

screen performed today

Treated and commenced Pabrinex intravenous 3 day course completed. Started on Vitamin U and Folate.
 OGD out patient appointment and follow up appointment with Dr Das hepatology clinic has been requested. OGD also to be requested by our team.

Medically optimized for discharge.

Plan and requested actions

Follow-up Information

Outpatient Follow-up in weeks at	
Follow-up Instructions	OGD out patient appointment and follow up appointment with Dr Das hepatology clinic has been requested
Instructions For GP	

Diagnoses

Type	Description	Status
Primary Diagnosis	Nash related liver cirrhosis	Not Set
Personal History	HEPATEMIA	Not Set
Personal History	Epileptic seizure	Not Set

Co-Morbidity

No	Description
001	Alcohol abuse
002	History of ischaemic heart disease
003	Hypertension

Medication and medical devices

Medication Status	GP To Continue	Drug Name
ALTERED DOSAGE	Yes	Eisacorol
		Form and Strength: Tablets
		Dosage: 2.5mg
		Frequency: in the morning
		Route: BY MOUTH

CONTINUED DRUG	Yes	Aspirin Form and Strength: dispersible tablets Dosage: 75mg Frequency: in the morning Route: BY MOUTH
CONTINUED DRUG	Yes	Atorvastatin Form and Strength: Tablets Dosage: 40mg Frequency: at night Route: BY MOUTH
CONTINUED DRUG	Yes	Fluticasone Form and Strength: Inhaler 2000 micrograms Dosage: 2 puffs Frequency: twice a day Route: BY MOUTH
CONTINUED DRUG	Yes	Isosorbide Mononitrate Form and Strength: MM Tablets Dosage: 60mg Frequency: in the morning Route: BY MOUTH
CONTINUED DRUG	Yes	Lansoprazole Form and Strength: Capsules Dosage: 30mg Frequency: in the morning Route: BY MOUTH
CONTINUED DRUG	Yes	Malonin Form and Strength: tablets Dosage: 600mg Frequency: twice a day Route: BY MOUTH
CONTINUED DRUG	Yes	Progestin Form and Strength: Capsules Dosage: 300mg Frequency: twice a day Route: BY MOUTH
CONTINUED DRUG	Yes	Sertoline Form and Strength: Tablets Dosage: 100mg

COURSE TO COMPLETE	Yes	<p>Frequency: once a day Route: BY MOUTH</p> <p>Uniprin</p> <p>Form and Strength: Co-Infus/MR Tablets Dosage: 200mg Frequency: twice a day Route: BY MOUTH</p>
COURSE TO COMPLETE	No	<p>Nystatin</p> <p>Form and Strength: Oral Suspension 100,000units/ml Dosage: 4ml Frequency: four times a day Course Length: 7 days Route: BY MOUTH Comments: oral thrush</p>
FOR GP INFORMATION	No	<p>Eupronochinc</p> <p>Form and Strength: 50L tablets Route: SUB LINGUAL Comments: prescriptions supplied by S20 to Pickfords chemist, patients next supply due to be collected 29/9/2020</p>
STARTED DRUG	Yes	<p>Lactulose</p> <p>Form and Strength: Solution Dosage: 10ml Frequency: twice a day Route: BY MOUTH Comments: constipation</p>
STARTED DRUG	Yes	<p>Spirinolactone</p> <p>Form and Strength: Tablets Dosage: 100mg Frequency: in the morning Route: BY MOUTH Comments: Asclec</p>
STARTED DRUG	Yes	<p>Thiamine</p> <p>Form and Strength: Tablets Dosage: 100mg Frequency: in the morning Route: BY MOUTH Comments: New for previous alcohol use</p>
STARTED DRUG	Yes	<p>Vitamin B Compound Strong</p> <p>Form and Strength: Strong tablets Dosage: One</p>

STOPPED DRUG	No	Frequency:	twice a day
		Route:	BY MOUTH
		Comments:	New to previous alcohol use
		Form and Strength:	capsule
		Route:	BY MOUTH

Medical devices

- No Information Recorded

Allergies and adverse reaction

Allergies

No.	Description
001	NO KNOWN DRUG ALLERGIES

Adverse reactions

- No Information Recorded

Safety alerts

Self Risk/Suicide	Not Assessed
Guardianship	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.	Type	Status
001	CT Head 27/05/2020	
<p>There is no acute intracranial haemorrhage. No major arterial territory infarcts seen. No suggestion of major vessel occlusion. No space occupying lesion. No hydrocephalus. No mass effect. No midline shift. Chest: No solitary, subacute or chronic masses. Lymphadenopathy. No visible pulmonary embolism. No pericardial or pleural effusion. The oesophagus displays density measuring 5.8 x 4.2 cm seen in the right upper abdomen only. A firm 10mm x 8mm nodule are seen in the right upper lobe in the perihilar/subperihilar region. No other focal lung abnormalities seen. Abdomen and pelvis: The images are degraded by breathing artefact. Diffuse low density is seen in the liver in keeping with fatty infiltration. No focal liver lesions. Head of cholecystectomy status noted. Pancreas and spleen are normal. Kidneys and adrenals are normal. No significant abdominal or pelvic lymphadenopathy. Urinary bladder and prostate appear unremarkable. No significant bowel abnormalities detected within the limits of unprepared status. No free peritoneal fluid. No destructive bony lesion seen. Conclusion: No evidence of acute intracranial event. A ground glass density is seen in right lung, upper lobe anteriorly. The nature of this abnormality is uncertain currently and requires a followup scan in 3 months. No significant abnormalities detected in the abdomen apart from fatty liver.</p>		
002	Rhesus (rhesus) swab 28/05/2020 SARS-Cov-2 (COVID-19): NOT detected	

Special requirements

Interpreter:	Not Set
Advocate:	Not Set
Respirator:	Not Set
Other:	

Referral details

No Information Recorded

CQUIN Information

AKI CQUIN Quarterly Data Collection

No.	Questions	Response
1	Did this patient have an episode of AKI during this admission? If Yes, please ensure this is documented in the progress notes on team part of the chart.	No

Preventing ill health by risky behaviours - alcohol and tobacco

No.	Questions	Response
1	Does the patient have capacity to answer the alcohol and tobacco screening questions?	No

AKI CQUIN Quarterly Data Collection

No.	Questions	Response
2	If Yes, What stage of AKI 1/2/3 did they suffer? (NB. If more than one stage, please record the highest stage)	

Preventing ill health by risky behaviours - alcohol and tobacco

No.	Questions	Response
2	Did the patient receive a tobacco screen?	No

AKI CQUIN Quarterly Data Collection

No.	Questions	Response
3	Have you undertaken (and documented on the letter) a review of this patient's medications?	

Preventing ill health by risky behaviours - alcohol and tobacco

No.	Questions	Response
3	Is the patient a current smoker?	No

AKI CQUIN Quarterly Data Collection

No.	Questions	Response
4	Are further/follow up blood tests required? If yes, state which tests specifically AND when the tests are required	

Preventing ill health by risky behaviours - alcohol and tobacco

No.	Questions	Response
4	If the patient smokes, was brief advice given?	

AKI CQUIN Quarterly Data Collection

No.	Questions	Response
5	What is the patient's renal function on discharge? (URICR/EGFR) - enter details in comment section	

Preventing ill health by risky behaviours - alcohol and tobacco

No.	Questions	Response
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5	If the patient smokes, was tobacco referral offered?	
6	If the patient smokes, was medication offered?	
7	Did the patient receive an alcohol screen?	No
8	Did the patient screen positive for drinking above low risk levels, but not dependent levels?	No
9	Did the patient screen positive for potentially dependent drinking?	No
10	Was the patient given brief advice? (applicable to patients who drink above low risk levels, but not those who are potentially alcohol dependant)	
11	Was the patient offered referral to specialist services? (applicable to patients who are potentially alcohol dependent)	
12	Did the patient accept the offer and was the referral made? (applicable to patients who are identified as potentially alcohol dependant)	

Distribution list

Patient: GP, Cocaine/Feder Coding: Additional Codes: None

Person completing record

Signed By: Susil, Pallareskavath Role: G112

Kettering General Hospital Trust, Northall Road, Kettering, Northants, NN16 0UJ, Tel:01536 492600
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08 Oct 2020	Respiratory to Lakeside Healthcare
Letter Type	Respiratory
Letter To	Lakeside Healthcare
Letter From	ROCKET Team, Kettering General Hospital

BEARD, Theresa (NHS CORBY CCG)

From: LEE, Simon (KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST)
Sent: 09 October 2020 10:17
To: LAKESIDECOMMUNICATIONS (NHS CORBY CCG)
Cc: HOLMES, Mandy (KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST)
Subject: Mr.Duncan Cltcher FAO DUTY DOCTOR

Mr Clacher DOB : 21/5/58 NHS Number : 648 816 7464

Dear Dr,

Mr Clacher was referred to the team by Dr. Sathanapally , he has severe COPD with chronic breathlessness and chest infection frequency He has declined smoking cessation support.

I spoke with him over the phone 8/10/20 and despite better technique with his Fostair and trying the breathing exercises his level of SOB is essentially unchanged .

I wonder if you would consider prescribing TRIMBOW Inhaler 2 puffs BD and an AERO CHAMBER PLUS spacer device ? This will replace the Fostair and I am hoping that the long acting bronchodilator in the trimbow will reduce some of his day to day COPD related breathlessness , I of course explained the limiting effect that his continued smoking habit has on the inhalers of any type.

I will follow him up to see how he is managing , he has my number for advice / support in the interim

I hope this is ok

Kind Regards

Simon Lee
ROCKET Team
KGH

14 Dec 2020	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 M Farooq

NHS Number: 648 816 7464

Hospital Number: 184902

Ref: MF/sl

23 December 2020

Consultants

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 Mattu Tel: 01536 493243

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 Specialist Tel: 01536 491723

Dr N Ahmad Tel: 01536 492815

Dr M El-Din

Dr 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

Your patient failed to come up for a stress echocardiogram on 14th December 2020.

Yours sincerely

Dr M Farooq

Consultant Interventional Cardiologist

cc:

Mr D C Clacher

6 Minden Close

Corby

Northamptonshire

NN18 9EW

It is now our policy to copy all letters to the patient for information and to improve your care. The medical terminology can be confusing and we urge you to discuss any queries you may have with your consultant or GP at the next appointment.

07 Feb 2021	Ambulance Service to Lakeside Healthcare
Letter Type	Ambulance Service
Letter To	Lakeside Healthcare
Letter From	Siren 4, 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: 13495597 Clacher , Duncan 62 Years (Actual) NHS No: 6488167464 Date of Birth: 21/5/1958

Address 1: 6 Minden Close, NN18 9EW

Patient and Safeguarding Confirmation	
Patient and Safeguarding Confirmation	Was GP Connect Record Viewed: No Was Consent Gained To View GP Connect: No
Patient Presenting With	
Complaint	Complaint Type : Chief Complaint; Complaint : Back Pain
PATIENT OUTCOMES	
General	Patient Outcome: Treated and Discharged

COMMENTS

PC - Back Pain.
 Hxpc - Experiencing right sided flank pain for approx 4 weeks. Not visited gp or taken pain relief. Pain worse today.
 OA - Pt opened door. Walking unaided.
 OE - Has pain to right side. Not radiating. No pain when urinating or opening bowels. Worse on movement. No neurological deficit. Treated with Ibuprofen and paracetamol. Advised pt to take own over the counter meds. If pain persists to visit gp. Ring 999 if pain worsens significantly or any problems urinating.

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-07/02/2021 13:18:34	89 BPM	18 BPM	160/92 mmHg	98 % - RA;	36.6 Celsius	10.6 mmol/L			E 4 V 5 M 6 15		RR 0 SPO2 0 Scale:1 O2 0 Temp 0 SBP 0 HR 0 LOC 0 0	8	2 - Hurts Little Bit	Sitting	Shirley Rowlatt
M-07/02/2021 13:25:16	88 BPM	18 BPM	148/94 mmHg	96 %	36.3 Celsius				E 4 V 5 M 6 15			7	2 - Hurts Little Bit	Sitting	Shirley Rowlatt

PAST MEDICAL HISTORY	
Medication Allergies	No Known Allergy

INCIDENT				
	Time	Odometer	Details	Complications / Misc
Incident Date / Time:	07/02/2021 13:01:09		Address 1: 6 minden close Address 2: MINDEN CLOSE City / Town: corby Postal Code: nn18 9ew Longitude: -0.739543833 Latitude: 52.46936429 Tel1: 07946091687 Location Type: Home	
Call Connect:				
Assigned:	07/02/2021 13:01:35		Call Type: Emergency Reported Condition: Back Pain Code: DX0122	Special Precautions: patient is not alone pain in lower back possible flank pain.

Created: 07/02/2021 13:15:05 (GMT) Incident Number: 13495597
 All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (GMT)

INCIDENT			
Mobile:	07/02/2021 13:02:23		Incident Number: 13495597
Arrive Scene:	07/02/2021 13:10:38		
At Patient Side:			
On Scene Transfer:			
Depart Scene:			
Arrive Destination:			
Handover:			
Clear:			
RL Pre-Alert:			
Verbal Handover:			

Created: 07/02/2021 13:15:05 (GMT) Incident Number: 13495597
All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (GMT)

07 Feb 2021	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
			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
			Phone 01536206789
Emergency Phone 07946091687			

Patient's Reported Condition

patient is not alone pain in lower back possible flank pain.

Case Summary

Disposition:
Emergency Ambulance Response (Category 3)
Dx0122

Selected care service:
No referral made.

Rationale:
Illness
Warm to touch
Very severe pain
Able to carry out some normal activities
Breathless at rest
No indication scene unsafe

User comments:
What is the main problem? - flank pain
- PMH crushed disc in soine worsening pain not on any medication . Patient has COPD
Advice given:
If you can, ask for someone to meet and direct the vehicle.
Shut any dogs away.
If you do need to contact somebody do so now, then try and keep the line free as we may need to call you back.
If there are any new symptoms, or their condition gets worse, changes or you have any other concerns call 999.

Document Created	07-Feb-2021, 13:09
Document Owner	Derbyshire Health United
Authored by	Ruth Naylor - Assessed by, Ashgate Manor (Derbyshire Health United) on 07-Feb-2021, 13:04
Consent Status	Consent given for electronic record sharing

Encounter Type	NHS111 Encounter
Encounter Time	07-Feb-2021, 12:39 to 07-Feb-2021, 13:04
Case Reference	BB4E2E4D-688C-4594-9688-6B357D08945E
Case ID	7476030
Encounter Disposition	Emergency Ambulance Response (Category 3)
Care Setting Location	Incident Location
	Visit Address
	6 Minden Close

<i>Care Setting Address</i>	Corby Northamptonshire NN18 9EW
<i>Care Setting Type</i>	
<i>Responsible Party</i>	Ian Matthews - Medical Director, Derbyshire Health United

<i>Document ID</i>	7D554CB8-39A7-4397-9E16-DF631C4C6854	<i>Version</i>	1
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10 Feb 2021	Miscellaneous to Lakeside Healthcare
Letter Type	Miscellaneous
Letter To	Lakeside Healthcare
Letter From	S2S Substance to Solution

S2S: Substance to Solution
 Old TA Building
 Elizabeth Street
 Corby NN17 1PN
 T: 01604 211304
 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

17th February 2021

Dear Doctor,

Name and dob: Duncan Clacher
 21 May 1958

Reviewers name and role: Nicola Goodin (Non-Medical Prescriber)
 Date: 10 Feb 21
 Time: 11:00hrs
 Venue: Corby Hub

Keyworker: Russell Kennedy

Diagnosis: 1. F11.2 Opioid dependence syndrome.

Reason for appointment: Clinical Prescribing Telephonic Review

Current OST Prescription & Supervision Plan: 16mg Buprenorphine on a weekly dose pick up regime.

Length of Time in Treatment: Since May 18 in this episode

Psychosocial Engagement: Level of engagement with Keyworker: Difficult to engage in recent weeks due to him having no phone.

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

Duncan attended S2S in person today and was seen by a keyworker, it was arranged that myself then contact Duncan on the keyworkers telephone to undertake a telephonic clinical review.

It has proved difficult to engage Duncan in recent weeks as he has lost his telephone and we have no way of contacting him. Various face to face appointments have been arranged but he has also not attended these. His script has been placed on hold until he engaged today as he is overdue a clinical review.

Once contact was established today he engaged well and was coherent in manner. Duncan has been in OST for 6+ 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 weekly dose collection regime. Duncan reports that he is stable at this dose, 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.

Alcohol

Past dependency issues and binge drinking episodes but reports he is a non-drinker currently and no alcohol consumption in over 7 years?

Drug Screen

Duncan had a hospital admission to KGH in Sep 20 due to Unable to facilitate UDS, however Mouthswab undertaken today by keyworker when Duncan on site.

