b>
<i>Care Setting Type</i>	
<i>Responsible Party</i>	<b>Ian Matthews - Medical Director, Derbyshire Health United</b>

*Document ID* **18D239FF-E391-40B7-B23C-7BB86EDEB8EA** *Version* **1**

15 Jun 2018	Discharge summary to Lakeside Healthcare
Letter Type	Discharge summary
Letter To	Lakeside Healthcare
Letter From	Cardiac Care Unit, Kettering General Hospital

**Kettering General Hospital Trust**

**Discharge Note 447091**

**GP Practice**

Practice Name: 70811 (AKH-HB), (FA) Lakeside Surgery

**Patient demographics**

PAC ID: 104902  
 NHS No: 838 416 782  
 Gender: Male  
 Title: MR  
 Forename: DUNCAN CAMPBELL  
 Surname: CLACHER  
 ICD: 21814516  
 DOD:  
 Address: 63 RD, WOODHALL, CHESHAM, HANTS, RG29 2LJ

**Admission details**

Admitted On: 19/05/2018  
 Admission Method: Emergency

**Discharge details**

Discharged On: 19/05/2018  
 Consultant: HUGHES, R  
 Ward: CARDIAC CARE UNIT  
 Discharged To: HOME

**Clinical summary**

This summary contains sensitive information. Trust: 11516 NSTEMI, PO to state. LON was done. Patient has been assessed for risk of thromboembolism. Discharge to GP on 19/05. Patient has improved symptomatically and is being discharged.

**Plan and requested actions**

**Follow-up information**

Specialist to be seen at: weeks at GDI  
 Follow-up instructions: Symptomatic relief in clinic  
 Dr. Cardiac relief  
 Dr. Cognitive cardiology clinic  
 Instructions for OT

**Diagnoses**

Type	Description	Status
------	-------------	--------

Primary Diagnosis	NSTEMI	CONDITION STABLE
-------------------	--------	------------------

**Co-Morbidity**

No	Description
001	COPD Unspecified
002	Type 2 diabetes mellitus

**Medication and medical devices**

Medication Status	Still to Continue	Drug Name
CONTINUED DRUG	Yes	Atorvastatin Form and Strength Dosage: 40mg Frequency: on Route: BY MOUTH
CONTINUED DRUG	Yes	Ezetimibe Form and Strength: Mixed Salts Dosage: 20/10 Frequency: bid Route: INHALED
CONTINUED DRUG	Yes	Clonidine (Declonin tablets) Form and Strength: Tablets Dosage: 1 tab Frequency: bid Route: BY MOUTH
CONTINUED DRUG	Yes	Lansorazole Form and Strength Dosage: 30mg Frequency: on Route: BY MOUTH
CONTINUED DRUG	Yes	Metformin Form and Strength Dosage: 500mg Frequency: bid Route: BY MOUTH Comments: Take with food on 1&2&3
CONTINUED DRUG	Yes	Empirin Form and Strength Dosage: 25mg Frequency: on Route: BY MOUTH
CONTINUED DRUG	Yes	Sildenafil Form and Strength: Tablets Dosage: 50mg Frequency: on

STOPPED DRUG	Yes	Route: Brufen 100mg Form and Strength: Dosage: Frequency: Route: Comments:	BY MOUTH  250mg bid BY MOUTH To be restarted on 13/06/16
STOPPED DRUG	Yes	Co-Codamol Form and Strength: Dosage: Frequency: Route:	OSCO Effervescent Tablets 100 PRN 4 days BY MOUTH
STARTED DRUG	Yes	Aspirin Form and Strength: Dosage: Frequency: Route:	 75MG qd BY MOUTH
STARTED DRUG	Yes	Glycerol Trinitrate Form and Strength: Dosage: Frequency: Route:	81 spray " PRN SUBLINGUAL
STARTED DRUG	Yes	Tiazepin Form and Strength: Dosage: Frequency: Route:	90mg bid BY MOUTH

**Medical devices**

No information recorded

**Allergies and adverse reaction**

**Allergies**

No.	Description
001	None

**Adverse reactions**

No information recorded

**Safety alerts**

Self/Third Party	Not Assessed
Spouse/Partner	Not Assessed
Child/Young Person	Not Assessed
Health Care Professional	Not Assessed
Third Party	Not Assessed

Other Professional:	Not Applicable
Other:	

**Procedures**

**Medical Treatments**

No information Recorded

**Operations and Procedures**

No information Recorded

**Complications**

No information Recorded

**Investigations and results**

No information Recorded

**Special requirements**

Interpreter:	Not Set
Advocate:	Not Set
Transport:	Not Set
Other:	

**Referral details**

No information Recorded

**CQUIN Information**

**AKI CQUIN Quarterly Data Collection**

No.	Questions	Response
	<p>Did this patient have an episode of AKI during this admission?</p> <p>If Yes, please ensure this is listed amongst the diagnoses on the main list of the discharge</p>	No
	<p>If Yes: What stage of AKI (G20, G21 or G22)? (If more than one stage, please record the highest stage)</p>	
	<p>Have you a discharge plan documented on this letter, in relation to this patient's medication?</p>	
	<p>Are further follow-up blood tests required? If yes, state when tests specifically (AKI) when the tests are required</p>	
	<p>What is the patient's renal function on discharge? (UREYR/ESFR) - enter details in comment section</p>	

**Distribution list**

Patient, GP, Case Note Folder, Coding, Additional Copies/Secretary to Dr. Logie etc.

**Person completing record**

Signed by Akkuraj Kishor, Sharma (RN) (C1)

Infirmary, General Practice, 7001, Burnwell Road, Welwyn, Herts. Herts. HX5 3JZ, Tel: 01992 75000  
Copyright: National General Practice, All Rights Reserved



25 Jun 2018 Fax to Lakeside Healthcare

Letter Type Fax
Letter To Lakeside Healthcare
Letter From S2S Substance to Solution

25/06 2018 MON 16:03 FAX

001 / 2

S2S: Substance to Solution
The Old TA Building
Elizabeth Street Corby
Northants NN17 1PN
T: 01604 211 304
F: 01536 206 399
E: northants@cgl.org.uk
W: changegrowlive.org



Substance to Solution

Corby

Date: 25/6/18

Private and Confidential

To whom it may concern

Re: Duncan Clacher DOB: 21/5/58
Address: 9000 Holywood Way

We are writing because the above person has recently been assessed by our service for support with their drug and/or alcohol use. In order to help provide a safe and appropriate package of care for this person, which may include prescribed treatment (i.e. opiate replacement therapy), can you please provide relevant medical information on the attached form.

We would really like to work with you to help your patient address their substance misuse. We therefore require the following information to ensure that we proceed with any clinical intervention safely.

We would be grateful if you could return the information by fax within 48 hours to (01536 206399).

We would also ask that you contact us if the individual requires a prescription for any opiate medication whilst in treatment with our service.

If you have any queries, or require any further information, please do not hesitate to contact us.

I thank you in anticipation of your earliest response.

Yours sincerely

S2S - Substance to Solution

I give my consent that information about my support and treatment may be shared between the services that are delivering support to me.

Name: Duncan Clacher

Signature: [Handwritten Signature]

Lakeside Healthcare
Lakeside Surgery
Cottingham Road
Corby
Northants
NN17 2UR
Tel: 01536 204154
[Handwritten notes: FAXED 25/6/18]

25/06 2018 MON 16:04 FAX

002/12

cgl

Medical Information Request Form

Patient Name: Duncan Clacher Patient DOB: 21/5/50  
Patient address: 110 55 Hollywood Way NN18 9JD

Patient NHS Number:

Is the patient registered with your practice?	Yes/No	
Is the patient prescribed any medication by your practice?	Yes/No	If yes, please provide details:
Are there any contra-indications to us prescribing opiates?	Yes/No	If yes, please provide details:
Have there been any significant adverse reactions to other medications?	Yes/No	If yes, please provide details:
Does this person have any medical or psychiatric illnesses or injuries?	Yes/No	If yes, please provide details:
Are there any concerns that you have with us proceeding with treatment?	Yes/No	If yes, please provide details:

As well as answering the above questions could you please provide a FULL medical summary including any blood results or other investigations

Name and role of person completing Medical Information Request Form:

Cathryn Picketts  
Recovery Worker  
Signature: *[Handwritten Signature]*

Date: 25/6/18



Change, grow, live (CGL) Registered Office: 3rd floor, Tower Point, 44 North Road, Brighton BN1 1YR.  
Registered Charity Number in England and Wales (1079727). Company Registration Number 3851200 (England and Wales).

27 Jun 2018	Clinic Letter to Lakeside Healthcare
Letter Type	Clinic Letter
Letter To	Lakeside Healthcare
Letter From	S2S: Substance to Solution

S2S: Substance to Solution  
 41 Oxford Street  
 Wellingborough Northants NN8 4JG  
 T: 01604 211 304 opt 2 F: 01933 222 473  
 E: northants@cgl.org.uk  
 W: changegrowlive.org



**Ref: SL/LET/NBC/DC**

**Private and Confidential**  
 Doctor,  
 Lakeside Surgery,  
 Cottingham Road,  
 Corby,  
 Northamptonshire,  
 NN17 2UR

**25<sup>th</sup> June 2018**

Dear Doctor,

**Re-Duncan Clacher; D.O.B. 21/May/1958; C/o 33 Holyrood Walk, Northamptonshire, Corby, NN18 9JD**

I saw/reviewed Duncan Clacher at CGL Corby on 25/06/2018. His care plan is as follows.

Duncan Clacher was seen on 25/6/2018  
 Recovery worker Colleen Pickering was able to attend the appointment.

**GP summary**  
 Duncan is currently taking illicit buprenorphine 8-16mg since the past 10 months.  
 On and off use of codeine tablets, if he can't get buprenorphine.  
 Smoked heroin 0.1-0.2g about 4 times since past 10 month's  
 Had an Heart attack last week(MI);Has got stent inserted.  
 The plan is to stabilise him on buprenorphine and gradually complete detoxification.  
 Urine drug screen-Positive to morphine and buprenorphine only.  
 Social-Living in shared accommodation. Trying to move to another place.  
 He has 2 children James Clacher-8yrs and Daniel Clacher- 7rs.  
 They stay with their mother. He see's them on most days.  
 Nil safeguarding concerns currently.  
 Home visit has been booked by recovery worker Colleen Pickering.

This service is part of the charity:  


CGL is an abbreviation of change, grow, live, who is a charity registered in England and Wales (1079327). Company registration number 3861209 England and Wales. Registered Office: 3rd Floor, Tower Point, 44 North Road, Brighton BN1 1YR.

Care Plan

Diagnosis-F11.2-Opioid dependence syndrome on clinically supervised Buprenorphine treatment programme

- 1) To start on buprenorphine 8mg tomorrow, increasing to 12mg on 27/6/2018, further increase on buprenorphine 16mg/day. Weekly titration prescription.
  - 2) Regular review with recovery worker .
  - 3) Medical review in 3 months' time or earlier if needed. weekly titration I
  - 4) Home visit has been booked by recovery worker.
- The full review is included below. Please let us know if there are any inaccuracies or omissions.

Current use of substances

Street Buprenorphine -Duncan is currently taking illicit buprenorphine 8-16mg since the past 10 months.

On and off use of codeine tablets ,if he can't get buprenorphine.

Smoked heroin 0.1-0.2g about 4 times since past 10 month's

Had an Heart attack last week(MI);Has got stent inserted

Heroin-Never used heroin.

Crack -Nil

Street methadone-Nil

Nil other use of other substances

Alcohol -Nil

Cigarettes-10-12 roll up/day; counselled on smoking cessation.

Physical Health -C/o back pain (degenerative spinal disease)

Physical co-morbidities- COPD; severe back pain (? herniated Disc)

Is awaiting an MRI scan

BP\_148/76 mm hg

Pulse82/min,reg

RS-Bilateral ronchi +

CvS-S1,S2+

Medication from GP

Ventolin inhaler

Evohaler

Simvastatin 40mg

Theophylline 250mg MR

Lansoprazole 30mg

Diazepam 8mg/day

MSE

Casually dressed, well kempt, good eye contact

Speech- Coherent speech, normal in rate, rhythm and volume

Mood(s) ok and (o) - anxious

No thoughts or plans of harm to self or others.

No abnormal perception

Oriented in time place and person

Struggling with sleep; staying asleep is a problem

Risk assessment

Current risk of harm to self-low  
Current risk of accidental overdose –Low

Social-Living in shared accommodation. Trying to move to another place.  
He has 2 children James Clacher-8yrs and Daniel Clacher- 7rs.  
They stay with their mother. He sees them on most days.  
Nil safeguarding concerns currently.

Care Plan-

Diagnosis-F11.2-Opioid dependence syndrome on clinically supervised Buprenorphine treatment programme

- 1) To start on buprenorphine 8mg tomorrow, increasing to 12mg on 27/6/2018,further increase on buprenorphine 16mg/day. Weekly titration prescription. Daily supervised consumption.
- 2) Regular review with recovery worker .
- 3) Medical review in 3 months' time or earlier if needed.
- 4)Home visit has been booked by recovery worker.

Yours sincerely



RP

Dr Shebu Lukose  
CGL Speciality Doctor in Addictions Psychiatry

02 Jul 2018	General Letter to Lakeside Healthcare
Letter Type	General Letter
Letter To	Lakeside Healthcare
Letter From	Work Capability Assessment Outcome, Job Centre Plus



Website: [www.jobcentreplus.gov.uk](http://www.jobcentreplus.gov.uk)

**01936**  
**Dr Whittaker**  
**LAKESIDE SURGERY**  
**COTTINGHAM ROAD**  
**CORB Y**  
**NN17 2UR**

Your reference is YZ806342C  
Please tell us this number  
if you get in touch with us

ESA Wellingborough  
Post Handling Site B  
Wolverhampton  
WV99 2GJ

Phone 0800 1690310  
TEXTPHONE for the deaf/hard of  
hearing ONLY 0800 1690314



Date 2 July 2018

Dear Dr Whittaker,

**Work Capability Assessment Outcome Notification**

**RE: Mr. Duncan Clacher, DOB 21 May 1958, 37 Greenland Wk, Corby, Northants NN18 9DH**

This patient has been claiming Employment and Support Allowance. We recently assessed their ability to work using the Work Capability Assessment.

WCA Effective Date 11 June 2018

Customers with potential capability for work enter the Work-Related Activity group, whilst those who have limited or no capability for work related activity enter the support group

This patient meets, or is treated as meeting the eligibility criteria for Employment and Support Allowance [Work related activity group/Support group].

You no longer need to issue an NHS medical certificates for this person's claim to benefit. However we may need to contact you for further information about this person's illness or disability in the future.

Proof of illness or disability may still be required for other interest groups or organisations such as employers or insurance companies. The provision of this information is not usually a NHS requirement.

If your patient makes another claim for benefit in the future, we will require medical certificates from the date of illness or disability.

If you want to ask us anything about this letter please get in touch with us. Our phone number and address are at the top of the letter.

Yours sincerely

Cindy Clark  
Manager

---

9837/0175                      969190545600100115                      Page 01 of 01

09 Jul 2018	Diabetic Eye Screening Scheme to Lakeside Healthcare
Letter Type	Diabetic Eye Screening Scheme
Letter To	Lakeside Healthcare
Letter From	Diabetes Retinal Screening, Isebrook Hospital

Northamptonshire Healthcare   
 NHS Foundation Trust

Monday, 09 July 2018

Northamptonshire  
 Diabetic Eye Screening Programme  
 Abbey Block  
 Isebrook Hospital  
 Irthlingborough Road  
 Wellingborough  
 Northants  
 NN8 1LP

**PRIVATE AND CONFIDENTIAL**  
 Dr. R WHITTAKER  
 THE LAKESIDE SURGERY  
 DR WILCZYNSKI & PARTNERS  
 COTTINGHAM ROAD  
 CORBY  
 NORTHAMPTONSHIRE  
 NN17 2UR

Dear Dr. R WHITTAKER,

**Annual Diabetes Eye Screening – PATIENT HAS NOT RESPONDED**

Mr Duncan Clacher, NHS Number: 648 816 7464, DoB: 21/05/1958  
 33 Holyrood Walk  
 Corby  
 Northants  
 NN18 9JD

The above named patient did not attend for their diabetes eye screening.  
 We have written to the patient advising them of the importance of regular eye screening.  
 If we do not hear from you or the patient we will invite them again in 12 months' time.  
 We would be grateful if you could discuss this with the patient to reinforce the importance of this screening.  
 If you require any further assistance please do not hesitate to contact us on 01933 235845.  
 Yours sincerely,

Northamptonshire Diabetic Eye Screening Programme

161

13 Jul 2018	Out of Hours to Lakeside Healthcare
Letter Type	Out of Hours
Letter To	Lakeside Healthcare
Letter From	NHS 111 Report

NHS 111 Report - For Information

CLACHER, Duncan Born 21-May-1958 Gender Male NHS No. 648 816 7464 Local Patient ID 80E77F21-90B8-4CCA-89FC-8EC63C85D5D1	
<i>GP Practice</i>	
<i>Home Address</i>	Lakeside Surgery (OOH IC24)
33 Holyrood Walk	The Lakeside Surgery
Corby	Cottingham Road
Northamptonshire	Corby
NN18 9JD	Northamptonshire
	NN17 2UR
	Phone 01536204154

Patient's Reported Condition

chest pain, had a stent put in three weeks ago after a heart attack

Case Summary

Disposition:  
The disposition is: Emergency Ambulance Response for Acute Coronary Syndrome  
Dx0112

Selected care service:  
No referral made.

Rationale:  
Illness  
Chest/upper back pain  
Previous heart attack  
Suspected heart attack  
No indication scene unsafe  
Uses GTN medication  
GTN accessible  
Medication given  
Aspirin available  
Aspirin 75mgs available

User comments:  
What is the main problem? - chest pain  
Advice given:  
None recorded.

Patient's Reported Condition

chest pain, had a stent put in three weeks ago after a heart attack

Information And Advice Given

Disposition

The disposition is: Emergency Ambulance Response for Acute Coronary Syndrome

<i>Document Created</i>	13-Jul-2018, 01:16
<i>Document Owner</i>	Derbyshire Health United
<i>Authored by</i>	Michelle Walters - Call handler, Ashgate Manor (Derbyshire Health United) on 13-Jul-2018, 01:10
<i>Consent Status</i>	Consent given for electronic record sharing

<i>Encounter Type</i>	<b>NHS111 Encounter</b>
<i>Encounter Time</i>	<b>13-Jul-2018, 01:05 to 13-Jul-2018, 01:10</b>
<i>Case Reference</i>	<b>43753AB0-02E6-4365-B961-EC0EE8F46B34</b>
<i>Case ID</i>	<b>2714088</b>
<i>Encounter Identifier</i>	<b>43753AB0-02E6-4365-B961-EC0EE8F46B34</b>
<i>Encounter Disposition</i>	<b>The disposition is: Emergency Ambulance Response for Acute Coronary Syndrome</b>
<i>Care Setting Location</i>	<b>Incident Location</b>
	<i>Visit Address</i>
<i>Care Setting Address</i>	<b>33 Holyrood Walk Corby Northamptonshire NN18 9JD</b>
<i>Care Setting Type</i>	
<i>Responsible Party</i>	<b>Ian Matthews - Medical Director, Derbyshire Health United</b>

Document ID **8CCF5012-4ED3-468D-B876-6236785726A3** Version **1**

14 Jul 2018	Out of Hours to Lakeside Healthcare
Letter Type	Out of Hours
Letter To	Lakeside Healthcare
Letter From	NHS 111 Report For Information

NHS 111 Report - For Information

CLACHER, Duncan <i>Born</i> 21-May-1958 <i>Gender</i> Male <i>NHS No.</i> 648 816 7464 <i>Local Patient ID</i> 80E77F21-90B8-4CCA-89FC-8EC63C85D5D1	
<i>Home Address</i> 33 Holyrood Walk Corby Northamptonshire NN18 9JD	<i>GP Practice</i> Lakeside Surgery (OOH IC24) The Lakeside Surgery Cottingham Road Corby Northamptonshire NN17 2UR <i>Phone</i> 01536204154
<i>Emergency Phone</i> 07902310611	

Repeat Caller Information

This patient has called 3 times or more in the past four days.

Patient's Reported Condition

itch rash. needle marks. two arms. bruising on arms

Case Summary

Disposition:  
The disposition is: Emergency Ambulance Response for Acute Coronary Syndrome  
Dx0112

Selected care service:  
No referral made.

Rationale:  
Illness  
Warm to touch  
Chest/upper back pain now  
Previous heart attack  
Suspected heart attack  
No indication scene unsafe  
Uses GTN medication  
GTN accessible  
Medication given  
No help available to get medication

User comments:  
What is the main problem? - itchy rash  
- had heart operation about a month ago  
Have you ever been diagnosed with a heart attack? - patient is drunk  
Are you taking warfarin, heparin or other blood thinning medication? - diabetes type 2  
Advice given:  
None recorded.

Patient's Reported Condition

itch rash. needle marks. two arms. bruising on arms

Information And Advice Given

Disposition

The disposition is: Emergency Ambulance Response for Acute Coronary Syndrome

<i>Document Created</i>	14-Jul-2018, 17:23
-------------------------	--------------------

<i>Document Owner</i>	<b>Derbyshire Health United</b>
<i>Authored by</i>	<b>Elisabeth Woodhatch - Call handler, Ashgate Manor (Derbyshire Health United) on 14-Jul-2018, 17:16</b>
<i>Consent Status</i>	<b>Consent given for electronic record sharing</b>

<i>Encounter Type</i>	<b>NHS111 Encounter</b>
<i>Encounter Time</i>	<b>14-Jul-2018, 17:06 to 14-Jul-2018, 17:16</b>
<i>Case Reference</i>	<b>D97C1BCE-29C0-4316-ACEC-32B534F07732</b>
<i>Case ID</i>	<b>2722084</b>
<i>Encounter Identifier</i>	<b>D97C1BCE-29C0-4316-ACEC-32B534F07732</b>
<i>Encounter Disposition</i>	<b>The disposition is: Emergency Ambulance Response for Acute Coronary Syndrome</b>
<i>Care Setting Location</i>	<b>Incident Location</b>
	<i>Visit Address</i>
<i>Care Setting Address</i>	<b>33 Holyrood Walk Corby Northamptonshire NN18 9JD</b>
<i>Care Setting Type</i>	
<i>Responsible Party</i>	<b>Ian Matthews - Medical Director, Derbyshire Health United</b>

<i>Document ID</i>	<b>6776D3AF-EB76-456A-855D-B65F5DAE17BA</b>	<i>Version</i>	<b>1</b>
--------------------	---	----------------	----------

14 Jul 2018	Ambulance Notification to Lakeside Healthcare
Letter Type	Ambulance Notification
Letter To	Lakeside Healthcare
Letter From	Siren 4

Page 1 of 4



Created: 14/07/2018 17:26:42 (BST)

Incident Number: 10520619  
Patient of Report Number:

Finalized: Yes

**PATIENT**

**CLACHER , DUNCAN** 60 Years (Actual) Male Sexual Orientation: Not Stated Religious Affiliation: Patient Religion Unknown  
Ethnicity: White British

**COMMENTS**

p/t called 111 for advice regarding some spots on his arms.  
advised 999  
o/a p/t apologetic as didn't want an ambulance.  
o/e has some raised red spots on his arms. appear to be insect/ mosquito bites.  
during assessment stated he has had some chest pain earlier today.  
tachycardic.  
advised to go to kgh for further tests but declined.  
wife will get some piriton .