Criminal History

Various episodes in prison in the past. Last incarcerated over 11 years ago. No outstanding criminal convictions at present.
Any current issues:

Informed me that he had "paramedics" to his house on the evening of 9 Feb 21 - due to breathing difficulties - they diagnosed a chest infection and he reports to have a course of antibiotics but he requires follow up via the GP for review and repeat COPD medications.

Physical health (including BBV and naloxone):

Hospital admission in Sep 20 due to "vacant episodes and past seizures". He was given pabrinex for 3 days. Denies any alcohol use in over 7 years?
Prolapsed discs in lower spine. - affects his mobility at times.
Type II Diabetes – diagnosed 3 years ago – managed by medications, but states he is "addicted to chocolate"
COPD – Under ROCKET team and seen regularly for reviews - last seen before Christmas 20 and feels he needs further review due to current breathing difficulties - advised to see GP as soon as possible and he agreed to do so.
Heart Disease. Has stents fitted over 1.5 years ago.
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: Last hospital discharge summary on 1 Oct 20 indicates Fatty Liver and referral to Dr Das. He has not yet been seen. Advised to contact GP as soon as possible for follow up as necessary.

Respiratory: COPD. Current chest infection. Smoker

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

Neurology: No known issues.

Allergies: No known allergies.

Vertebral Inhaler
Beclomethasone Inhaler

GP pxed meds

Spironolactone
Glyceril Tinitrate spray
Aspirin 75mg OD
Atorvastatin 40mg OD
Risperidone 2.5mg OD
Lansoprazole 30mg OD
Metformin 500mg BD
Monomil 60mg OD
Pregabalin 75mg QDS
Ramipril 2.5mg OD
Sertraline 100mg OD
Uniphyllin Continus 200mg

Lactulose

Vitamin B

Thiamine

OTC Meds

None

Observations undertaken by keyworker:
BP133/78 P87
Weight 15 stone, height: 5ft 9"

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.

DSH or attempted suicide: No past or present SI or SH disclosed. No risks to self or others identified.

Mental health:

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.

Insight: Clear insight into their substance misuse and the associated risk with substance misuse. Evidence of capacity presented within this review.

Social issues
(Including driving, Accommodation: Resides alone and in a bedsit within shared accommodation but feels this is stable and no concerns raised.



children): 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.
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

Safe Storage of Prescribed Medications
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.
 Has struggled to engage in psychosocial contact via his keyworker in recent weeks due to a loss of his mobile phone which he has not replaced. We discussed the importance of him maintaining contact and he has agreed to use the burner phone in Pickfords pharmacy at regular intervals when he collects his weekly prescription, to contact his keyworker. Remains 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.

Impression & Motivation to engage
 Mood/Affect
 Mood euthymic today and no concerns raised. Stable in treatment at present. Some flat affect observed, states his moods deteriorate with pain and poor sleep issues.
 Level of engagement
 Discussed ways to improve his engagement in the coming weeks and agreed plans which he will undertake.
 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.

Treatment Discussion
 To maintain at current dose of 16mg Buprenorphine – currently assists with pain management issues but requires review via GP in longer term for chronic pain issues.

Mutually agreed plan:
 To continue dose pick up regime on weekly dose collection to support co-morbid



physical health issues and minimal community engagement in current COVID climate.

To see GP as soon as possible - he stated he will follow up today.

To chase follow up appointment with Dr Das due to fatty liver issues - as recommended in hospital discharge summary dated 1 Oct 20.

To contact keyworker at regular intervals via bumer phone in pickfords pharmacy.

Duncan 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.

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

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.

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.

GP Advice and Requests.

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.

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

Nicola Goodin RMN NMP

17 Feb 2021	Miscellaneous to Lakeside Healthcare
Letter Type	Miscellaneous
Letter To	Lakeside Healthcare
Letter From	S2S Substance to Solution

S2S: Substance to Solution
 Old TA Building
 Elizabeth Street
 Corby NN17 1PN
 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

17th February 2021

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It has proved difficult to engage Duncan in recent weeks as he has lost his telephone and we have no way of contacting him. Various face to face appointments have been arranged but he has also not attended these. His script has been placed on hold until he engaged today as he is overdue a clinical review.

Once contact was established today he engaged well and was coherent in manner. Duncan has been in OST for 6+ 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 weekly dose collection regime. Duncan reports that he is stable at this dose, 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.

Alcohol

Past dependency issues and binge drinking episodes but reports he is a non-drinker currently and no alcohol consumption in over 7 years?

Drug Screen

Duncan had a hospital admission to KGH in Sep 20 due to Unable to facilitate UDS, however Mouthswab undertaken today by keyworker when Duncan on site.

Criminal History

Various episodes in prison in the past. Last incarcerated over 11 years ago. No outstanding criminal convictions at present.
Any current issues:

Informed me that he had "paramedics" to his house on the evening of 9 Feb 21 - due to breathing difficulties - they diagnosed a chest infection and he reports to have a course of antibiotics but he requires follow up via the GP for review and repeat COPD medications.

Physical health (including BBV and naloxone):

Hospital admission in Sep 20 due to "vacant episodes and past seizures". He was given pabrinex for 3 days. Denies any alcohol use in over 7 years?
Prolapsed discs in lower spine - affects his mobility at times.
Type II Diabetes – diagnosed 3 years ago – managed by medications, but states he is "addicted to chocolate"
COPD – Under ROCKET team and seen regularly for reviews - last seen before Christmas 20 and feels he needs further review due to current breathing difficulties - advised to see GP as soon as possible and he agreed to do so.
Heart Disease. Has stents fitted over 1.5 years ago.
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: Last hospital discharge summary on 1 Oct 20 indicates Fatty Liver and referral to Dr Das. He has not yet been seen. Advised to contact GP as soon as possible for follow up as necessary.

Respiratory: COPD. Current chest infection. Smoker

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

Neurology: No known issues.

Allergies: No known allergies.

Ventolin Inhaler

Beclometasone Inhaler

GP pxd meds

- Sprinaloctone
- Glyceril Tinitrate spray
- Asprin 75mg OD
- Atvorstatin 40mg OD
- Bisoprolol 2.5mg OD
- Lansoprazole 30mg OD
- Metformin 500mg BD
- Monomil 60mg OD
- Pregabalin 75mg QDS
- Ramapril 2.5mg OD
- Sertraline 100mg OD
- Uniphyllin Continus 200mg

Lacutlose

Vitamin B

Thiamine

OTC Meds

None

Observations undertaken by keyworker:

BP133/78 P87

Weight 15 stone, height: 5ft 9"

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.

DSH or attempted suicide: No past or present SI or SH disclosed. No risks to self or others identified.

Mental health:

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.

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.

Social issues (including driving children):
 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.

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

Safe Storage of Prescribed Medications
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.

Impression & Motivation to engage
 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.
 Has struggled to engage in psychosocial contact via his keyworker in recent weeks due to a loss of his mobile phone which he has not replaced. We discussed the importance of him maintaining contact and he has agreed to use the burner phone in Pickfords pharmacy at regular intervals when he collects his weekly prescription, to contact his keyworker. Remains 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
 Mood euthymic today and no concerns raised. Stable in treatment at present. Some flat affect observed. states his moods deteriorate with pain and poor sleep issues.

Treatment Discussion
 Level of engagement
 Discussed ways to improve his engagement in the coming weeks and agreed plans which he will undertake.
 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.

Mutually agreed plan:
 To maintain at current dose of 16mg Buprenorphine – currently assists with pain management issues but requires review via GP in longer term for chronic pain



issues.

To continue dose pick up regime on weekly dose collection to support co-morbid physical health issues and minimal community engagement in current COVID climate.

To see GP as soon as possible - he stated he will follow up today.

To chase follow up appointment with Dr Das due to fatty liver issues - as recommended in hospital discharge summary dated 1 Oct 20.

To contact keyworker at regular intervals via burner phone in pickfords pharmacy.

Duncan 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.

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

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.

Stabilisation v

Maintenance (>12 weeks) v

Prescribing intent

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.

GP Advice and Requests.

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.

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

Nicola Goodin RMN NMP

21 Feb 2021	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: 21 February 2021

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 21 February 2021 at 14:09. The patient was seen by Mrs Tanya Birke and the consultant on take was Dr Maria Alina Iliescu.

This patient has made 08 previous visits to this department since 1st April 2010.

Discharge details

The patient left the department at 17:55 on 21 February 2021.

Overdose of Aminophylline 10 x 200mg MR tabs over 48 hours. Taken by patient as he thought it would help his COPD.

Admitted under medical team.

The outcome was Treatment complete - Admit.

Clinical summary

Referral details

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

Diagnosis

The presenting complaint was Poisoning..

Diagnosis
Opiate overdose (Suspected diagnosis)

Procedures

Investigations	Treatments
Biochemistry	Circulation Infusion fluids
Biochemistry (U&E's)	Circulation Intravenous cannula
Biochemistry Bone profile	Circulation Observation / cardiac monitor, pulse oximetry / head injury / trends
Biochemistry C reactive protein (CRP)	
Haematology Clotting studies	
Bedside Electrocardiogram	
Bedside Glucose	
Haematology Haematology (FBC)	
Bedside Lactate	
Biochemistry Liver function tests (LFTs)	
Bedside Venous blood gas	
Radiology X-ray plain film	

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.

21 Feb 2021	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
Home Address	GP Practice
6 Minden Close	Lakeside Surgery (DHU-Northants OOH)
Corby	The Lakeside Surgery
Northamptonshire	Cottingham Road
NN18 9EW	Corby
Emergency Phone 07946091687	Northamptonshire
	NN17 2UR
	Phone 01536206789

Patient's Reported Condition

patient with friend. vomiting, sweating.

Case Summary

Disposition:
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? - vomiting
Are you a deathly colour? - like a ghost.
Advice given:
None recorded.

Document Created	21-Feb-2021, 13:00
Document Owner	Derbyshire Health United
Authored by	Amy Brown - Assessed by, Johnson Building (Derbyshire Health United) on 21-Feb-2021, 12:54
Consent Status	Consent given for electronic record sharing

Informant	Christopher Leird- Friend (Caller At Same Address) - Not specified
Home Phone	07946091687

Encounter Type	NHS111 Encounter
Encounter Time	21-Feb-2021, 12:50 to 21-Feb-2021, 12:54
Case Reference	61978C05-01CB-419D-BD82-D48CF15F1F25
Case ID	7556721
Encounter Disposition	Emergency Ambulance Response for Potential Shock
Care Setting Location	Incident Location
	Visit Address

Care Setting Address	6 Minden Close Corby Northamptonshire NN18 9EW
Care Setting Type	
Responsible Party	Ian Matthews - Medical Director, Derbyshire Health United

Document ID	E492D5FC-52B6-440F-9B0D-71A03D335EFC Version 1
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22 Feb 2021	Discharge summary to Dr Sudeep Rai
Letter Type	Discharge summary
Letter To	Dr Sudeep Rai
Letter From	Clifford Ward Kettering General Hospital

INPATIENT DISCHARGE NOTE

Kettering General Hospital foundation trust

GP Practice

Practice Name: Lakes Cell Healthcare

Patient demographics

Title: Mr Gender: Male	DOB: 21 May 1958
Forename: Duncan	DOD:
Surname: Clacher	NHS Number: 88187464
Address: 8 Mindon Close CORBY, Northamptonshire, NN18 0EW	PAS: d187902

Admission details

Admission Date: 21-Feb-2021 17:55
 Admission Method: Accident and emergency or dental casualty department of the Health Care Provider
 Consultant: Dr Ravindra JOSHI
 Ward Location: Clifford Ward

Discharge details

Discharge Consultant: Dr Zia Ur Rahman
 Discharge Ward: Discharge Lounge
 Discharged Date and Time: 22-Feb-2021 18:00
 Discharged to: 19 Usual place of residence unless listed below
 Discharged Destination: Own Home

Clinical summary

Mr Duncan Clacher is a 62 year old gentleman that was admitted to the hospital presenting with an overdose of Aminophylline. He explained that he consumed 10 x 200mg Aminophylline over last 48 hours as thought it would help his breathing, he had recent chest infection but feels his shortness of breath is worsening. During his admission he had routine investigations performed including regular bloods and a covid swab (see relevant section for results). He has been treated for Aminophylline overdose along with exacerbation of COPD, he received IV fluids and analgesia as required. The ROCKF team will be informed of details regarding admission and will follow up in the community. He has been reviewed by the therapists team with regards to mobility who have concluded a frame would be beneficial. Mr Clacher is also advised to not take his metformin for the next 48h and to withhold his aminophylline for one week before he starts taking it again. Mr Clacher has been assessed by doctors and subsequently been deemed medically stable for discharge. Kind regards Clifford ward

Plan and requested actions

GP Information: Dear GP,
 Could you please repeat ureas for this patient in one week.
 Kind regards
 Follow-up Information
 Is follow up required: Yes Other: 1 week
 Other follow up location: GP
 Comments for Hospital follow up:

Referral details

Usual place of residence unless listed below

Diagnoses

Primary Diagnosis: Overdose	Primary Comments: Aminophylline	Diagnosis Status: NEW DIAGNOSIS
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Secondary Diagnoses: Exacerbation of COPD
 Secondary Comments:
 Secondary Diagnosis Status: NEW EPISODE

Co-Morbidity

Cardiovascular:
 History of ischaemic heart disease

Connective Tissue Disorder:

Disability / Frailty:

Endocrine:

Type 2 diabetes mellitus

Gastro-intestinal / Liver:

Lifestyle:

Neurology / Psychiatry:

Renal:

Respiratory:

COPD Unspecified

Other:

Additional Co-Morbidities:

MI - 2 years ago Known diagnosis
 Liver Cirrhosis Known diagnosis

Safety alerts

Self-Risks Suicide: Not-Assessed
 Overdose: Not-Assessed
 Self-Harm: Not-Assessed
 Self-Neglect: Not-Assessed
 Third Party: Not-Assessed
 Care Professionals: Not-Assessed
 Other:

Special requirements

Interpreter: Not-Assessed
 Advocate: Not-Assessed
 Transport: Not-Assessed
 Other:

Medication and Medical Devices

Medical Devices:

Medication:

Status	Medication Brand Strength Form	Starting (Blank where regimen already in place)	Dose Frequency Route Duration	Stop or continue	Comments
Continued drug	isosorbide mononitrate modified release tablet	20-Dec-2021	50mg ONCE a day at 08:00 Oral Every day	CP to continue	
Continued drug	salmeterol 100micrograms/inhalation inhaler cfc free		1 inhalations Up to every six hours inhalation as required	Continue	
New drug - see comments	prednisolone		50mg ONCE a day at 08:00	Stop	Exacerbation of COPD. Course to be completed.

			Oral Every day for 4 days	
Continued drug	aspirin dispersible tablet		75 mg ONCE a day at 08:00 Oral Every day	Continue
Continued drug	lansoprazole		30 mg ONCE a day at 08:00 Oral every day	Continue
Continued drug	atorvastatin		40 mg at NIGHT Oral Every day	Continue
Continued drug	pregADALIN 150mg capsules		150 mg TWICE a day Oral Every day	CP to continue
Continued drug	bisoprolol	23-Feb-2021	2.5 mg ONCE a day at 08:00 Oral every day	Continue
Continued drug	sertraline	23-Feb-2021	100 mg ONCE a day at 08:00 Oral Every day	Continue
Continued drug	vitamin b compound strong tablets		1 tablet TWICE a day Oral Every day	Continue
Continued drug	thiamine	23-Feb-2021	100 mg ONCE a day at 08:00 Oral every day	Continue
Continued drug	beclomethasone 50micrograms/spray aqueous nasal spray		2 sprays TWICE a day Nasal Every day	Continue
Continued drug	beclomethasone / formoterol / glycopyrronium TRIMBOW 87micrograms/5micrograms/2micrograms/inhalation inhaler free-free		2 inhalations TWICE a day inhalation Every day	CP to continue
Continued drug	buprenorphine 8mg sublingual tablets sugar free	23-Feb-2021	16 mg ONCE a day at 08:00 sublingual every day	CP to continue
Continued drug	glyceryl trinitrate 400micrograms/spray aerosol sublingual spray		1-2 sprays Sublingual as required	Continue
Continued drug	locculose		10 mL	Continue

	3.1-3.7g/5mL solution		TWICE a day Oral Every day	
Continued drug	spirinolactone	23-Dec-2021	100mg ONCE a day at 08:00 Oral Every day	Continue

General Comments:

Stopped Medications:

Have any pre admission medications been stopped Yes

Drug	Form	Strength	Dose	Frequency	Route	Reason for Stopping
Metformin	Tablets		500mg	twice a day		Lactate was raised. Withhold for another 48h before restarting it.
Uniphylin			200mg	twice a day		Aminophylline overdose, accidental. Please withhold for one week before restarting.

Procedures

Medical Treatments:

Operations and Procedures:

Complications:

Investigations / Results:

BLOOD COUNT

Full Blood Count - 22/02
 Haemoglobin 144 (130 - 180)
 WBC 10.4 (4.0 - 11.0)
 Platelets 271 (150 - 450)
 RDW 4.96 (4.50 - 6.00)
 PCV 0.423 (0.400 - 0.540)
 MCV 64.0 (76.0 - 97.0)
 MCH 28.9 (27.0 - 33.0)
 MCHC 340 (300 - 360)
 RDW 15.3 (9.0 - 15.0)H
 MPV 9.6 (7.5 - 11.0)
 Neutrophils 7.2 (2.0 - 7.5)
 Lymphocytes 2.2 (1.5 - 4.0)
 Monocytes 1.0 (0.2 - 1.0)
 Eosinophils 0.0 (0.0 - 0.5)
 Basophils 0.0 (0.0 - 0.2)
 Nucleated Red Blood Cells 0.0 (0.0 - 0.1)

Liver Function Tests - 22/02
 Bilirubin 15 (0 - 21)
 ALP 16 (- 41)
 Total Protein 71 (60 - 80)
 Albumin 46 (35 - 50)
 Alkaline Phosphatase 100 (30 - 130)

Urea & Electrolytes - 22/02

LFT

ELECTROLYTES

CRP
ROUTINE BLOODS
COVID 19 (SARS COV 2)

Sodium 134 (133 - 146)
Potassium 4.5 (3.5 - 5.3)
Urea 12.0 (2.9 - 8.2) H
Creatinine 110 (60 - 120)
Estimated GFR 62.5
AKI Stage 0
22/02
C-reactive protein <5 (- 5)
22/02
Theophylline 3.0 (10.0 - 20.0) L
21/02
SARS-Cov-2 (COVID-19) : NOT
detected

CQUIN Information

AKI CQUIN

Did this patient have an episode of AKI during this admission: Yes
If so
What stage of AKI 1/2/3 did they suffer: AKI 1 Not Recorded
Have you undertaken (and documented on this letter) a review of this patient's medications: Yes Not Recorded
Are further follow-up blood tests required: Yes GP to repeat Uand Es in one week
State which specific tests are required
Not Recorded

What is the patient's renal function on discharge: (UR/CR/EGFR) u: 12.0 Cr: 110 eGFR: 62.5

Mandatory Dementia Assessment (required for all patients aged 75 and over):

Does the patient have a formal diagnosis of dementia already: Not Recorded
Has the person been more forgetful anytime in the last 12 months to the extent that it has significantly affected their daily life: Not Recorded
Does the patient have any of the EXCLUSION CRITERIA: Not Recorded
Has the AMT or other cognitive screen been completed: Not Recorded
Has a referral been made to the GP or mental health liaison team highlighting outcome of dementia screening: No, Recorded

Preventing ill health by risky behaviours:

Does the patient lack capacity to answer the alcohol and tobacco screening questions: No
Did the patient receive a tobacco screen: Yes
Is the patient a current smoker: Yes
Was brief advice given: Yes
Was a tobacco referral offered: Yes
Was medication offered: Yes
Did the patient receive an alcohol screen: Yes
Did the patient screen positive for drinking above low risk levels but not dependant levels: No
Was the patient given brief advice: No
Did the patient screen positive for potentially dependant drinking: No The patient is already under 1 ADL1
Was the patient offered a referral to a specialist service: Not Recorded
Did the patient accept the offer and was the referral made: Not Recorded

Allergies and adverse reactions

Allergies: Adverse Reactions

Distribution list

Patient, GP, Casenote Folder, Coding, Additional Copies: None

Person completing record

Signed By: Dr Angelena Gkioni Signed Date & Time: 22/02/2021 14:52:26
Printed by: Angelena Gkioni Printed Date & Time: 22 February 2021 14:52
Kettering General Hospital Foundation Trust, Rutwell Road, Kettering, Northants, NN16 8UZ
Tel: 01536 492000

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Reducing the risk of a blood clot after your discharge from hospital.

Following discharge from hospital, your risk of developing a blood clot may persist. Some patients will continue to take medications and wear anti-embolic stockings at home. These patients will receive a pack containing all the relevant information.

You should take the following precautions:

Try to be as mobile as possible (unless you have been advised otherwise) and continue with any exercises that you may have been shown.

Drink plenty of fluids to avoid dehydration.

Take pain killers regularly as needed.

Undertaking a journey (e.g. flight, car, coach) of longer than three hours within four weeks of an admission to hospital may not be advisable. Please seek further advice from your GP.

Signs and symptoms of a blood clot:

Pain or swelling in your legs.

The skin on your leg is discoloured (red, purple or blue) or feels hot.

The veins in your leg appear larger than normal.

Pain in your chest or ribs that is worse if you take a deep breath.

Coughing up blood.

If you experience any of these symptoms please contact your GP immediately day or night.

If you experience severe shortness of breath, chest pain or uncontrolled bleeding dial 999 for an ambulance.

25 Feb 2021	Ambulance Service to Lakeside Healthcare
Letter Type	Ambulance Service
Letter To	Lakeside Healthcare
Letter From	EMAS 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
 Kind regards, Dr Leon Roberts MBE, EMAS Medical Director

Incident Number: 13560151 CLACHER, DUNCAN 62 Years (Actual) NHS No: Date of Birth: 21/5/1958

Address 1: 6 MINDEN CLOSE,

Patient and Safeguarding Confirmation	
Patient and Safeguarding Confirmation	Was GP Connect Record Viewed: No Was Consent Gained To View GP Connect: No Patient Details Confirmed: Yes Does the referral indicate an IMMEDIATE risk of harm? If so please escalate your referral to the manager on duty who will complete the immediate part of the referral by ringing through to social care and/or Police colleagues. Please finalise your referral and submit: No
Patient Presenting With	
Complaint	Complaint Type : Chief Complaint; Complaint : Other: PAIN IN BOTH LEGS; Details : PAIN IN BOTH LEGS
PATIENT OUTCOMES	
General	Patient Outcome: Treated and Transported

COMMENTS
 HPC - 62 YOM WOKE THIS MORNING WITH BACK PAIN REDUCED MOBILITY FOR 2/7 NEEDED ASSISTANCE FROM HOUSE MATE TO MOBILISE TO TOILET. USUALLY MOBILISES INDEPENDENTLY

O/A PT SITTING IN CHAIR ABLE TO MOVE LEGS, HAS NUMBNESS IN FEET AND LEGS DUE TO DIABETES, PT ALERT AND ORIENTATED TO TIME, PLACE AND PERSON. ABLE TO TALK IN FULL SENTENCES,

ASSISTED TO MOBILISE TO TROLLEY

PT DECLINED PAIN RELIEF INITIALLY THEN AGREED WHILST WAITING AAT KGH

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-25/02/2021 21:50:43	90 BPM	18 BPM	130/76 mmHg	95% - RA;	36.8 Celsius	19.4 mmol/L			E 4 V 5 M 6 15		RR 0 SPO2 1 Scale:1 O2 0 Temp 0 SBP 0 HR 0 LOC 0 1	8		Sitting	Joanna Ralph
M-25/02/2021 21:56:51	89 BPM	18 BPM	136/77 mmHg	95% - RA;	36.8 Celsius				E 4 V 5 M 6 15		RR 0 SPO2 1 Scale:1 O2 0 Temp 0 SBP 0 HR 0 LOC 0 1			Sitting	Hannah Lockhart-Cole

ECG / MONITOR										
Time	Leads	ECG Changes	ECG Type	ECG Method	Underlying Rhythm	Ectopy	Report	Comments	Done By	
ECGInterp-25/02/2021 21:55:34			12	Manual Interpretation;	Sinus Rhythm;				Hannah Lockhart-Cole	

PAST MEDICAL HISTORY	
Medication Allergies	No Known Allergy
Medical / Surgical History	Alcohol Misuse

Created: 25/02/2021 21:44:47 (GMT) Incident Number: 13560151
 All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (GMT)

		Asthma Diabetes - Non-Insulin Dep. (Meds) Hypertension Other : STENTS		
INCIDENT				
	Time	Odometer	Details	Complications / Misc
Incident Date / Time:				
Call Connect:				
Assigned:			Call Type: Emergency Reported Condition: Other: PAIN IN BOTH LEGS	
Mobile:			Incident Number: 13560151	
Arrive Scene:				
At Patient Side:				
On Scene Transfer:				
Depart Scene:			Receiving Location Priority: Non Blue Light	
Arrive Destination:			Receiving Location: Kettering General Hospital	
Handover:	26/02/2021 00:09:16			
Clear:				
RL Pre-Alert:				
Verbal Handover:				

Created: 25/02/2021 21:44:47 (GMT)

Incident Number: 13560151

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

25 Feb 2021	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: 26 February 2021

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 25 February 2021 at 22:26. The patient was seen by Dr Xi Jin and the consultant on take was Dr Ken Yarfoh.

This patient has made 09 previous visits to this department since 1st April 2010.

Discharge details

The patient left the department at 05:30 on 26 February 2021.

Presented with right radiculopathy

No urinary incontinence or saddle numbness

No neurology on examination

Was able to mobilise following analgesia - discharged with diazepam and codeine

Blood test showed raised WCC and decline in renal function

Patient is on co-amoxiclav from recent discharge for exacerbation COPD

Please repeat U&Es in 1 week to ensure no further deterioration

Also please arrange for physiotherapy +/- MRI in view of ongoing sciatica symptoms (last had MRI in 2018)

The outcome was Treatment complete - Discharge.

Clinical summary

Referral details

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

Diagnosis

The presenting complaint was Pain in hip / leg / knee / ankle / foot..

Diagnosis
Lumbar radiculopathy (Suspected diagnosis)

Procedures	
Investigations	Treatments
Biochemistry Biochemistry (U&E's) Biochemistry C reactive protein (CRP) Haematology Clotting studies Haematology Haematology (FBC) Biochemistry Liver function tests (LFTs) Bedside Venous blood gas	Medication Administration of medication Discharge Planning Verbal guidance / Written advice

Medication and medical devices	
Drugs administered in ED	Drugs TTA

Codeine phosphate Diazepam	
-------------------------------	--

Plan and requested actions

Allergies and adverse reaction

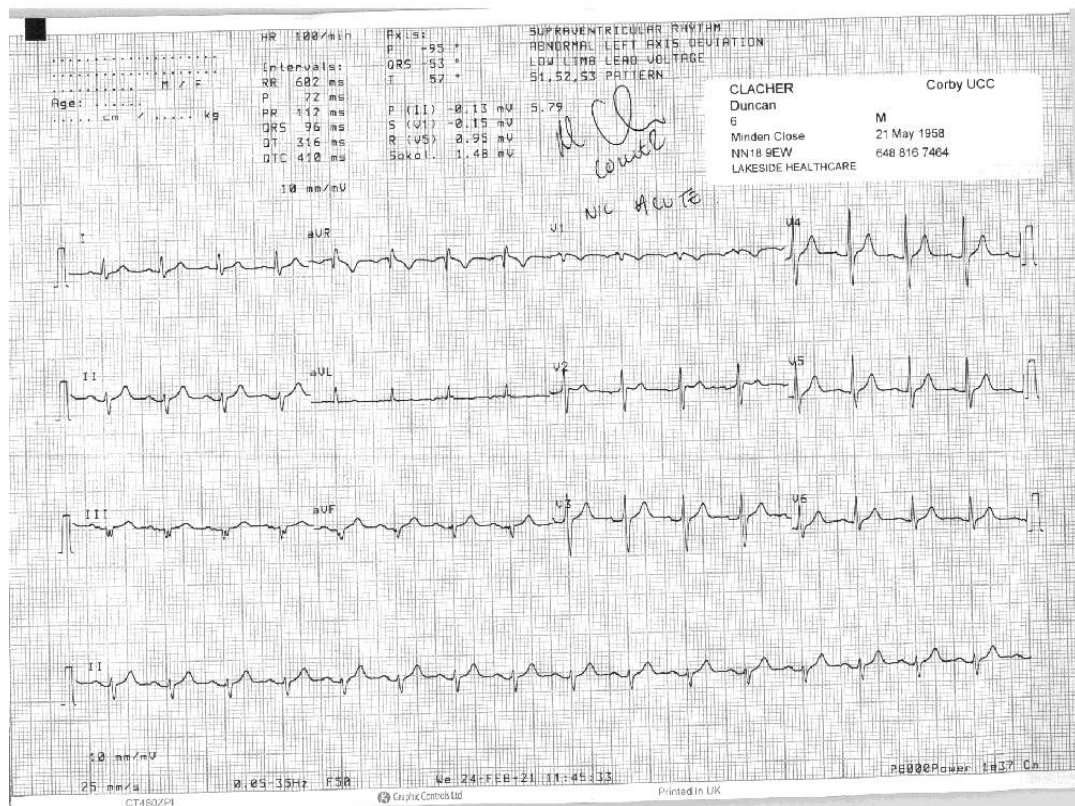
Distribution list

GP Letter

Person completing record

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

25 Feb 2021	ECG to Corby Urgent Care Centre
Letter Type	ECG
Letter To	Corby Urgent Care Centre
Letter From	Corby Urgent Care Centre



25 Feb 2021	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
Home Address	GP Practice Lakeside Surgery (DHU-Northants OOH) The Lakeside Surgery Cottingham Road Corby Northamptonshire NN18 9EW
Emergency Phone 07946091687	Phone 01536206789

Patient's Reported Condition

Cant walk - Pain in his legs - Started this morning not home alone

Case Summary

Disposition:
Emergency Ambulance Response (Category 3)
Dx0121

Selected care service:
No referral made.

Rationale:
Illness
Warm to touch
Above knee symptoms
New loss of bladder control
No indication scene unsafe

User comments:
What is the main problem? - pain in his legs
IS THERE ANY FURTHER INFORMATION THAT WILL HELP WITH AMBULANCE DISPATCH? - AUTODISPATCHED NO CONTACT WITH THE PATIENT
Advice given:
NO INSTRUCTIONS GIVEN AS NOT SAFE AND/OR APPROPRIATE.

Document Created	25-Feb-2021, 19:48
Document Owner	Derbyshire Health United
Authored by	Adam Cummins - Assessed by, Johnson Building (Derbyshire Health United) on 25-Feb-2021, 19:44
Consent Status	Consent given for electronic record sharing

Encounter Type	NHS111 Encounter
Encounter Time	25-Feb-2021, 19:16 to 25-Feb-2021, 19:44
Case Reference	FDF0646B-4CE6-4BB4-90B1-FB676126AAD4
Case ID	7578809
Encounter Disposition	Emergency Ambulance Response (Category 3)
Care Setting Location	Incident Location
Care Setting Address	Visit Address 6 Minden Close Corby Northamptonshire NN18 9EW

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

Document ID **21238619-EECD-48D0-9D1C-E6F52ECF4399** Version **1**

07 Apr 2021	NHS 111 Pathways Report to Lakeside Healthcare	
Letter Type	NHS 111 Pathways Report	
Letter To	Lakeside Healthcare	
Letter From	Trust Hq	

NHS 111 Report - For Information

CLACHER, Duncan <i>Born 21-May-1958 Gender Male NHS No. 648 816 7464</i> <i>Local Patient ID 1FAA9A85-69DB-4076-BA66-C3F4E15B29CF</i>			
<i>Home Address</i>	<i>Visit Address</i>		
6 Minden Close Corby Northamptonshire NN18 9EW	6 Minden Close Corby Northamptonshire NN18 9EW	<i>Home Phone 07946091687</i> <i>Emergency Phone 07902310611</i>	<i>GP Practice</i> LAKESIDE HEALTHCARE

Patient's Reported Condition

Case Summary

Disposition:
Speak to Clinical Assessment service 2 hours COVID risk
Dx1113

Selected care service:
GP OUT OF HOURS - Clinical Assessment Service - NORTHANTS

Rationale:
Coronavirus risk
Vulnerable person at risk
Clinical assessment service required
Covid assessment service 2 hours was required

User comments:
IS THERE ANYONE VULNERABLE AND AT RISK BECAUSE OF THE SITUATION? - Lives alone. Multiple co-morbidities.
- Likely chest infection in patient with COPD / IHD. Lives alone (shared accomodation but noone else there at present.)
Advice given:
During this pandemic these symptoms may be due to Coronavirus which is infectious. Avoid contact with others.
If you need to attend a healthcare appointment DO NOT use public transport and advise the healthcare service there may be a Coronavirus concern.
Further information about Coronavirus (COVID-19) including testing can be accessed at nhs.uk.
If there are any new symptoms, or if the condition gets worse, changes or you have any other concerns, call us back.
Remember to take a list of any current medications if you go to the out of hours surgery.