**Patient Presenting With**

<b>Complaint</b>	<b>Complaint Type</b> : Chief Complaint; <b>Complaint</b> : Other: rash/bites.
------------------	--

**HISTORY OF PRESENT ILLNESS**

<b>Symptoms</b>	<b>General</b> : Itch; <b>Cardiovascular</b> : Chest Pain; <b>Pertinent Negatives</b> : <b>General</b> : No Rash; No Abdominal Pain; No Pyrexia; <b>Cardiovascular</b> : No Palpitations; <b>Neuro</b> : No Unconsciousness; No Altered Levels of Consciousness;
-----------------	---

**Past Medical History**

<b>Medical / Surgical History</b>	Alcohol Misuse Diabetes - Non-Insulin Dep. (Meds) Hypertension Myocardial Infarction
-----------------------------------	---

**Allergies**

<b>Medication Allergies</b>	No Known Allergy
-----------------------------	------------------

**Current Medications**

Item	Details
Sertraline	
Aspirin 75mg dispersible tabs	
Metformin 500mg tabs	
theophyllines	
ticagrelor	
Ramipril 2.5mg tabs	
Atorvastatin	
Lansoprazole	
Ventolin Evohaler 100mcg/MDI	

**FIRST VITAL SIGNS**

Time	Heart Rate	Respiratory Rate	BP Systolic	BP Diastolic	SPO2	Temperature	BM	Peak Flow	ETCO2	GCS	NEWS	Pain: Numeric	Pain: Visual	Position	Done By
M-14/07/2018 17:37:17	122 BPM	16 BPM	122 mmHg	80 mmHg	94 % - RA;	37.4 Celsius	7.3 mmol/L			E 4 V 5 M 6	2			Sitting	Michael Rowlatt

**ACTUAL**

**PERTINENT NEGATIVES**

**VITAL SIGNS**

Time	Heart Rate	Respiratory Rate	BP Systolic	BP Diastolic	SPO2	Temperature	BM	Peak Flow	ETCO2	GCS	NEWS	Pain: Numeric	Pain: Visual	Position	Done By
------	------------	------------------	-------------	--------------	------	-------------	----	-----------	-------	-----	------	---------------	--------------	----------	---------

Created: 14/07/2018 17:26:42 (BST)

Incident Number: 10520619

All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (BST)

file:///C:/Program%20Files%20(x86)/Medusa/Server/1905771\_Email\_Request\_55496... 14/07/2018

M-14/07/2018 17:37:17	122 BPM	16 BPM	122 mmHg	80 mmHg	94 %	37.4 Celsius	7.3 mmol/L			E 4 V 5 M 6 15	2		Sitting	Michael Rowlatt
M-14/07/2018 17:44:08	120 BPM	18 BPM	133 mmHg	70 mmHg	96 %					E 4 V 5 M 6 15				Michael Rowlatt

ECG / MONITOR									
Time	Leads	ECG Changes	ECG Type	ECG Method	Underlying Rhythm	Ectopy	Report	Comments	Done By
ECGInterp 14/07/2018 17:49:52		RBBB;	12	Manual Interpretation;					Michael Rowlatt

ABCD	
Primary Survey	<b>Start time:</b> 14/07/2018 17:32:16 <b>Done by:</b> Michael Rowlatt <b>Catastrophic Haemorrhage:</b> No Bleeding <b>Airway:</b> Patent <b>Breathing:</b> Adequate <b>Circulation:</b> Pulse Present <b>Disability:</b> Alert to Time; Alert to Person; Alert to Situation; Alert to Place

Assess / Plan					
Start Time	Stop Time	Section	Item	Description	Done By
14/07/2018 17:50:09		Assessments	Reassess AVPU	AVPU: Alert to Person; Alert to Place; Alert to Time; Alert to Situation	Michael Rowlatt
14/07/2018 17:50:12		Assessments	Breath Sounds	Left Upper: Normal / Clear Left Lower: Normal / Clear Right Upper: Normal / Clear Right Lower: Normal / Clear	Michael Rowlatt
14/07/2018 17:50:14		Assessments	Distal MSC	All Extremities: Capillary Refill Present; Pulse Present; Movement Present; Sensation Present	Michael Rowlatt
14/07/2018 17:50:16		Assessments	Loss of Consciousness	Loss of Consciousness: No	Michael Rowlatt
14/07/2018 17:50:19		Assessments	Mental Capacity Assessment	Is the patient able to understand the information relevant to the decision?: Yes Can the patient retain the information - can they accurately describe it to you?: Yes Can the patient use, or weigh the information, as part of the decision making process?: Yes Can the patient communicate their decision to you?: Yes Is there a temporary or permanent disturbance of mind or brain?: No	Michael Rowlatt
14/07/2018 17:50:52		Assessments	FAS Test	Facial Droop: Normal Arm Drift: Normal Speech: Normal Result: Negative	Michael Rowlatt

IMPRESSIONS		
Assessment Time	Item	Details
14/07/2018 17:51:15	Other Medical Problem	Type: Primary

PATIENT OUTCOMES	
General	<b>Patient Outcome:</b> Patient Refused Transport <b>Condition of Patient at Destination:</b> Unchanged

VEHICLE
Vehicle Call Sign: 0415; Vehicle Type: Emergency Ambulance; Vehicle Base Station: Corby;

CREW MEMBERS								
Name	Crew Role	Crew Role Details	Crew Level	Position	ID Number	Registration	Crew Type	Current Crew
Crosby Georgina	User		Technician	Secondary Crew		N/A		Yes
Rowlatt Michael	User		Paramedic	Primary Crew		PA21120		Yes

Created: 14/07/2018 17:26:42 (BST) Incident Number: 10520619  
 All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (BST)

INCIDENT

	Time	Odometer	Details	Complications / Misc
Incident Date / Time:	14/07/2018 17:12:27		Address 1: 33 Address 2: HOLYROOD WALK City / Town: CORBY Postal Code: NN18 9JD Longitude: -0.714842847 Latitude: 52.476381024 Tel1: 07902310611 Location Type: Home	
Call Connect:				
Dispatch Notified:				
Pre-Alert:				
Assigned:	14/07/2018 17:13:06		Call Type: Emergency Reported Condition: Other: 200020 Code: DX0112	Special Precautions: itch rash, needle marks, two arms, bruising on arms
Acknowledged:				
Mobile:	14/07/2018 17:13:14		Incident Number: 10520619	Response Delay: Not Applicable
Unit Cancelled:				
Arrive Scene:	14/07/2018 17:19:15			Other Responding Resource: None First on Scene: EMAS
At Patient Side:				
Arrive Pickup:				
Depart Pickup:				
On Scene Transfer:				
Depart Scene:				
Arrive Destination				
Landing Area:				
Arrive Destination:				
Handover:				
Clear:				
RL Pre-Alert:				
RL ETA:				
EMS Call Completed:				
Unit Back at Home:				
Depart Destination:				
Wheel Check:				
Arrive Scene 1:				
Arrive Scene 2:				
Depart Scene 1:				
Depart Scene 2:				
Verbal Handover:				

Demographics

Last Name: CLACHER      First Name: DUNCAN      Middle Name:  
 Date of Birth: 21/05/1958      Ethnicity: White British      NHS No: 6488167464  
 Preferred Contact Method:  
 MedicAlert #:  
 Address 1: 33      Address 2: HOLYROOD WALK      City: CORBY  
 County:      Post Code: NN18 9JD  
 Country:      Census Tract:  
 Home: 07902310611      Mobile:      Tel3:  
 Email:      Email 2:

Contacts

Contact	Address	Details
Other Contact		Person Accompanying

Created: 14/07/2018 17:26:42 (BST)

Incident Number: 10520619

All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (BST)

Relationship: Other: ex partner Contact Last Name: Robinson Contact First Name: Patricia		Patient: No
Physician Office Type: Patient GP Organisation Name: Lakeside Surgery, Corby	Address 1: Cottingham Road City: Corby Post Code: NN17 2UR Tel: 01536 204154 (Work) Email: lakeside.k83002@nhs.net (Work)	
Unique ID: K83002		

SIGNATURE

Primary Crew

Name of signer: Rowlatt, Michael



Treat and No Transport

Person Signing: Named Patient



PDS Lookup

NHS Number : 6488167464	Status : PDS found a match. The ePCR was updated with an NHS Number.
-------------------------	--

Created: 14/07/2018 17:26:42 (BST)

Incident Number: 10520619

All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (BST)

15 Jul 2018	Out of Hours to Lakeside Healthcare
Letter Type	Out of Hours
Letter To	Lakeside Healthcare
Letter From	NHS 111 Report For Information

**NHS 111 Report - For Information**

CLACHER, Duncan <i>Born 21-May-1958 Gender Male</i>	<i>NHS No. 648 816 7464 Local Patient ID 80E77F21-90B8-4CCA-89FC-8EC63C85D5D1</i>
<i>Home Address</i>	<i>GP Practice</i>
33 Holyrood Walk Corby Northamptonshire NN18 9JD	Lakeside Surgery (OOH IC24) The Lakeside Surgery Cottingham Road Corby Northamptonshire NN17 2UR Phone 01536204154
<i>Emergency Phone 07502274420</i>	

**Repeat Caller Information**

This patient has called 3 times or more in the past four days.

**Patient's Reported Condition**

Had heart attack 3 weeks ago, now sweating, stabbing in the heart.

**Case Summary**

Disposition:  
The disposition is: Emergency Ambulance Response for Acute Coronary Syndrome  
Dx0112

Selected care service:  
No referral made.

Rationale:  
Illness  
Chest/upper back pain  
Previous heart attack  
Suspected heart attack  
No indication scene unsafe  
Uses GTN medication  
Help available to get medication  
Medication given  
Taking anticoagulants

User comments:  
What is the main problem? - Had heart attack 3 weeks ago, now sweating, stabbing in the heart.  
GTN administration - NA line SB, advised can take this with drinking  
Have you vomited any of the following? - diarreah was dark drown  
Advice given:  
None recorded.

**Patient's Reported Condition**

Had heart attack 3 weeks ago, now sweating, stabbing in the heart.

**Information And Advice Given**

**Disposition**

The disposition is: Emergency Ambulance Response for Acute Coronary Syndrome

<i>Document Created</i>	<b>15-Jul-2018, 17:32</b>
<i>Document Owner</i>	<b>Derbyshire Health United</b>

<i>Authored by</i>	<b>Geraldine Perkins - Call handler, Ashgate Manor (Derbyshire Health United) on 15-Jul-2018, 17:28</b>
<i>Consent Status</i>	<b>Consent given for electronic record sharing</b>

<i>Encounter Type</i>	<b>NHS111 Encounter</b>
<i>Encounter Time</i>	<b>15-Jul-2018, 17:23 to 15-Jul-2018, 17:28</b>
<i>Case Reference</i>	<b>C298E335-54CF-4534-86DA-996A3980EC98</b>
<i>Case ID</i>	<b>2728231</b>
<i>Encounter Identifier</i>	<b>C298E335-54CF-4534-86DA-996A3980EC98</b>
<i>Encounter Disposition</i>	<b>The disposition is: Emergency Ambulance Response for Acute Coronary Syndrome</b>
<i>Care Setting Location</i>	<b>Incident Location</b>
	<i>Visit Address</i>
<i>Care Setting Address</i>	<b>33 Holyrood Walk Corby Northamptonshire NN18 9JD</b>
<i>Care Setting Type</i>	
<i>Responsible Party</i>	<b>Ian Matthews - Medical Director, Derbyshire Health United</b>

<i>Document ID</i>	<b>903E214B-27FD-45FB-A2E3-3F90CEDD281D</b>	<i>Version</i>	<b>1</b>
--------------------	---	----------------	----------

15 Jul 2018	A&E to Lakeside Healthcare
Letter Type	A&E
Letter To	Lakeside Healthcare
Letter From	Accident & Emergency, Kettering General Hospital

<b>Name:</b> Mr Duncan Clacher	<b>Gender:</b> Male
<b>DOB:</b> 21 May 1958	<b>Age:</b> 60
<b>Hospital Number:</b> 184902	<b>NHS Number:</b> 648 816 7464

**Emergency Department**

Rothwell Road  
Kettering  
NN16 8UZ

Telephone: 01536 492000

Date: 16 July 2018

**GP practice**

Dr Whittaker  
The Lakeside Surgery  
Cottingham Road  
Corby  
Northamptonshire  
NN17 2UR

Dear Dr Whittaker

**Patient demographics**

<b>Name:</b> Mr Duncan Clacher	<b>Gender:</b> Male
<b>DOB:</b> 21 May 1958	<b>Age:</b> 60
<b>Hospital Number:</b> 184902	<b>NHS Number:</b> 648 816 7464
<b>Address:</b> 33 Holyrood Walk, CORBY, Northamptonshire, NN18 9JD	

**Admission details**

The above named patient attended the Emergency Department on 15 July 2018 at 19:11. The patient was seen by Mrs Deborah Clark and the consultant on take was Dr Adeel Chaudhary. This patient has made 03 previous visits to this department since 1<sup>st</sup> April 2010.

**Discharge details**

The patient left the department at 00:00 on 16 July 2018.

The outcome was Treatment complete - Admit.

**Special requirements**

Requirements

Interpreter: Yes / No	Transport: Yes / No
Advocate: Yes / No	

Others:

**Safety alerts**

Risk to self:	
Suicide: Yes / No / Not Assessed	Overdose: Yes / No / Not Assessed
Self-Harm: Yes / No / Not Assessed	Self-Neglect: Yes / No / Not Assessed

Risks to others:

<b>Name:</b> Mr Duncan Clacher	<b>Gender:</b> Male
<b>DOB:</b> 21 May 1958	<b>Age:</b> 60
<b>Hospital Number:</b> 184902	<b>NHS Number:</b> 648 816 7464

Third Party: Yes / No / Not Assessed      Care professionals: Yes / No / Not Assessed

Other risks:

**Clinical summary**

**Referral details**

Referred by NHS telephone / internet advice e.g. NHS 111

**Diagnosis**

The presenting complaint was 09 Chest Pain..

<b>Diagnosis</b>
Alcohol dependence syndrome (Confirmed diagnosis)

**Procedures**

Investigations	Treatments
Biochemistry	Circulation Intravenous cannula
Biochemistry (U&E's)	Discharge Planning
Haematology	Verbal guidance /
Haematology (FBC)	Written advice
Biochemistry	
Immunology	
Biochemistry Toxicology	

**Medication and medical devices**

Drugs administered in ED	Drugs TTA

**Plan and requested actions**

**Allergies and adverse reaction**

**Distribution list**

GP Letter

**Person completing record**

If you have any queries regarding this attendance please contact the Emergency Department via Switchboard.

16 Jul 2018	Discharge summary to Lakeside Healthcare
Letter Type	Discharge summary
Letter To	Lakeside Healthcare
Letter From	Kettering General Hospital

### Kettering General Hospital Trust

### Discharge Note 451787

#### GP Practice

Practice Name: WHITTAKER RN The Lakeside Surgery

#### Patient demographics

PASId: 104902  
 NHS No: 648 816 7464  
 Gender: Male  
 Title: MR  
 Forename: DUNCAN CAMPBELL  
 Surname: CLACHER  
 DOB: 21/05/1958  
 DOD:  
 Address: 53 HOLYROOD WALK, CORBY, NORTH-HAMPTONS-RE NN18 3JD

#### Admission details

Admitted On: 16/07/2018  
 Admission Method: Emergency

#### Discharge details

Discharged On: 19/07/2018  
 Consultant: Vellie Srikumar  
 Ward: DEENE ACUTE SURGICAL UNIT  
 Discharged To: HOME

#### Clinical summary

Patient was admitted for chest pain, nervousness, palpitation and sweating for 2-3 days. He presented with features suggestive of alcohol withdrawal. He had 3 days of detox with gabapentin/ chlordiazepoxide. His symptoms are better. He was discharged from cardiac team KOH 15/07/18 following cardiac stenting for NSTEMI. He has been having off and on chest pain since then.

He was drinking 7 bottles of vodka per day for more than 1 year and stopped following cardiac event but admitted to drinking heavily again.  
 His chest pain was discussed with cardiology team and they advised adding 1 aspirin to his medications. ECG and Troponin were normal prior to discharge.

**Plan and requested actions**

**Follow-up Information**

Outpatient Follow-up in:	weeks at
Follow-up Instructions:	Follow up by cardiology Dr HOSSEFE 25/09/2018
Instructions from GP:	Please kindly refer to alcohol substance misuse team for help with heavy drinking as soon as possible

**Diagnoses**

Type	Description	Status
Primary Diagnosis	Alcohol withdrawal	CONDITION STABLE

**Co-Morbidity**

No	Description
001	Acute MI in last 28 days
002	Alcohol abuse
003	Hypertension

**Medication and medical devices**

Medication Status	GP To Continue	Drug Name
CONTINUED DRUG	Yes	Aspirin
		Form and Strength: Dispersible Tablets
		Dosage: 75mg
		Frequency: od
		Route: BY MOUTH
CONTINUED DRUG	Yes	Alcovasol
		Form and Strength: Tablets
		Dosage: 40mg
		Frequency: od
		Route: BY MOUTH

CONTINUED DRUG	Yes	Beclometasone Form and Strength: Inhaler 160mcg Dosage: 2puff Frequency: bd Route: INHALED
CONTINUED DRUG	Yes	Beclometasone Form and Strength: Nasal Spray Dosage: 2 Frequency: bd Route: NASAL
CONTINUED DRUG	Yes	Bisacodyl Form and Strength: Tablets Dosage: 2.5mg Frequency: od Route: BY MOUTH
CONTINUED DRUG	Yes	Diprenorphine Form and Strength: 500 Tablets Dosage: 16mg Frequency: od Route: SUB LINGUAL
CONTINUED DRUG	Yes	Glycery Trinitate Form and Strength: GIL spray Dosage: 400mcg Frequency: PRN Route: SUB LINGUAL
CONTINUED DRUG	Yes	Lansoprazole Form and Strength: Capsules Dosage: 30mg Frequency: od Route: BY MOUTH
CONTINUED DRUG	Yes	Metformin Form and Strength: Tablets Dosage: 500mg Frequency: bd Route: BY MOUTH
CONTINUED DRUG	Yes	Pseudoephedrine hydrochloride Form and Strength: nasal spray Dosage: 1 spray

CONTINUED DRUG	Yes	Frequency: Route: Brand: Form and Strength: Dosage: Frequency: Route:	Is NASAL  Capsules 2.5mg od BY MOUTH
CONTINUED DRUG	Yes	Sortofinc Form and Strength: Dosage: Frequency: Route:	Tablets 50mg od BY MOUTH
CONTINUED DRUG	Yes	Prednisolone Form and Strength: Dosage: Frequency: Route:	MR Tablets 20mg bd BY MOUTH
CONTINUED DRUG	Yes	Aciclovir Form and Strength: Dosage: Frequency: Route:	Tablets 800mg bd BY MOUTH
STARTED DRUG	Yes	Co-Cocamol Form and Strength: Dosage: Frequency: Route:	60/500 Tablets 2 tablets on BY MOUTH

**Medical devices**

No Information Recorded

**Allergies and adverse reaction**

**Allergies**

No.	Description
001	nkca

**Adverse reactions**

- No Information Recorded

**Safety alerts**

Self Risk/Suicide	Not Assessed
Overdose	Not Assessed
Self-Harm	Not Assessed
Self Neglect	Not Assessed
Third Party	Not Assessed
Care Professionals	Not Assessed
Other	

**Procedures**

**Medical Treatments**

- No Information Recorded

**Operations and Procedures**

- No Information Recorded

**Complications**

- No Information Recorded

**Investigations and results**

- No Information Recorded

**Special requirements**

Interpreter	Not Set
Advocate	Not Set
Transport	Not Set
Other	

**Referral details**

Please kindly refer to acohol/substance misuse team for help with heavy drinking as soon as possible.

**CQUIN Information**

**AKI CQUIN Quarterly Data Collection**

No.	Questions	Response
	Did this patient have an episode of AKI during this admission? (If Yes, please ensure this is linked with the diagnosis on the main part of the discharge)	No
	If Yes, What stage of AKI (1/2/3) did they suffer? (NB: If more than one stage, please record the highest stage)	
	Have you undertaken (and documented on this letter) a review of this patient's medications?	
	Are further follow up blood tests required? If yes, state which tests specifically AND when the tests are required	
	What is the patient's renal function on discharge? (U+R+eL/GFR) - enter details in comment section	

**Distribution list**

Patient, GP, CareNotes Folder, Coding, Additional Copies: cardiology

**Person completing record**

Signed By: Dr Emilia Ramirez, RCe, CT

Kettering General Hospital Trust, Rotherwell Road, Kettering, Northants, NN16 0JZ, Tel:01536 492600  
Copyright Kettering General Hospital. All Rights Reserved

21 Aug 2018	Clinic Letter to Lakeside Healthcare
Letter Type	Clinic Letter
Letter To	Lakeside Healthcare
Letter From	Chronic Pain Clinic, Kettering General Hospital



Mr D Clacher  
33 Holyrood Walk  
Corby  
Northants  
NN18 9JD

**Division of Surgery**  
**Department of Chronic Pain**  
Rothwell Road  
Kettering  
Northants  
NN16 8UZ

Main Switchboard: 01536 492000  
Direct Dial Secretary: 01536 491401  
Nurses Office: 01536 491588  
Fax: 01536 493526  
Web: www.kgh.nhs.uk

*When calling, please ask for Claire Ayre*

Our Ref: **184902**  
NHS No: **648 816 7464**

21<sup>st</sup> August 2018

Dear Mr Clacher

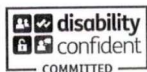
Following our recent correspondence, I have now had confirmation from Dr Hogrefe regarding the anti-platelet therapy that you are on since you had your stents inserted. Dr Hogrefe's advice is that we would not be able to stop the anti-platelet therapy for 12 months, therefore, at the moment we will not be able to list you on the waiting list for any injections.

At this moment in time, we will discharge you from the service and then in 12 months' time, if you still wish to take up the offer of injections into the lower back, then please contact your GP and ask him to re-refer you back to the service.

Yours sincerely

Lyn Johnson  
Sister  
Chronic Pain Clinic

Cc: Dr R Whittaker, Lakeside Surgery, Corby



Chairman: Alan Burns  
Chief Executive: Simon Weldon

28 Aug 2018	Clinic Letter to Lakeside Healthcare
Letter Type	Clinic Letter
Letter To	Lakeside Healthcare
Letter From	Integrated Musculoskeletal Outpatient Service, Corby Diagnostic Centre



**Integrated Musculoskeletal Outpatient Service**

Nuffield Diagnostic Centre  
Cottingham Road  
Corby  
NN17 2UW

Telephone: 0330 555 6789

28 Aug 2018

Dr Sudeep Rai  
1 Cottingham Road  
Corby  
NN17 2UR

Dear Dr Sudeep Rai

**Re: Mr D C Clacher, 33 Holyrood Walk, Corby NN18 9JD,  
NHS number : 648 816 7464 DOB: 21 May 1958**


Mr Clacher attended physio today for an assessment of his lumbar spine, he is concerned that he is not on any medication to help manage his pain and has resorted to obtaining medication from other sources. He informed me that he has to go to the chemist daily for a tablet and sit there for a short while after, he finds this embarrassing as other people are in the pharmacy. He thinks this is medication for pain, he would like to be prescribed pain relief via patches. Is this possible? He requested a walking stick with which he is supplied, I'm not sure how compliant he will be with physio as his main concerns are medication and a letter for PIP.

Yours sincerely  
Kate Winstone  
Physiotherapist  
Integrated Musculoskeletal Service  
Mr D C Clacher 648 816 7464

06 Sep 2018	General Letter to Lakeside Healthcare
Letter Type	General Letter
Letter To	Lakeside Healthcare
Letter From	S2S Substance to Solution

06/09 2018 THU 12:53 FAX 001/ 22

**S2S: Substance to Solution**  
 The Old TA Building  
 Elizabeth Street Corby  
 Northants NN17 1PN  
 T: 01504 211 304  
 F: 01536 206 399  
 E: northants@cgl.org.uk  
 W: changegrowlve.org



**Substance to Solution**  
Corby

*Information requested faxed on 6/9/18*

Date: *6/9/18*  
 Private and Confidential

To whom it may concern

Re: *Duncan Clacher* DOB: *21/5/58*  
 Address: *40 37 Hollywood Walk NN18 9JD*

We are writing because the above person has recently been assessed by our service for support with their drug and/or alcohol use. In order to help provide a safe and appropriate package of care for this person, which may include prescribed treatment (i.e. opiate replacement therapy), can you please provide relevant medical information on the attached form.

We would really like to work with you to help your patient address their substance misuse. We therefore require the following information to ensure that we proceed with any clinical intervention safely.


We would be grateful if you could return the information by fax within 48 hours to (01536 206399).

We would also ask that you contact us if the individual requires a prescription for any opiate medication whilst in treatment with our service.

If you have any queries, or require any further information, please do not hesitate to contact the team.

I thank you in anticipation of your earliest response.

Yours sincerely

S2S - Substance to Solution 

I give my consent that information about my support and treatment may be shared between the services that are delivering support to me.

Name: *Duncan Clacher* Signature:

06/09 2018 THU 12:53 FAX

0027.02

*cgl*

Medical Information Request Form

Patient Name: *DUNCAN CLACHER* Patient DOB: *21/5/58*

Patient address: *33 Holyrood Walk.*

Patient NHS Number: <i>648 816 7464</i>		
Is the patient registered with your practice?	Yes/No	<i>Please see attached contact.</i>
Is the patient prescribed any medication by your practice?	Yes/No	If yes, please provide details:
Are there any contra-Indications to us prescribing opiates?	Yes/No	If yes, please provide details:
Have there been any significant adverse reactions to other medications?	Yes/No	If yes, please provide details:
Does this person have any medical or psychiatric illnesses or injuries?	Yes/No	If yes, please provide details:
Are there any concerns that you have with us proceeding with treatment?	Yes/No	If yes, please provide details:

As well as answering the above questions could you please provide a FULL medical summary including any blood results or other investigations

Name and role of person completing Medical Information Request Form:

Signature:

Date:

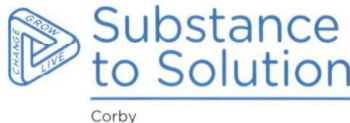
*DR  
CAMPBELL*

This service is part of the charity:  
*cgl*

Change, grow, live (CGL) Registered Office: 3rd Floor, Lower Point, 44 North Road, Brighton BN1 1YH.  
Registered Charity Number in England and Wales (1079927). Company Registration Number 5853790 (England and Wales).

06 Sep 2018	Substance Misuse to Lakeside Healthcare
Letter Type	Substance Misuse
Letter To	Lakeside Healthcare
Letter From	Dr Shebu Lukose, S2S Substance to Solution

S2S: Substance to Solution  
 The Old TA Building Elizabeth Street  
 Corby NN17 1PN  
 T: 01604 211 304 opt 5 F: 01604 206 399  
 E: northants@cgl.org.uk  
 W: changegrowlive.org



Ref: SL/LET/PB

**Private and Confidential**

Doctor,  
 Lakeside Surgery,  
 Cottingham Road,  
 Corby,  
 Northamptonshire,  
 NN17 2UR

**12<sup>th</sup> September 2018**

Dear Doctor,

**Re-Duncan Clacher; D.O.B. 21/May/1958; C/o 33 Holyrood Walk, Northamptonshire, Corby, NN18 9JD**

Duncan Clacher was seen on 6/9/2018  
 Recovery worker Colleen Pickering was able to attend the appointment.

GP summary

Duncan is currently on buprenorphine 16mg. Daily supervised consumption (mon-sun)  
 Complained of nausea and vomiting since being started on Acamprosate.  
 Acamprosate to be stopped.

Partner is drinking alcohol at weekends. Increasing use of alcohol.  
 Being verbally abusive and throwing things at Duncan.

Leaves the home to be at her friends over the weekend. This upsets Duncan and he starts to drink. Has been drinking about 30 units per day. The binge lasts for 2-3 days and then he stops.

He said that he is functional and takes care of the children and cooks for them.

He said that he has been asked to leave the Home.

-Recovery worker Colleen Pickering will be sending in a safe guarding request today.

Recently Had an Heart attack last week(MI); Has got stent inserted.  
 Had an alcohol detox while he was in hospital.  
 He has been requesting Librium as he feels it will keep him off the alcohol.

Urine drug screen-Positive to morphine and buprenorphine only. (informed me that he has been taking co-codamol tablets for pain)

Safe guarding-Was living with partner. He has been asked to leave today.  
 He has 2 children James Clacher (6/9/05) and Daniel Clacher (19/9/06).  
 They stay with their mother, who is drinking at weekends with increasing use over the last



CGL is an abbreviation of change, grow, live, who is a charity registered in England and Wales (1079327). Company registration number 3861209 England and Wales. Registered Office: 3rd Floor, Tower Point, 44 North Road, Brighton BN1 1YR.

couple of weeks. She leaves the home and Duncan takes care of the children. He gets upset and binges for the next 2-3 days while partner is away. He has now been asked to leave.

Action- -Recovery worker Colleen Pickering will be sending in a safe guarding request today, as a matter of urgency.  
(Has been previously closed by social services)

Care Plan-

Diagnosis-F11:2-Opioid dependence syndrome on clinically supervised Buprenorphine treatment programme

F10:2-Alcohol dependence syndrome, currently abstinent;  
(binge drinking pattern)

- 1)To continue on buprenorphine 16mg/day; daily supervised consumption.
- 2) Recovery worker Colleen Pickering will be sending in a safe guarding request today
- 3) Regular review with recovery worker .
- 4)Another home visit to be done.
- 3) Medical review in 3 months' time or earlier if needed. Weekly titration I
- 4)Gp to kindly consider increasing sertraline to 100mg/day, as he is complaining of panic attacks.
- 5)Acamprosate has been stopped due to complains of side effects of vomiting. He said that he is fine when he doesn't take the acamprosate.