Adastra Assessment

History:Requested by Shift Leader Glenn Hirst to close the case as patient contacted earlier and case resolved

History:Requested by Shift Leader Glenn Hirst to close the case as patient contacted earlier and case resolved

ID check Spine matched Records consent.

Thinks he has another chest infection. Dry cough Unable to expectorate.
Unwell 2 days.
Not getting worse, just not improving.
Would like GP review tonight rather than wait for own GP tomorrow.

Symptoms include a new (acute on chronic) cough - so advised to book a covid test via 119.
Also advised to isolate until result is known.
Happy to receive a text re this.
Would like GP home visit.

GP connect confirms multiple co-morbidities with COPD / IHD / alcohol problems / abnormal lung lesion?

Tried to contact GP today - was told to contact 111.
Alone at home.

Lives in shared house - noone else at home at the moment.
No transport.

Feels hot and sweaty. No change in smell / taste.

New cough 48 hours.

Repeat 30 Sep 2020 Bisoprolol 2.5mg tablets take one daily 28 tablet 15 Mar 2021 8 30 Sep 2021

Repeat 30 Sep 2020 Lactulose 3.1-3.7g/5ml oral solution 10ml twice daily 500 ml 15 Mar 2021 8 30 Sep 2021

Repeat 30 Sep 2020 Spironolactone 100mg tablets take one daily in the morning 28 tablet 15 Mar 2021 8 30 Sep 2021

Repeat 30 Sep 2020 Thiamine 100mg tablets take one daily 28 tablet 15 Mar 2021 8 30 Sep 2021

Repeat 30 Sep 2020 Vitamin B compound strong tablets take ONE two times/day 84 tablet 15 Mar 2021 8 30 Sep 2021

Repeat 05 Jun 2020 Pregabalin 150mg capsules Two to be taken twice daily 112 capsule 23 Mar 2021 12 05 Jun 2021
CONTROLLED DRUG

Repeat 12 Dec 2019 Uniphyllin Continus 200mg tablets (Napp Pharmaceuticals Ltd) take one every 12 hrs 56 tablet 15 Mar 2021 21 31 Jan 2021

Repeat 02 Oct 2018 Monomil XL 60mg tablets (Teva UK Ltd) take one daily 28 tablet 15 Mar 2021 40 31 Jan 2021

Repeat 24 Sep 2018 Sertraline 100mg tablets take one tablet daily 28 tablet 15 Mar 2021 40 31 Jan 2021

Repeat 15 Jun 2018 Aspirin 75mg dispersible tablets take one daily 28 tablet 15 Mar 2021 42 31 Jan 2021
Acute non-ST segment elevation myocardial infarction (XaIWY)

Repeat 15 Jun 2018 Glyceryl trinitrate 400micrograms/dose pump sublingual spray one to two doses under the tongue, then close mouth As directed 180 dose 17 Nov 2020 16 31 Jan 2021

Repeat 08 May 2018 Metformin 500mg tablets bd 56 tablet 15 Mar 2021 45 31 Jan 2021

Repeat 04 Jan 2018 Atorvastatin 40mg tablets take one daily 28 tablet 15 Mar 2021 49 31 Jan 2021

Repeat 26 Jun 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 15 Mar 2021 53 31 Jan 2021

Repeat 23 Jul 2010 Ventolin 100micrograms/dose Evohaler (GlaxoSmithKline UK Ltd) ONE PUFF AS REQUIRED 400 dose 15 Mar 2021 152 31 Jan 2021
Asthma (H33..)

Repeat 21 Aug 2007 Lansoprazole 30mg gastro-resistant capsules 1 ONCE DAILY 28 capsule 15 Mar 2021 210 31 Jan 2021
Abdominal pain (1969.)

Examination:Not terribly communicative, but is clear that he has symptoms of a chest infection. GP connect confirms multiple co-morbidities with COPD / IHD / alcohol problems / abnormal lung lesion?
Diagnosis:Chest infection in vulnerable individual with multiple health problems and what sounds like vulnerable personal circumstances (shared accomodation with friends but noone else at home)
Treatment:Refer GPOOH please - Likely chest infection Book PCR test tomorrow.

Document Created	07-Apr -2021, 22:31
Document Owner	NHS 111 Contingency
Authored by	Kathryn Solesbury - Doctor, COVID-19 Clinical Assessment Service (NHS 111 Contingency) on 07-Apr -2021, 22:29
Consent Status	Consent given for electronic record sharing

<i>Encounter Type</i>	NHS111 Encounter
<i>Encounter Time</i>	07-Apr -2021, 13:17 to 07-Apr -2021, 22:29
<i>Case Reference</i>	AAB925A5-E8DA-4908-A806-BE902BFDF8E0
<i>Case ID</i>	1579816
<i>Encounter Disposition</i>	Speak to Clinical Assessment service 2 hours COVID risk
<i>Care Setting Location</i>	Incident Location
	<i>Visit Address</i>
<i>Care Setting Address</i>	6 Minden Close Corby Northamptonshire NN18 9EW
<i>Care Setting Type</i>	
<i>Responsible Party</i>	John Black - Medical Director, NHS 111 Contingency

<i>Document ID</i> F1D6F525-78D0-45EF-A4E3-39D5D436F581 <i>Version</i> 1
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08 Apr 2021	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 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
	Phone 01536206789

Repeat Caller Information

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

Patient's Reported Condition

Night sweats Mucous on chest, but can't cough it up

Case Summary

Disposition:
Emergency Ambulance Response for Potential COVID19 (Category 3)
Dx01214

Selected care service:
No referral made.

Rationale:
Illness
Warm to touch
New/worsening breathlessness
Able to carry out some normal activities
Breathless at rest
Previous hospitalisation for similar symptoms
Symptoms worse than when previously hospitalised
Breathing worsening in last hour
No indication scene unsafe

User comments:
What is the main problem? - Cold / flu symptoms
- Case raised yesterday, worsened
Advice given:
NO INSTRUCTIONS GIVEN AS NOT SAFE AND/OR APPROPRIATE.

Document Created	08-Apr -2021, 14:57
Document Owner	Derbyshire Health United
Authored by	Josephine Vallis - Assessed by, Ashgate Manor (Derbyshire Health United) on 08-Apr -2021, 14:51
Consent Status	Consent given for electronic record sharing

Encounter Type	NHS111 Encounter
Encounter Time	08-Apr -2021, 14:17 to 08-Apr -2021, 14:51
Case Reference	CF4A89CF-15F8-4D54-9175-61C5895CAD7E
Case ID	7852509

<i>Encounter Disposition</i>	Emergency Ambulance Response for Potential COVID19 (Category 3)
<i>Care Setting Location</i>	Incident Location
	<i>Visit Address</i>
	6 Minden Close
<i>Care Setting Address</i>	Corby
	Northamptonshire
	NN18 9EW
<i>Care Setting Type</i>	
<i>Responsible Party</i>	Ian Matthews - Medical Director, Derbyshire Health United

<i>Document ID</i>	3C71D3B6-A499-462C-86AE-8B9E236175E9	<i>Version</i>	1
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09 Apr 2021 E-mail to Lakeside Healthcare

Letter Type E-mail
Letter To Lakeside Healthcare
Letter From DHU Health Care C.I.C

Request for Notes

REFERRALS, Specialpatientnote (DHU HEALTH CARE C.I.C) <specialpatientnote.referrals@nhs.net>

Fri 09/04/2021 15:07

To: LAKESIDECOMMUNICATIONS (NHS CORBY CCG) <corcglakesidecommunications@nhs.net>

Good Afternoon,

Table with 7 columns: Patient Name, Date of Birth, NHS Number, Patient Postcode, Registered Practice Name, GP Email Address, Practice Cc. Row 1: Clacher, Duncan, 1958-05-21, 6488167464, NN18 9EW, LAKE SIDE SURGERY (DHU-NORTHANTS DOH), corcglakesidecommunications@nhs.net, 01536 2041

The above patient has triggered our frequent caller (HIU) report for the 1st Time in February due to the above reason. Please can you review this patient and if necessary, send us a special patient note for use by NHS111 and the out of hours services.

All correspondence should be returned to this email address Northants111@nhs.net

Many Thanks

Hannah Short
Patient Records Team

Privacy Notice

DHU may ask for or hold personal confidential information about your patient which will be used to support delivery of appropriate care and treatment. This is to support the provision of high quality care. Please ensure that you alert your patients to our website for further clarity on http://dhuhealthcare.com/full-privacy-notice/

29 Apr 2021	Cardiology to Lakeside Healthcare
Letter Type	Cardiology
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: 648 816 7464
Hospital Number: 184902
Ref: KHO/sf
 29 April 2021

Consultants

- | | |
|-----------------------------|--------------------------|
| 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 Mattu | Tel: 01536 493243 |
| Dr R Prasad | Tel: 01536 492523 |
| Dr P Raju | Tel: 01536 492815 |
| Dr N Shaukat | Tel: 01536 492807 |
| Dr D Swarbrick | Tel: 01536 492219 |
| Dr S Hatipoglu | Tel: 01536 492219 |
| Dr M Alama | Tel: 01536 491179 |
| Associate Specialist | Tel: 01536 491723 |
| Dr N Ahmad | Tel: 01536 492815 |
| Dr M El-Din | |

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

It appears that Mr Clacher had an appointment for an echocardiogram but he did not attend. There were previous appointments for a stress echo and outpatient clinic which unfortunately he did not attend either. At this point in time I will not arrange another appointment for him and am discharging him back to your care. However if you have any concerns about his cardiac situation or any queries please do not hesitate to get in contact.

Yours sincerely
electronically checked

Dr K Hogrefe
 Consultant Cardiologist
 FRCP MD

cc: Mr D Clacher
 6 Minden Close,
 Corby,

Northamptonshire
NN18 9EW

It is now our policy to copy all letters to the patient for information and to improve your care. The medical terminology can be confusing and we urge you to discuss any queries you may have with your consultant or GP at the next appointment.

02 May 2021	Ambulance Notification to Lakeside Healthcare
Letter Type	Ambulance Notification
Letter To	Lakeside Healthcare
Letter From	EMAS Siren 4

**East Midlands Ambulance Service Patient Notification - Confidential
(PID7551441 13790884)**

"EPCR, Emas (LEICESTERSHIRE PARTNERSHIP NHS TRUST)"

Sent: 02 May 2021 21:08

To:

This is a Physician/GP email from the EMAS ePCR System. Please contact ecasant.eprffailtest@nhs.net if this was delivered in error.



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: 13790884 **CLACHER , DUNCAN** 62 Years (Actual) NHS No: 6488167464 Date of Birth: 21/5/1958

Address 1: 6, NN18 9EW

Patient and Safeguarding Confirmation	
Patient and Safeguarding Confirmation	Was GP Connect Record Viewed: Yes Was Consent Gained To View GP Connect: Yes Patient Details Confirmed: Yes
Patient Presenting With	
Complaint	Complaint Type : Chief Complaint, Complaint : Breathing Problems
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	

PC: BREATHING PROBLEMS

HPC: PRESCRIBED ABX FOR ? CHEST INFECTION, LAST NIGHT WHILE HE WAS ATTEMPTING TO GO TO SLEEP HAD CENTRAL CHEST PAIN AND DOWN HIS LEFT ARM - DID NOT SEEK MEDICAL ADVISE TILL THIS EVENING. CONTACTED 111 FOR ADVISE - EMAS DISPATCHED.

PATIENT STATED TO HAVE TAKEN 5 X UNIPHYLIN (THEOPHYLLINE) TODAY IN ATTEMPT TO IMPROVE HIS BREATHING. - DOSE HE IS PRESCRIBED IS 200MG ONCE PER DAY.

PMHX: NSTEMI, CARDIAC STENT, ASTHMA, COPD, DIABETIC - MED, DEPRESSION, PREVIOUS OVERDOSE 22/02/21 - AMINOPHYLLINE

O/A: SHARED HOUSE HOLD - RENTS A ROOM, PATIENT ALERT, GCS 15, VERBAL CONSENT GAINED TO BEGIN ASSESSMENT.

O/E: OBSERVATIONS AS STATED. NAUSEA, NO VOMITING. ANXIOUS,

GU/GI: BLACK BOWEL MOVEMENT, URINE OUTPUT INCREASED, NO ABDOMINAL PAIN.

PLAN: TAKEN TO KGH 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-02/05/2021 19:30:23	98 BPM	16 BPM	159 93 mmHg	97 % - RA;	36.9 Celsius	17.8 mmol/ L			E 4 V 5 M 6 15		RR 0 SPO2 0 Scale:1 O2 0 Temp 0 SBP 0 HR 1 LOC 0 1			Sitting	Kerry Aldridge
M-02/05/2021 19:46:18	98 BPM	16 BPM	141 80 mmHg	96 % - RA;	36.9 Celsius				E 4 V 5 M 6 15		RR 0 SPO2 0 Scale:1 O2 0 Temp 0 SBP 0 HR 1 LOC 0 1			Sitting	Kerry Aldridge

ECG / MONITOR

Created: 02/05/2021 19:26:19 (BST)

Incident Number: 13790884

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

Time	Leads	ECG Changes	ECG Type	ECG Method	Underlying Rhythm	Ectopy	Report	Comments	Done By
ECGInterp-02/05/2021 19:49:36			12	Manual Interpretation;	Sinus Rhythm;				Kerry Aldridge
PAST MEDICAL HISTORY									
Medication Allergies		No Known Allergy							
Medical / Surgical History		Asthma COPD Coronary Stent Depression Diabetes - Non-Insulin Dep. (Meds) Myocardial Infarction : NSTEMI Other : drug OD 22/2/21 - aminophylline							
Start Time	Section	Item	Description						Done By
2021-05-02 07:50:57	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 general, do you have any health problems that require you to stay home?: No In case of need, can you count on someone close to you?: Yes Do you regularly use a cane, a walker, or a wheelchair to move about?: No Score: 2						
INCIDENT									
Incident Date / Time:	Time	Odometer	Details				Complications / Misc		
	02/05/2021 19:03:24		Address 1: 6 Address 2: MINDEN CLOSE City / Town: CORBY Postal Code: NN18 9EW Country: United Kingdom Longitude: -0.739543833 Latitude: 52.46936429 Tel1: 07902310611 Location Type: Home						
Call Connect:									
Assigned:	02/05/2021 19:12:28		Call Type: Emergency Reported Condition: Other: 200020 Code: DX0112				Special Precautions: worsening symptoms since yesterday, cant breath right, given amoxicillin yesterday.patient alone		
Mobile:	02/05/2021 19:15:49		Incident Number: 13790884				Response Delay: Not Applicable		
Arrive Scene:	02/05/2021 19:21:47						Other Responding Resource: Nonc First on Scene: EMAS		
At Patient Side:	02/05/2021 19:26:23								
On Scene Transfer:									
Depart Scene:	02/05/2021 20:09:45		Receiving Location Priority: Non Blue Light						
Arrive Destination:	02/05/2021 20:21:24		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:	02/05/2021 20:43:05								

Created: 02/05/2021 19:26:19 (BST)

Incident Number: 13790884

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

INCIDENT				
Clear:				
RL Pre-Alert:				
Verbal Handover:				

Created: 02/05/2021 19:26:19 (BST)

Incident Number: 13790884

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

02 May 2021	Pharmacy to Lakeside Healthcare
Letter Type	Pharmacy
Letter To	Lakeside Healthcare
Letter From	Mr Pickford's Express Pharmacy

Community Pharmacy Emergency Medication Supply Record

Patient Demographics

Patient name Duncan Clacher
Date of birth 21 May 1958
Gender male
NHS number 6488167464
Patient address 6 Minden Close, Corby, Northamptonshire NN18 9EW

Attendance Details

Date of contact 2 May 2021
Reason for service Patient had not ordered their prescription
Organisation name Mr Pickfords Express Pharmacy
Organisation address 8 Spencer Court, Corby
Telephone 01536 264014
Secure email nhspharmacy.corby.mrpickfora424@nhs.net
Administered by Rajiv Patel
identifier 2034352
Person Collecting Patient

Medications and medical devices

Medication name	Quantity supplied	Supply Type
Ventolin 100micrograms/dose Evohaler (GlaxoSmithKline UK Ltd)	200 dose (28 days)	Emergency supply

Allergies and Adverse Reactions

Causative agent No known drug allergy

Information and Advice given

Information and advice given Patient advised that they should consider discussing with his GP whether they can be set up for electronic repeat dispensing if their medication regime is stable

Consent

Consent for treatment record Patient's consent for treatment has been attained
Consent for information sharing Patient is happy for the supply details to be shared with their Registered GP practice

GP Practice

GP ODS Code K83002
GP Practice Name Dr Wilczynski & Partners
GP Practice Address The Lakeside Surgery, Cottingham Road, Corby, Northamptonshire NN17 2UR

02 May 2021	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: 02 May 2021

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 02 May 2021 at 20:21. The patient was seen by Miss Marta Gomez Rodriguez and the consultant on take was Dr Khawaja Manzoor.

This patient has made 010 previous visits to this department since 1st April 2010.

Discharge details

The patient left the department at 22:51 on 02 May 2021.

Patient self-discharged before treatment or diagnostics results.

The outcome was Left after assessment but before treatment complete (destination unknown).

Clinical summary

Referral details

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

Diagnosis

The presenting complaint was Chest pain..

Diagnosis
Left before clinical assesement (Confirmed diagnosis)

Procedures

Investigations	Treatments
Biochemistry C reactive protein (CRP)	Circulation Intravenous cannula
Haematology Clotting studies	Circulation Observation / cardiac monitor, pulse oximetry / head injury / trends
Haematology Full blood count (FBC)	
Biochemistry Liver function tests (LFTs)	
Biochemistry Urea & Electrolytes (U&Es)	
Radiology X-ray plain film	

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.

02 May 2021	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

Repeat Caller Information

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

Patient's Reported Condition

worsening symptoms since yesterday, cant breath right, given amoxicillin yesterday. patient alone

Case Summary

Disposition:
Emergency Ambulance Response for Acute Coronary Syndrome
Dx0112

Selected care service:
No referral made.

Rationale:
Illness
Warm to touch
Chest/upper back pain in last 24 hours
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? - breathless
Advice given:
None recorded.

Document Created	02-May-2021, 19:13
Document Owner	Derbyshire Health United
Authored by	Anne-Marie Walker - Assessed by, Johnson Building (Derbyshire Health United) on 02-May-2021, 19:08
Consent Status	Consent given for electronic record sharing

Encounter Type	NHS111 Encounter
Encounter Time	02-May-2021, 19:00 to 02-May-2021, 19:08
Case Reference	9A82E0A8-845F-476B-9FAD-7E6940C78924

<i>Case ID</i>	8007902
<i>Encounter Disposition</i>	Emergency Ambulance Response for Acute Coronary Syndrome
<i>Care Setting Location</i>	Incident Location
	<i>Visit Address</i>
<i>Care Setting Address</i>	6 Minden Close Corby Northamptonshire NN18 9EW
<i>Care Setting Type</i>	
<i>Responsible Party</i>	Ian Matthews - Medical Director, Derbyshire Health United

Document ID **D4E4A3DB-EE8D-4B01-A4B1-64308EB372B2** *Version* **1**

03 May 2021	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

GP practice

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

Telephone: 01536 492000

Date: 04 May 2021

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 03 May 2021 at 23:03. The patient was seen by Dr Rosie Parkes and the consultant on take was Mr Neil Barnard.

This patient has made 011 previous visits to this department since 1st April 2010.

Discharge details

The patient left the department at 02:05 on 04 May 2021.

Re-presented with shortness of breath on 3rd May after self-discharging before assessment complete on 2nd May.

Bloods and observations stable, discharged home with advice to complete the course of antibiotics and steroids and to speak to GP if still feeling unwell at the end of the course.

Blood sugars were high in the department. Mr Clacher has not taken his metformin over the past 3 days. He was advised to restart taking metformin and advised that the prednisolone is likely exacerbating his blood sugar.

The outcome was Treatment complete - Discharge.

Clinical summary

Referral details

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

Diagnosis

The presenting complaint was Short of breath..

Diagnosis
Chronic obstructive pulmonary disease (Confirmed diagnosis)

Procedures

Investigations	Treatments
Biochemistry Bone profile	Circulation Intravenous cannula
Biochemistry C reactive protein (CRP)	Circulation Observation / cardiac monitor, pulse oximetry / head injury / trends
Haematology Clotting studies	
Bedside Electrocardiogram	
Haematology Full blood count (FBC)	
Biochemistry Liver function tests (LFTs)	
Biochemistry Urea & Electrolytes (U&Es)	
Bedside Venous blood gas	

Medication and medical devices

Drugs administered in ED	Drugs TTA

Plan and requested actions

Allergies and adverse reaction

No Known Allergies

Distribution list

GP Letter

Person completing record

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

03 May 2021	Ambulance Notification to Lakeside Healthcare
Letter Type	Ambulance Notification
Letter To	Lakeside Healthcare
Letter From	Ambulance Attendance Notification, East Midlands Ambulance Service NHS Trust



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: 13794419 Clacher , Duncan C 62 Years (Actual) NHS No: 6488167464 Date of Birth: 21/5/1958

Address 1 : , NN18 9EW

Patient and Safeguarding Confirmation	
Patient and Safeguarding Confirmation	Was GP Connect Record Viewed: Yes Was Consent Gained To View GP Connect: Yes Patient Details Confirmed: Yes Does the referral indicate an IMMEDIATE risk of harm? If so please escalate your referral to the manager on duty who will complete the immediate part of the referral by ringing through to social care and/or Police colleagues. Please finalise your referral and submit: No
Patient Presenting With	
Complaint	Complaint Type : Chief Complaint, Complaint : Breathing Problems, Details : OOH- COPD, ASTHMATIC, STRUGGLING TO BREATHE
PATIENT OUTCOMES	
General	Patient Outcome: Treated and Transported
Patient Moved	How Patient was Moved to Ambulance: Walking Unaided How Patient was Transported from Ambulance: Walking Unaided

COMMENTS
 Pt was taken to KGH, A&E by ambulance last Saturday with breathing problems. Pt discharged himself. Pt was prescribed amoxicillin, which the Pt was taking.

HPC-Pt has called OOH this evening because the Pt was struggling to breath, and SOB when mobilising. OOH concerned Pt was agonal/ ineffective breathing, ambulance dispatched.

O/A Pt met crew in the hallway of his shared accommodation, and walked crew back to his bedroom. Pt was able to communicate with crew, consent gained.

A, B, C no concerns

O/E Pt looked anxious, no cyanosis
 Pt's was breathing normally, but feels he can't get any air into his lungs.
 Pt does have COPD
 Chest sounds as recorded
 Sat's within normal ranges for COPD
 No pain on breathing
 ECG-As recorded
 BM 17.3 with ketones
 1st covid vaccine 2 months ago
 Pt always thirsty
 Urinating more
 All other OBS as recorded

Treatment-As recorded. Salbutamol and ipratropium given in line with COPD guidelines.

Plan-Pt originally refused to travel to A&E because he has no money to get home. A crew was preparing to discharge on scene via Gp, Pt asked be seen in A&E. Pt transported to KGH, A&E for further assessment.

Room-1

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-03/05/2021 22:07:42	84 BPM	20 BPM	137/80 mmHg	91 % - RA;	36.8 Celsius - TYM;	17.3 mmol/ L			E 4 V 5 M 6		RR 0 SPO2 3 Scale:1 O2 0	0		Sitting	John Lynch

Created: 03/05/2021 21:57:40 (BST)

Incident Number: 13794419

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

07 May 2021	Ambulance Notification to Lakeside Healthcare
Letter Type	Ambulance Notification
Letter To	Lakeside Healthcare
Letter From	EMAS 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
 Kind regards, Dr Leon Roberts MBE, EMAS Medical Director

Incident Number: 13805084 CLACHER , DUNCAN 62 Years (Actual) NHS No: 6488167464 Date of Birth: 21/5/1958

Address 1: 6 Minden Close, NN18 9EW

Patient and Safeguarding Confirmation	
Patient and Safeguarding Confirmation	Was GP Connect Record Viewed: Yes Was Consent Gained To View GP Connect: Yes Patient Details Confirmed: Yes Does the referral indicate an IMMEDIATE risk of harm? If so please escalate your referral to the manager on duty who will complete the immediate part of the referral by ringing through to social care and/or Police colleagues. Please finalise your referral and submit: No
Patient Presenting With	
Complaint	Complaint Type : Chief Complaint, Complaint : Breathing Problems
PATIENT OUTCOMES	
General	Patient Outcome: Patient Refused Transport
COMMENTS	

PC. chest infection.

HXPC. on abx for chest infection for 10 days
 abx changed on 04/05/21. pt now on Doxycycline and Prednisolone.
 tonight, pt has spoken to a HCP who arranged ambulance for hospital attendance. pt was unaware of this.

O/A. pt walked outside to meet crew and walked back again with no issues.
 pt has capacity and consented to assessment.

O/E. pt A&O, airway clear, chest- right side clear, left side expiratory wheeze.
 not using accessory muscles. equal rise and fall, no recession. speaking in full sentences.
 no CCP, no chest tightness, pt describes slight discomfort.
 pt good colour, pulse regular.
 blood sugar 25.9 and flashing ketones. pt has been drinking fizzy drinks.
 loss of appetite,
 pt is smoker.

TREATMENT. 2 x 6 minute salbutamol nebuliser.
 chest clear following treatment. pt feels an improvement, no discomfort.

PLAN. advised a/e due to BM and CI but pt refused transport to hospital.
 pt stated he will attend Corby UCC later today.
 advised pt to call 111/999 if concerned prior to attending UCC.
 advice leaflet and ECG left with pt.

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-07/05/2021 02:43:27	97 BPM	20 BPM	137/82 mmHg RA; LT;	96 % - RA;	37 Celsius	25.9 mmol/L									Ashley Smith
M-07/05/2021 03:05:06	97 BPM - Regular;	20 BPM	142/82 mmHg	97 % - RA;	37.0 Celsius	25.9 mmol/L - Hi;			E 4 V 5 M 6 15		RR 0 SPO2 0 Scale:1 O2 0 Temp 0 SBP 0 HR 1 LOC 0 1				Ashley Smith

Created: 07/05/2021 02:36:26 (BST)

Incident Number: 13805084

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

M-07/05/2021 03:15:22	88 BPM Regular;	20 BPM		98 %															Ashley Smith
M-07/05/2021 03:21:52	92 BPM	14 BPM		97 % - RA;	37.0 Celsius	25.3 mmol/L													Ashley Smith

ECG / MONITOR									
Time	Leads	ECG Changes	ECG Type	ECG Method	Underlying Rhythm	Ectopy	Report	Comments	Done By
ECGInterp-07/05/2021 02:57:29			12	Computer Interpretation; Manual Interpretation;	Sinus Rhythm;				Ashley Smith

PAST MEDICAL HISTORY	
Medication Allergies	No Known Allergy
Medical / Surgical History	Alcohol Misuse Angina COPD Depression Diabetes - Non-Insulin Dep. (Meds) High Cholesterol Hypertension Myocardial Infarction Other : liver cirrhosis, prolapsed disc in spine

INCIDENT				
	Time	Odometer	Details	Complications / Misc
Incident Date / Time:	07/05/2021 01:57:49		Address 1: 6 Address 2: MINDEN CLOSE City / Town: CORBY Postal Code: NN18 9EW Longitude: -0.7395438 Latitude: 52.4693643 Tel1: 07902310611 Location Type: Home	
Call Connect:				
Assigned:	07/05/2021 02:05:20		Call Type: Emergency Reported Condition: Other: 200020 Code: HCPC2 Address 1: 6 Address 2: MINDEN CLOSE City / Town: CORBY Postal Code: NN18 9EW Longitude: -0.7395438 Latitude: 52.4693643 Tel1: 07902310611 Location Type: Home	Special Precautions: ANP OOH - CHEST PAINS - ON DOUBLE ANTIBIOTICS - SOB - ADMISSION
Mobile:	07/05/2021 02:05:39		Incident Number: 13805084	Response Delay: Not Applicable
Arrive Scene:	07/05/2021 02:29:47			Other Responding Resource: None First on Scene: EMAS
At Patient Side:				
On Scene Transfer:				
Depart Scene:				
Arrive Destination:			Address 1: Kettering General Hospital Address 2: FEATURE HOSPITALS Postal Code: NN16 8UZ Ward / Room: Emergency Dept	
Handover:				
Clear:				

Created: 07/05/2021 02:36:26 (BST) Incident Number: 13805084
All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (BST)

INCIDENT				
RL Pre-Alert:				
Verbal Handover:				

Created: 07/05/2021 02:36:26 (BST) Incident Number: 13805084
All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (BST)

27 May 2021	Substance Misuse to Lakeside Healthcare
Letter Type	Substance Misuse
Letter To	Lakeside Healthcare
Letter From	S2S: Substance to Solution

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



Ref: NG/RK/PB/DC

Private and Confidential

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

27th May 2021

Dear Colleague

Duncan Clacher DOB:21/05/1958

I saw the above patient with his key worker Russ in our clinic today due to concerns regarding his health. A full review was done in February 2021.

He is currently on 16mg Buprenorphine daily which was prescribed due to him abusing over the counter and GP prescribed opiates to manage his pain- he has been stable for over 6 years now.

Duncan has numerous health concerns:

- hypercholesterolaemia
- diabetes
- hypertension
- previous myocardial infarction
- prolapsed lumbar disc
- asthma
- COPD
- seizures
- liver disease
- indigestion

Our recent concerns are around his memory and he is forgetting his appointments, denies having any hypertension or liver disease and concerns if he is compliant on his medications. He does state that he does not feel any benefit from the pregabalin so he would like this stopped.

His discharge summaries from the hospital states that there are many follow up appointments and tests to be done- however Duncan states he has not had any. We are unsure if he has ignored these or forgotten about these.

We would also like to discuss the next steps to transferring his care for long term pain management as this is not the most appropriate service for him, as there are no longer any substance misuse issues. He is refusing to come off the buprenorphine as he needs this for his pain, but is happy to be transferred to another pain medication.



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).



On examination today, he had no dyspnoea, he looked well and there were no signs of chronic liver disease. He was not keen on engaging in the assessment but states that his abdomen- which was distended- was filled with fluid and he was told this needed draining. I could not see any notes about ascites in his discharge summaries or GP summary. He feels he has a chest infection, but sputum was white and he had no temperature or loss of smell or taste. He states he had his first covid vaccination but is unsure about his second. He was orientated to person and place but forgot his age and time.

I would appreciate if we could arrange a meeting to discuss this patient and next steps in his treatment.

yours sincerely

Dr U Govender.

16 Jun 2021	Clinic Letter to Lakeside Healthcare
Letter Type	Clinic Letter
Letter To	Lakeside Healthcare
Letter From	Accident & Emergency, Kettering General Hospital

Emergency Department

Rothwell Road
Kettering
NN16 8UZ

Telephone: 01536 492000

Date: 16 June 2021

GP practice

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

Dear Dr Heer

Patient demographics

Name: Mr Duncan Clacher	Gender: Male
DOB: 21 May 1958	Age: 63
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 16 June 2021 at 09:32. The patient was seen by Dr Oyinkansola Oduyemi and the consultant on take was Dr Adrian Ierina. This patient has made 012 previous visits to this department since 1st April 2010.

Discharge details

The patient left the department at 10:10 on 16 June 2021. The outcome was Treatment complete - Admit.

Clinical summary

Referral details

Referred by GP / practice nurse

Diagnosis

The presenting complaint was Chest Infection..

Diagnosis
Direct admit to a specialty (Suspected diagnosis)

Procedures

Investigations	Treatments
Admin Investigation not indicated	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.

16 Jun 2021	Out of Hours to Lakeside Healthcare
Letter Type	Out of Hours
Letter To	Lakeside Healthcare
Letter From	Dhc Ltd Ooh

NHS 111 Report - For Action

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-Northants OOH)
6 Minden Close	The Lakeside Surgery
Corby	Cottingham Road
Northamptonshire	Corby
NN18 9EW	Northamptonshire
	NN17 2UR
	Phone 01536206789

Patient's Reported Condition

alone. rang up the other day about a chest infection not getting any better. sweating can't bring phlegm up, coughing.

Pathways Disposition

Speak to Clinical Assessment service 1 hour COVID risk (Dx1112)

Selected service: The Lakeside Surgery - Northants

Consultation Summary

Illness
Cool or cold
New/worsening breathlessness
Able to carry out some normal activities
Breathing worsening in last hour
Previous hospitalisation for similar symptoms
Unsure if symptoms as bad as when previously hospitalised

Pathways Assessment

An injury or health problem was the reason for the contact.
Heavy bleeding had not occurred in the previous 2 hours.
An illness or health problem was the main problem.
User Comments: cough
The individual was not fighting for breath.
The main reason for the assessment was not an allergic reaction, heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, or ICD shock.
The skin on the torso felt cool or cold.
The individual was not a deathly colour.
Pathway selected - Cough
There was new or worsening breathlessness since the onset of the problem.
There was no rapid swelling of the lips, face, tongue, mouth or throat.
There was no chest or upper back pain at the time of the assessment.
There had been no chest or upper back pain in the previous 24 hours.
There was no abdominal pain.
An oxygen reading was not declared.
The individual was still able to carry out some normal activities.
There had been no episode of choking within the previous 24 hours.
There had been no inhalation of a hot or poisonous substance in the previous 24 hours.
The individual had not coughed up blood.
Breathing harder or faster when doing nothing was not described.
The breathing had worsened in the previous hour.
There had been a previous similar episode, which required hospital admission.
Symptoms as severe or worse than those previously requiring hospital admission could not be confirmed.
Instructions given were: The individual needs to speak to a local service within 1 hour.
Directory of Services referral: The Lakeside Surgery - Northants
Advice given: Alert Pandemic Breathlessness Worsening

Advice Given

During this pandemic these symptoms may be due to coronavirus which is infectious. Avoid contact with others.
 If you need to attend a healthcare appointment DO NOT use public transport and advise the healthcare service there may be a coronavirus concern.
 Further information about coronavirus (COVID-19) including testing can be accessed at nhs.uk.
 Sit upright.
 Use prescribed inhalers, nebulisers or oxygen according to the instructions.
 If there are any new symptoms, or if the condition gets worse, changes or you have any other concerns, call us back.