The full review is included below. Please let us know if there are any inaccuracies or omissions.

Current use of substances

Alcohol -Binge drinking pattern 30units per day; binges for 2-3 days.

Partner is drinking alcohol at weekends. Increasing use of alcohol.

Being verb ally abusive and throwing things at Duncan.

Leaves the home to be at her friends over the weekend. This upsets Duncan and he starts to drink.Has been drinking about 30 units per day. The binge lasts for 2-3 days and then he stop

Street Buprenorphine -Nil

On and off use of codeine tablets for pain-over ythe counter medication.

Heroin-Nil heroin use

Crack -Nil

Street methadone-Nil

Nil other use of other substances

Cigarettes-3-4 roll up/day; counselled on smoking cessation.

Physical Health -C/o back pain (degenerative spinal disease)

Physical co-morbidities- COPD;severe back pain (? herniated Disc) ;Type " DM; CAD

Medication from GP

Ventolin inhaler

Evohaler

Atarvostatin 40mg

Thephylline 250mg MR

Lansoprazole 30mg

Sertraline 50mg

Metformin

Allergies-Side effects of nausea and vomiting with acamprosate. Been informed of it today.

Non-drug allergy-Cats.

MSE

Casually dressed, well kempt, good eye contact  
Speech- Coherent speech, normal in rate, rhythm and volume  
Mood(s) low and (o) - anxious  
No thoughts or plans of harm to self or others.  
No abnormal perception  
Oriented in time place and person

Risk assessment

Current risk of harm to self-low  
Current risk of accidental overdose -Low

Care Plan-

Diagnosis-F11.2-Opioid dependence syndrome on clinically supervised Buprenorphine treatment programme

- 1)To continue on buprenorphine 16mg/day; daily supervised consumption.
- 2) Recovery worker Colleen Pickering will be sending in a safe guarding request today
- 3) Regular review with recovery worker.
- 4)Another home visit to be done.
- 3) Medical review in 3 months' time or earlier if needed. Weekly titration I
- 4)Gp to kindly consider increasing sertraline to 100mg/day, as he is complaining of panic attacks.

Yours sincerely

Dr Shebu Lukose

CGL Speciality Doctor in Addictions Psychiatry

07 Sep 2018 | DWP Reports to Lakeside Healthcare

Letter Type: DWP Reports  
Letter To: Lakeside Healthcare  
Letter From: Personal Independence Payment, Department for Work & Pensions

**CAPITA** *posted 7/9/18*

If you contact us please use this reference: PIP11221808/101

Dr. WHITTAKER  
The Lakeside Surgery  
Cottingham Road  
Corby  
NN17 2UR

Capita PIP  
PO Box 307  
DARLINGTON  
DL98 1AB

Website: www.capita-pip.co.uk

03/09/2018

06 SEP 2018

**Personal Independence Payment**  
**Evidence for claim**

Mr Duncan Clacher  
33 Holyrood Walk  
Corby  
NN18 9JD

PIP11221808/101  
21/05/1958

Your patient (or person appointed to handle their affairs) has made a claim for Personal Independence Payment.

Capita Health and Wellbeing is contracted to carry out independent assessments for Personal Independence Payment on behalf of the Department for Work and Pensions.

It would be very helpful in assessing your patient's benefit claim if you could complete and return this form within ten days. You can use the envelope we sent you. It does not require a stamp. We also enclose a form for you to claim a fee of £33.50 which should accompany this report.

**We hold your patient's consent** (or the consent of a person appointed to handle their affairs due to the claimant's mental incapacity to do so) **to allow us to approach you for this information.**

Capita Business Services Limited  
Registered office: 71 Victoria Street, Westminster, London, SW1H 0XA, United Kingdom  
Registered in England No. 2299747  
Part of Capita plc  
PIP LHPD 12/14

Providing assessment services on behalf of  
**Department for Work & Pensions**

# CAPITA

## Your Report

0423242011000000071959401  
0423242011000000071959401

**Patient's name & National Insurance Number**

Mr Duncan Clacher

YZ806342C

**Date when patient last seen by a health professional**

18 ' 6 ' 2018

**Where and by whom**

Dr Graham Suggs

**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.



Sleep apnoea

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

1.

Capita Business Services Limited  
 Registered office: 71 Victoria Street, Westminster, London, SW1H 0XA, United Kingdom  
 Registered in England No. 2299747  
 Part of Capita plc  
 RPL14-PC 12/14








**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.*

No data  
Normally holding

**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*





# CAPITA

## 1. TYPE OF FE REPORT DETAILS

The VAT shown is your output VAT due to H.M. Revenue & Customs

Case Reference Number (Invoice Number)	PIP11221808/101			
Type of Report (Please tick appropriate box)	<input checked="" type="checkbox"/>	GPFR	Net fee	£33.50
			VAT @ 20%	£6.70
			Gross Fee	£40.20
	<input type="checkbox"/>	NHS Hospital Report	N/A	£0
	<input type="checkbox"/>	Other (Please specify)	N/A	£0

## 2. FE PROVIDER DETAILS

Full Name of FE Provider:	Lakeside Healthcare
Registered Company Number: (if applicable)	
VAT Number: (if applicable)	878 646066
Address:	Lakeside Healthcare Lakeside Surgery Cottingham Road Corby
Town/City:	Northants
Post Code:	NN17 2UR Tel: 01536 204154
Country:	
Telephone Number:	01536 204154
Fax Number:	01536 748286
E Mail:	

Case ref: PIP1 1221 808/1 01

Capita Business Services Limited  
Registered office: 71 Victoria Street, Westminster, London, SW1H 0XA, United Kingdom  
Registered in England No. 2299747  
Part of Capita plc  
PIP LHPO 12/14

Providing assessment services on behalf of  
Department for Work & Pensions

3. BANK DETAILS

Bank Name:	Royal Bank Scotland
Bank Branch:	Mansfield
Account Number:	10054226
Bank Sort Code:	16-25-17
Account Holder/name:	Lakeside

Signed: .....

Print Name: ..... Lakeside Healthcare

Date/time of supply: ..... Lakeside Surgery

Cottingham Road  
Corby  
Northants  
NN17 2UR  
Tel: 01536 204154

Case ref:  
PIP1  
1221  
808/1  
01



25 Sep 2018	DNA Letter to Lakeside Healthcare
Letter Type	DNA Letter
Letter To	Lakeside Healthcare
Letter From	Musculoskeletal Outpatients Northamptonshire



**Musculoskeletal Outpatient Service**

Nuffield Diagnostic Centre  
 Cottingham Rd  
 Corby  
 Northants  
 NN17 2UW  
 Telephone-0330 555 6789

25 September 2018

Dr Sudeep Rai  
 1 Cottingham Road  
 Corby  
 Northamptonshire  
 NN17 2UR

Dear Dr Sudeep Rai

Re:

**Duncan Clacher**  
**33 Holyrood Walk, Corby, Northamptonshire, NN18 9JD**  
**DOB: 21 May 1958 NHS no.: 648 816 7464**

**Diagnosis:** .....Lumbar degeneration, multiple health problems.....

**Information at Discharge:** Thank you for referring this patient to our clinic. Regrettably they DNA'd their appointment more than a week ago and as there has been no contact, I have discharged them back to your care in accordance with our DNA policy.

Yours sincerely,

Kate Winstone

Physiotherapist

Integrated Musculoskeletal Service

25 Sep 2018	Clinic Letter to Lakeside Healthcare
Letter Type	Clinic Letter
Letter To	Lakeside Healthcare
Letter From	Cardiology, Kettering General Hospital

Medicine CBU (Clinical Business Unit)

Department of Cardiology

Rothwell Road

Kettering

Northants

NN16 8UZ

Main Switchboard: 01536 492000

Web: www.kgh.nhs.uk

Consultant: Dr K Hogrefe

NHS Number: 6488167464

Hospital Number: 184902

Ref: CH/sf

CDC Clinic : 25.09.18

26 September 2018

Consultants

Dr A Cheng Tel: 01536 492219 / Fax: 01536 491874

Dr J Ehtisham Tel: 01536 491582 / Fax: 01536 491873

Dr M Farooq Tel: 01536 491472 / Fax: 01536 491873

Dr S Hetherington Tel: 01536 492803 / Fax: 01536 492850

Dr K Hogrefe Tel: 01536 493344 / Fax: 01536 492850

Dr S Nishtar Tel: 01536 492808 / Fax: 01536 491871

Dr R Prasad Tel: 01536 492523 / Fax: 01536 492850

Dr P Raju Tel: 01536 492815 / Fax: 01536 491871

Dr N Shaukat Tel: 01536 492807 / Fax: 01536 491874

Dr R Whittaker  
The Lakeside Surgery  
Cottingham Road  
Corby  
Northamptonshire  
NN17 2UR

Dear Dr Whittaker

**Duncan Campbell Clacher 21/05/1958**

**33 Holyrood Walk, Corby, Northamptonshire NN18 9JD**

I reviewed this gentleman today in Dr Hogrefe's clinic at the Corby Diagnostic Centre. He is a 60 year old patient with a background history of ischaemic heart disease and he underwent PCI to LCx after presenting with non-STEMI. He has a history of hypertension and alcohol misuse. He came today for a routine follow-up appointment.

Mr Clacher did not bring his list of medications with him today but according to the last discharge letter he takes Atorvastatin 40mg od, Beclomethasone, Bisoprolol 2.5mg od, GTN spray prn, Lansoprazole 30mg od, Metformin 500mg od, Ramipril 2.5mg, Theophylline 25mg od, Aspirin 75mg OD, Ticagrelor 90mg bd and Co-codamol prn.

The patient says he is still getting chest pains on and off but they are not as severe as previously. He is also getting shortness of breath on occasions. Mr Clacher still continues to drink alcohol and smokes around 10 cigarettes a day. He has no palpitations and no syncope or presyncope.

On examination his JVP was not elevated and his lung fields were clear. He had no leg swelling. His blood pressure today was 130/68mmHg, pulse rate 83bpm and saturations 94% on room air. His ECG today does not reveal any ischaemic changes.

(2)

**Duncan Campbell Clacher 21/05/1958**

**CDC Clinic : 25.09.18**

In the light of the above I would like you to add Monomil MR 30mg od to his medications and uptitrate this according to the symptoms. All other secondary prevention should be continued and he should take his dual antiplatelet medication until a year after his PCI, that is until June 2019, and Aspirin lifelong after that.

I will request an echocardiogram to check his LV functions and update the management plan once I have the results to hand. I will arrange another appointment in a year's time.

Yours sincerely

electronically checked

Dr C Herath

Registrar to Dr K Hogrefe  
Consultant Cardiologist  
MRCP MD

11 Nov 2018	Ambulance Notification to Lakeside Healthcare
Letter Type	Ambulance Notification
Letter To	Lakeside Healthcare
Letter From	Siren4

Page 1 of 6



Created: 11/11/2018 01:37:12 (GMT)

Incident Number: 10871192  
Patient of Report Number:

Finalized: Yes

**PATIENT**

**CLACHER , DUNCAN** 60 Years (Actual) Male Sexual Orientation: Not Stated Religious Affiliation: Patient Religion Unknown  
Ethnicity: White Other

**COMMENTS**

96kg  
ppl+ve  
news 4  
?sepsis amber flag hr

pc- cp/ sob

hpc-

MI 3/12 ago, with unknown number of stents fitted. since then reports cp and sob. today cp began this morning, gradually worsening. described as central/ left sided, stabbing in nature ?pleuritic. chest sounds clear. gradual sob, known to have copd. pt also reports left arm ache/pain, new onset today. cant rule out cardiac.  
smokes 20pd. no drug use. no peripheral oedema but coughing up white sputum. claims to have transient abdo pain mid epigastric  
pmhx inc anxiety/depression

o/a- sitting on sofa

alert, gcs 15, maintaining eye contact, looks sallow colour, warm to the touch.  
fully orientated and conversive

cvs- cp ?pleuritic, pyrexia, sob, no nausea, not cyanosed or diaphoretic. eeg sinus tachy  
cns- befast -ve  
gi/gu- constipation only. abdo assess; no distention/mottling/

iv access right acf 18guage

tx-

8/10 pain;  
gtn 2 sprays  
iv paracetamol 1g  
iv morphine 5mg  
pain reducing.

transfer to ngh for further tests

?cardiac  
?infection- sepsis (chest or abdo).

**Patient Presenting With**

<b>Complaint</b>	<b>Complaint Type</b> : Chief Complaint; <b>Complaint</b> : Chest Pain
<b>HISTORY OF PRESENT ILLNESS</b>	
<b>Symptoms</b>	<b>General</b> : Abdominal Pain; Pyrexia; <b>Respiratory</b> : Shortness of Breath; Pleuritic Chest Pain; Cough (Productive); Painful Breathing; <b>Cardiovascular</b> : Chest Pain; <b>GU / GI</b> : Constipation; Abdominal Pain;  <b>Pertinent Negatives</b> : <b>General</b> : No Dizziness; No Sweating; No Nausea; No Vomiting; <b>Cardiovascular</b> : No Peripheral Oedema; <b>Neuro</b> : No Visual Disturbance; No Abnormal Gait; No Arm Weakness (Left); No Arm Weakness (Right); No Leg Weakness (Left); No Leg Weakness (Right); No Abnormal Speech; <b>GU / GI</b> : No Diarrhoea; No Vomiting;
<b>Origin of Pain / Symptom</b>	<b>Chest: Center</b>
<b>Onset</b>	<b>Medical Details</b> : <b>Activity</b> : At Rest

Created: 11/11/2018 01:37:12 (GMT)

Incident Number: 10871192

All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (GMT)

file:///C:/Program%20Files%20(x86)/Medusa/Server/2822429\_Email\_Request\_57732... 11/11/2018

	Location: Home Character: Gradual Onset
Provocation	Breathing Movement
Quality	Stabbing Tight
Radiation / Spread	No Radiation of Pain
Relieved By	Nothing
Severity	Pain: Numeric: 8 Pain: Visual: 4 - Hurts Little More

Past Medical History

Medical / Surgical History	Anxiety / Panic COPD Coronary Stent Depression Diabetes - Non-Insulin Dep. (Meds)
----------------------------	---

Allergies

Medication Allergies	No Known Allergy
----------------------	------------------

SOCIAL AND FAMILY HISTORY

Carers	Self Caring
Activities of Daily Living	Normally Self Caring
Accommodation	Fiat

FIRST VITAL SIGNS

Time	Heart Rate	Respiratory Rate	BP Systolic	BP Diastolic	SPO2	Temperature	BM	Peak Flow	ETCO2	GCS	NEWS	Pain: Numeric	Pain: Visual	Position	Done By
M-11/11/2018 01:40:56	104 BPM	20 BPM	155 mmHg - RT;	80 mmHg	97 %	37.8 Celsius	12.2 mmol/L			E 4 V 5 M 6 15	1	8	4 - Hurts Little More	Sitting	Katie York

ACTUAL

PERTINENT NEGATIVES

VITAL SIGNS

Time	Heart Rate	Respiratory Rate	BP Systolic	BP Diastolic	SPO2	Temperature	BM	Peak Flow	ETCO2	GCS	NEWS	Pain: Numeric	Pain: Visual	Position	Done By
M-11/11/2018 01:40:56	104 BPM	20 BPM	155 mmHg - RT;	80 mmHg	97 %	37.8 Celsius	12.2 mmol/L			E 4 V 5 M 6 15	1	8	4 - Hurts Little More	Sitting	Katie York
M-11/11/2018 01:53:03	102 BPM	20 BPM	139 mmHg - LT;	83 mmHg	95 %					E 4 V 5 M 6 15	2	8			Katie York
M-11/11/2018 02:19:34	102 BPM	24 BPM	124 mmHg - LT;	76 mmHg	95 %					E 4 V 5 M 6 15	4	8		Sitting	Katie York

ECG / MONITOR

Time	Leads	ECG Changes	ECG Type	ECG Method	Underlying Rhythm	Ectopy	Report	Comments	Done By
ECGInterp - 11/11/2018			12	Manual Interpretation;	Sinus Tachycardia; Sinus Rhythm;				Katie York

Created: 11/11/2018 01:37:12 (GMT)

Incident Number: 10871192

All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (GMT)

01:49:42									
ECGInterp			12	Manual Interpretation;	Sinus Tachycardia; Sinus Rhythm;				Katie York
11/11/2018 02:21:06									

ABCD

<b>Primary Survey</b>	<b>Catastrophic Haemorrhage:</b> No Bleeding <b>Airway:</b> Patent <b>Breathing:</b> Adequate <b>Circulation:</b> Pulse Present <b>Disability:</b> Alert to Time; Alert to Person; Alert to Situation; Alert to Place
-----------------------	---

Assess / Plan

Start Time	Stop Time	Section	Item	Description	Done By
11/11/2018 00:30:42		Treatments	Drug	Drug Name: Aspirin Route: Oral Amount: 300 mg	Patient/Lay Person
11/11/2018 01:30:05		Treatments	Drug	Drug Name: GTN Route: Sub Lingual / Buccal Amount: 400 mcg	Patient/Lay Person
11/11/2018 01:51:12		Assessments	Breath Sounds	Left Upper: Normal / Clear Left Lower: Normal / Clear Right Upper: Normal / Clear Right Lower: Normal / Clear	Katie York
11/11/2018 01:51:16		Assessments	Airway Status	Status: Clear Airway Self Maintenance: Patent	Katie York
11/11/2018 01:51:20		Assessments	Reassess AVPU	AVPU: Alert to Person; Alert to Place; Alert to Time; Alert to Situation	Katie York
11/11/2018 01:51:24		Assessments	Mental Status	Status: Anxious	Katie York
11/11/2018 01:51:28		Assessments	Breathing Signs	Breathing Signs: No Abnormal Breathing Signs	Katie York
11/11/2018 01:51:31		Assessments	Breathing Quality	Rate (BPM): 20 Regularity: Regular Effort: Easy / Normal Depth: Normal	Katie York
11/11/2018 01:51:40		Assessments	Pulse Status	Site: Left Radial Rate: Normal Rhythm: Regular Strength: Strong	Katie York
11/11/2018 01:51:44		Assessments	Skin Assessment	Temperature: Normal Moisture: Normal Colour: Normal Capillary Refill: Less Than 2 Seconds Turgor: Normal	Katie York
11/11/2018 01:51:49		Assessments	FAS Test	Facial Droop: Normal Arm Drift: Normal Speech: Normal Result: Negative	Katie York
11/11/2018 01:52:19		Guidelines	JRCALC	Clinical	Katie York
11/11/2018 01:52:19		Guidelines	NEWS	Clinical	Katie York
11/11/2018 01:52:21		Guidelines	Paramedic Pathfinder (Medical)	Clinical	Katie York
11/11/2018 01:59:54		Assessments	Mental Capacity Assessment	Is the patient able to understand the information relevant to the decision?: Yes Can the patient retain the information - can they accurately describe it to you?: Yes Can the patient use, or weigh the information, as part of the decision making process?: Yes	Katie York

Created: 11/11/2018 01:37:12 (GMT)

Incident Number: 10871192

All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (GMT)

				Can the patient communicate their decision to you?: Yes Is there a temporary or permanent disturbance of mind or brain?: No	
11/11/2018 02:10:30		Treatments	Drug	Drug Name: GTN Route: Sub Lingual / Buccal Amount: 400 mcg	Katie York
11/11/2018 02:18:35		Treatments	Drug	Drug Name: Paracetamol Route: Intra Venous Amount: 1 g	Katie York
11/11/2018 02:18:48		Treatments	IV / IO	Side: Right Site: ACF Type: IV Size: 18 Gauge	Katie York
11/11/2018 02:19:03		Treatments	Drug	Drug Name: Morphine Sulphate Route: Intra Venous Vascular Access: Right ACF Amount: 2.5 mg	Katie York
11/11/2018 02:21:15		Treatments	Drug	Drug Name: Sodium Chloride 0.9% Route: Intra Venous Vascular Access: Right ACF Amount: 5 ml	Katie York
11/11/2018 02:21:30		Treatments	Drug	Drug Name: Sodium Chloride 0.9% Route: Intra Venous Vascular Access: Right ACF Amount: 10 ml Comments: with morphine	Katie York
11/11/2018 02:32:29		Treatments	Drug	Drug Name: Morphine Sulphate Route: Intra Venous Vascular Access: Right ACF Amount: 2.5 mg	Katie York
		Guidelines	Care Bundles	Clinical	Katie York
		Guidelines	Care Bundles	Clinical	Katie York

IMPRESSIONS

Assessment Time	Item	Details
11/11/2018 01:52:28	Cardiac Chest Pain	Type: Primary
11/11/2018 01:52:47	Other Respiratory Problem	Type: Secondary

PATIENT OUTCOMES

General	Patient Outcome: Treated and Transported Condition of Patient at Destination: Unchanged
Patient Moved	How Patient was Moved to Ambulance: Walking Unaided How Patient was Transported from Ambulance: Stretcher Trolley

VEHICLE

Vehicle Call Sign: 0813; Vehicle Type: Emergency Ambulance; Vehicle Base Station: Kettering;
--

CREW MEMBERS

Name	Crew Role	Crew Role Details	Crew Level	Position	ID Number	Registration	Crew Type	Current Crew
				Unspecified Crew			Patient/Lay Person	Yes
Chalmers Robert	User		Other	Unspecified Crew		Not Entered		Yes
York Katie	User		Paramedic	Primary Crew		PA43725		Yes

INCIDENT

	Time	Odometer	Details	Complications / Misc
Incident Date / Time:	11/11/2018 00:17:04		Address 1: 6 Address 2: MINDEN CLOSE City / Town: CORBY Postal Code: NN18 9EW	

Created: 11/11/2018 01:37:12 (GMT)

Incident Number: 10871192

All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (GMT)

file:///C:/Program%20Files%20(x86)/Medusa/Server/2822429\_Email\_Request\_57732... 11/11/2018

			Longitude: -0.739543833 Latitude: 52.46936429 Tel1: 07902310611	
Call Connect:				
Dispatch Notified:				
Pre-Alert:				
Assigned:	11/11/2018 01:30:22		Call Type: Emergency Reported Condition: Other: 200020 Code: DX0112	Special Precautions: shortness of breath.
Acknowledged:				
Mobile:	11/11/2018 01:30:29		Incident Number: 10871192	
Unit Cancelled:				
Arrive Scene:	11/11/2018 01:34:22			
At Patient Side:				
Arrive Pickup:				
Depart Pickup:				
On Scene Transfer:				
Depart Scene:	11/11/2018 02:18:12		Receiving Location Priority: Non Blue Light	
Arrive Destination Landing Area:				
Arrive Destination:	11/11/2018 02:31:14		Destination Type: Emergency Department Address 1: Kettering General Hospital Address 2: FEATURE HOSPITALS Postal Code: NN16 8UZ Ward / Room: Emergency Dept Receiving Location: Kettering General Hospital	
Handover:	11/11/2018 02:42:06			
Clear:				
RL Pre-Alert:				
RL ETA:				
EMS Call Completed:				
Unit Back at Home:				
Depart Destination:				
Wheel Check:				
Arrive Scene 1:				
Arrive Scene 2:				
Depart Scene 1:				
Depart Scene 2:				
Verbal Handover:				

Demographics

Last Name: **CLACHER**      First Name: **DUNCAN**      Middle Name:  
 Date of Birth: **21/05/1958**      Ethnicity: White Other      NHS No: **6488167464**  
 Preferred Contact Method:  
 MedicAlert #:  
 Address 1: 6      Address 2: **MINDEN CLOSE**      City: **CORBY**  
 County:      Post Code: **NN18 9EW**  
 Country:      Census Tract:  
 Home: **07902310611**      Mobile:      Tel3:  
 Email:      Email 2:

Contacts

Contact	Address	Details
---------	---------	---------

Created: 11/11/2018 01:37:12 (GMT)      Incident Number: 10871192  
 All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (GMT)

file:///C:/Program%20Files%20(x86)/Medusa/Server/2822429\_Email\_Request\_57732... 11/11/2018

<b>Physician Office</b> Type: Patient GP Organisation Name: Lakeside Surgery, Corby	Address 1: Cottingham Road City: Corby Post Code: NN17 2UR Tel1: 01536 204154 (Work) Email: corccg.lakesidecommunications@nhs.net (Work)  Unique ID: K83002	
<b>Other Contact</b> Relationship: Next of Kin Contact Last Name: Robertson Contact First Name: Patricia		

SIGNATURE

Patient Handover

Person Signing: Doctor

Date Time Signed: 11/11/2018 02:40:37

Primary Crew

Name of signer: York, Katie

Date Time Signed: 11/11/2018 01:59:47

Unspecified Crew

Name: Chalmers, Robert

Date Time Signed: 11/11/2018 02:03:18

PDS Lookup

NHS Number : 6488167464	Status : PDS found a match. The ePCR was updated with an NHS Number.
-------------------------	--

Created: 11/11/2018 01:37:12 (GMT)

Incident Number: 10871192

All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (GMT)

11 Nov 2018	A&E to Lakeside Healthcare
Letter Type	A&E
Letter To	Lakeside Healthcare
Letter From	Accident & Emergency, Kettering General Hospital

**Emergency Department**

Rothwell Road  
Kettering  
NN16 8UZ

**GP practice**

Dr Whittaker  
The Lakeside Surgery  
Cottingham Road  
Corby  
Northamptonshire  
NN17 2UR

Telephone: 01536 492000

Date: 11 November 2018

Dear Dr Whittaker

**Patient demographics**

**Name:** Mr Duncan Clacher **Gender:** Male  
**DOB:** 21 May 1958 **Age:** 60  
**Hospital Number:** 184902 **NHS Number:**  
**Address:** 6 Minden Close, CORBY, Northamptonshire, NN18 9EW

**Admission details**

The above named patient attended the Emergency Department on 11 November 2018 at 02:31. The patient was seen by Dr Maira Hafeez and the consultant on take was Dr Adeel Chaudhary. This patient has made 04 previous visits to this department since 1<sup>st</sup> April 2010.

**Discharge details**

The patient left the department at 07:30 on 11 November 2018.  
left sided chest pain for 3 days  
no plueritic chest pain  
trots negative  
well score 0  
wbc 16  
chest B/L crepts  
discharge home with abx  
advised to follow up with GP  
The outcome was Treatment complete - Discharge.

**Special requirements**

Requirements  
Interpreter: Yes / No **Transport:** Yes / No  
Advocate: Yes / No  
Others:

**Safety alerts**

Risk to self:  
Suicide: Yes / No / Not Assessed **Overdose:** Yes / No / Not Assessed  
Self-Harm: Yes / No / Not Assessed **Self-Neglect:** Yes / No / Not Assessed  
Risks to others:  
Third Party: Yes / No / Not Assessed **Care professionals:** Yes / No / Not Assessed

Other risks:

**Clinical summary**

**Referral details**

Referred by Self / family / friends / education / work colleague

**Diagnosis**

The presenting complaint was 09 Chest Pain..

<b>Diagnosis</b>
Chronic obstructive pulmonary disease (Confirmed diagnosis)

**Procedures**

Investigations	Treatments
Biochemistry Biochemistry (U&E's)	Circulation Intravenous cannula

Biochemistry C reactive protein (CRP) Haematology Clotting studies Bedside Electrocardiogram Haematology Haematology (FBC) Biochemistry Liver function tests (LFTs) Biochemistry Troponin Bedside Venous blood gas Radiology X-ray plain film	Circulation Observation / cardiac monitor, pulse oximetry / head injury / trends Medication Prescription / medicines prepared to take away
---	---

**Medication and medical devices**

Drugs administered in ED	Drugs TTA
Diazepam Diazepan Doxycycline Glyceryl Trinitrate Paracetamol	Doxycycline

**Plan and requested actions**

**Allergies and adverse reaction**

**Distribution list**

GP Letter

**Person completing record**

If you have any queries regarding this attendance please contact the Emergency Department via Switchboard.

11 Nov 2018	Out of Hours to Lakeside Healthcare
Letter Type	Out of Hours
Letter To	Lakeside Healthcare
Letter From	NHS 111 Report For Information

NHS 111 Report - For Information

CLACHER, Duncan <i>Born</i> 21-May-1958 <i>Gender</i> Male <i>NHS No.</i> 648 816 7464 <i>Local Patient ID</i> 80E77F21-90B8-4CCA-89FC-8EC63C85D5D1	
<i>Home Address</i>	<i>GP Practice</i>
<i>Visit Address</i>	Lakeside Surgery (OOH IC24)
33 Holyrood Walk	The Lakeside Surgery
6 Minden Close	Cottingham Road
Corby	Corby
Northamptonshire	Northamptonshire
NN18 9JD	NN17 2UR
	Phone 01536204154
	<i>Emergency Phone</i> 07902310611

Patient's Reported Condition

shortness of breath.

Case Summary

Disposition:  
The disposition is: Emergency Ambulance Response for Acute Coronary Syndrome  
Dx0112

Selected care service:  
No referral made.

Rationale:  
Illness  
Warm to touch  
Chest/upper back pain now  
Previous heart attack  
Suspected heart attack  
No indication scene unsafe  
Uses GTN medication  
GTN accessible  
Medication given  
Aspirin available  
Aspirin 75mgs available

User comments:  
What is the main problem? - shortness of breath  
Are you taking warfarin, heparin or other blood thinning medication? - is on many medications doesnt know  
Advice given:  
None recorded.

Patient's Reported Condition

shortness of breath.

Information And Advice Given

Disposition

The disposition is: Emergency Ambulance Response for Acute Coronary Syndrome

<i>Document Created</i>	11-Nov-2018, 00:31
<i>Document Owner</i>	Derbyshire Health United
<i>Authored by</i>	Coral Chapman - Call handler, Johnson Building (Derbyshire Health United) on 11-Nov-2018, 00:22
<i>Consent Status</i>	Consent given for electronic record sharing


<i>Encounter Type</i>	<b>NHS111 Encounter</b>
<i>Encounter Time</i>	<b>11-Nov-2018, 00:09 to 11-Nov-2018, 00:22</b>
<i>Case Reference</i>	<b>ABBD5DAA-D851-4145-B717-2FE81022CA54</b>
<i>Case ID</i>	<b>3223502</b>
<i>Encounter Identifier</i>	<b>ABBD5DAA-D851-4145-B717-2FE81022CA54</b>
<i>Encounter Disposition</i>	<b>The disposition is: Emergency Ambulance Response for Acute Coronary Syndrome</b>
<i>Care Setting Location</i>	<b>Incident Location</b>
	<i>Visit Address</i>
<i>Care Setting Address</i>	<b>6 Minden Close Corby Northamptonshire NN18 9EW</b>
<i>Care Setting Type</i>	
<i>Responsible Party</i>	<b>Ian Matthews - Medical Director, Derbyshire Health United</b>

Document ID **59A91603-4278-4900-ACE5-A182705211DB** Version **1**

22 Nov 2018	General Letter to Lakeside Healthcare
Letter Type	General Letter
Letter To	Lakeside Healthcare
Letter From	S2S Substance to Solution

22/11 2018 THU 14:37 FAX 001 / 02

S2S: Substance to Solution  
 The Old TA Building  
 Elizabeth Street Corby  
 Northants NN17 1PN  
 T: 01604 211 304  
 F: 01536 206 399  
 E: northants@cgl.org.uk  
 W: changegrowlive.org



**Substance  
to Solution**  
Corby

*Faxed ✓ [Signature] 22/11/18*

Date: *22/11/18*  
 Private and Confidential

To whom it may concern

Re: *Duncan Clacher* DOB: *21/5/58*  
 Address: *6 Minster Close*  
*Corby NN17 9EW*

We are writing because the above person has recently been assessed by our service for support with their drug and/or alcohol use. In order to help provide a safe and appropriate package of care for this person, which may include prescribed treatment (i.e. opiate replacement therapy), can you please provide relevant medical information on the attached form.

We would really like to work with you to help your patient address their substance misuse. We therefore require the following information to ensure that we proceed with any clinical intervention safely.

We would be grateful if you could return the information by fax within 48 hours to (01536 206399).

We would also ask that you contact us if the individual requires a prescription for any opiate medication whilst in treatment with our service.

If you have any queries, or require any further information, please do not hesitate to contact the team.

I thank you in anticipation of your earliest response.

Yours sincerely

S2S – Substance to Solution

I give my consent that information about my support and treatment may be shared between the services that are delivering support to me.

Name: \_\_\_\_\_ Signature: *please see overleaf  
Duncan has signed  
wrong bit*

22/11 2018 THU 14:37 FAX

002/002

cgl

Medical Information Request Form

Patient Name: *Duncan Clacher* Patient DOB: *21/6/58*

Patient address: *p. Mindon Close*

Patient NHS Number: <i>648 816 7464</i>		
Is the patient registered with your practice?	Yes/No	<i>Please see attached print out</i>
Is the patient prescribed any medication by your practice?	Yes/No	If yes, please provide details:
Are there any contra-indications to us prescribing opiates?	Yes/No	If yes, please provide details:
Have there been any significant adverse reactions to other medications?	Yes/No	If yes, please provide details:
Does this person have any medical or psychological illnesses or injuries?	Yes/No	If yes, please provide details:
Are there any concerns that you have with us proceeding with treatment?	Yes/No	If yes, please provide details:

As well as answering the above questions could you please provide a FULL medical summary including any blood results or other investigations

Name and role of person completing Medical Information Request Form:

Signature: *[Handwritten Signature]*

Date:

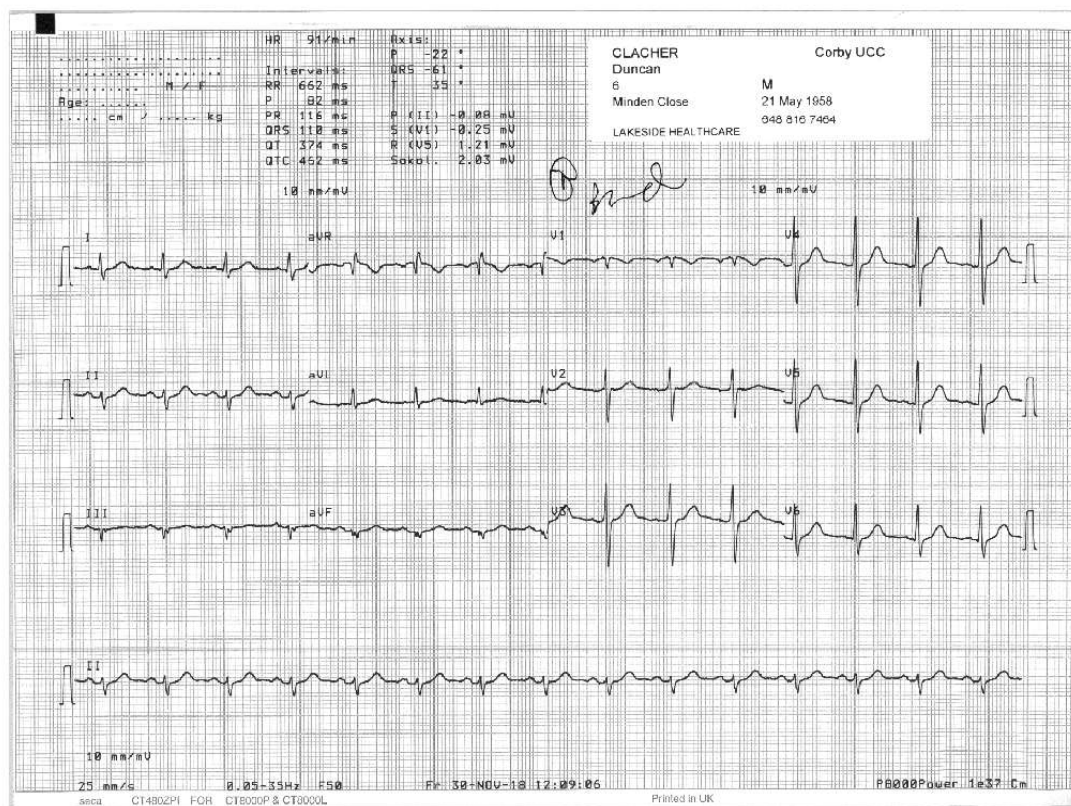
This service is part of the charity:

cgl

*Colleen Pickerns 22/11/18*

Change, grow, live (CGL) Registered Office: 3rd floor, Tower Point, 44 North Road, Brighton BN1 1YR. Registered Charity Number in England and Wales (1070872). Company Registration Number: 8661760 (England and Wales).

30 Nov 2018	ECG to Corby Urgent Care Centre
Letter Type	ECG
Letter To	Corby Urgent Care Centre
Letter From	Corby Urgent Care Centre



30 Nov 2018 Drug Chart to Corby Urgent Care Centre

Letter Type Drug Chart  
 Letter To Corby Urgent Care Centre  
 Letter From Corby Urgent Care Centre



# Observation Chart

CLACHER  
 Duncan  
 6  
 Minden Close  
 LAKESIDE HEALTHCARE  
 Corby UCC  
 M  
 21 May 1958  
 648 816 7464

Admission date: 29/11/18 Bed number: 11-12

Time	11:30	12:15																		
Respiratory Rate	31-40																			
	25-30																			
	21-24	22																		
	12-20																			
SpO <sub>2</sub>	9-11																			
	≤8																			
	≥96	96	96																	
	94-95																			
Inspired O <sub>2</sub> %	92-93																			
	≤91																			
	≥39	A	A																	
	38°																			
Temperature	37°																			
	36°	5	8																	
	35°																			
	≤35																			
Blood Pressure (Systolic)	230																			
	220																			
	210																			
	200																			
	190																			
	180																			
	170																			
	160																			
	150		143																	
	140																			
	130																			
	120																			
	110																			
	100																			
Heart rate	90	92	94																	
	80																			
	70																			
	60																			
	50																			
	40																			
	30																			
Conscious level	Alert																			
	V/P/U																			
Blood sugar																				
Signature		TM V																		

**CLINICAL RISK**

**RED : HIGH**  
 Continuous observations  
 Dr..... aware at .....  
 Signature:.....

**AMBER : MEDIUM**  
 15 minute observations  
 Dr..... aware at .....  
 Signature:.....

**GREEN : LOW**  
 1 hourly observations

**WHITE : LOW**  
 2 sets of observations before discharge

**ECG**

Procedure performed  
 Informed verbal consent given from above named patient  
 Name:.....  
 Signature:.....

**BLOOD SAMPLING**

Taken using aseptic technique following SOP protocol  
 Informed verbal consent given from above named patient  
 Name:.....  
 Signature:.....

**CANNULA INSERTION**

Performed using aseptic technique following SOP protocol  
 Informed verbal consent given from above named patient  
 Name:.....  
 Signature:..... Time:.....

**CANNULA REMOVAL**

Performed using aseptic technique  
 Informed verbal consent given from above named patient  
 Name:.....  
 Signature:..... Time:.....

**COMMENTS**





Corby Urgent Care Centre **NHS**

**PRESCRIPTION CHART**

Allergies	Type of reaction
Nil	Nil

Signed..... *Bardow* ..... Date..... *30/5/18* .....

Confirmed by prescriber  Signed.....

CLACHER  
Duncan  
6  
Minden Close  
LAKESIDE HEALTHCARE

Corby UCC  
M  
21 May 1958  
648 816 7464

Patients Weight.....

**Once only drugs**

Date	Time required	Drug	Dose	Route	Signature	Given By	Time given
<i>30/5/18</i>		<i>Salbutamol</i>	<i>5mg</i>	<i>inh</i>	<i>Bardow</i>	<i>W</i>	<i>11.42</i>
<i>30/5/18</i>		<i>Aтровent</i>	<i>500mcg</i>	<i>neb</i>	<i>Bardow</i>	<i>W</i>	<i>11.42</i>
<i>30/5/18</i>		<i>Prednisolone</i>	<i>30mg</i>	<i>po</i>	<i>Bardow</i>	<i>W</i>	<i>11.42</i>

**Intravenous Fluids**

Date	Fluid	Vol	Rate/time	Prescribers signature	Batch No	Start time	Nurse's Signature

**Oxygen prescription**

Record oxygen saturations and flow rate on the Kews card

Target oxygen saturation (tick)	Time	Date administered											
88-92% <input type="checkbox"/> 94-98% <input type="checkbox"/>													
Other.....%													
Saturation not indicated <input type="checkbox"/>													
Continuous <input type="checkbox"/> PRN <input type="checkbox"/>													
Starting flow rate													
Device													
Prescribers Signature	Bleep												

Observation Chart and Drug Chart seen before discharge Doctor 1..... Doctor2.....



04 Dec 2018	Ambulance Notification to Lakeside Healthcare
Letter Type	Ambulance Notification
Letter To	Lakeside Healthcare
Letter From	Siren4

Page 1 of 5



Created: 04/12/2018 00:39:17 (GMT)

Incident Number: 10942850

Finalized: Yes

Patient of Report Number:

**PATIENT**

**Clacher, Duncan Campbell** 60 Years (Actual) Male Sexual Orientation: Not Stated Religious Affiliation: Patient Religion Unknown  
 Ethnicity: White British

**COMMENTS**

PC - Chest pain with SOB

HxPC - Pt being treated for chest infection. 1 more ABx to take. Experiencing when taking deep breaths. Pain reported to be across whole of chest.

o/a - pt ambulant, Avpu, A,B,C, normal

o/e - resp rate and depth normal, SpO2 good, chest has some congestion, pt cannot bring up phlegm. Pain worse on inspiration.

CVS - pulses normal rate, no pallor, 12 lead - NSR, flip p and t waves in leads v1.

CNS - no abnormalities detected.

Pt has one more amoxicillin to take. Advised to seek further assessment from GP in the morning.

**Patient Presenting With**

<b>Complaint</b>	<b>Complaint Type</b> : Chief Complaint, <b>Complaint</b> : Chest Pain <b>Complaint Type</b> : Secondary Complaint, <b>Complaint</b> : Breathing Problems
------------------	--

**HISTORY OF PRESENT ILLNESS**

<b>Symptoms</b>	<b>Respiratory</b> : Painful Breathing;
<b>Origin of Pain / Symptom</b>	<b>Chest</b> : Center <b>Chest</b> : Right
<b>Onset</b>	<b>Onset</b> : 30/11/2018 10:00:00  <b>Medical Details</b> : <b>Activity</b> : Other <b>Location</b> : Home <b>Character</b> : Gradual Onset
<b>Provocation</b>	<b>Nothing</b>
<b>Quality</b>	<b>Aching</b>
<b>Radiation / Spread</b>	<b>Chest</b> : Center <b>Chest</b> : Left  <b>Pertinent Negatives</b> : <b>No Jaw</b> <b>No Arm: Right</b> <b>No Arm: Left</b>
<b>Severity</b>	<b>Pain</b> : Numeric: 5

**Past Medical History**

<b>Medical / Surgical History</b>	<b>Back Pain</b> : Prolapsed discs <b>COPD</b> <b>Diabetes - Non-Insulin Dep. (Meds)</b> <b>Myocardial Infarction</b>
-----------------------------------	--

**Allergies**

<b>Medication Allergies</b>	<b>No Known Allergy</b>
<b>Other Allergies</b>	<b>NKA - No known allergies</b>

Created: 04/12/2018 00:39:17 (GMT)

Incident Number: 10942850

All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (GMT)

file:///C:/Program%20Files%20(x86)/Medusa/Server/3009680\_Email\_Request\_58195... 04/12/2018

Current Medications	
Item	Details
Metformin 500mg tabs	
Mucodyne 375mg caps	
theophyaline250mg	
bisoprolol 2.5mg	
Pregabalin	
brilique 90mg	
Beclometasone Aerosol 200mcg/MDI	
Isosorbide Mononit 60mg modified-release caps	
Ramipril 2.5mg tabs	
Prednisolone 5mg tabs	
Amoxicillin 500mg caps	
Atorvastatin	
Lansoprazole	
Ventolin Evohaler 100mcg/MDI	

FIRST VITAL SIGNS															
Time	Heart Rate	Respiratory Rate	BP Systolic	BP Diastolic	SPO2	Temperature	BM	Peak Flow	ETCO2	GCS	NEWS	Pain: Numeric	Pain: Visual	Position	Done By
M-04/12/2018 00:46:16	80 BPM	18 BPM	149 mmHg	83 mmHg	96 %	36.7 Celsius	6.4 mmol/L			E 4 V 5 M 6 15	0			Sitting	Alan Brooks

ACTUAL							PERTINENT NEGATIVES						
--------	--	--	--	--	--	--	---------------------	--	--	--	--	--	--

VITAL SIGNS															
Time	Heart Rate	Respiratory Rate	BP Systolic	BP Diastolic	SPO2	Temperature	BM	Peak Flow	ETCO2	GCS	NEWS	Pain: Numeric	Pain: Visual	Position	Done By
M-04/12/2018 00:46:16	80 BPM	18 BPM	149 mmHg	83 mmHg	96 %	36.7 Celsius	6.4 mmol/L			E 4 V 5 M 6 15	0			Sitting	Alan Brooks
M-04/12/2018 01:07:18	79 BPM	16 BPM	154 mmHg	88 mmHg	96 %	36.7 Celsius				E 4 V 5 M 6 15	0	5		Sitting	Alan Brooks

ECG / MONITOR									
Time	Leads	ECG Changes	ECG Type	ECG Method	Underlying Rhythm	Ectopy	Report	Comments	Done By
ECGInterp - 04/12/2018 01:06:56			12	Computer Interpretation; Manual Interpretation;	Sinus Rhythm;				Alan Brooks

ABCD	
Primary Survey	<b>Start time:</b> 04/12/2018 00:39:35 <b>Done by:</b> Alan Brooks <b>Catastrophic Haemorrhage:</b> No Bleeding <b>Airway:</b> Patent <b>C-Spine:</b> C-Spine Cleared <b>Breathing:</b> Adequate <b>Circulation:</b> Pulse Present <b>Disability:</b> Alert to Time; Alert to Person; Alert to Situation; Alert to Place

ANATOMICAL			
Start Time	Item	Summary	Done By
04/12/2018 00:54:22	Central Chest	Pain	Alan Brooks
	Chest (URQ)	Pain	Brooks

Assess / Plan					
Start Time	Stop Time	Section	Item	Description	Done By

Created: 04/12/2018 00:39:17 (GMT) Incident Number: 10942850  
 All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (GMT)

04/12/2018 00:53:47	Assessments	Reassess AVPU	AVPU: Alert to Person; Alert to Place; Alert to Time; Alert to Situation	Alan Brooks
04/12/2018 00:53:48	Assessments	Airway Status	Status: Clear Airway Self Maintenance: Patent	Alan Brooks
04/12/2018 00:53:49	Assessments	Breath Sounds	Left Upper: Normal / Clear Left Lower: Normal / Clear Right Upper: Normal / Clear Right Lower: Normal / Clear	Alan Brooks
04/12/2018 00:53:50	Assessments	Breathing Quality	Rate (BPM): 20 Regularity: Regular Effort: Easy / Normal Depth: Normal	Alan Brooks
04/12/2018 00:53:55	Assessments	Mental Capacity Assessment	Is the patient able to understand the information relevant to the decision?: Yes Can the patient retain the information - can they accurately describe it to you?: Yes Can the patient use, or weigh the information, as part of the decision making process?: Yes Can the patient communicate their decision to you?: Yes Is there a temporary or permanent disturbance of mind or brain?: No	Alan Brooks
04/12/2018 00:53:57	Assessments	Pulse Status	Site: Left Radial, Right Radial Rate: Normal Rhythm: Regular Strength: Strong	Alan Brooks
04/12/2018 00:53:58	Assessments	Skin Assessment	Temperature: Normal Moisture: Normal Colour: Normal Capillary Refill: Less Than 2 Seconds Turgor: Normal	Alan Brooks
04/12/2018 00:54:07	Guidelines	NEWS	Clinical	Alan Brooks
04/12/2018 00:54:07	Guidelines	Paramedic Pathfinder (Medical)	Clinical	Alan Brooks

**IMPRESSIONS**

Assessment Time	Item	Details
04/12/2018 00:55:40	Chest Infection	Type: Primary

**CARE SUMMARY**

<b>Care Plan</b>	<b>Details:</b> Pt to see GP later this morning for further treatment and advice.
<b>Advice Given to Patient / Carers</b>	<b>Details:</b> Pt advised if breathing becomes more difficult or chest pains worse and constant, not just on inspiration, or radiates into jaw or arms, becomes clammy and cold to the touch to contact 999.

**PATIENT OUTCOMES**

<b>General</b>	<b>Patient Outcome:</b> Treated and Discharged <b>Condition of Patient at Destination:</b> Improved
----------------	--

**VEHICLE**

<b>Vehicle Call Sign:</b> 9139; <b>Vehicle Type:</b> FRV; <b>Vehicle Base Station:</b> Corby.
---

**CREW MEMBERS**

Name	Crew Role	Crew Role Details	Crew Level	Position	ID Number	Registration	Crew Type	Current Crew
Brooks Alan	User		Paramedic	Primary Crew		PA05506		Yes

**INCIDENT**

	Time	Odometer	Details	Complications / Misc
<b>Incident Date / Time:</b>	04/12/2018 00:26:17		Address 1: 6 Address 2: MINDEN CLOSE City / Town: CORBY Postal Code: NN18 9EW Longitude: -0.7395438 Latitude: 52.4693643 Tel: 01536492000	

Created: 04/12/2018 00:39:17 (GMT)

Incident Number: 10942850

All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (GMT)

		Tel: 07902310611	
Call Connect:			
Dispatch Notified:			
Pre-Alert:			
Assigned:	04/12/2018 00:29:18	Call Type: Emergency Reported Condition: Breathing Problem Code: 06D02E	Special Precautions: DIB COPD CP
Acknowledged:			
Mobile:	04/12/2018 00:30:21	Incident Number: 10942850	
Unit Cancelled:			
Arrive Scene:	04/12/2018 00:35:48		
At Patient Side:			
Arrive Pickup:			
Depart Pickup:			
On Scene Transfer:			
Depart Scene:			
Arrive Destination Landing Area:			
Arrive Destination:			
Handover:			
Clear:			
RL Pre-Alert:			
RL ETA:			
EMS Call Completed:			
Unit Back at Home:			
Depart Destination:			
Wheel Check:			
Arrive Scene 1:			
Arrive Scene 2:			
Depart Scene 1:			
Depart Scene 2:			
Verbal Handover:			

Demographics

Last Name: Clacher      First Name: Duncan      Middle Name: Campbell  
 Date of Birth: 21/05/1958      Ethnicity: White British      NHS No: 6488167464  
 Preferred Contact Method:  
 MedicAlert #:  
 Address 1: 6      Address 2: MINDEN CLOSE      City: CORBY  
 County:      Post Code: NN18 9EW  
 Country:      Census Tract:  
 Home: 01536743751      Mobile: 07902310611      Tel3:  
 Email:      Email 2:

Contacts

Contact	Address	Details
Other Contact Relationship: Next of Kin Contact Last Name: Robinson Contact First Name: Patricia		
Physician Office Type: Patient GP Organisation Name: Lakeside Surgery, Corby	Address 1: Cottingham Road City: Corby Post Code: NN17 2UR Tel1: 01536 204154 (Work) Email: corcgg.lakesidecommunications@nhs.net (Work) Unique ID: K83002	Person Accompanying Patient: No

SIGNATURE

Created: 04/12/2018 00:39:17 (GMT)      Incident Number: 10942850  
 All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (GMT)

file:///C:/Program%20Files%20(x86)/Medusa/Server/3009680\_Email\_Request\_58195... 04/12/2018

**Patient Consent to Share Data**

I, the undersigned, authorise the authority to share my patient record with my GP practice.