Special Patient Notes

Note:
 Request for Notes - 04/06/2021 @ 12:20 HS (HIU) Reason for Request - DSB

Appointment booking

ODS Code: K83002
 Service Name: The Lakeside Surgery - Northants
 Location / Specialism: The Lakeside Surgery - Northants
 Appointment time: 2021-06-16T08:00:00

<i>Document Created</i>	16-Jun-2021, 07:35
<i>Document Owner</i>	Derbyshire Health United
<i>Authored by</i>	Leah McCormack - Assessed by, Johnson Building (Derbyshire Health United) on 16-Jun-2021, 07:35
<i>Consent Status</i>	Consent given for electronic record sharing

<i>Encounter Type</i>	NHS111 Encounter
<i>Encounter Time</i>	16-Jun-2021, 07:32 to 16-Jun-2021, 07:35
<i>Case Reference</i>	4DB8B2DC-FE20-4287-9A8D-23E9E28E6837
<i>Case ID</i>	8317746
<i>Encounter Disposition</i>	Speak to Clinical Assessment service 1 hour COVID risk
<i>Care Setting Location</i>	Incident Location
	<i>Visit Address</i>
<i>Care Setting Address</i>	6 Minden Close Corby Northamptonshire NN18 9EW
<i>Care Setting Type</i>	
<i>Responsible Party</i>	Ian Matthews - Medical Director, Derbyshire Health United

<i>Document ID</i>	F141C0E3-0F15-4DF2-B89E-85D86F842B98 Version 1
<i>Primary Recipient</i>	The Lakeside Surgery - Northants

17 Jun 2021	Miscellaneous to Lakeside Healthcare
Letter Type	Miscellaneous
Letter To	Lakeside Healthcare
Letter From	WELL PHARMACY

17th Jun 2021

Well
Barth Close
Great Oakley
Corby NN18 8LU
01536745791

**NHS Community Pharmacy Consultation Service -
Notification of low acuity/minor illness consultation to patients general practice.**

To: Dr Wilczynski & Partners, The Lakeside Surgery, Cottingham Road, Corby, Northamptonshire NN17 2UR (K83002)

Following a low acuity/minor illness referral to the pharmacy, this patient had a consultation with a pharmacist at the above pharmacy on the date shown.
Support has been given to the patient following an assessment of their needs with the information available to the pharmacist at the time.
Details of the support or advice provided and any additional information for the general practice is given below:

Patient Details	
Name	Duncan Clacher
Address	6 Minden Close, Corby, Northamptonshire
Postcode	NN18 9EW
Date Of Birth	21-May-1958
NHSNumber	6488167464
Consultation Details	
Presenting condition	Other reason
Presenting condition if other	lost antibiotics
Consultation Outcome	
Consultation Outcome	Patient sign-posted
If signposted or escalated details will appear below, if these are blank there has been no escalation	
Details if signposted	Non-urgent: GP
Details if escalated	
Any red flag symptoms?	No
If red flag, action taken	
Medicine Supplied	
Medicine supplied	
Quantity	
Dose	
2nd medicine necessary	
Medicine 2 supplied if supplied	
Quantity	
Dose	

Pharmacist name Chirag Patel

17 Jun 2021	Discharge summary to Lakeside Healthcare
Letter Type	Discharge summary
Letter To	Lakeside Healthcare
Letter From	Kettering General Hospital Discharge Letters

INPATIENT DISCHARGE NOTE

Kettering General Hospital foundation trust

GP Practice

Practice Name: Lakeside Healthcare

Patient demographics

Title: Mr Gender: Male	NHS ID: MEQ 1888
Forname: Duncan	UCLD:
Surname: Clacher	NHS No: 848 816 7464
Address: 6 Mincen Close, COBBY, Northamptonshire NN10 9DW	PAS id: 184002

Admission details

Admission Date: 16-Jun-2021 10:10
 Admission Method: General practitioner after a request for immediate admission has been made direct to a Hospital Provider
 Consultant: Dr Saeed, Jr RFT IVAN
 Ward Location: Medical SDFC

Discharge details

Discharge Consultant: Dr Georgios Tsakris
 Discharge Ward: Harwooden A Ward
 Discharged Date and Time: 17-Jun-2021 18:00
 Discharged to: 15, Usual place of residence unless listed below
 Discharged Destination: Own Home

Clinical summary

Mr Duncan Clacher is 63 years of age admitted to hospital with shortness of breath. Patient was sweaty and had a fever, low appetite covid tested negative. Seen by respiratory consultant Dr Tsakris on 17/6/21. Diagnoses of non-infective exacerbation of COPD. Smoking cessation advice given and patient will contact GP. On 17/6 he was assessed by the senior medical team who were happy to discharge him with a course of prednisone to complete and no changes to other medications.

Plan and requested actions

GP Information: Please follow this patient up for smoking cessation advice

Follow-up information

Is follow up required: No
 Other follow up location:
 Comments for Hospital follow up:

Referral details

Usual place of residence unless listed below

Diagnoses

Primary Diagnosis:	Primary Comments:	Diagnosis Status:
non-infective exacerbation COPD		FIRST EPISODE
Secondary Diagnoses:	Secondary Comments:	Secondary Diagnosis Status:
Type 2 Diabetes mellitus		KNOWN DIAGNOSIS
IHD		KNOWN DIAGNOSIS
Chronic obstructive pulmonary disease		KNOWN DIAGNOSIS
Prolapsed disc		KNOWN DIAGNOSIS

Co-Morbidity	
Cardiovascular:	
Connective Tissue Disorder:	
Disability / Frailty:	

Living alone	
Endocrine:	
Gastro-Intestinal / Liver:	
Lifestyle:	
Drug dependence	
Drug abuse history or current. Specify drug	
Current Smoker	
Neurology / Psychiatry:	
Renal:	
Respiratory:	
COVID Unprotected	
Other:	
Additional Co-Morbidities:	

Safety alerts

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

Special requirements

Interpreter	Not Assessed
Advocate	Not-Assessed
Transport	Not-Assessed
Other	

Medication and Medical Devices

Medical Devices:

Medication:

Status	Medication Brand Strength Form	Starting (if not same regime already underway)	Dose-Frequency Route Duration	Stop or continue	Comments
Continued Drug	atorvastatin 40mg tablets		40mg at NIGHT Oral Every day	GP to continue	
Continued Drug	beclomethasone 50mcg/ml/50mcg aqueous nasal spray		2 sprays TWICE a day Nasal (Beclomethil) Every day	GP to continue	
Continued Drug	pregABALUN 150mg capsules		500mg TWICE a day Oral Every day	GP to continue	
Continued Drug	sertraline tablets	19-Jun-2021	100mg ONCE a day at 0800 Oral Every day	GP to continue	
Continued Drug	theophylline LN-PHYLLIN CONTINUS		200mg TWICE a day	GP to continue	

	modified release tablet		Oral Every day		
Continued Drug	bisacodyl 25mg tablets	18-Jun-2021	2.5mg ONCE a day at 08:00 Oral Every day	GP to continue	
Continued Drug	lactulose 3.1-3.7g/5mL solution		10mL TWICE a day Oral Every day	GP to continue	
Continued Drug	vitamin B compound 5mg/1g tablets		1 tablet TWICE a day Oral Every day	GP to continue	
Continued Drug	salbutamol 100micrograms/inhalation inhaler device bupropion 8mg sulfingual tablets sugar-free	18-Jun-2021	2 inhalations inhalation as required 16mg ONCE a day at 08:00 Sulfingual Every day	GP to continue	not stopped on discharge as supplied by a33in corby
Continued Drug	lansoprazole	18-Jun-2021	30mg ONCE a day at 08:00 Oral Every day	GP to continue	
Continued Drug	serenolone	18-Jun-2021	100mg In the MORNING Oral Every day	GP to continue	
Continued Drug	aspirin	18-Jun-2021	75mg ONCE a day at 08:00 Oral Every day	GP to continue	
Continued Drug	metformin tablets		500mg TWICE a day at 08:00 and 18:00 Oral Every day	GP to continue	
Continued Drug	ivabradine immediate modified release tablet	18 Jun 2021	60mg In the MORNING Oral Every day	GP to continue	
Continued Drug	tiagabine 100mg tablets	18 Jun 2021	100mg ONCE a day at 08:00 Oral Every day	GP to continue	
Continued Drug	glyceryl trinitrate 400micrograms/spray aerosol sublingual spray		1-2 sprays Sulfingual as required	GP to continue	
Course to be	precisio one	18-Jun-2021	30mg	Stop	

Completed			ONCE a day at 0800 Ors Every day for 4 days		
-----------	--	--	---	--	--

General Comments:

Stopped Medications:

I have any pre-admission medications been stopped: No

Drug	Form	Strength	Dose	Frequency	Route	Reason for Stopping
------	------	----------	------	-----------	-------	---------------------

Procedures

Medical Treatments:

Operations and Procedures:

Complications:

Investigations / Results

Sig Date	Result	Result Name	Social media Swab Nasal/Throat SARS CoV 2 (COVID 19) Rapid SARS CoV 2 (COVID 19) NOT detected This test is not currently UKAS (ISO 15189:2013) accredited. Note that this is a presumptive result and should be interpreted taking into account clinical history, symptoms and previous results. Interpret in conjunction with duplicate PCR test. ***** End of report *****				Abnormal	Comment
16-Jun-2021 16 Jun	16-Jun-2021 16 Jun	SARS CoV 2 (COVID 19)	Item	Value	N.B.SER Results: R.C. Units: eac	Range		
16-Jun-2021 16 Jun	16-Jun-2021 16 Jun	CRP	CRP	<5	mg/l	<5		
16-Jun-2021 16 Jun	16-Jun-2021 16 Jun	Electrolytes	Item	Value	N.B.SER Results: R.C. Units: eac	Range	Abnormal	Comment
			Soc. im	126	mmol/L	133-145		
			Potassium	3.9	mmol/L	3.5-5.3		
			Urea	4.0	mmol/L	2.9-8.2		
			Creatinine	75	umol/L	62-100		
			eGFR	>90.0	ml/min/1.73m2			
			AKI St. 6+	0				
16-Jun-2021 16 Jun	16-Jun-2021 16 Jun	Full Blood Count	Item	Value	N.B.SER Results: R.C. Units: eac	Range	Abnormal	Comment
			WBC	11.0	x10 ⁹ /L	4.0-11.0		
			RBC	4.66	x10 ¹² /L	4.50-5.00		
			Hb	156	g/L	150-180		
			HCV	0.39%	L/L	0.100-0.40	(L)	
			MCV	94.0	fL	75.0-97.0		
			MCH	25.2	Pg	27.0-33.0		
			MCHC	245	g/L	300-360		
			RDW	14.6	%	9.0-15.0		
			Platelets	158	x10 ⁹ /L	150-450	(L)	
			MPV	0.6	fL	7.5-11.0		
			Neutrophils	8.4	x10 ⁹ /L	2.0-7.5	(H)	
			Lymphocytes	1.7	x10 ⁹ /L	1.0-4.0		

Ref	Date	Test	Item	Value	NI-RBSR-Results-Ref	Units	Ref Range	Abnormal	Comment
			Monocytes	0.8	$\times 10^9/L$		0.2-1.0		
			Eosinophils	0.0	$\times 10^9/L$		0.0-0.5		
			Basophils	0.1	$\times 10^9/L$		0.0-0.2		
			NRBC's	0.0	$\times 10^9/L$		0.0-0.1		
03-May-2021 23:52	04-May-2021 00:44	Full Blood Count	Item	Value	NI-RBSR-Results-Ref	Units	Ref Range	Abnormal	Comment
			WBC	11.1	$\times 10^9/L$		4.3-11.0	(H)	
			RBC	4.66	$\times 10^{12}/L$		4.20-5.00		
			Hb	127	g/L		130-180		
			PCV	0.399	L/L		0.400-0.540	(L)	
			MCV	85.6	fL		75.0-97.0		
			MCH	29.4	Pg		27.0-39.0		
			MCHC	348	g/l		310-360		
			RDW	14.7	%		0.0-15.0		
			Platelets	122	$\times 10^9/L$		150-450		
			MPV	10.9	fL		7.0-11.0		
			Neutrophils	88	$\times 10^9/L$		4.0-7.0	(H)	
			Lymphocytes	1.5	$\times 10^9/L$		1.5-4.0		
			Monocytes	0.5	$\times 10^9/L$		0.2-1.0		
			Eosinophils	0.0	$\times 10^9/L$		0.0-0.5		
			Basophils	0.0	$\times 10^9/L$		0.0-0.2		
			NRBC's	0.0	$\times 10^9/L$		0.0-0.1		
03-May-2021 23:52	04-May-2021 01:03	Coagulation screen	Item	Value	NI-RBSR-Results-Ref	Units	Ref Range	Abnormal	Comment
			Prothrombin time	10.5	s		9.0-11.5		
			APTT test	22.0	s		29.0-35.0	(L)	
			Fibrinogen	2.28	g		1.5-4.500		
03-May-2021 22:25	04-May-2021 16:19	Chest X-Ray	This is a FINAL report. XR Chest 03 May 2021 (Accession No: RN0291272185) Clinical information: Global respiratory wheeze, increase in SOB. Please refer consultant on ... Requester: Maria G. Miss Maria Guzman Rodriguez (Contact: 1528) REPORT: The lungs and pleura appear clear, the heart and mediastinal contours are within normal limits. No significant bone abnormality. Typed by: Cornelia Mushiamb (Reporting Consultant Radiographer RA41523) 04-MAY-2021 04:45 PM Final report approved by: Cornelia Mushiamb (Reporting Consultant Radiographer RA41523) 04-MAY-2021 04:48 PM						

CQUIN Information

AKI CQUIN

Did this patient have an episode of AKI during this admission?	No
If so	
What stage of AKI (1/2/3) did they suffer?	Not Recorded
Have you undertaken (and documented on this letter) a review of this patient's medications?	Not Recorded
Are further follow-up blood tests required?	Not Recorded

If yes state which specific tests are required:

Additional comments: Not Recorded

What is the patient's renal function on discharge: (JFR/CR/CDTR) Not Recorded

Mandatory Dementia Assessment (required for all patients aged 75 and over):

Does the patient have Delirium on this admission?		
Did the patient have a formal diagnosis of dementia on admission?	N.MCATSpecDiag	
Has this person been more forgetful anytime in the last 12 months to the extent that it has significantly affected their daily life?		Not Recorded
Has the patient had a dementia diagnostic assessment including investigations during their admission?		Not Recorded
If yes what was the outcome of the assessment?		Not Recorded
Has a referral been made to the GP or mental health liaison team highlighting outcome of dementia screening?		Not Recorded

Preventing ill health by risky behaviours:

Does the patient have capacity to answer the alcohol and tobacco screening questions?	No	
Did the patient receive a Tobacco screen?	No	
Is the patient a current smoker?	Yes	
Was brief advice given?	No	
Was a tobacco referral offered?	No	
Was Medication offered?	No	
Did the patient receive an alcohol screen?	No	
Did the patient screen positive for drinking above low risk levels but not dependant levels?		Not Recorded
Was the patient offered advice?		
Did the patient screen positive for potentially dependant drinking?		Not Recorded
Was the patient offered a referral to a specialist service?		
Did the patient alcohol intake after and was the referral made?		

Allergies and adverse reactions

Allergies:	Adverse Reactions:
------------	--------------------

Distribution list

Patient, GP, Casenote Folio,

Person completing record

Signed By: Mr Sudeep Malik Signed Date & Time: 1/06/2021 12:27:18

Printed By: Sudeep Malik Print Date & Time: 17 June 2021 12:29

Kettering General Hospital Foundation Trust, Rothwell Road, Kettering, Northants, NN16 8JZ,

Leaflet 86 282001

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Reducing the risk of a blood clot after your discharge from hospital.

Following discharge from hospital, your risk of developing a blood clot may persist. Some patients will continue to take medications and wear anti-embolic stockings at home. These patients will receive a pack containing all the relevant information.

You should take the following precautions:

- Try to be as mobile as possible (unless you have been advised otherwise) and continue with any exercises that you may have been shown
- Drink plenty of fluids to avoid dehydration
- Take pain killers regularly as needed
- Undergoing a journey (e.g. flight, car, coach) of longer than three hours within four weeks of an

admission to hospital may not be advisable. Please seek further advice from your GP.

Signs and symptoms of a blood clot:

Pain or swelling in your legs

The skin on your leg is discoloured (red, purple or blue) or feels hot

The veins in your leg appear larger than normal

Pain in your chest or ribs that is worse if you take a deep breath

Coughing up blood

If you experience any of these symptoms please contact your GP immediately day or night.

If you experience severe shortness of breath, chest pain or uncontrolled bleeding dial 999 for an ambulance.

07 Jul 2021	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	
	Phone 01536206789	

Patient's Reported Condition

pt is alone feeling more lethargic than usual and collapsed

Case Summary

Disposition:
Emergency Ambulance Response (Category 3)
Dx0121

Selected care service:
No referral made.

Rationale:
Illness
Warm to touch
New visual loss or disturbance in the last 24 hours
Fall occurred
Faint or blackout occurred
Faint/blackout occurred in previous 24 hours
More than one episode in the last 24 hours
No indication scene unsafe

Pathways Assessment:
An injury or health problem was the reason for the contact.
Heavy bleeding had not occurred in the previous 2 hours.
An illness or health problem was the main problem.
User Comments: lathargic
The individual was not fighting for breath.
The main reason for the assessment was not an allergic reaction, heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, or ICD shock.
The skin on the torso felt normal, warm or hot.
Pathway selected - Falls, Faints or Blackouts or Unable to get up without Injury
There had been no crushing chest, upper back or abdominal pain, or chest pain going to the arm, neck or jaw in the previous 24 hours.
User Comments: pain in the side
There had been no episodes of inability to raise both arms, speech difficulty or unilateral facial weakness in the last week.
There had been no episode of unilateral leg weakness in the last week.
There was new sudden visual loss or disturbance in the last 24 hours.
There was no new severe unsteadiness.
There was no severe headache of sudden onset.
There had been a fall.
There had been a faint or blackout.
The faint/blackout had happened in the previous 24 hours.
There had been more than one faint or blackout in the last 24 hours.
Instructions given were: An emergency ambulance is being arranged.
User Comments: out of 30 minute timeframe for call back from 111 service
There was no further information to help with dispatch.
It could not be confirmed if there was someone staying with the individual.
There was no safeguarding concern.
Risk of Coronavirus not declared.

The scene was safe.
Closing instructions

Advice given:
If there are any new symptoms, or your condition gets worse, changes or you have any other concerns call 999.

<i>Document Created</i>	07-Jul-2021, 13:33
<i>Document Owner</i>	Derbyshire Health United
<i>Authored by</i>	Kerry Bestwick - Assessed by, Ashgate Manor (Derbyshire Health United) on 07-Jul-2021, 13:27
<i>Consent Status</i>	Consent given for electronic record sharing

<i>Encounter Type</i>	NHS111 Encounter
<i>Encounter Time</i>	07-Jul-2021, 12:53 to 07-Jul-2021, 13:27
<i>Case Reference</i>	50A111B1-8C68-4448-BEAE-4844184A1B38
<i>Case ID</i>	8464169
<i>Encounter Disposition</i>	Emergency Ambulance Response (Category 3)
<i>Care Setting Location</i>	Incident Location
	<i>Visit Address</i>
<i>Care Setting Address</i>	6 Minden Close Corby Northamptonshire NN18 9EW
<i>Care Setting Type</i>	
<i>Responsible Party</i>	Ian Matthews - Medical Director, Derbyshire Health United

<i>Document ID</i>	ED9009FA-7BE4-46DC-A789-3A5ECD580A25	<i>Version</i>	1
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15 Jul 2021	NHS 111 Pathways Report to Lakeside Healthcare
Letter Type	NHS 111 Pathways Report
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	
	Phone 01536206789	

Patient's Reported Condition

Alone Sweating, cannot get phlegm up, hard to breathe COPD

Case Summary

Disposition:
Emergency Ambulance Response (Category 3)
Dx0121

Selected care service:
No referral made.

Rationale:
Illness
Warm to touch
Chest/upper back pain in last 24 hours
Previously diagnosed heart condition
Previous heart attack
Previous bypass/angioplasty procedure
Pain started in the chest, upper back or upper abdomen in last 24 hours
Unable to do all normal activities
New/worsening confusion
New/worsening breathlessness
Breathless at rest
Dispatch Information
No indication scene unsafe

Pathways Assessment:
An injury or health problem was the reason for the contact.
Heavy bleeding had not occurred in the previous 2 hours.
An illness or health problem was the main problem.
User Comments: hard to breathe
The individual was not fighting for breath.
The main reason for the assessment was not an allergic reaction, heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, or ICD shock.
The skin on the torso felt normal, warm or hot.
Pathway selected - Breathing Problems, Breathlessness or Wheeze
There was no rapid swelling of the lips, face, tongue, mouth or throat.
There was no chest or upper back pain at the time of the assessment.
There had been chest or upper back pain in the previous 24 hours.
There was a previous diagnosis of a heart condition.
The individual had experienced a previous heart attack.
The symptoms were not similar to those of a previous heart attack.
There had been an operation or procedure to unblock arteries of the heart.
There was no operation/procedure in the last 3 months to unblock arteries of the heart.
There had been no pain within the previous 12 hours.
There had been no previous diagnosis of aortic aneurysm.
There had been no previous diagnosis of Marfan's syndrome.
There had not been a previous diagnosis of a genetic disorder affecting major arteries.
The pain started in the chest, upper back or upper abdomen in the last 24 hours.
Whether the pain was sudden onset could not be confirmed.

There had been no crushing or severe aching pain in the chest, upper back or upper abdomen or pain going to the neck, arm, jaw or shoulder in the last 24 hours.
 There was no vomiting or nausea with the pain in the previous 24 hours.
 Whether the individual had been clammy or sweaty with the pain in the previous 24 hours could not be confirmed.
 Drug or solvent misuse had not occurred in the previous 24 hours.
 The individual did not have an implanted cardioverter defibrillator.
 The individual has stopped doing all normal activities.
 There were no new skin mark(s), like bruising or bleeding under the skin.
 There was new or worsening confusion.
 There was new or worsening breathlessness since the onset of the problem.
 Breathing harder or faster when doing nothing was described.
 Instructions given were: An emergency ambulance is being arranged.
 Further information to help with dispatch was given.
 User Comments: Auto dispatch
 It could not be confirmed if there was someone staying with the individual.
 A safeguarding concern could not be confirmed.
 Risk of Coronavirus could not be confirmed.
 The scene was safe.
 User Comments: No contact with patient case breached

Advice given:
NO INSTRUCTIONS GIVEN AS NOT SAFE AND/OR APPROPRIATE.

<i>Document Created</i>	15-Jul-2021, 21:52
<i>Document Owner</i>	Derbyshire Health United
<i>Authored by</i>	Katie Davidson - Assessed by, Johnson Building (Derbyshire Health United) on 15-Jul-2021, 21:47
<i>Consent Status</i>	Consent given for electronic record sharing

<i>Encounter Type</i>	NHS111 Encounter
<i>Encounter Time</i>	15-Jul-2021, 21:14 to 15-Jul-2021, 21:47
<i>Case Reference</i>	C6088835-9162-46B1-965E-B30C071D26A8
<i>Case ID</i>	8518592
<i>Encounter Disposition</i>	Emergency Ambulance Response (Category 3)
<i>Care Setting Location</i>	Incident Location
	<i>Visit Address</i>
<i>Care Setting Address</i>	6 Minden Close Corby Northamptonshire NN18 9EW
<i>Care Setting Type</i>	
<i>Responsible Party</i>	Ian Matthews - Medical Director, Derbyshire Health United

Document ID **5060C6F2-3265-4FA9-992E-B23D5327918C** *Version* **1**

16 Jul 2021	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

Repeat Caller Information

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

Patient's Reported Condition

- Alone - diagnosed chest infection and is getting worse - breathing problems

Case Summary

Disposition:
Emergency Ambulance Response for Potential COVID19
Dx01125

Selected care service:
No referral made.

Rationale:
Illness
Warm to touch
Unable to do all normal activities
New mark(s) like bruising or bleeding under the skin
Someone staying with individual
No indication scene unsafe

Pathways Assessment:
An injury or health problem was the reason for the contact.
Heavy bleeding had not occurred in the previous 2 hours.
An illness or health problem was the main problem.
User Comments: breathing problems
The individual was not fighting for breath.
The main reason for the assessment was not an allergic reaction, heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, or ICD shock.
The skin on the torso felt normal, warm or hot.
Pathway selected - Breathing Problems, Breathlessness or Wheeze
There was no rapid swelling of the lips, face, tongue, mouth or throat.
There was no chest or upper back pain at the time of the assessment.
There had been no chest or upper back pain in the previous 24 hours.
There was no abdominal pain.
An oxygen reading was not declared.
The individual has stopped doing all normal activities.
There were new skin mark(s), like bruising or bleeding under the skin.
Instructions given were: An emergency ambulance is being arranged.
There was no further information to help with dispatch.
There was someone staying with the individual.
There was no safeguarding concern.
Coronavirus - Ambulance Operational Information
The scene was safe.
Breathlessness

Advice given:

Follow local procedure for informing the crew and recording in your CAD.
 Possible coronavirus case. Crew to follow infection control procedures.
 Sit upright.
 Use prescribed inhalers, nebulisers or oxygen according to the instructions.
ENSURE THAT ALL CALLERS RECEIVE THESE INSTRUCTIONS:
 If there are any new symptoms, or their condition gets worse, changes or you have any other concerns call 999.
 If you can, ask for someone to meet and direct the vehicle.
 If you do need to contact somebody do so now, then try and keep the line free as we may need to call you back.
 Shut any dogs away.

Document Created **16-Jul-2021, 22:55**
Document Owner **Derbyshire Health United**
Authored by **Megan Carraher - Assessed by, Ashgate Manor (Derbyshire Health United) on 16-Jul-2021, 22:50**
Consent Status **Consent given for electronic record sharing**

Encounter Type **NHS111 Encounter**
Encounter Time **16-Jul-2021, 22:47 to 16-Jul-2021, 22:50**
Case Reference **63D72A8E-85FF-42EB-A144-C63D136C8BF1**
Case ID **8524614**
Encounter Disposition **Emergency Ambulance Response for Potential COVID19**
Care Setting Location **Incident Location**
Visit Address
Care Setting Address **6 Minden Close
 Corby
 Northamptonshire
 NN18 9EW**
Care Setting Type
Responsible Party **Ian Matthews - Medical Director, Derbyshire Health United**

Document ID **7D2AF11C-EB7E-412B-B751-8F8086EC0940** *Version* **1**

16 Jul 2021	Ambulance Service to Lakeside Healthcare
Letter Type	Ambulance Service
Letter To	Lakeside Healthcare
Letter From	Siren 4, East Midlands Ambulance Service NHS Trust



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: 14103217 CLACHER, DUNCAN 63 Years (Actual) NHS No: 6488167464 Date of Birth: 21/5/1958

Address 1: 6 Minden Close, NN18 9FW

Patient and Safeguarding Confirmation	
Patient and Safeguarding Confirmation	Was GP Connect Record Viewed: Yes Was Consent Gained To View GP Connect: Yes Patient Details Confirmed: Yes Does the referral indicate an IMMEDIATE risk of harm? If so please escalate your referral to the manager on duty who will complete the immediate part of the referral by ringing through to social care and/or Police colleagues. Please finalise your referral and submit: No
Patient Presenting With	
Complaint	Complaint Type : Chief Complaint; Complaint : Breathing Problems
PATIENT OUTCOMES	
General	Patient Outcome: Treated and Discharged

COMMENTS
 PT DIAGNOSED WITH COPD AND SUFFERS FREQUENT CHEST INFECTIONS. WAS PRESCRIBED ANTIBIOTICS 5/7. CALLED THIS EVENING DUE TO SOB. PT LIVES IN SHARED ACCOMMODATION WITH 7 OTHERS.

O/A- (A)- patent, (B)- rr-17, nil increased WOB, nil SOB, (C)- pulse strong, regular, (D)- (A)vpu, GCS-15, pupils PEARL- 3.

O/E
 RESP- nil cyanosis, nil SOB, nil pleuritic chest pain, good equal chest rise and fall, good bilateral air entry, very slight expiratory wheeze heard on auscultation. nil cough noted. good saturation levels at 97%. pt asked for oxygen to calm him down

CVS- nil chest pain, nil pallor, nil sweating, ecg- sinus rhythm, nil palpitations.

neuro- beFAST -ve, nil other neurological defects.

pt was very anxious and admits to suffering with anxiety although has not spoken to GP about it. all vital observations within normal range. pt asked for oxygen to calm him. reassured that all observations were normal, he asked to leave the ambulance and refused further treatment or transportation for further investigation.

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-16/07/2021 23:35:22	95 BPM	18 BPM	147/77 mmHg	97 % - RA;	36.2 Celsius	14.7 mmol/L			E 4 V 5 M 6 15		RR 0 SPO2 0 Scale:1 O2 0 Temp 0 SBP 0 HR 1 LOC 0 1			Sitting	Stacey Clarke
M-17/07/2021 00:07:00	91 BPM - Regular;	17 BPM	143/78 mmHg	97 % - RA;	36.2 Celsius	14.7 mmol/L			E 4 V 5 M 6 15		RR 0 SPO2 0 Scale:1 O2 0 Temp 0 SBP 0 HR 1 LOC 0 1				Stacey Clarke

ECG / MONITOR									
Time	Leads	ECG Changes	ECG Type	ECG Method	Underlying Rhythm	Ectopy	Report	Comments	Done By
ECGInterp-16/			12		Sinus				Stacey

Created: 16/07/2021 23:32:00 (BST)

Incident Number: 14103217

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

07/2021 23:56:23			Rhythm;		Clarke
PAST MEDICAL HISTORY					
Medication Allergies		Other : pregabalin			
Medical / Surgical History		COPD Diabetes - Non-Insulin Dep. (Diet) Myocardial Infarction Other : memory impairment Other Other : fatty liver			
INCIDENT					
	Time	Odometer	Details	Complications / Misc	
Incident Date / Time:	16/07/2021 22:49:58		Address 1: 6 Address 2: MINDEN CLOSE City / Town: CORBY Postal Code: NN18 9EW Longitude: -0.739543833 Latitude: 52.46936429 Tel1: 07902310611		
Call Connect:					
Assigned:	16/07/2021 23:20:58		Call Type: Emergency Reported Condition: Other: 200020 Code: DX01125	Special Precautions: - Alone - diagnosed chest infection and is getting worse - breathing problems	
Mobile:	16/07/2021 23:21:09		Incident Number: 14103217 Number of Patients: 1		
Arrive Scene:	16/07/2021 23:25:16				
At Patient Side:					
On Scene Transfer:					
Depart Scene:					
Arrive Destination:					
Handover:					
Clear:					
RL Pre-Alert:					
Verbal Handover:					

Created: 16/07/2021 23:32:00 (BST) Incident Number: 14103217
 All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (BST)

18 Jul 2021	Ambulance Service to Lakeside Healthcare
Letter Type	Ambulance Service
Letter To	Lakeside Healthcare
Letter From	Siren 4, East Midlands Ambulance Service NHS Trust



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: 14110921 Clacher , Duncan C 63 Years (Actual) NHS No: 6488167464 Date of Birth: 21/5/1958
 Address 1: , NN18 9EW

Patient and Safeguarding Confirmation	
Patient and Safeguarding Confirmation	Was GP Connect Record Viewed: No
Patient Presenting With	
Complaint	Complaint Type : Chief Complaint, Complaint : Breathing Problems
PATIENT OUTCOMES	
General	Patient Outcome: Treated and Discharged
COMMENTS	

p/c- DIB

hxp- pt has a 2 day history on SOB, pt had a ambulance yesterday for the same problem but was discharged on scene. pt called GP today who escalated it to ambulance service.

pt has COPD and is feeling very anxious, pt says he has a chest infection and was prescribed antibiotics.

pt thinks he has taken 1or 2 extra tablets for his COPD today (theophylline)but not a toxic dose.

o/a- pt GCS 15, ALERT, pt lives in a house share room , no windows were open , room was very hot,pt advised to open a window and get some fresh air.