Signed By: Patient

Date Time Signed: 04/12/2018 01:23:57



Share With: GP Practice

---

**Primary Crew**

Name of signer: Brooks, Alan

Date Time Signed: 04/12/2018 01:22:43



**Treat and No Transport**

Person Signing: Named Patient

Date Time Signed: 04/12/2018 01:23:34



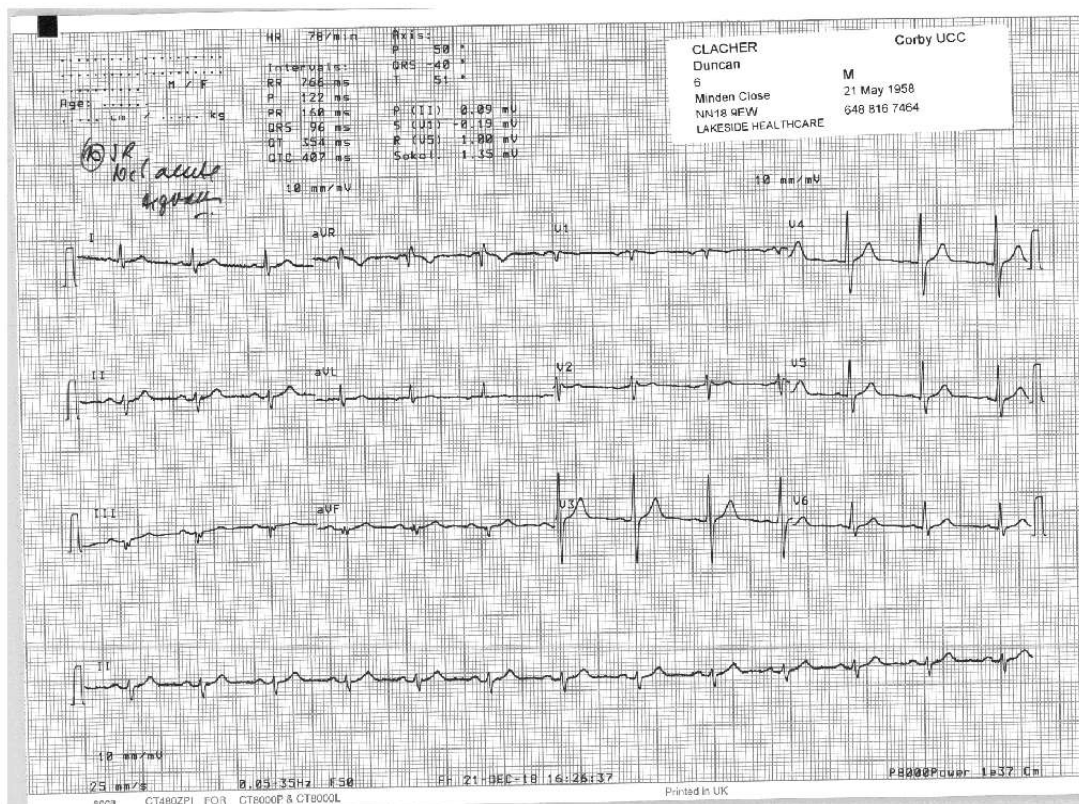
---

Created: 04/12/2018 00:39:17 (GMT)

Incident Number: 10942850

All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (GMT)

21 Dec 2018	ECG to Corby Urgent Care Centre
Letter Type	ECG
Letter To	Corby Urgent Care Centre
Letter From	Corby Urgent Care Centre



21 Dec 2018	Document to Corby Urgent Care Centre
Letter Type	Document
Letter To	Corby Urgent Care Centre
Letter From	Corby Urgent Care Centre



# Observation Chart

CLACHER  
Duncan  
6  
Minden Close  
NN18 9EW  
LAKESIDE HEALTHCARE

Corby UCC  
M  
21 May 1958  
648 816 7464

Admission date: 21/12/18 Bed number: 9

	Time	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00				
Respiratory Rate	31-40																								
	25-30																								
	21-24																								
	12-20																								
	9-11																								
SpO <sub>2</sub>	≥8																								
	≥96																								
	94-95																								
	92-93																								
Temperature	≤91																								
	≥39°																								
	38°																								
	37°																								
Blood Pressure (Systolic)	36°																								
	35°																								
	≤35°																								
	230																								
	220																								
	210																								
	200																								
	190																								
	180																								
	170																								
	Heart rate	160																							
		150																							
140																									
130																									
120																									
110																									
100																									
90																									
80																									
70																									
Conscious level		60																							
		50																							
Blood sugar	40																								
	30																								
Signature		TRACER																							

**CLINICAL RISK**

**RED : HIGH**  
Continuous observations  
Dr. .... aware at .....  
Signature: .....

**AMBER : MEDIUM**  
15 minute observations  
Dr. .... aware at .....  
Signature: .....

**GREEN : LOW**  
1 hourly observations

**WHITE : LOW**  
2 sets of observations before discharge

**ECG**

Procedure performed  
Informed verbal consent given from above named patient  
Name: .....  
Signature: .....

**BLOOD SAMPLING**

Taken using aseptic technique following SOP protocol  
Informed verbal consent given from above named patient  
Name: .....  
Signature: .....

**CANNULA INSERTION**

Performed using aseptic technique following SOP protocol  
Informed verbal consent given from above named patient  
Name: ..... Time: .....  
Signature: .....

**CANNULA REMOVAL**

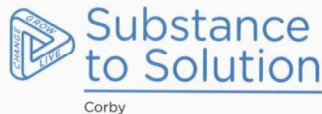
Performed using aseptic technique  
Informed verbal consent given from above named patient  
Name: ..... Time: .....  
Signature: .....

**COMMENTS**



08 Apr 2019	Substance Misuse to Lakeside Healthcare
Letter Type	Substance Misuse
Letter To	Lakeside Healthcare
Letter From	Dr Shebu Lukose, S2S: Substance to Solution

S2S: Substance to Solution  
 The Old TA Building Elizabeth Street  
 Corby NN17 1PN  
 T: 01604 211 304 opt 5 F: 01604 206 399  
 E: northants@egl.org.uk  
 W: changegrowlive.org



Ref: SL/LET/PB

**Private and Confidential**

Doctor,  
 Lakeside Surgery,  
 Cottingham Road,  
 Corby,  
 Northamptonshire,  
 NN17 2UR

**26<sup>th</sup> April 2019**

Dear Doctor,

**Re-Duncan Clacher; D.O.B. 21/May/1958; C/o 33 Holyrood Walk, Northamptonshire, Corby, NN18 9JD**

Duncan Clacher was seen on 8/4/2019

Recovery worker Colleen Pickering was unable to attend the appointment.

GP summary

Duncan is currently on buprenorphine (espranor brand)6mg. Daily supervised consumption (mon-sun).  
 He is not coping with the reduction in his dose. This has led him to resort to buying it off the street.

C/ severe pain since his buprenorphine has been dropped to 6mg/day.  
 He has had to start buying them off the street to cope.  
 Has been buying 10mg/day on top to manage his symptoms. This is costing him a lot of money and is causing him a lot of stress.  
 Nil alcohol.  
 Urine drug screen-Positive only to buprenorphine only. Negative to morphine, benzodiazepines, amphetamines, cocaine.

Safe guarding-

He has 2 children James Clacher (6/9/05) and Daniel Clacher (19/9/06), living with their mum.  
 Social services are involved.  
 He has moved out.

Care Plan-

Diagnosis-F11:2-Opioid dependence syndrome on clinically supervised Buprenorphine treatment programme  
 F10:2-Alcohol dependence syndrome, currently abstinent;  
 (binge drinking pattern)  
 Currently on buprenorphine 6mg/day. He dose will be increased to 10mg from tomorrow and 16mg from 10/4/2019. (Urine drug screen positive only to buprenorphine)

CGI is an abbreviation of change, grow, live, who is a charity registered in England and Wales (1079327). Company registration number 3861209 England and Wales. Registered Office: 3rd Floor, Tower Point, 44 North Road, Brighton BN1 1XR.

- 2) Regular review with recovery worker.  
 3) **Gp to review long term plan to manage his pain. Please refer and liaise with the pain clinic to agree to a mutually agreeable treatment plan or please prescribe buprenorphine at 16mg as a long term management plan for his pain as it is very effective for him.**

**4) Recovery worker to get updated medication list.**

The full review is included below. Please let us know if there are any inaccuracies or omissions.

Current use of substances

Alcohol –Nil  
 Street buprenorphine 10mg.  
 Nil other.  
 Heroin- Nil heroin use  
 Crack –Nil  
 Street methadone- Nil  
 Nil other use of other substances  
 Cigarettes- 3-4 roll up/day; counselled on smoking cessation.

Physical Health –C/o back pain (degenerative spinal disease)

Physical co-morbidities- COPD; severe back pain (? herniated Disc) ; Type 2 DM; CAD  
 Recently Had an Heart attack (MI)- sept 2018; Has got stent inserted.  
 Recovery worker to get updated medication list.

Medication from GP

Ventolin inhaler  
 Evohaler  
 Atarvastatin 40mg  
 Theophylline 250mg MR  
 Lansoprazole 30mg  
 Sertraline 50mg  
 Metformin

Pregabalin- unable to cope with the side effects.  
 Allergies- Side effects of nausea and vomiting with acamprosate. Been informed of it today.  
 Non-drug allergy- Cats.

MSE

Casually dressed, well kempt, good eye contact  
 Speech- Coherent speech, normal in rate, rhythm and volume  
 Mood(s) low and (o) - anxious  
 No thoughts or plans of harm to self or others.  
 No abnormal perception  
 Oriented in time place and person

Risk assessment

Current risk of harm to self- low  
 Current risk of accidental overdose –Low

Care Plan-

Diagnosis- F11.2- Opioid dependence syndrome on clinically supervised Buprenorphine treatment programme  
 F10.2- Alcohol dependence syndrome, currently abstinent;  
 1) Currently on buprenorphine 6mg/day. He dose will be increased to 10mg from tomorrow and 16mg from 10/4/2019. (Urine drug screen positive only to buprenorphine)

- 2) Regular review with recovery worker.
- 3) **Gp to review long term plan to manage his pain. Please refer and liaise with the pain clinic to agree to a mutually agreeable treatment plan or please prescribe buprenorphine at 16mg as a long term management plan for his pain as it is very effective for him.**
- 4) **Recovery worker to get updated medication list.**

Yours sincerely

Dr Shebu Lukose  
**CGL. Speciality Doctor in Addictions Psychiatry**

06 May 2019	Out of Hours to Lakeside Healthcare
Letter Type	Out of Hours
Letter To	Lakeside Healthcare
Letter From	Dhc Ltd Ooh NHS 111 Report

**NHS 111 Report - For Information**

CLACHER, Duncan <i>Born 21-May-1958 Gender Male</i> <i>NHS No. 648 816 7464</i> <i>Local Patient ID 80E77F21-90B8-4CCA-89FC-8EC63C85D5D1</i>	
<i>Home Address</i>	<i>GP Practice</i>
6 Minden Close Corby Northamptonshire NN18 9EW	Lakeside Surgery (OOH IC24) The Lakeside Surgery Cottingham Road Corby Northamptonshire NN17 2UR  Phone 01536204154
<i>Emergency Phone 07902310611</i>	

**Patient's Reported Condition**

called earlier for repeat prescription. prescription been sent to Asda today. has just realised he has lost his Morphine as well. he takes 10mg once a day.

**Case Summary**

Disposition:  
The disposition is: Emergency Ambulance Response for Acute Coronary Syndrome  
Dx0112

Selected care service:  
No referral made.

Rationale:  
Illness  
Warm to touch  
Chest/upper back pain now  
Previous heart attack  
Features of cardiac pain, chest/back/abdomen  
Too ill for all normal activities  
No indication scene unsafe  
Uses GTN medication  
GTN accessible  
Medication given  
Aspirin available  
Aspirin 75mgs available

User comments:  
What is the reason for the contact? - caller is breathless  
What is the main problem? - rang for repeat prescription of morphine but has declared he is breathless  
Advice given:  
None recorded.

**Patient's Reported Condition**

called earlier for repeat prescription. prescription been sent to Asda today. has just realised he has lost his Morphine as well. he takes 10mg once a day.

**Information And Advice Given**

**Disposition**

The disposition is: Emergency Ambulance Response for Acute Coronary Syndrome

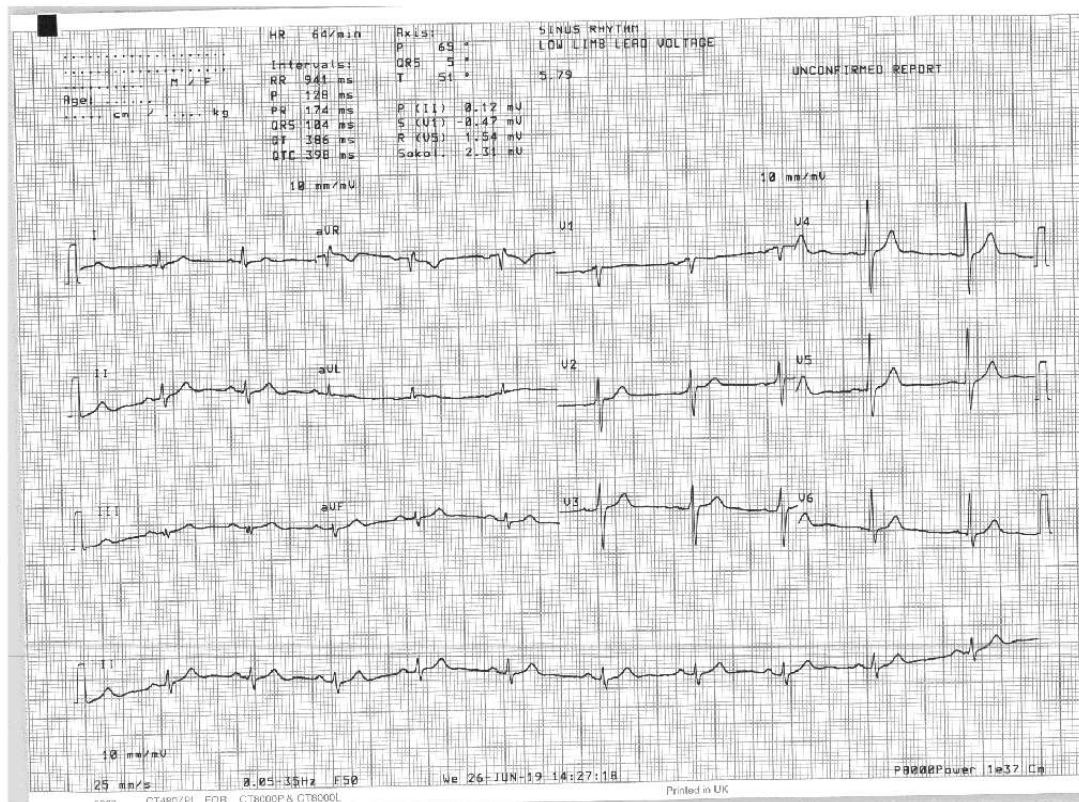
<i>Document Created</i>	<b>06-May-2019, 09:12</b>
<i>Document Owner</i>	<b>Derbyshire Health United</b>

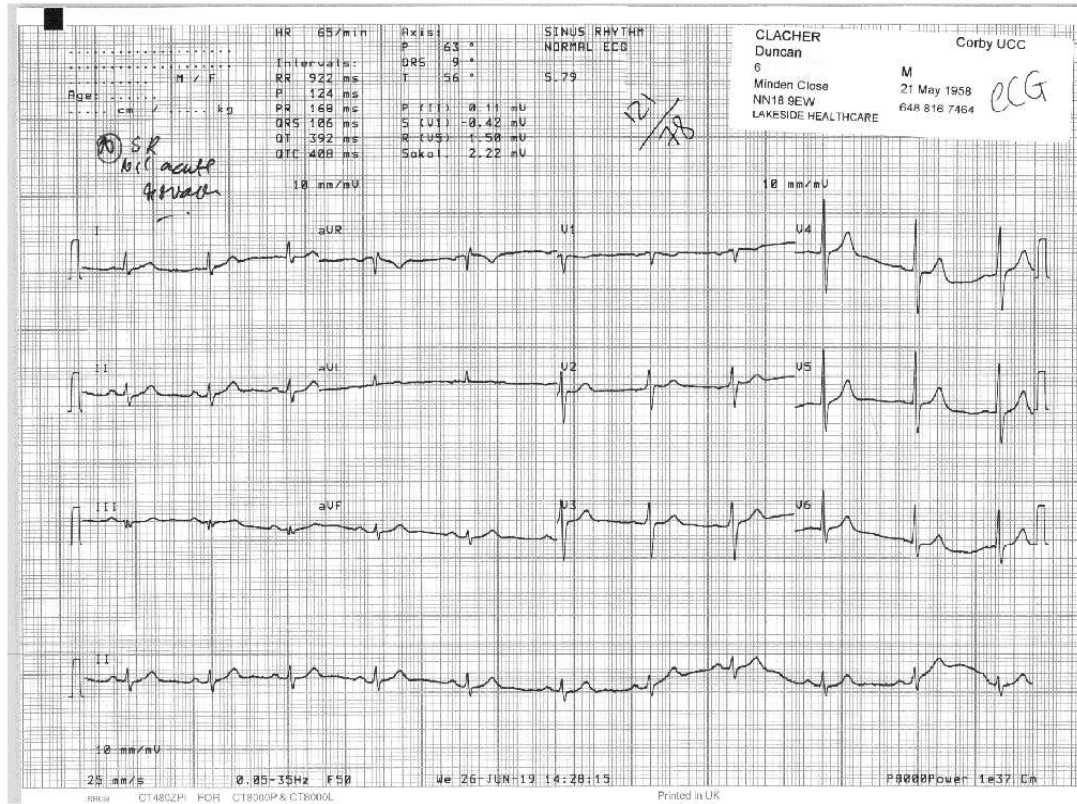
*Authored by* **Alison Marsh - Call handler, Ashgate Manor (Derbyshire Health United) on 06-May-2019, 09:08**  
*Consent Status* **Consent given for electronic record sharing**

*Encounter Type* **NHS111 Encounter**  
*Encounter Time* **06-May-2019, 08:58 to 06-May-2019, 09:08**  
*Case Reference* **1AB3562E-A574-46C9-8E14-F776E2B02FC3**  
*Case ID* **4092948**  
*Encounter Identifier* **1AB3562E-A574-46C9-8E14-F776E2B02FC3**  
*Encounter Disposition* **The disposition is: Emergency Ambulance Response for Acute Coronary Syndrome**  
*Care Setting Location* **Incident Location**  
*Visit Address*  
**6 Minden Close**  
*Care Setting Address* **Corby**  
**Northamptonshire**  
**NN18 9EW**  
*Care Setting Type*  
*Responsible Party* **Ian Matthews - Medical Director, Derbyshire Health United**

*Document ID* **35F7ECA0-F6EB-4CAD-AF32-6C0DBC6CB735** *Version* **1**

26 Jun 2019	ECG to Corby Urgent Care Centre
Letter Type	ECG
Letter To	Corby Urgent Care Centre
Letter From	Corby Urgent Care Centre





26 Jun 2019	Drug Chart to Corby Urgent Care Centre
Letter Type	Drug Chart
Letter To	Corby Urgent Care Centre
Letter From	Corby Urgent Care Centre



# Observation Chart

CLACHER  
Duncan  
6  
Minden Close  
NN18 9EW  
LAKESIDE HEALTHCARE

Corby UCC  
M  
21 May 1958  
648 816 7464

Admission date: 26/6/19 Bed number: .....

	Time																			
Respiratory Rate	31-40																			
	25-30																			
	21-24																			
	12-20																			
	9-11																			
SpO <sub>2</sub>	≤8																			
	≥96																			
	94-95																			
	92-93																			
	≤91																			
Temperature	Inspired O <sub>2</sub> %																			
	≥39°																			
	38°																			
	37°																			
	36°																			
Blood Pressure (Systolic)	35°																			
	≤35°																			
	230																			
	220																			
	210																			
	200																			
	190																			
	180																			
	170																			
	160																			
	150																			
	140																			
	130																			
	120																			
	110																			
100																				
90																				
80																				
70																				
60																				
50																				
40																				
Heart rate	140																			
	130																			
	120																			
	110																			
	100																			
	90																			
	80																			
70																				
60																				
50																				
40																				
30																				
Conscious level	Alert																			
	V/P/U																			
Blood sugar																				
Signature																				

**CLINICAL RISK**

**RED : HIGH**  
Continuous observations  
Dr. .... aware at .....  
Signature: .....

**AMBER : MEDIUM**  
15 minute observations  
Dr. .... aware at .....  
Signature: .....

**GREEN : LOW**  
1 hourly observations

**WHITE : LOW**  
2 sets of observations before discharge

**ECG**

Procedure performed  
Informed verbal consent given from above named patient  
Name: .....  
Signature: .....

**BLOOD SAMPLING**

Taken using aseptic technique following SOP protocol  
Informed verbal consent given from above named patient  
Name: .....  
Signature: .....

**CANNULA INSERTION**

Performed using aseptic technique following SOP protocol  
Informed verbal consent given from above named patient  
Name: .....  
Signature: ..... Time: .....

**CANNULA REMOVAL**

Performed using aseptic technique  
Informed verbal consent given from above named patient  
Name: .....  
Signature: ..... Time: .....

**COMMENTS**

CLACHER  
Duncan  
6  
Minden Close  
NN18 9EW  
LAKESIDE HEALTHCARE

Corby UCC  
M  
21 May 1958  
648 816 7464

*TRP*  
*50*





Corby Urgent Care Centre **NHS**

**PRESCRIPTION CHART**

Allergies	Type of reaction
NKAD	
Signed: <i>[Signature]</i> Date: 26/6/19 Confirmed by prescriber <input type="checkbox"/> Signed: _____	

CLACHER  
 Duncan  
 6  
 Minden Close  
 NN18 9EW  
 LAKESIDE HEALTHCARE  
 Corby UCC  
 M  
 21 May 1958  
 648 816 7464

Patients Weight.....

**Once only drugs**

Date	Time required	Drug	Dose	Route	Signature	Given By	Time given
26/6/19	1450	Paracetamol	1g	po	<i>[Signature]</i>	JN	1455
	1450	codeine	6mg	po	<i>[Signature]</i>	JN	1455

**Intravenous Fluids**

Date	Fluid	Vol	Rate/time	Prescribers signature	Batch No	Start time	Nurse's Signature

**Oxygen prescription**

Record oxygen saturations and flow rate on the Kews card

Target oxygen saturation (tick)	Time	Date administered											
88-92% <input type="checkbox"/> 94-98% <input type="checkbox"/>													
Other.....%													
Saturation not indicated <input type="checkbox"/>													
Continuous <input type="checkbox"/> PRN <input type="checkbox"/>													
Starting flow rate													
Device													
Prescribers Signature	Bleep												

Observation Chart and Drug Chart seen before discharge Doctor 1..... Doctor2.....

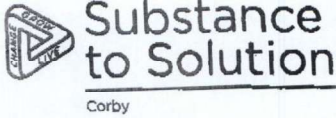


09 Aug 2019	Substance Misuse to Lakeside Healthcare
Letter Type	Substance Misuse
Letter To	Lakeside Healthcare
Letter From	S2S Substance to Solution

09/08 2019 FRI 11:40 FAX

SU Initials: faxed 9/8/19 MR

**S2S: Substance to Solution**  
 The Old TA Building  
 Elizabeth Street Corby  
 Northants NN17 1PN  
 T: 01604 211 304  
 F: 01536 206 399  
 E: [corbys2s@cgl.cjsm.net](mailto:corbys2s@cgl.cjsm.net)  
 W: [changegrowlive.org](http://changegrowlive.org)



Date: 9/8/2019

Private and Confidential

To whom it may concern

Re: DUNCAN CLACHER DOB: 21<sup>ST</sup> MAY 1958  
 Address: 6 MINDEN CLOSE, CORBY, NN18 9EW

We are writing because the above person has recently been assessed by our service for support with their drug and/or alcohol use. In order to help provide a safe and appropriate package of care for this person, which may include prescribed treatment (i.e. opiate replacement therapy), can you please provide relevant medical information on the attached form.

We would really like to work with you to help your patient address their substance misuse. We therefore require the following information to ensure that we proceed with any clinical intervention safely.

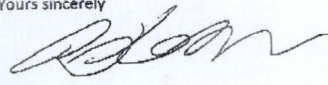
We would be grateful if you could return the information by fax or email addressed to the requesting worker within 48 hours to 01536 206 399 or [corbys2s@cgl.cjsm.net](mailto:corbys2s@cgl.cjsm.net)

We would also ask that you contact us if the individual requires a prescription for any opiate medication whilst in treatment with our service.

If you have any queries, or require any further information, please do not hesitate to contact the team.


I thank you in anticipation of your earliest response.

Yours sincerely



Worker Name: RUSSELL KENNEDY  
 S2S - Substance to Solution

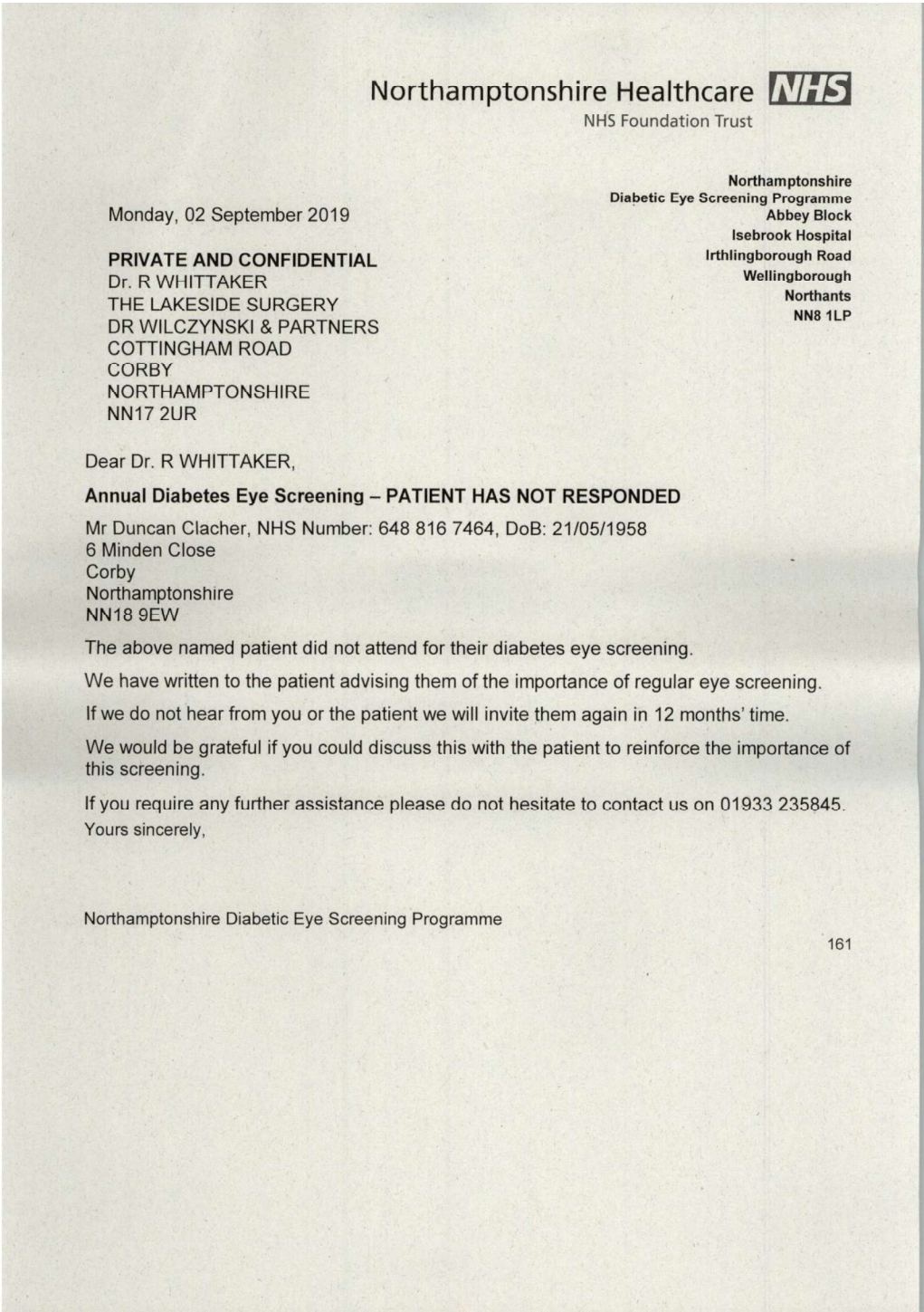
I give my consent that information about my support and treatment may be shared between the services that are delivering support to me.

Name: DUNCAN CLACHER Signature: 

cgf/fd/267; Version 1.0 Date: May 2018 Page 19

**OFFICIAL - SENSITIVE**

02 Sep 2019	DNA Letter to Lakeside Healthcare
Letter Type	DNA Letter
Letter To	Lakeside Healthcare
Letter From	Diabetes Retinal Screening, Isebrook Hospital



Northamptonshire Healthcare   
 NHS Foundation Trust

Monday, 02 September 2019

Northamptonshire  
 Diabetic Eye Screening Programme  
 Abbey Block  
 Isebrook Hospital  
 Irthlingborough Road  
 Wellingborough  
 Northants  
 NN8 1LP

**PRIVATE AND CONFIDENTIAL**  
 Dr. R WHITTAKER  
 THE LAKESIDE SURGERY  
 DR WILCZYNSKI & PARTNERS  
 COTTINGHAM ROAD  
 CORBY  
 NORTHAMPTONSHIRE  
 NN17 2UR

Dear Dr. R WHITTAKER,

**Annual Diabetes Eye Screening – PATIENT HAS NOT RESPONDED**

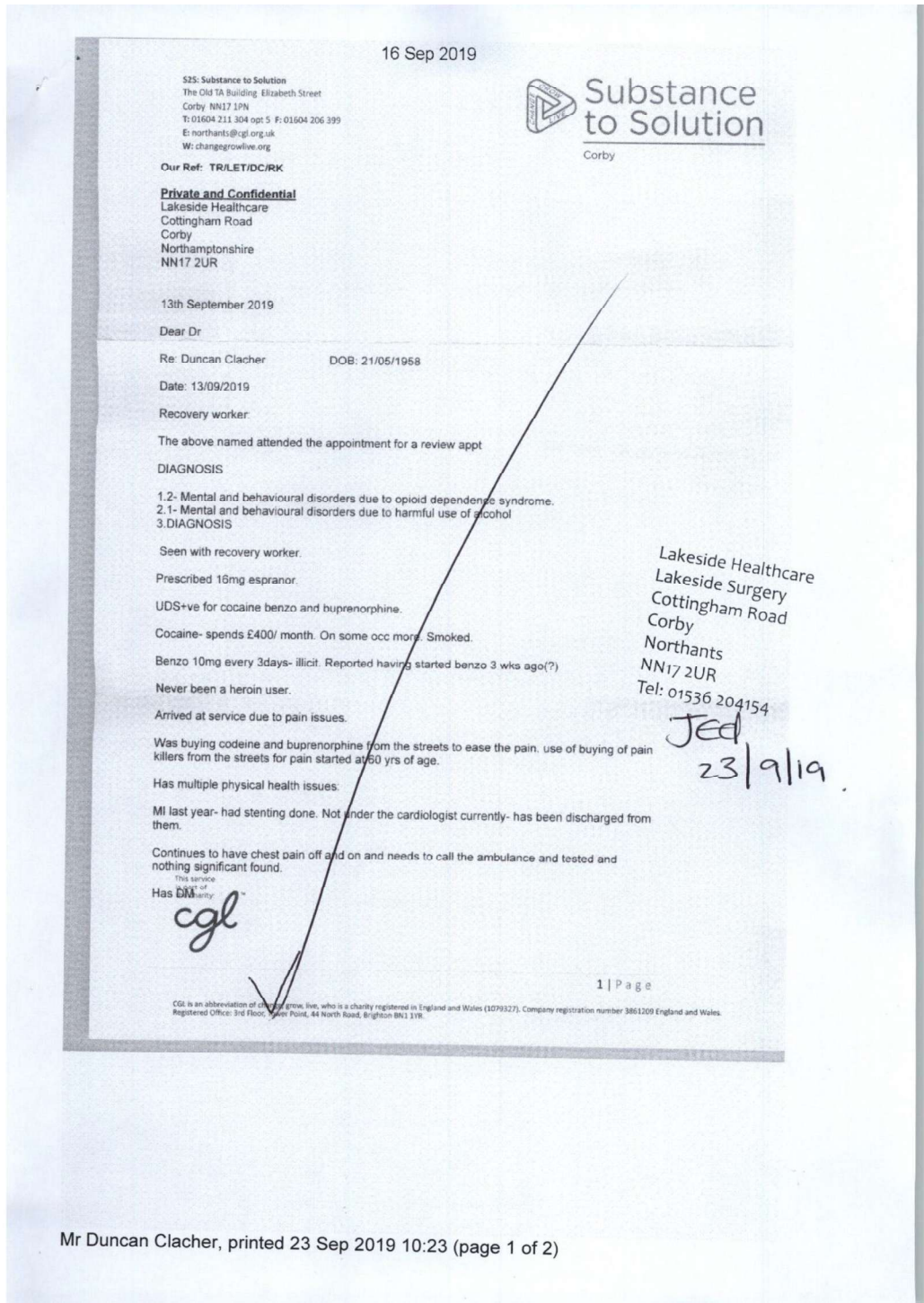
Mr Duncan Clacher, NHS Number: 648 816 7464, DoB: 21/05/1958  
 6 Minden Close  
 Corby  
 Northamptonshire  
 NN18 9EW

The above named patient did not attend for their diabetes eye screening.  
 We have written to the patient advising them of the importance of regular eye screening.  
 If we do not hear from you or the patient we will invite them again in 12 months' time.  
 We would be grateful if you could discuss this with the patient to reinforce the importance of this screening.  
 If you require any further assistance please do not hesitate to contact us on 01933 235845.  
 Yours sincerely,

Northamptonshire Diabetic Eye Screening Programme

161

13 Sep 2019	Substance Misuse to Lakeside Healthcare
Letter Type	Substance Misuse
Letter To	Lakeside Healthcare
Letter From	S2S Substance to Solution



Has COPD

On inhalers- metformin- statins – lansoprazole- bisprolol- Ramipril and sertraline.

subj and obj euthymic no icterus. P: 87 BP 126/82

not withdrawing or intoxicated.

Discussion and summary:

\*There is a tendency to binge drink- and drank 1 bottle of wine and ½ bottle of sherry. As he does not experience the characteristic alcohol sweats and shakes and seizures- he believes that he does not have alcohol problem. Consideration for nalmefene/naltrexone. Had been tried on acamprosate but had gastric problems and was discontinued.

\*Has very poor eating habits and life style- on DM medication but continues to eat 10 doughnuts with caramel and 1 choc bar in the morning and 1 at night and minimal cereals and proteins.

\*Continues to have chest pain- has called ambulance multiple times. Sporadic and random frequent chest pain secondary to crack. Reported on some occ has used E200 at a single time. Risk of cardiac event significantly high.

\*Reported he gets 40% pain relief with espranor 16mg and 60% pain relief with buprenorphine and pain relief also lasted longer.

Plan:

GP- please get LFT including GGT and platelet count. KW to please chase up the results.

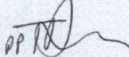
KW- Change from 16mg espranor to buprenorphine 16mg. Dose to be reviewed if no adequate pain relief.

Currently pt. is being prescribed buprenorphine for pain relief. Needs to be referred to pain clinic. At this moment in time pain relief being prescribed by us is sufficient however at some time if primary pathology deteriorates which is likely to happen eventually and may need potent opioid pain killers (oxycodone – oxycontin- hydromorphone) or fentanyl patches- he would most certainly need to be referred to pan clinic.

Please fax or post the patient's most recent medical summary

- Any past or current involvement from CMHT
- Any treatment changes
- Patient disengages with the surgery
- Safeguarding concerns
- Patient dies

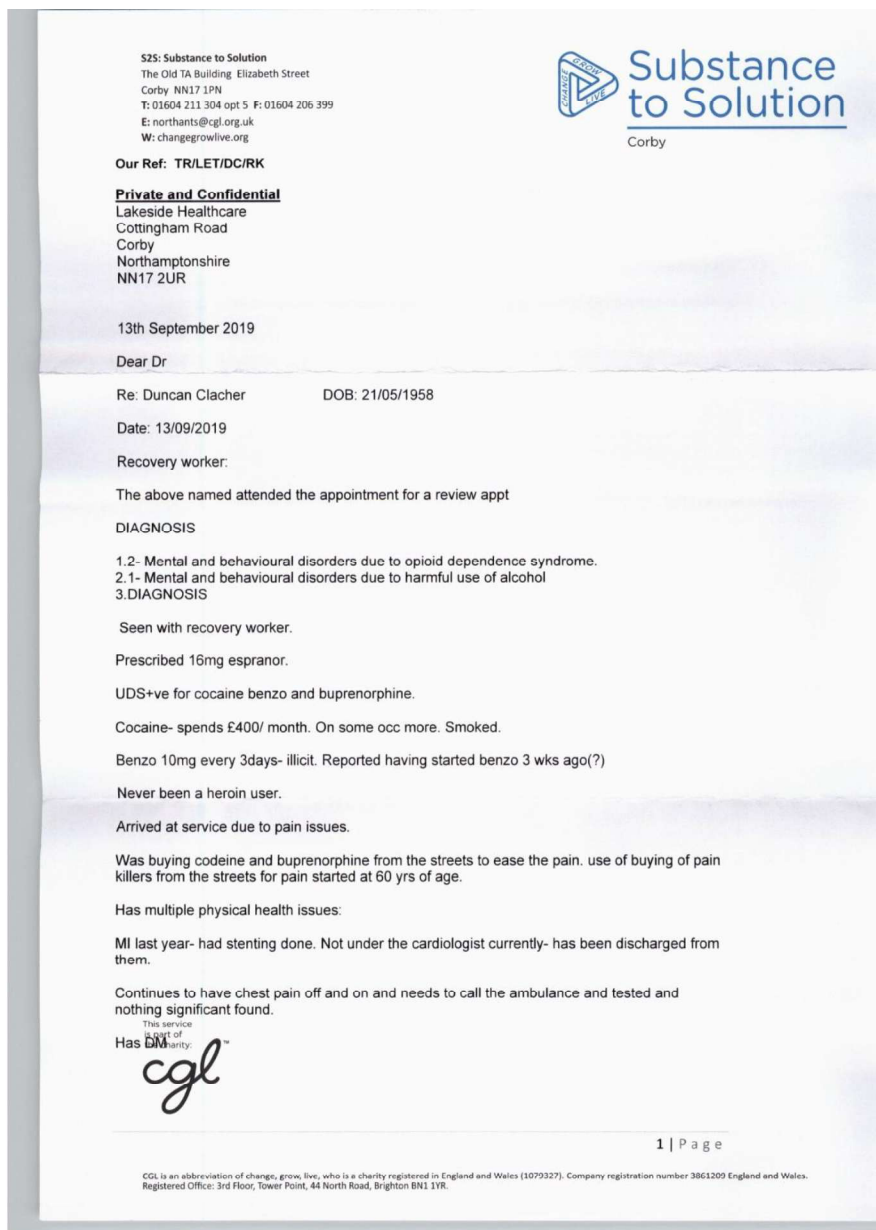
Yours sincerely



Sushma Lakra  
RN NMP

Lakeside Healthcare  
Lakeside Surgery  
Cottingham Road  
Corby  
Northants  
NN17 2UR  
Tel: 01536 204154

13 Sep 2019	Substance Misuse to Lakeside Healthcare
Letter Type	Substance Misuse
Letter To	Lakeside Healthcare
Letter From	S2S Substance to Solution



Has COPD

On inhalers- metformin- statins – lansoprazole- bisprolol- Ramipril and sertraline.

subj and obj euthymic no icterus. P, 87 BP 126/82

not withdrawing or intoxicated.

Discussion and summary:

•There is a tendency to binge drink- and drank 1 bottle of wine and ½ bottle of sherry. As he does not experience the characteristic alcohol sweats and shakes and seizures- he believes that he does not have alcohol problem. Consideration for nalmefene/naltrexone. Had been tried on acamprosate but had gastric problems and was discontinued.

•Has very poor eating habits and life style- on DM medication but continues to eat 10 doughnuts with caramel and 1 choc bar in the morning and 1 at night and minimal cereals and proteins.

•Continues to have chest pain- has called ambulance multiple times. Sporadic and random frequent chest pain secondary to crack. Reported on some occ has used £200 at a single time. Risk of cardiac event significantly high.

•Reported he gets 40% pain relief with espranor 16mg and 60% pain relief with buprenorphine and pain relief also lasted longer.

Plan:

GP- please get LFT including GGT and platelet count. KW to please chase up the results.

KW- Change from 16mg espranor to buprenorphine 16mg. Dose to be reviewed if no adequate pain relief.

Currently pt. is being prescribed buprenorphine for pain relief. Needs to be referred to pain clinic. At this moment in time pain relief being prescribed by us is sufficient however at some time if primary pathology deteriorates which is likely to happen eventually and may need potent opioid pain killers (oxycodone – oxycotin- hydromorphone) or fentanyl patches- he would most certainly need to be referred to pan clinic.

Please fax or post the patient's most recent medical summary

- Any past or current involvement from CMHT
- Any treatment changes
- Patient disengages with the surgery
- Safeguarding concerns
- Patient dies

Yours sincerely



Sushma Lakra  
RN NMP

24 Sep 2019	DNA Letter to Lakeside Healthcare
Letter Type	DNA Letter
Letter To	Lakeside Healthcare
Letter From	Cardiology, Kettering General Hospital

**Medicine CBU (Clinical Business Unit)**

**Department of Cardiology**

Rothwell Road

Kettering

Northants

NN16 8UZ

Main Switchboard: 01536 492000

Web: www.kgh.nhs.uk

**Consultant: Dr K Hogrefe**

**NHS Number:** 6488167464

**Hospital Number:** 184902

**Ref:** KHO/sf

**CDC Clinic :** 24.09.19

25 September 2019

**Consultants**

Dr A Cheng Tel: 01536 492219

Dr J Ehtisham Tel: 01536 491582

Dr M Farooq Tel: 01536 491472

Dr S Hetherington Tel: 01536 492803

**Dr K Hogrefe Tel: 01536 493344**

Dr S Nishtar Tel: 01536 492808

Dr R Prasad Tel: 01536 492523

Dr P Raju Tel: 01536 492815

Dr N Shaukat Tel: 01536 492807

Dr D Swarbrick Tel: 01536 492219

**Associate Specialists** Tel: 01536 492815

Dr N Ahmad

Dr I Wall  
The Lakeside Surgery  
Cottingham Road  
Corby  
Northamptonshire  
NN17 2UR  
Dear Dr Wall

**Duncan Campbell Clacher 21/05/1958**

**6 Minden Close, Corby, Northamptonshire NN18 9EW**

Mr Clacher had an appointment to come back to the outpatient clinic at Corby Diagnostic Centre but he failed to attend today. If his angina is very well controlled then there is no pressing need to see him in my clinic. He should obviously continue with the conservative treatment as before. I have not made another appointment for him at this point in time but if you have any concerns about his cardiac situation in the future then please do not hesitate to refer him again.

Yours sincerely

*electronically checked*

Dr K Hogrefe

Consultant Cardiologist

FRCP MD

c.cMr D Clacher

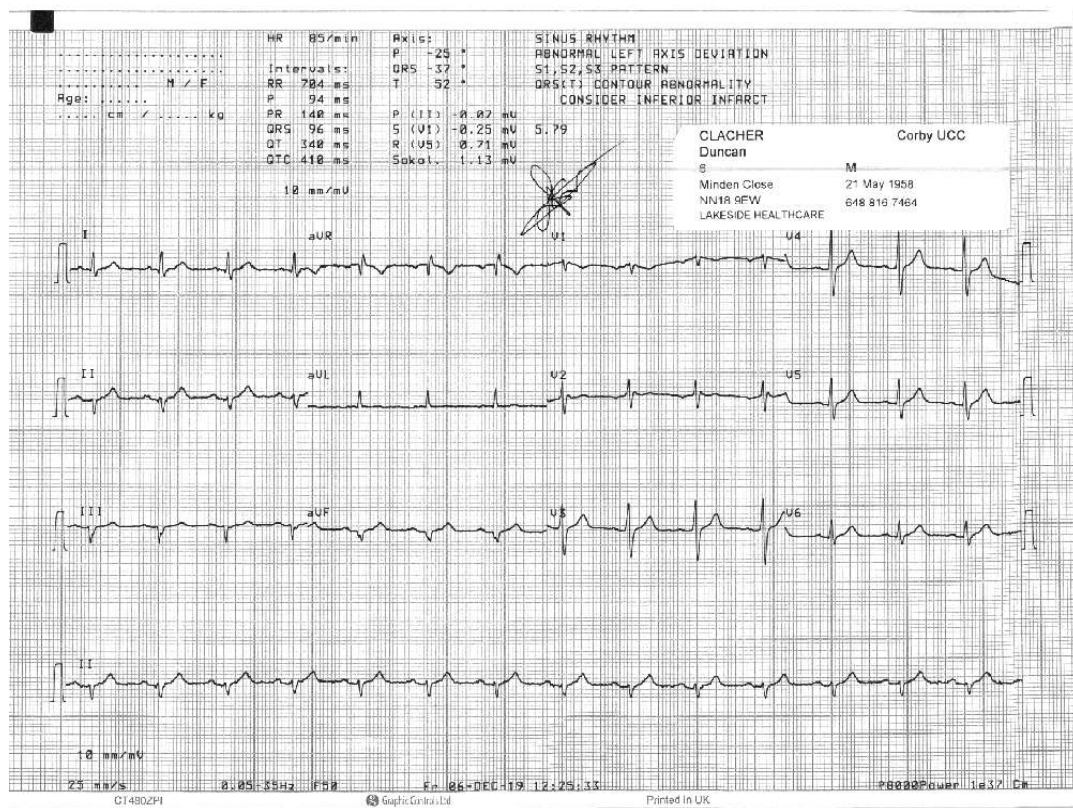
6 Minden Close

Corby

Northamptonshire

NN18 9EW

06 Dec 2019	ECG to Corby Urgent Care Centre
Letter Type	ECG
Letter To	Corby Urgent Care Centre
Letter From	Corby Urgent Care Centre



02 Jan 2020	Substance Misuse to Lakeside Healthcare
Letter Type	Substance Misuse
Letter To	Lakeside Healthcare
Letter From	S2S Substance to Solution

**S2S: Substance to Solution**  
 The Old TA Building Elizabeth Street  
 Corby NN17 1PN  
 T: 01604 211 304 opt 5 F: 01604 206 399  
 E: northants@cgl.org.uk  
**Ref: NGRK/PB/DC**

**Private and Confidential**  
 Doctor,  
 Lakeside Surgery,  
 Cottingham Road,  
 Corby,  
 Northamptonshire,  
 NN17 2UR

**3<sup>rd</sup> January 2020**

Dear Doctor,

**Name and dob:** Duncan Clacher  
21 May 1958

**Reviewers name and role:** Nicola Goodin (Non-Medical Prescriber)  
Date: 2 Jan 20  
Time: 13:30  
Venue: Corby Hub

**Keyworker** Russell Kennedy – present during consultation

**Diagnosis** • F11.2 Opioid dependence syndrome.

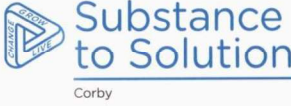
**Reason for appointment** Clinical Prescribing Review

**Current OST Prescription & Supervision Plan** 16mg Buprenorphine on daily pick up (unsupervised) Monday to Friday

**Length of Time in Treatment** Since May 2018 in this episode


**Psychosocial Engagement** Level of engagement with Keyworker: Attends appointments with keyworker

**Current Overview and Substance Use**  
 Came into treatment with S2S for the first time in Nov 2014 – at that time was buying illicit OTC opiate based medications and illicit buprenorphine in order to manage chronic pain issues in lower spine.  
**States that he has never used heroin.**  
 Has been in OST for 5+ years and prescribed Buprenorphine in support of pain management issues.  
 Currently prescribed 16mg Buprenorphine – feels this helps 70% of pain levels, but can often still struggle with daily pain issues.  
 Past use of crack cocaine, but no use in over 5-6 months and this has been evidenced with negative drug screens.  
 Reports no other use of illicit substances and does not source any other illicit medications to assist with pain issues.  
 Past dependency issues and binge drinking episodes but reports he is a non-drinker currently and no alcohol consumption in over 5-6 months?  
 States has stopped drinking due to concerns re cardiovascular issues.



Corby

This service is part of the charity:



CGL is an abbreviation of change, grow, live, who is a charity registered in England and Wales (1079327). Company registration number 3861209 England and Wales. Registered Office: 3rd Floor, Tower Point, 44 North Road, Brighton BN1 1YR.

	<b>BRAC undertaken: Levels 0.00</b>
<b>Drug Screen</b>	+Ve Buprenorphine only
<b>Criminal History</b>	Various episodes in prison in the past. Last incarcerated over 10 years ago. No outstanding criminal convictions at present.  Any current issues: Prolapsed discs in lower spine – has had long term chronic issues but only diagnosed around 18 months ago? Affects mobility and seated gait– notable during session Type II Diabetes – diagnosed 3 years ago – managed by medications and diet, but often struggles with the right dietary requirements to manage DM as necessary. COPD Heart Disease? Query current Angina? – Has stents fitted 1 year ago – reports to continue with chest pain daily – and has regular intervention – attends 8-8 clinic and calls ambulance frequently. Last attended 8-8 clinic last week, and was told everything was ok. Unhappy he continues with daily chest pain – Advised to see GP asap for review and possible follow up with cardiologist?
<b>Physical health (including BBV and naloxone):</b>	BBV: Last screened in 2017 – all negative. Discussed, offered further screening but declined today. Naloxone: Discussed offered and declined. Does not feel at risk. Hepatic: No known issues – but requires LFT, FBC via GP Respiratory: COPD. Smoker Cardiovascular: Heart attack – June 2018. Has stents fitted. Neurology: No known issues – but requires follow up/investigation via GP regarding constant rigorous tremor in both hands observed during session. Current non-drinker and no alcohol in last 6 months so cannot attribute tremors to any alcohol withdrawal symptoms Allergies: No known allergies.
<b>GP pxd med</b>	Ventolin Inhaler Beclometasone Inhaler Glyceril Tinitrate spray Asprin 75mg OD Atvorstatin 40mg OD Bisoprolol 2.5mg OD Lansoprazole 30mg OD Metformin 500mg BD Monomil 60mg – half a tab OD Pregabalin 75mg QDS Ramapril 2.5mg OD Sertraline 100mg OD
<b>OTC Meds</b>	None
<b>Mental health:</b>	Engagement with CMHT/Psychiatry: Has depression – managed by SSRI although he does not find this beneficial. Chronic pain issues cause him to feel low mood on a regular basis. Also reports poor sleep due to chronic pain in lower spine. Advised to see GP for medication review. DISH or attempted suicide: No past or present SI or SH disclosed. No risks to self or others identified. H/O accidental overdose: None disclosed Overdose risks discussed and understood. Client aware of early signs of overdose and know to seek medical help if needed.

<b>Social issues (including driving, children):</b>	<p>Insight: Clear insight into their substance misuse and the associated risk with substance misuse. Evidence of capacity presented within this review.</p> <p>Accommodation: Resides alone and in a bedsit within shared accommodation but feels this is stable and no concerns raised.</p> <p>Relationship: Single</p> <p>Children: 2 children aged 13 and 12 and they reside with their mother but he has regular contact with them.</p> <p>Safeguarding: No</p> <p>Employment: Unemployed</p> <p>Driving: Licence holder but does not have a car and does not drive.</p>
<b>Safe Storage of Prescribed Medications</b>	<p><u>Locked Box</u></p> <ul style="list-style-type: none"> <li>Keeps medications in own safe and does not require locked box.</li> </ul> <p>Resides alone and no visitors to property.</p> <p><u>Packaging</u></p> <ul style="list-style-type: none"> <li>Client is aware of safe disposal of medication bottles and packaging</li> </ul> <p><u>Medications risks</u></p> <ul style="list-style-type: none"> <li>Client is aware of toxicity to children/adults who are not tolerant to prescribed medications.</li> <li>Client is aware of the importance of returning all prescribed medications that they are not taking to the pharmacy.</li> <li>Discussion held regarding the safe storage of alcohol, illicit drugs and drug paraphernalia.</li> </ul>
<b>Impression &amp; Motivation to engage</b>	<p>Pleasant and coherent in manner, no signs of intoxication observed. Speech slightly muffled (mainly due to pronounced accent) but appropriate in rate and tone and positive rapport established.</p> <p>Does engage in appointments and treatment support but unwilling to consider any form of reduction plan at present, until pain management issues are resolved.</p> <p>Mood/Affect</p> <p>Some flat affect observed, states his moods deteriorate with pain and states that he feels unsupported by care services.</p> <p>Appearance</p> <p>Casually dressed in clean clothing. No signs of self neglect observed.</p>
<b>Treatment Discussion</b>	<p>Level of engagement</p> <p>Engages with keyworker as part of required intervention but unsure of recovery goals in terms of treatment as requires a robust pain management package via primary care?</p> <p>A full treatment discussion was undertaken today regarding the treatments offered, the intended benefits of treatment and the chances of getting those benefits, potential side-effects of treatment, alternative treatment options, what the treatment involved, and the opportunity to take some time to consider the treatment options available and the service user has consented to their treatment plan. ASCI 2 was discussed and how changes around supervision of treatment can be changed.</p>
<b>Mutually agreed plan:</b>	<p>To maintain at current dose of 16mg Buprenorphine – currently assists with pain management issues but requires review in longer term.</p> <p>Change pick up regime to once per week from 7 Jan 20 due to continued evidence of abstinence from illicit opiate based medications and stability.</p>



20 Jan 2020	Ambulance Notification to Lakeside Healthcare
Letter Type	Ambulance Notification
Letter To	Lakeside Healthcare
Letter From	Siren 4



Dear Doctor,  
 EMAS were called to your patient today and below is a brief summary of their visit and of their patient assessment. Should you require any further information about EMAS and our team, please visit our website [www.emas.nhs.uk](http://www.emas.nhs.uk)  
 Kind regards, Dr Leon Roberts MBE, EMAS Medical Director

Incident Number: 12214758 **CLACHER, DUNCAN** 61 Years (Actual) NHS No: 6488167464

Was GP Connect Record Viewed: **Was GP Connect Record Viewed: No**

Patient Presenting With  
 Complaint: **Complaint Type: Chief Complaint; Complaint: Chest Pain**

PATIENT OUTCOMES  
 General: **Patient Outcome: Patient Refused Transport**

COMMENTS  
 HPC - Pt started to get chest pains and heart felt like it was racing at 0200hrs, took aspirin and GTN at 0300hrs, which had no effect. He started to get worried and couldn't sleep so called 999.

O/A - Pt answered doors to crew. No one else on scene.

O/E - ECG showed sinus rhythm.  
 Pain felt sharp in nature and came and went.  
 No worse on palpation, movement or deep breath.  
 Pain 6/10 at worst, 5/10 initially with crew, then went away.  
 Chest clear a d good air entry on auscultation.  
 Pt has a cough but COPD.  
 No drop in blood pressure.  
 No other symptoms.  
 Eating, drinking, urine and bowels normal for pt.

Tried another GTN but had no effect.

Pt refused to travel to KGH, said he wanted to stay at home and if it got worse he would call back. He is going to make a GP appointment in the morning.

Prisma frailty scale - 3  
 Crew confirmed worsening advice.

VITAL SIGNS															
Time	Heart Rate	Respiratory Rate	BP	SPO2	Temperature	BM	Peak Flow	ETCO2	GCS	POPS	NEWS-Auto	Pain: Numeric	Pain: Visual	Position	Done By
M-20/01/2020 04:00:59	80 BPM - Regular;	20 BPM	151/86 mmHg	97% - RA;	36.7 Celsius	13.5 mmol/L				E 4 V 5 M 6 15	RR 0 SPO2 0 Scale:2 O2 0 Temp 0 SBP 0 HR 0 LOC 0 0	5		Sitting	Georgina Crosby
M-20/01/2020 04:08:03	90 BPM - Regular;	20 BPM	129/81 mmHg RT;	97% - RA;	36.6 Celsius - TYM;					E 4 V 5 M 6 15	RR 0 SPO2 0 Scale:2 O2 0 Temp 0 SBP 0 HR 0 LOC 0 0	0		Sitting	Georgina Crosby
M-20/01/2020 04:08:40	100 BPM		137/77 mmHg							E 4 V 5 M 6 15		0		Standing	Georgina Crosby

ECG / MONITOR  
 Created: 20/01/2020 03:54:12 (GMT) Incident Number: 12214758  
 All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (GMT)

Time	Leads	ECG Changes	ECG Type	ECG Method	Underlying Rhythm	Ectopy	Report	Comments	Done By
ECGInterp 20/01/2020 04:02:47			12	Manual Interpretation;	Sinus Rhythm;				Georgina Crosby
<b>PAST MEDICAL HISTORY</b>									
<b>Medication Allergies</b>		No Known Allergy							
<b>Medical / Surgical History</b>		Back Pain COPD Diabetes - Non-Insulin Dep. (Meds) High Cholesterol Myocardial Infarction : may 2019							
Start Time	Section	Item	Description						Done By
2020-01-20 04:12:12	Assessments	Prisma Frailty Scale	Are you male?: Yes (1) Are you older than 85 years?: No Do you need someone to help you regularly: No In general, do you have any health problems that require you to limit your activities: Yes (1) In case of need, can you count on someone close to you?: No (1) Do you regularly use a cane, a walker, or a wheelchair to move about?: No Score: 3						Georgina Crosby
<b>INCIDENT</b>									
	Time	Odometer	Details				Complications / Misc		
<b>Incident Date / Time:</b>	20/01/2020 03:39:10		Address 1: 6 Address 2: MINDEN CLOSE City / Town: CORBY Postal Code: NN18 9EW Longitude: -0.739543833 Latitude: 52.46936429 Tel1: 07902310611 Location Type: Home						
<b>Call Connect:</b>									
<b>Assigned:</b>	20/01/2020 03:46:27		Call Type: Emergency Reported Condition: Other: 200020 Code: DX0112				Special Precautions: Fast heart beat with chest pains.		
<b>Mobile:</b>	20/01/2020 03:46:35		Incident Number: 12214758 Number of Patients: 1				Response Delay: Not Applicable		
<b>Arrive Scene:</b>	20/01/2020 03:50:38						Other Responding Resource: None First on Scene: EMAS		
<b>At Patient Side:</b>	20/01/2020 03:51:10								
<b>On Scene Transfer:</b>									
<b>Depart Scene:</b>									
<b>Arrive Destination:</b>									
<b>Handover:</b>									
<b>Clear:</b>									
<b>RL Pre-Alert:</b>									
<b>Verbal Handover:</b>									

Created: 20/01/2020 03:54:12 (GMT) Incident Number: 12214758  
 All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (GMT)

20 Jan 2020	Out of Hours to Lakeside Healthcare
Letter Type	Out of Hours
Letter To	Lakeside Healthcare
Letter From	Dhc Ltd Ooh

**NHS 111 Report - For Information**

CLACHER, Duncan <i>Born 21-May-1958 Gender Male</i> <i>NHS No. 648 816 7464</i> <i>Local Patient ID 80E77F21-90B8-4CCA-89FC-8EC63C85D5D1</i>	
<i>GP Practice</i>	
<i>Home Address</i>	Lakeside Surgery (DHU OOH)
6 Minden Close	The Lakeside Surgery
Corby	Cottingham Road
Northamptonshire	Corby
NN18 9EW	Northamptonshire
	NN17 2UR
	Phone 01536204154

**Patient's Reported Condition**

Fast heart beat with chest pains.

**Case Summary**

Disposition:  
The disposition is: Emergency Ambulance Response for Acute Coronary Syndrome  
Dx0112

Selected care service:  
No referral made.

Rationale:  
Illness  
Chest/upper back pain  
Previous heart attack  
Suspected heart attack  
No indication scene unsafe  
Uses GTN medication  
GTN accessible  
Medication given  
Aspirin available  
Aspirin 75mgs available  
Medication not given

User comments:  
What is the main problem? - Fast heart beat with chest pains.  
Are you having the same sort of symptoms as with a previous heart attack? - Had a heart attck a year ago - feels like it started off with the same symptoms previously.  
Aspirin 75 mg - Had already taken it before calling 111.  
Has the medication been given? - Not administered during the assessment as the Aspirin taken was not an additional to the recommended dose.  
Advice given:  
None recorded.

<i>Document Created</i>	<b>20-Jan-2020, 03:47</b>
<i>Document Owner</i>	<b>Derbyshire Health United</b>
<i>Authored by</i>	<b>Mariam Akhtar - Call handler, Johnson Building (Derbyshire Health United) on 20-Jan-2020, 03:43</b>
<i>Consent Status</i>	<b>Consent given for electronic record sharing</b>

<i>Encounter Type</i>	<b>NHS111 Encounter</b>
<i>Encounter Time</i>	<b>20-Jan-2020, 03:36 to 20-Jan-2020, 03:43</b>
<i>Case Reference</i>	<b>95A9FD74-F7B9-4785-9835-EFCFBC0035CC</b>
<i>Case ID</i>	<b>5366137</b>

<i>Encounter Disposition</i>	<b>The disposition is: Emergency Ambulance Response for Acute Coronary Syndrome</b>
<i>Care Setting Location</i>	<b>Incident Location</b>
	<i>Visit Address</i>
<i>Care Setting Address</i>	<b>6 Minden Close Corby Northamptonshire NN18 9EW</b>
<i>Care Setting Type</i>	
<i>Responsible Party</i>	<b>Ian Matthews - Medical Director, Derbyshire Health United</b>

Document ID **384C2DD5-C718-4FA8-9923-758B67B01331** Version **1**

24 Jan 2020	Prescription or Medication details to Lakeside Healthcare
Letter Type	Prescription or Medication details
Letter To	Lakeside Healthcare
Letter From	Boots UK Ltd

NHS Community Pharmacist Consultation service - Notification of supply to a patients general practice

24th Jan 2020

Boots UK Ltd  
44 Queens Square  
Corby NN17 1PD  
01536 262022

GP Practice  
Dr Wilczynski & Partners, The Lakeside Surgery, Cottingham Road, Corby, Northamptonshire NN17 2JR (K83002)

The patient named below was provided with an emergency supply at this pharmacy on the above date

Patient information	
<b>Name</b>	Duncan Clacher
<b>Address</b>	6 Minden Close, Corby, Northamptonshire
<b>Postcode</b>	NN18 9EW
<b>Date Of Birth</b>	21-May-1958
<b>NHSNumber</b>	6488167464
Details of medicines or appliances supplied:	
<b>Medicine/Appliance</b>	Uniphyllin Continus 200mg tablets (Napp Pharmaceuticals Ltd) 56 tablet 4 x 14 tablets
<b>Quantity</b>	56.000
<b>Medicine/Appliance</b>	
<b>Quantity</b>	
<b>Medicine/Appliance</b>	
<b>Quantity</b>	
<b>Medicine/Appliance</b>	
<b>Quantity</b>	
<b>Date of supply</b>	24th Jan 2020
<b>Request Reason</b>	Patient had not ordered their prescription
<b>Additional comments</b>	Patient forgot to order medication and has tried to call Dr's but they haven't been able to respond and requires it urgently.
<b>Pharmacy nhs.net email</b>	nhspharmacy.corby.bootsFY287@nhs.net

Medication or appliances have been supplied to this patient following an assessment of their needs with the information available to the pharmacist at the time. If you wish to flag to urgent and emergency care providers that it is inappropriate for a patient to be referred for urgent supplies of medicines, please consider the use of a Special Patient Note (SPN).

07 May 2020	Ambulance Notification to Lakeside Healthcare
Letter Type	Ambulance Notification
Letter To	Lakeside Healthcare
Letter From	East Midlands Ambulance Service



Dear Doctor,  
 EMAS were called to your patient today and below is a brief summary of their visit and of their patient assessment. Should you require any further information about EMAS and our team, please visit our website www.emas.nhs.uk  
 Kind regards, Dr Leon Roberts MBE, EMAS Medical Director

**Incident Number: 12555121 Clacher , Duncan C 61 Years (Actual) NHS No: 6488167464 Date of Birth: 21/5/1958**  
 Address 1: , Northamptonshire

<b>Was GP Connect Record Viewed</b>	
Was GP Connect Record Viewed	Was GP Connect Record Viewed: No
<b>Patient Presenting With</b>	
Complaint	Complaint Type : Chief Complaint, Complaint : Chest Pain
<b>PATIENT OUTCOMES</b>	
General	Patient Outcome: Treated and Discharged

**COMMENTS**

hpc/ pt states 2/7 history of struggling to cough up chronic mucous. 1/7 pt gp prescribed pt carbocisteine+ doxycycline. pt states post medication pt had a long episode of cough+ coughed up mucous and felt relief. during coughing episode pt states acute onset of low L chest pain, sharp in nature + onky when coughing. pt states the pain has reduced from 10/10 yesterday to 2/10 today.  
 pt called GP the PM to ask if h should continue with the ABX now that he is feeling relief from the mucous. GP dispatched 999.  
 o/a pt met crew at the door+ led crew to bed room for assessment, pt alert +no visible sign of distress or discomfort CO 2/10 L sided chest pain when coughing.  
 o/e A-clear, B-good efficacy, C-strong bilateral radials, D-conversing well, verbal consent given for assessment. for full assessment please see assessment page.  
 plan/ pp123-vc  
 take paracetamol for the pain + continue with abx till course finishes  
 advice/ any non urgent deterioration in health call 111 or gp any urgent deterioration in health call 999, any redflags call 999, redflags given on cvs/resp symptoms + understood. advice leaflet left.

VITAL SIGNS															
Time	Heart Rate	Respiratory Rate	BP	SPO2	Temperature	BM	Peak Flow	ETCO2	GCS	POPS	NEWS-Auto	Pain: Numeric	Pain: Visual	Position	Done By
M-07/05/2020 15:58:45	100 BPM	18 BPM	136/83 mmHg	94 % - RA;	37.1 Celsius				E 4 V 5 M 6 15		RR 0 SPO2 0 Scale:2 O2 0 Temp 0 SBP 0 HR 1 LOC 0 1			Sitting	Clay Coleman
M-07/05/2020 16:01:42	98 BPM	18 BPM	134/89 mmHg	96 % - RA;	36.9 Celsius				E 4 V 5 M 6 15		RR 0 SPO2 0 Scale:2 O2 0 Temp 0 SBP 0 HR 1 LOC 0 1	2			Clay Coleman

<b>PAST MEDICAL HISTORY</b>	
Medication Allergies	No Known Allergy

Created: 07/05/2020 15:50:48 (BST) Incident Number: 12555121  
 All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (BST)

<b>Medical / Surgical History</b>		Anxiety / Panic COPD Coronary Stent Depression Diabetes - Non-Insulin Dep. (Meds) Hypertension Ischemic Heart Disease		
INCIDENT				
	Time	Odometer	Details	Complications / Misc
<b>Incident Date / Time:</b>	07/05/2020 15:32:57		Address 1: 6 Address 2: MINDEN CLOSE City / Town: CORBY Postal Code: NN18 9EW Longitude: -0.7395438 Latitude: 52.4693643 Tel1: 01536204154 Tel2: 07902310611	
<b>Call Connect:</b>				
<b>Assigned:</b>	07/05/2020 15:36:19		Call Type: Emergency Reported Condition: Chest Pain Code: 10D05	Special Precautions: dr - left sided chest pains - extensive heart hist - multi mi and diabetic
<b>Mobile:</b>	07/05/2020 15:37:30		Incident Number: 12555121	
<b>Arrive Scene:</b>	07/05/2020 15:44:56			
<b>At Patient Side:</b>				
<b>On Scene Transfer:</b>				
<b>Depart Scene:</b>				
<b>Arrive Destination:</b>				
<b>Handover:</b>				
<b>Clear:</b>				
<b>RL Pre-Alert:</b>				
<b>Verbal Handover:</b>				

Created: 07/05/2020 15:50:48 (BST) Incident Number: 12555121  
 All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (BST)

23 May 2020	A&E to Dr Sudeep Rai
Letter Type	A&E
Letter To	Dr Sudeep Rai
Letter From	Accident & Emergency, Kettering General Hospital

**Emergency Department**

Rothwell Road  
Kettering  
NN16 8UZ

Telephone: 01536 492000

Date: 24 May 2020

**GP practice**

Dr Wall  
The Lakeside Surgery  
Cottingham Road  
Corby  
Northamptonshire  
NN17 2UR

Dear Dr Wall

**Patient demographics**

**Name:** Mr Duncan Clacher

**Gender:** Male

**DOB:** 21 May 1958

**Age:** 62

**Hospital Number:** 184902

**NHS Number:** 648 816 7464

**Address:** 6 Minden Close, CORBY, Northamptonshire, NN18 9EW

**Admission details**

The above named patient attended the Emergency Department on 23 May 2020 at 21:15. The patient was seen by Dr Adeniyi Tobun and the consultant on take was Dr Adrian Ierina.

This patient has made 05 previous visits to this department since 1<sup>st</sup> April 2010.

**Discharge details**

The patient left the department at 00:40 on 24 May 2020.

The outcome was Treatment complete - Discharge.

**Clinical summary**

**Referral details**

Referred by Self / family / friends / education / work colleague

**Diagnosis**

The presenting complaint was Chest pain..

<b>Diagnosis</b>
Costochondritis (Suspected diagnosis)

**Procedures**

Investigations	Treatments
Biochemistry Biochemistry (U&E's) Biochemistry C reactive protein (CRP) Haematology Clotting studies Bedside Electrocardiogram Haematology Haematology (FBC) Biochemistry Liver function tests (LFTs) Biochemistry Troponin Bedside Venous blood gas	Circulation Infusion fluids Circulation Intravenous cannula

**Medication and medical devices**

<b>Drugs administered in ED</b>	<b>Drugs TTA</b>

**Plan and requested actions**

**Allergies and adverse reaction**

**Distribution list**

GP Letter

**Person completing record**

If you have any queries regarding this attendance please contact the Emergency Department via Switchboard.

23 May 2020	Ambulance Service to Lakeside Healthcare
Letter Type	Ambulance Service
Letter To	Lakeside Healthcare
Letter From	Siren 4



Dear Doctor,  
 EMAS were called to your patient today and below is a brief summary of their visit and of their patient assessment. Should you require any further information about EMAS and our team, please visit our website [www.emas.nhs.uk](http://www.emas.nhs.uk)  
 Kind regards, Dr Leon Roberts MBE, EMAS Medical Director

Incident Number: 12614551 CLACHER, DUNCAN 62 Years (Actual) NHS No: 6488167464 Date of Birth: 21/5/1958  
 Address 1: 6 Minden Close,

<b>Was GP Connect Record Viewed</b>	
Was GP Connect Record Viewed	Was GP Connect Record Viewed: Yes
<b>Patient Presenting With</b>	
Complaint	Complaint Type : Chief Complaint; Complaint : Chest Pain
<b>PATIENT OUTCOMES</b>	
General	Patient Outcome: Treated and Transported Patient Personal Belongings: Patient Medication Belongings Given To: Patient
Patient Moved	How Patient was Moved to Ambulance: Stretcher Trolley How Patient was Transported from Ambulance: Stretcher Trolley
<b>COMMENTS</b>	

PC - L sided chest pain

HxPc - 3/7 hx of L sided chest pain, recent chest infection, chest xray today. Nausea and clamminess with L arm ache today. Pt non specific with symptoms.

OA - Alert, GCS15, pt met crew at door, appeared clammy.

OE - ABCD-clear

Pt clammy ++ c/o or L sided chest pain with an ache in L arm. Pain described as an ache that's eased with GTN.

ECG - NSR, hx of MI 2018.

No coughing. Chest equal air entry, ?some plural rub.

VITAL SIGNS															
Time	Heart Rate	Respiratory Rate	BP	SPO2	Temperature	BM	Peak Flow	ETCO2	GCS	POPS	NEWS-Auto	Pain: Numeric	Pain: Visual	Position	Done By
M-23/05/2020 20:37:50	99 BPM	18 BPM	165/105 mmHg RT;	95 % - RA;	36.9 Celsius	8.9 mmol/L			E 4 V 5 M 6 15		RR 0 SPO2 Scale:1 02 0 Temp 0 SBP 0 HR 1 LOC 0 2			Sitting	Anna Cannon
M-23/05/2020 20:49:18	95 BPM	18 BPM	146/94 mmHg LT;	94 % - RA;		8.9 mmol/L			E 4 V 5 M 6 15			8		Sitting	Anna Cannon
M-23/05/2020 21:01:35	88 BPM	18 BPM	174/96 mmHg LT;	94 % - RA;					E 4 V 5 M 6 15						Anna Cannon

ECG / MONITOR									
Time	Leads	ECG Changes	ECG Type	ECG Method	Underlying Rhythm	Ectopy	Report	Comments	Done By

Created: 23/05/2020 20:34:13 (BST) Incident Number: 12614551  
 All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (BST)

ECGInterp 23/05/2020 20:48:43		12	Manual Interpretation;	Sinus Tachycardia;			Anna Cannon
PAST MEDICAL HISTORY							
<b>Medication Allergies</b>		<b>Other</b> : Pregabalin					
<b>Medical / Surgical History</b>		Angina COPD Depression Diabetes - Non-Insulin Dep. (Meds) Myocardial Infarction					
INCIDENT							
Incident Date / Time:	Time	Odometer	Details				Complications / Misc
	23/05/2020 20:23:27		Address 1: 6 Address 2: MINDEN CLOSE City / Town: CORBY Postal Code: NN18 9EW Longitude: -0.739543833 Latitude: 52.46936429 Tel: 07902310611				
<b>Call Connect:</b>							
<b>Assigned:</b>	23/05/2020 20:24:47		Call Type: Emergency Reported Condition: Other: 200020 Code: DX0112				Special Precautions: chest infection, paramedic came out to see him, gave him medication, could not cough up the mucus, managed to get mucus up and has suddenly got a pain in the chest and is gradually getting worse, cold
<b>Mobile:</b>	23/05/2020 20:24:57		Incident Number: 12614551				
<b>Arrive Scene:</b>	23/05/2020 20:29:45						
<b>At Patient Side:</b>							
<b>On Scene Transfer:</b>							
<b>Depart Scene:</b>	23/05/2020 21:01:53						
<b>Arrive Destination:</b>	23/05/2020 21:15:17		Ward / Room: Emergency Dept Receiving Location: Kettering General Hospital				
<b>Handover:</b>	23/05/2020 21:28:30						
<b>Clear:</b>							
<b>RL Pre-Alert:</b>							
<b>Verbal Handover:</b>							

Created: 23/05/2020 20:34:13 (BST) Incident Number: 12614551  
All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (BST)

23 May 2020	Out of Hours to Lakeside Healthcare
Letter Type	Out of Hours
Letter To	Lakeside Healthcare
Letter From	Dhc Ltd Ooh

**NHS 111 Report - For Information**

CLACHER, Duncan Born 21-May-1958 Gender Male NHS No. 648 816 7464 Local Patient ID 80E77F21-90B8-4CCA-89FC-8EC63C85D5D1	
GP Practice	
Home Address	Lakeside Surgery (DHU-Northants OOH)
6 Minden Close	The Lakeside Surgery
Corby	Cottingham Road
Northamptonshire	Corby
NN18 9EW	Northamptonshire
	NN17 2UR
	Emergency Phone 07902310611
	Phone 01536206789

**Patient's Reported Condition**

chest infection, paramedic came out to see him, gave him medication, could not cough up the mucus, managed to get mucus up and has suddenly got a pain in the chest and is gradually getting worse, cold sweats

**Case Summary**

Disposition:  
The disposition is: Emergency Ambulance Response for Acute Coronary Syndrome  
Dx0112

Selected care service:  
No referral made.

Rationale:  
Illness  
Chest/upper back pain  
Previously diagnosed heart condition  
Previous heart attack  
Suspected heart attack  
No indication scene unsafe  
Uses GTN medication  
GTN accessible  
Medication given  
Aspirin available  
Aspirin 75mgs available

User comments:  
What is the main problem? - chest pains which are getting worse, cold sweats  
Have you been diagnosed with a problem that may affect the heart? - heart attack a year ago  
The disposition is: Emergency Ambulance Response for Acute Coronary Syndrome - patient is on his own, door will be undone  
Advice given:  
None recorded.

Document Created	23-May-2020, 20:31
Document Owner	Derbyshire Health United
Authored by	Carron Casey - Call handler, Ashgate Manor (Derbyshire Health United) on 23-May-2020, 20:26
Consent Status	Consent given for electronic record sharing


Encounter Type	NHS111 Encounter
Encounter Time	23-May-2020, 20:21 to 23-May-2020, 20:26
Case Reference	2025C01B-E3E3-41B6-8FF6-F89E3C1AFA36
Case ID	6050931
Encounter	The disposition is: Emergency Ambulance Response for Acute Coronary

<i>Disposition</i>	<b>Syndrome</b>
<i>Care Setting Location</i>	<b>Incident Location</b>
	<i>Visit Address</i>
<i>Care Setting Address</i>	<b>6 Minden Close Corby Northamptonshire NN18 9EW</b>
<i>Care Setting Type</i>	
<i>Responsible Party</i>	<b>Ian Matthews - Medical Director, Derbyshire Health United</b>

Document ID **23BF4CDC-D78B-437F-ACE0-05B86E71D287** Version **1**

31 Jul 2020	Substance Misuse to Lakeside Healthcare
Letter Type	Substance Misuse
Letter To	Lakeside Healthcare
Letter From	S2S - Substance to Solution

**S2S: Substance to Solution**  
 Spring House  
 39 Billing Road  
 Northampton NN1 5BA  
 T: 01604 211 304  
 E: northants@cgl.org.uk  
 W: changegrowlive.org



**Substance to Solution**  
 Northamptonshire

**Ref: NG/RK/PB/DC**

**Private and Confidential**  
 Doctor,  
 Lakeside Surgery,  
 Cottingham Road,  
 Corby,  
 Northamptonshire,  
 NN17 2UR


**12<sup>th</sup> August 2020**

Dear Doctor,

<b>Name and dob:</b>	Duncan Clacher 21 May 1958
<b>Reviewers name and role:</b>	Nicola Goodin (Non-Medical Prescriber) Date: 31 Jul 20 Time: 09:00 Venue: Corby Hub
<b>Keyworker</b>	Russell Kennedy
<b>Diagnosis</b>	1. F11.2 Opioid dependence syndrome.
<b>Reason for appointment</b>	Clinical Prescribing Telephonic Review
<b>Current OST Prescription &amp; Supervision Plan</b>	16mg Buprenorphine on a 2/52 dose pick up regime.
<b>Length of Time in Treatment</b>	Since May 18 in this episode
<b>Psychosocial Engagement</b>	Level of engagement with Keyworker: Attends appointments with keyworker and engages in appointments over the telephone

This service is part of the charity:



Change, grow, live (CGL) Registered Office: 3rd Floor, Tower Point, 44 North Road, Brighton BN1 1YR.  
 Registered Charity Number in England and Wales (1079327). Company Registration Number 3861209 (England and Wales).



**Current Overview  
and Substance  
Use**

Has been in OST for 5+ years and prescribed Buprenorphine in support of pain management issues. Developed opiate dependency from OTC and px opiate based medications via pharmacy and GP.

Currently prescribed 16mg Buprenorphine on a 2/52 dose pick up regime but due to go to weekly pick up on script due in Aug 20. However he has asked if this can remain at two weekly collection due to his physical health issues and maintaining his safety in the community and this has been agreed.

States that he takes his daily dose as prescribed and is dose compliant.

Nil use of illicit heroin – reports that he has never used this.

Nil use of crack cocaine

Nil use of cannabis

Nil use of any other illicit substances reported.

Past dependency issues and binge drinking episodes but reports he is a non-drinker currently and no alcohol consumption in over 1 year.

**Alcohol  
Drug Screen**

Unable to facilitate UDS due to telephonic review.

**Criminal History**

Various episodes in prison in the past. Last incarcerated over 11 years ago.

No outstanding criminal convictions at present.

Any current issues:

Prolapsed discs in lower spine. - affects mobility.

Type II Diabetes – diagnosed 3 years ago – managed by medications.

COPD – Now under ROCKET team and seen regularly for reviews.

States he has had recent chest infection and been prescribed antibiotics for 2/52 and this is improving.

Heart Disease. Has stents fitted over 1 year ago.

**Physical health  
(including BBV  
and naloxone):**

Reports no symptoms of COVID-19 in current climate and has mostly shielded during lockdown to keep himself as safe as possible.

BBV: Last screened in 2017 – all negative. Discussed, offered further screening but declined today.

Naloxone: Discussed offered and declined. Does not feel at risk.

Hepatic: No known issues – but requires LFT, FBC via GP

Respiratory: COPD. Recent chest infection. Smoker

Cardiovascular: Heart attack – June 2018. Has stents fitted.

Neurology: No known issues.

Allergies: No known allergies.

**GP pxd meds**

- Ventolin Inhaler
- Beclometasone Inhaler
- Glyceril Tinitrate spray
- Asprin 75mg OD
- Atvorstatin 40mg OD
- Bisoprolol 2.5mg OD



Lansoprazole 30mg OD  
 Metformin 500mg BD  
 Monomil 60mg – half a tab OD  
 Pregabalin 75mg QDS  
 Ramapril 2.5mg OD  
 Sertraline 100mg OD  
 Uniphyllin Continus 200mg

**OTC Meds**

None

**Mental health:**

Engagement with CMHT/Psychiatry: Reports that mood is stable but can feel low at times – attributes this to poor social structure and seclusion at home. Reports poor sleep issues due to ongoing pain issues – advised to speak with GP for review.  
 DSH or attempted suicide: No past or present SI or SH disclosed. No risks to self or others identified.  
 H/O accidental overdose: None disclosed  
 Overdose risks discussed and understood. Client aware of early signs of overdose and know to seek medical help if needed.

**Social issues (including driving, children):**

Insight: Clear insight into their substance misuse and the associated risk with substance misuse. Evidence of capacity presented within this review.  
 Accommodation: Resides alone and in a bedsit within shared accommodation but feels this is stable and no concerns raised.  
 Relationship: Single  
 Children: 2 x teenage children that reside with their mother but he has regular contact with them.  
 Safeguarding: No  
 Employment: Unemployed  
 Driving: Licence holder but does not have a car and does not drive.

**Safe Storage of Prescribed Medications**

Locked Box  
 · Keeps medications in own safe and does not require locked box. Resides alone and no visitors to property.  
Packaging  
 · Client is aware of safe disposal of medication bottles and packaging

**Impression & Motivation to engage**

Medications risks  
 · Client is aware of toxicity to children/adults who are not tolerant to prescribed medications.  
 · Client is aware of the importance of returning all prescribed medications that they are not taking to the pharmacy.  
 · Discussion held regarding the safe storage of alcohol, illicit drugs and drug paraphernalia.  
 Pleasant and coherent in manner, no signs of intoxication observed. Speech slightly muffled (mainly due to pronounced accent) but appropriate in rate and tone and positive rapport established.  
 Does engage in appointments and treatment support at regular intervals but unwilling to consider any form of reduction plan – states that Buprenorphine dose supports his chronic pain issues – and this is unlikely to be supported by his GP in the long term.



Mood/Affect

Some flat affect observed, states his moods deteriorate with pain and poor sleep issues.

Level of engagement

Engages with keyworker as part of required intervention but unsure of recovery goals in terms of treatment as requires a robust pain management package via primary care but this is unlikely to be support via GP.

Treatment Discussion

A full treatment discussion was undertaken today regarding the treatments offered, the intended benefits of treatment and the chances of getting those benefits, potential side-effects of treatment, alternative treatment options, what the treatment involved, and the opportunity to take some time to consider the treatment options available and the service user has consented to their treatment plan. ASCI 2 was discussed and how changes around supervision of treatment can be changed.

To maintain at current dose of 16mg Buprenorphine – currently assists with pain management issues but requires review in longer term.

To continue dose pick up regime at 2/52 to support co-morbid physical health issues and minimal community engagement in current COVID climate.

Client aware that should he evidence non-compliance with dose regime then his treatment plan will be reviewed and may revert back to increase pick up regime.

Mutually agreed plan:

Advised to be very cautious with the medication as it will be difficult to replace lost doses

Advised to ensure that only prescribed doses are taken daily and to measure appropriately

Updated Medical summary to be obtained from GP.

Overdose risks discussed and understood. Client aware of early signs of overdose and know to seek medical help if needed.

Harm reduction and relapse prevention discussed

To continue regular engagement with keyworker via telephone and engage in psychosocial interventions to support and motivate towards long term recovery goals.

*The patient will be given or sent a copy of their notes*

Prescribing intent

Stabilisation v

Maintenance (>12 weeks) v

Re-titration

Harm Minimisation v

Prescriber Rationale.

Maintain stability in order to abstain from illicit substances.

Risk level Medium – Nil opiate use. H/O alcohol dependency issues. Risk of relapse. Risk of overdose. Poor physical health and high dose px regime. Risk of deterioration to mental health.



**Next Prescribing review within**

3-6 months or sooner if required.

Advice: We would ask GP's to prescribe with CAUTION any OPIATES, benzodiazepine or any other medication that may affect QTC prolongation with methadone (eg Citalopram). Please take care when prescribing other medications that may have misuse potential.

**GP Advice and Requests.**

Please inform us if this patient is being prescribed any medication that is likely to have significant interactions with Methadone or Buprenorphine. It is also essential that hospital consultants treating the patient are aware of the patient's treatment for opiate dependency as drug interactions may potentially have fatal consequences.

We would appreciate it if you could please fax us the following information:

- Medical History/Summary
- Current prescribing to the above client
- Recent Blood investigations for FBC, U&E, LFT including GGT INR.
- Recent ECG outcome.

Yours sincerely

*G patient summary emailed 14-8-20*

Nicola Goodin RMN NMP  
CGL Northants

23 Aug 2020	Out of Hours to Lakeside Healthcare
Letter Type	Out of Hours
Letter To	Lakeside Healthcare
Letter From	Dhc Ltd Ooh

**NHS 111 Report - For Information**

CLACHER, Duncan Born 21-May-1958 Gender Male <i>NHS No. 648 816 7464</i> <i>Local Patient ID 80E77F21-90B8-4CCA-89FC-8EC63C85D5D1</i>	
<i>GP Practice</i>	
<i>Home Address</i>	Lakeside Surgery (DHU-Northants OOH)
6 Minden Close	The Lakeside Surgery
Corby	Cottingham Road
Northamptonshire	Corby
NN18 9EW	Northamptonshire
	NN17 2UR
	Phone 01536206789

**Patient's Reported Condition**

Called up earlier - completely different thing - Sweating profusely. Last night went to bed but not been able to sleep with, can't breath right.

**Case Summary**

Disposition:  
The disposition is: Emergency Ambulance Response for Potential Shock  
Dx0118

Selected care service:  
No referral made.

Rationale:  
Illness  
Cool or cold  
Appears shocked  
No indication scene unsafe

User comments:  
What is the main problem? - breathing  
Advice given:  
None recorded.

<i>Document Created</i>	<b>23-Aug-2020, 17:46</b>
<i>Document Owner</i>	<b>Derbyshire Health United</b>
<i>Authored by</i>	<b>Alan Rogers - Call handler, Johnson Building (Derbyshire Health United) on 23-Aug-2020, 17:40</b>
<i>Consent Status</i>	<b>Consent given for electronic record sharing</b>

<i>Encounter Type</i>	<b>NHS111 Encounter</b>
<i>Encounter Time</i>	<b>23-Aug-2020, 17:38 to 23-Aug-2020, 17:40</b>
<i>Case Reference</i>	<b>CC7D1B2A-C1F4-4570-B866-9E3A5F9BA2DC</b>
<i>Case ID</i>	<b>6515862</b>
<i>Encounter Disposition</i>	<b>The disposition is: Emergency Ambulance Response for Potential Shock</b>
<i>Care Setting Location</i>	<b>Incident Location</b>
	<i>Visit Address</i>
<i>Care Setting Address</i>	<b>6 Minden Close</b>
	<b>Corby</b>
	<b>Northamptonshire</b>
	<b>NN18 9EW</b>
<i>Care Setting Type</i>	

*Responsible Party* **Ian Matthews - Medical Director, Derbyshire Health United**

*Document ID* **7241A28F-C629-45FD-B98B-37607097168D** *Version* **1**

23 Aug 2020	A&E to Lakeside Healthcare
Letter Type	A&E
Letter To	Lakeside Healthcare
Letter From	Accident & Emergency, Kettering General Hospital

**Emergency Department**

Rothwell Road  
Kettering  
NN16 8UZ

**GP practice**

Dr Wall  
The Lakeside Surgery  
Cottingham Road  
Corby  
Northamptonshire  
NN17 2UR

Telephone: 01536 492000

Date: 24 August 2020

Dear Dr Wall

**Patient demographics**

**Name:** Mr Duncan Clacher

**Gender:** Male

**DOB:** 21 May 1958

**Age:** 62

**Hospital Number:** 184902

**NHS Number:** 648 816 7464

**Address:** 6 Minden Close, CORBY, Northamptonshire, NN18 9EW

**Admission details**

The above named patient attended the Emergency Department on 23 August 2020 at 18:57. The patient was seen by Dr Claudiu Cozmiuc and the consultant on take was Dr Simona Bratu.

This patient has made 06 previous visits to this department since 1<sup>st</sup> April 2010.

**Discharge details**

The patient left the department at 23:50 on 23 August 2020.

Dear Gp,

This patient was presented with acute lower back pain and left sided chest pain to A&E. Patient had ran out of his Pregablin tablets and this was causing his back pain according to him. Pain settled after diamorphine IV.

ECG was normal sinus rhythm and no acute ischaemic change were present. Routine bloods including troponin and D Dimer were within normal limits.

Patient was reviewed by cardiology registrar Dr Akijoyi and was happy to send him home.

Medications changes as follows:

1. Increase the Bisoprolol from 2.5mg to 3.75mg once daily
2. increase the Monomil XL from 30mg to 60 mg once daily
3. Pregablin 150 mg once daily ( no change to dose)

FP10 was provided to the patient.

Cardiology will organise an outpatient stress Echo cardiogram and the reports to follow.

Many thanks

Lissy Jose

Cardiac nurse practitioner

The outcome was Treatment complete - Discharge.

**Clinical summary**

**Referral details**

Referred by Self / family / friends / education / work colleague

**Diagnosis**

The presenting complaint was Chest pain.

<b>Diagnosis</b>
Acute coronary syndrome (ACS) (Suspected diagnosis)

Procedures	
Investigations	Treatments
Biochemistry	Medication_
Biochemistry (U&E's)	Administration of medication
Biochemistry C reactive protein (CRP)	Circulation Intravenous cannula
Haematology Clotting studies	Medication_ Intravenous drug : bolus
Bedside	

Electrocardiogram Haematology Haematology (FBC) Biochemistry Liver function tests (LFTs) Bedside Venous blood gas Radiology X-ray plain film	Circulation Observation / cardiac monitor, pulse oximetry / head injury / trends
--	---

**Medication and medical devices**

Drugs administered in ED	Drugs TTA

**Plan and requested actions**

**Allergies and adverse reaction**

**Distribution list**

GP Letter

**Person completing record**

If you have any queries regarding this attendance please contact the Emergency Department via Switchboard.

23 Aug 2020	Ambulance Service to Lakeside Healthcare
Letter Type	Ambulance Service
Letter To	Lakeside Healthcare
Letter From	Siren 4



Dear Doctor,  
 EMAS were called to your patient today and below is a brief summary of their visit and of their patient assessment. Should you require any further information about EMAS and our team, please visit our website [www.emas.nhs.uk](http://www.emas.nhs.uk)  
 Kind regards, Dr Leon Roberts MBE, EMAS Medical Director

Incident Number: 12910209 CLACHER, DUNCAN 62 Years (Actual) NHS No: 6488167464 Date of Birth: 21/5/1958  
 Address 1: 6 Minden Close.

Was GP Connect Record Viewed	
Was GP Connect Record Viewed	Was GP Connect Record Viewed: Yes
Patient Presenting With	
Complaint	Complaint Type : Chief Complaint; Complaint : Chest Pain; Duration : 10 Hours
PATIENT OUTCOMES	
General	Patient Outcome: Treated and Transported
Patient Moved	How Patient was Moved to Ambulance: Walking Unaided How Patient was Transported from Ambulance: Stretcher Trolley

**COMMENTS**  
 Pt is a 62 year old male who lives independently in a shared house. Since waking this morning at 9am the pt has been having episodes of left sided chest pain and feels that he wants to cough and bring up some phlegm. Pt has a diagnosis of COPD and had an NSTEMI approx 1 year ago. The main reason the pt called 999 today was because of his chronic back pain and the fact that he had run out of his Pregablin yesterday. Pt not concerned about his chest pain.

O/a Pt looks and felt clammy, slightly pale. Alert and orientated. Consent gained.  
 O/e Pt describes an 'ache' like non-specific pain on the left side of his chest, pain score 8/10, radiates into left arm, clammy.  
 Pain not increased on deep inspiration or coughing. Chest sounds clear bilaterally, SATs 97% on air. Pt has a cough which is non-productive and no worse than normal. No increased work of breathing.  
 Pain not constant, has been coming and going throughout today.  
 12 Lead ECG NSR.  
 Main concern for the pt appears to be pain control for his chronic back pain and the fact he has no Pregablin available. Looking at GP notes pt has been dependent on benzodiazepines before and has previously asked for extra doses of pain meds on prescription. Pt was also very keen to explain to the crew that he was not drug dependent.  
 Blood sugar also raised at 11.6mmols. Pt also reports increased frequency of urination.  
 NEWS=0  
 Plan: Initially pt refused transport against crew advice. Pt deemed to have demonstrated mental capacity to make that decision. OOH was spoken to (Dr.Seiger) who also spoke with the pt and persuaded him to attend due to his cardiac history and symptoms.  
 Pt chose to walk to the ambulance.  
 Pt treated with Aspirin and GTN. Pain did subside slightly and clamminess resolved.  
 Pt appeared comfortable during the journey to A&E and condition did not deteriorate.

Query cardiac cause of pain? Query other cause?

VITAL SIGNS															
Time	Heart Rate	Respiratory Rate	BP	SPO2	Temperature	BM	Peak Flow	ETCO2	GCS	POPS	NEWS-Auto	Pain: Numeric	Pain: Visual	Position	Done By
M-23/08/2020 17:56:13	90 BPM	18 BPM	163/93 mmHg	97 % - RA;	36.2 Celsius - TYM;	11.6 mmol/L			E 4 V 5 M 6 15		RR 0 SPO2 Scale:1 O2 0 Temp 0 SBP 0	6		Sitting	Sharon Parsons

Created: 23/08/2020 17:54:33 (BST) Incident Number: 12910209  
 All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (BST)



	18:43:15		
<b>Arrive Destination:</b>	23/08/2020 18:57:40		<b>Destination Type:</b> Emergency Department <b>Address 1:</b> Kettering General Hospital <b>Address 2:</b> FEATURE HOSPITALS <b>Postal Code:</b> NN16 8UZ <b>Ward / Room:</b> Emergency Dept <b>Receiving Location:</b> Kettering General Hospital
<b>Handover:</b>	23/08/2020 19:07:16		
<b>Clear:</b>			
<b>RL Pre-Alert:</b>			
<b>Verbal Handover:</b>			

Created: 23/08/2020 17:54:33 (BST)

Incident Number: 12910209

All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (BST)

file:///C:/Program%20Files%20(x86)/Medusa/Server/8279788\_Email\_Request\_70529... 23/08/2020

23 Aug 2020	A&E to Lakeside Healthcare
Letter Type	A&E
Letter To	Lakeside Healthcare
Letter From	Accident & Emergency, Kettering General Hospital

**Emergency Department**

Rothwell Road  
Kettering  
NN16 8UZ

Telephone: 01536 492000

Date: 02 October 2020

**GP practice**

Dr Wall  
The Lakeside Surgery  
Cottingham Road  
Corby  
Northamptonshire  
NN17 2UR

Dear Dr Wall

**Patient demographics**

**Name:** Mr Duncan Clacher

**Gender:** Male

**DOB:** 21 May 1958

**Age:** 62

**Hospital Number:** 184902

**NHS Number:** 648 816 7464

**Address:** 6 Minden Close, CORBY, Northamptonshire, NN18 9EW

**Admission details**

The above named patient attended the Emergency Department on 23 August 2020 at 18:57. The patient was seen by Dr Claudiu Cozmiuc and the consultant on take was Dr Simona Bratu.

This patient has made 06 previous visits to this department since 1<sup>st</sup> April 2010.

**Discharge details**

The patient left the department at 23:50 on 23 August 2020.

Dear Gp,

This patient was presented with acute lower back pain and left sided chest pain to A&E. Patient had ran out of his Pregablin tablets and this was causing his back pain according to him. Pain settled after diamorphine IV.

ECG was normal sinus rhythm and no acute ischaemic change were present. Routine bloods including troponin and D Dimer were within normal limits.

Patient was reviewed by cardiology registrar Dr Akijoyi and was happy to send him home.

Medications changes as follows:

1. Increase the Bisoprolol from 2.5mg to 3.75mg once daily
2. increase the Monomil XL from 30mg to 60 mg once daily
3. Pregablin 150 mg once daily ( no change to dose)

FP10 was provided to the patient.

Cardiology will organise an outpatient stress Echo cardiogram and the reports to follow.

Many thanks

Lissy Jose

Cardiac nurse practitioner

The outcome was Treatment complete - Discharge.

**Clinical summary**

**Referral details**

Referred by Self / family / friends / education / work colleague

**Diagnosis**

The presenting complaint was Chest pain.

<b>Diagnosis</b>
Angina (stable) (Suspected diagnosis)

Investigations	Treatments
Biochemistry	Medication_
Biochemistry (U&E's)	Administration of medication
Biochemistry C reactive protein (CRP)	Circulation Intravenous cannula
Haematology Clotting studies	Medication_ Intravenous drug : bolus
Bedside	

Electrocardiogram Haematology Haematology (FBC) Biochemistry Liver function tests (LFTs) Bedside Venous blood gas Radiology X-ray plain film	Circulation Observation / cardiac monitor, pulse oximetry / head injury / trends
--	---

**Medication and medical devices**

Drugs administered in ED	Drugs TTA

**Plan and requested actions**

**Allergies and adverse reaction**

**Distribution list**

GP Letter

**Person completing record**

If you have any queries regarding this attendance please contact the Emergency Department via Switchboard.

25 Sep 2020	A&E to Lakeside Healthcare
Letter Type	A&E
Letter To	Lakeside Healthcare
Letter From	Accident & Emergency, Kettering General Hospital

**Emergency Department**

Rothwell Road  
Kettering  
NN16 8UZ

**GP practice**

Dr Wall  
The Lakeside Surgery  
Cottingham Road  
Corby  
Northamptonshire  
NN17 2UR

Telephone: 01536 492000

Date: 25 September 2020

Dear Dr Wall

**Patient demographics**

**Name:** Mr Duncan Clacher

**Gender:** Male

**DOB:** 21 May 1958

**Age:** 62

**Hospital Number:** 184902

**NHS Number:** 648 816 7464

**Address:** 6 Minden Close, CORBY, Northamptonshire, NN18 9EW

**Admission details**

The above named patient attended the Emergency Department on 25 September 2020 at 09:20. The patient was seen by Ms Fatema Merchant and the consultant on take was Dr Andrei Ionel.

This patient has made 07 previous visits to this department since 1<sup>st</sup> April 2010.

**Discharge details**

The patient left the department at 18:20 on 25 September 2020.

The outcome was Treatment complete - Admit.

**Clinical summary**

**Referral details**

Referred by Self / family / friends / education / work colleague

**Diagnosis**

The presenting complaint was Seizure (fit)..

<b>Diagnosis</b>
Seizure : febrile (Suspected diagnosis)

**Procedures**

Investigations	Treatments
Biochemistry	Circulation Intravenous cannula
Biochemistry (U&E's)	Medication Intravenous drug : infusion
Biochemistry C reactive protein (CRP)	Airway / Breathing Nebuliser / spacer
Radiology Computerised Tomography	Circulation Observation / cardiac monitor, pulse oximetry / head injury / trends
Bedside	
Electrocardiogram	
Biochemistry Liver function tests (LFTs)	
Bedside Venous blood gas	

**Medication and medical devices**

<b>Drugs administered in ED</b>	<b>Drugs TTA</b>

**Plan and requested actions**

**Allergies and adverse reaction**

**Distribution list**

GP Letter

**Person completing record**

If you have any queries regarding this attendance please contact the Emergency Department via Switchboard.

25 Sep 2020	Ambulance Service to Lakeside Healthcare
Letter Type	Ambulance Service
Letter To	Lakeside Healthcare
Letter From	Siren 4



Dear Doctor,  
 EMAS were called to your patient today and below is a brief summary of their visit and of their patient assessment. Should you require any further information about EMAS and our team, please visit our website [www.emas.nhs.uk](http://www.emas.nhs.uk)  
 Kind regards, Dr Leon Roberts MBE, EMAS Medical Director

Incident Number: 13049625 CLACHER, Duncan 62 Years (Actual) NHS No: Date of Birth: 21/5/1958

Address 1: 6 Minden Close, NN18 9EW

Was GP Connect Record Viewed	
Was GP Connect Record Viewed	Was GP Connect Record Viewed: No

Patient Presenting With	
Complaint	Complaint Type : Chief Complaint; Complaint : Convulsions / Fitting

PATIENT OUTCOMES	
General	Patient Outcome: Treated and Transported

**COMMENTS**

HXPC - friend believes pt went unconscious and had seizure - known to have seizures. Pt unsure of events of this morning and states they have chest pain and this is constant. Pt states they have not had their medication for past 4/7 as they have run out.

OA - pt confused and slurred speech but shaky

OE

CVS - central chest pain not radiating, ECG = sinus tachy, not sweaty, not clammy

CNS - BEFAST-ve, some confusion, occasionally slurred speech

RESP - chest clear, cough (normal for pt)

IMP - ?seizure

PLAN - transport to ED for further assessment

VITAL SIGNS															
Time	Heart Rate	Respiratory Rate	BP	SPO2	Temperature	BM	Peak Flow	ETCO2	GCS	POPS	NEWS-Auto	Pain: Numeric	Pain: Visual	Position	Done By
M-25/09/2020 08:31:30	115 BPM - Regular;	18 BPM	140/95 mmHg LT,	94 % - RA;	37.4 Celsius	10.2 mmol/L			E 4 V 5 M 6 15		RR 0 SPO2 1 Scale:1 O2 0 Temp 0 SBP 0 HR 2 LOC 0 3	2		Sitting	Katherine Worster
M-25/09/2020 08:33:08	113 BPM - Regular;		134/68 mmHg	93 % - RA;					E 4 V 5 M 6 15			8		Lying	Katherine Worster
M-25/09/2020 08:50:37			114/76 mmHg												Katherine Worster
M-25/09/2020 09:19:39	105 BPM		126/69 mmHg	92 %					E 4 V 5 M 6 15					Sitting	Katherine Worster

PAST MEDICAL HISTORY	
Medication Allergies	No Known Allergy

Medical / Surgical History	Angina COPD Diabetes - Non-Insulin Dep. (Meds) Myocardial Infarction
----------------------------	---

INCIDENT			
Time	Odometer	Details	Complications / Misc

Created: 25/09/2020 08:27:29 (BST) Incident Number: 13049625  
 All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (BST)

INCIDENT				
<b>Incident Date / Time:</b>	25/09/2020 07:21:11		<b>Address 1:</b> 6 MINDEN CLOSE <b>Address 2:</b> MINDEN CLOSE <b>City / Town:</b> CORBY <b>Postal Code:</b> NN18 9EW <b>Longitude:</b> -0.7395438 <b>Latitude:</b> 52.4693643 <b>Tel1:</b> 07946091687 <b>Location Type:</b> Home	
<b>Call Connect:</b>	25/09/2020 07:21:41			
<b>Assigned:</b>	25/09/2020 08:03:41		<b>Call Type:</b> Emergency <b>Reported Condition:</b> Convulsions / Seizure <b>Code:</b> 12D02	<b>Special Precautions:</b> FITTING NOW
<b>Mobile:</b>	25/09/2020 08:03:31		<b>Incident Number:</b> 13049625	
<b>Arrive Scene:</b>	25/09/2020 08:16:45			
<b>At Patient Side:</b>				
<b>On Scene Transfer:</b>				
<b>Depart Scene:</b>	25/09/2020 08:54:18		<b>Receiving Location Priority:</b> Non Blue Light	
<b>Arrive Destination:</b>	25/09/2020 09:14:01		<b>Destination Type:</b> Emergency Department <b>Address 1:</b> Kettering General Hospital <b>Address 2:</b> FEATURE HOSPITALS <b>Postal Code:</b> NN16 8UZ <b>Ward / Room:</b> Emergency Dept <b>Receiving Location:</b> Kettering General Hospital	
<b>Handover:</b>	25/09/2020 09:42:51			
<b>Clear:</b>				
<b>RL Pre-Alert:</b>				
<b>Verbal Handover:</b>				

Created: 25/09/2020 08:27:29 (BST) Incident Number: 13049625  
 All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (BST)

28 Sep 2020	Discharge summary to Lakeside Healthcare
Letter Type	Discharge summary
Letter To	Lakeside Healthcare
Letter From	Digestive Diseases Unit, Kettering General Hospital

### Kettering General Hospital Trust

### Discharge Note 557162

#### GP Practice

Practice Name: WALLIAN, The Lakeside Surgery

#### Patient demographics

PASId: 104902  
 NHS No: 648 816 7464  
 Gender: Male  
 Title: MR  
 Forename: DUNCAN CAMPBELL  
 Surname: CLACHER  
 DOB: 21/05/1958  
 DOD:  
 Address: 6 MINDEN CLOSE, CORBY, NORTHAMPTONSHIRE NN16 9EW

#### Admission details

Admitted On: 25/09/2020  
 Admission Method:

#### Discharge details

Discharged On: 29/09/2020  
 Consultant: Rahman Z  
 Ward: DIGESTIVE DISEASES UNIT  
 Discharged to: OWN HOME

#### Clinical summary

Mr Clacher is a 62yr old male admitted to hospital presenting with recurrent epistaxis. Background of seizures.  
 During admission CT Head to rule out ICH which showed no evidence of acute intracranial event. A groundglass density is seen in right lung upper lobe anteriorly. The nature of this abnormality concerns currently and requires a followup scan in 3 months. No significant abnormalities detected in the abdomen apart from fatty liver. Ultrasound liver