A- clear
 B- talking in full sentences, good o2 sats, no cyanosis
 C- strong bounding radials, good blood pressure

o/e- consent gained

obs and assessments as recorded

RS- pt has good o2 sats and does not desaturate on exertion , auscultation of chest was equal bilateral air entry with a slight wheeze . (normal for pt) chest sounds clear.

CVS- no chest pain , ECG sinus tach

CNS- befast neg

plan- pt discharged on scene with worsening advice to call 999 if he suddenly gets SOB/DIB. pt is to book a appointment with the GP or go to CORBY urgent care if symptoms persist.

pt advised to get prescribed more Ventolin because he is running low

there is no indication for emergency transport to hospital, pt agrees

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-18/07/2021 18:47:36	100 BPM - Regular	18 BPM	150/93 mmHg	95 % - RA;	36.6 Celsius - TYM;	23.7 mmol/ L			E 4 V 5 M 6 15		RR 0 SPO2 0 Scale:2 O2 0 Temp 0 SBP 0 HR 1 LOC 0 1	0		Sitting	Matthew Crawford
M-18/07/2021 18:46:29 (BST)	100 BPM -	16 BPM	150/83	94 % - RA;	36.6 Celsius -				E 4 V 5		RR 0 SPO2 0	0		Sitting	Matthew Crawford

Created: 18/07/2021 18:46:29 (BST)

Incident Number: 14110921

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

19:10:40	Regular;	mmHg	TYM;	M 6 15	Scale:2 O2 0 Temp 0 SBP 0 HR 1 LOC 0 1
PAST MEDICAL HISTORY					
Medication Allergies		No Known Allergy			
Medical / Surgical History		Angina Anxiety / Panic Congestive Heart Failure COPD Diabetes - Non-Insulin Dep. (Meds) High Cholesterol Hypertension Myocardial Infarction Other : coronary stents			
INCIDENT					
	Time	Odometer	Details	Complications / Misc	
Incident Date / Time:	18/07/2021 17:22:43		Address 1: 6 Address 2: MINDEN CLOSE City / Town: CORBY Postal Code: NN18 9EW Longitude: -0.7395438 Latitude: 52.4693643 Tel1: 07902310611 Tel2: 07902310611		
Call Connect:					
Assigned:	18/07/2021 18:33:29		Call Type: Emergency Reported Condition: Other: 200020 Code: DX0181	Special Precautions: 2ND CALL-111- UPGRADE- TAKEN TOO MUCH MEDS FOR DIB	
Mobile:	18/07/2021 18:34:16		Incident Number: 14110921		
Arrive Scene:	18/07/2021 18:42:33				
At Patient Side:	18/07/2021 18:45:44				
On Scene Transfer:					
Depart Scene:					
Arrive Destination:					
Handover:					
Clear:					
RL Pre-Alert:					
Verbal Handover:					

Created: 18/07/2021 18:46:29 (BST)

Incident Number: 14110921

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

18 Jul 2021	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
	Phone 01536206789

Repeat Caller Information

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

Patient's Reported Condition

on own - medication given for chest infection Uniphyllin 200mg - taken 2 extra by mistake

Case Summary

Disposition:
Emergency Ambulance Response for Accidental Poisoning (Category 3)
Dx01213

Selected care service:
No referral made.

Rationale:
Illness
Cool or cold
Details of ingestion/inhalation/injection/absorption known
New/worsening breathlessness
Someone staying with individual
No indication scene unsafe
Toxic ingestion

Pathways Assessment:
An injury or health problem was the reason for the contact.
Heavy bleeding had not occurred in the previous 2 hours.
An illness or health problem was the main problem.
User Comments: toxic ingestion
The individual was not fighting for breath.
The main reason for the assessment was not an allergic reaction, heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, or ICD shock.
The skin on the torso felt cool or cold.
The individual was not a deathly colour.
Pathway selected - Accidental Poisoning/Inhalation
The problem was not due to an episode of self-harm.
The problem did not involve taking too much or the wrong type of insulin.
The nature of the suspected substance was identifiable.
User Comments: 2 x uniphyllin
There was new or worsening breathlessness.
Instructions given were: An emergency ambulance is being arranged.
There was no further information to help with dispatch.
There was someone staying with the individual.
There was no safeguarding concern.
Risk of Coronavirus not declared.
User Comments: having palpitations
The scene was safe.
The potentially harmful substance had been swallowed.
Toxic ingestion

Advice given:

Keep the container, any label and any leftover pills or substances to show when help arrives.
 Don't deliberately try to be sick.
 Don't try to neutralise the substance with anything else (e.g. vinegar, bicarbonate of soda), except on medical advice.
 If there are any new symptoms, or their condition gets worse, changes or you have any other concerns call 999.
 If you can, ask for someone to meet and direct the vehicle.
 If you do need to contact somebody do so now, then try and keep the line free as we may need to call you back.
 Shut any dogs away.
 Take the container, any label, and any leftover pills or substances to the hospital.

<i>Document Created</i>	18-Jul-2021, 17:30
<i>Document Owner</i>	Derbyshire Health United
<i>Authored by</i>	Jacqueline Guyon - Assessed by, Ashgate Manor (Derbyshire Health United) on 18-Jul-2021, 17:15
<i>Consent Status</i>	Consent given for electronic record sharing

<i>Encounter Type</i>	NHS111 Encounter
<i>Encounter Time</i>	18-Jul-2021, 16:39 to 18-Jul-2021, 17:15
<i>Case Reference</i>	E96528DD-D3E2-41E3-987D-16EDE0D14771
<i>Case ID</i>	8539291
<i>Encounter Disposition</i>	Emergency Ambulance Response for Accidental Poisoning (Category 3)
<i>Care Setting Location</i>	Incident Location
	<i>Visit Address</i>
<i>Care Setting Address</i>	6 Minden Close Corby Northamptonshire NN18 9EW
<i>Care Setting Type</i>	
<i>Responsible Party</i>	Ian Matthews - Medical Director, Derbyshire Health United

<i>Document ID</i>	D5578CB4-FF10-4EDA-959E-BF0A3BB8EE0F Version 1
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19 Jul 2021 OOH Incident Report to Lakeside Healthcare

Letter Type OOH Incident Report
Letter To Lakeside Healthcare
Letter From Northants 111

Page 1 of 1

Request for Notes

REFERRALS, Specialpatientnote (DHU HEALTH CARE C.I.C) <specialpatientnote.referrals@nhs.net>
Mon 19/07/2021 16:30
To: LAKESIDECOMMUNICATIONS (NHS CORBY CCG) <corccg.lakesidecommunications@nhs.net>
Good Evening,

Table with 7 columns: Patient Name, Date of Birth, NHS Number, Patient Postcode, Registered Practice Name, Registered Practice Email Address, Practice Contact No. Row 1: Clacher, Duncan, 1958-05-21, 6488167464, NN18 9EW, Lakeside Surgery (DHU-Northants OOH), corccg.lakesidecommunications@nhs.net, 01536 204154

The above patient has triggered our frequent caller (HIU) report in May due to the above reason. Please can you review this patient and if necessary, send us a special patient note for use by NHS111 and the out of hours services.

All correspondence should be returned to this email address Northants111@nhs.net

Many Thanks

Hannah Short
Patient Records Team

Privacy Notice

DHU may ask for or hold personal confidential information about your patient which will be used to support delivery of appropriate care and treatment. This is to support the provision of high quality care. Please ensure that you alert your patients to our website for further clarity on http://dhuhealthcare.com/full-privacy-notice/

https://outlook.office.com/mail/corccg.lakesidecommunications@nhs.net/inbox/id/A... 19/07/2021

Page 1 of 1

08 Aug 2021	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-Northants OOH)
6 Minden Close	The Lakeside Surgery
Corby	Cottingham Road
Northamptonshire	Corby
NN18 9EW	Northamptonshire
	NN17 2UR
	Phone 01536206789

Patient's Reported Condition

Not alone. Has a chest infection - passed out a couple of times.

Case Summary

Disposition:
Emergency Ambulance Response for Trauma Emergency (Category 3)
Dx0126

Selected care service:
No referral made.

Rationale:
Injury
Warm to touch
Injury preceded by illness
Loss of consciousness prior to injury
Someone staying with individual
No indication scene unsafe

Pathways Assessment:
An injury or health problem was the reason for the contact.
Heavy bleeding had not occurred in the previous 2 hours.
An injury or symptom relating to an injury was the main problem.
User Comments: injured legs when passing out
The injury was not minor in nature.
The individual was not fighting for breath.
The skin on the torso felt normal, warm or hot.
Major trauma had not occurred.
The problem did not result from a suicide attempt or self-harm.
The individual was not trapped at the scene.
The individual felt ill or was experiencing unusual symptoms before the injury.
The main problem was not a chest injury.
There was no new inability to raise both arms, new difficulty with speech or new unilateral facial or leg weakness just before the injury.
Fainting/loss of consciousness had occurred just before the injury.
Instructions given were: An emergency ambulance is being arranged.
There was no further information to help with dispatch.
There was someone staying with the individual.
There was no safeguarding concern.
Risk of Coronavirus could not be confirmed.
The scene was safe.
Whether the injury had broken the skin could not be confirmed.
Closing instructions
User Comments: Auto despatched

Advice given:
NO INSTRUCTIONS GIVEN AS NOT SAFE AND/OR APPROPRIATE.

Document Created	08-Aug-2021, 20:38
Document	

<i>Owner</i>	Derbyshire Health United
<i>Authored by</i>	Stephen Thompson - Assessed by, Ashgate Manor (Derbyshire Health United) on 08-Aug-2021, 20:33
<i>Consent Status</i>	Consent given for electronic record sharing

<i>Encounter Type</i>	NHS111 Encounter
<i>Encounter Time</i>	08-Aug-2021, 20:02 to 08-Aug-2021, 20:33
<i>Case Reference</i>	71E8BE50-6D4E-4E21-B4E6-5FE21B84063B
<i>Case ID</i>	8676843
<i>Encounter Disposition</i>	Emergency Ambulance Response for Trauma Emergency (Category 3)
<i>Care Setting Location</i>	Incident Location
	<i>Visit Address</i>
<i>Care Setting Address</i>	6 Minden Close Corby Northamptonshire NN18 9EW
<i>Care Setting Type</i>	
<i>Responsible Party</i>	Ian Matthews - Medical Director, Derbyshire Health United

<i>Document ID</i>	CB553A43-641B-45CE-AF4C-02D902D0C0A9 Version 1
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09 Aug 2021	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 Heer
The Lakeside Surgery
Cottingham Road
Corby
Northamptonshire
NN17 2UR

Telephone: 01536 492000

Date: 12 August 2021

Dear Dr Heer

Patient demographics

Name: Mr Duncan Clacher

Gender: Male

DOB: 21 May 1958

Age: 63

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 09 August 2021 at 00:16. The patient was seen by Dr Madiha Imran and the consultant on take was Dr Larisa Chirila.

This patient has made 013 previous visits to this department since 1st April 2010.

Discharge details

The patient left the department at 02:47 on 09 August 2021.

Chest infection on antibiotics and came as having some breathing difficulty. Bloods and CXR satisfactory, patient advised to use inhaler adn cont antibiotics. Deemed home.

The outcome was Treatment complete - Discharge.

Clinical summary

Referral details

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

Diagnosis

The presenting complaint was Difficulty breathing..

Diagnosis
Lower respiratory tract infection (Suspected diagnosis)

Procedures

Investigations	Treatments
Biochemistry C reactive protein (CRP)	Administration
Haematology Full blood count (FBC)	Treatment not indicated (consider guidance/advice option)
Biochemistry Liver function tests (LFTs)	
Biochemistry Urea & Electrolytes (U&Es)	

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.

09 Aug 2021	Ambulance Notification to Lakeside Healthcare
Letter Type	Ambulance Notification
Letter To	Lakeside Healthcare
Letter From	EMAS 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
 Kind regards, Dr Leon Roberts MBE, EMAS Medical Director

Incident Number: 14211706 CLACHER , DUNCAN 63 Years (Actual) NHS No: 6488167464 Date of Birth: 21/5/1958
 Address 1: 6 Minden Close, NN18 9EW

Patient and Safeguarding Confirmation	
Patient and Safeguarding Confirmation	Was GP Connect Record Viewed: Yes Was Consent Gained To View GP Connect: Yes Patient Details Confirmed: Yes
Patient Presenting With	
Complaint	Complaint Type : Chief Complaint, Complaint : Breathing Problems
PATIENT OUTCOMES	
General	Patient Outcome: Treated and Transported
COMMENTS	

PC - DIB

HPC -
 PT SELF PRESENTED AT CORBY UCC AND WAS DIAGNOSED WITH A CHEST INFECTION. PT PRESCRIBED DOXYCYCLINE 100MG 1X A DAY FOR 4 DAYS 6/8/21

TODAY PT STATES HE HAS BEEN STRUGGLING WITH HIS BREATHING WHICH HAS BEEN WORSENING THROUGHOUT THE DAY. ALSO P/C OF 2 EPISODES OF SYNCOPE BOTH LASTING ' COUPLE OF SECONDS' . OCCURED FROM REST , NON INJURY.

REDUCED LEVEL OF APETITE AND VOMITING ?NUMBER OF TIMES. - MANAGING FLUIDS.
 CONSTIPATION FOR SEVERAL DAYS.

2/2 COVID VAC

O/A-
 PT (A)VPU, W/ CAPACITY, PROVIDED CONSENT , GCS15

O/E-
 A-OK, CLEAR AND PATENT
 B-SOB, SOME DISTRESS
 C-PULSE, REG AND STRONG,
 D-NO PYREXIA
 P/S-0/10
 ECG- NSR

CHEST SOUNDS - WHEEZE GLOBAL,
 PT HAS NEW CONTINUOUS NON-PRODUCTIVE COUGH
 2 EPISODES OF LOC , BOTH LASTING 'FEW SECONDS' , NON INJURY
 PT SEEN TO MOBILISE WITHOUT ISSUE.

PLAN-
 TRANSPORT TO KGH , COLLAPSE ?CAUSE, COPD exacerbation

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-08/08/2021 23:38:38	84 BPM	20 BPM	132/80 mmHg	96 % RA	37.2 Celsius				E 4 V 5 M 6 15		RR 0 SPO2 0 Scale:1 O2 0 Temp 0 SBP 0 HR 0 LOC 0	0		Sitting	Hayden Close

Created: 08/08/2021 23:24:06 (BST)

Incident Number: 14211706

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

M-09/08/2021 23:40:37	87 BPM	20 BPM	136 76 mmHg	97 % - RA;	37.2 Celsius	12.5 mmol/ L	E 4 V 5 M 6 15	0 RR 0 SPO2 Scale:1 0 O2 0 Temp 0 SBP 0 HR 0 LOC 0 0	Sitting	Hayden Close
ECG / MONITOR										
Time	Leads	ECG Changes	ECG Type	ECG Method	Underlying Rhythm	Ectopy	Report	Comments	Done By	
ECGInterp-08/08/2021 23:51:52			12	Computer Interpretation;	Sinus Rhythm;				Hayden Close	
PAST MEDICAL HISTORY										
Medication Allergies		No Known Allergy								
Medical / Surgical History		Alcohol Misuse Asthma COPD Coronary Stent Myocardial Infarction								
INCIDENT										
Incident Date / Time:	Time	Odometer	Details				Complications / Misc			
	08/08/2021 20:33:03		Address 1: 6 Address 2: MINDEN CLOSE City / Town: CORBY Postal Code: NN18 9EW Longitude: -0.739543833 Latitude: 52.46936429 Tel1: 07902310611							
Call Connect:										
Assigned:	08/08/2021 23:15:12		Call Type: Emergency Reported Condition: Other: 200020 Code: DX0126				Special Precautions: Not alone. Has a chest infection - passed out a couple of times.			
Mobile:	08/08/2021 23:15:20		Incident Number: 14211706							
Arrive Scene:	08/08/2021 23:19:58									
At Patient Side:	08/08/2021 23:26:48									
On Scene Transfer:										
Depart Scene:	09/08/2021 00:03:05		Receiving Location Priority: Non Blue Light							
Arrive Destination:	09/08/2021 00:16:03		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:	09/08/2021 00:40:31									
Clear:										
RL Pre-Alert:										
Verbal Handover:										

Created: 08/08/2021 23:24:06 (BST)

Incident Number: 14211706

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

05 Sep 2021	Prescription or Medication details to Lakeside Healthcare
Letter Type	Prescription or Medication details
Letter To	Lakeside Healthcare
Letter From	Mr Pickford's Express Pharmacy

Community Pharmacy Emergency Medication Supply Record

Patient Demographics

Patient name Duncan Clacher
Date of birth 21 May 1958
Gender male
NHS number 6488167464
Patient address 6 Minden Close, Corby, Northamptonshire NN18 9EW

Attendance Details

Date of contact 5 Sep 2021
Reason for service Patient had lost or misplaced the medicine(s) or appliance(s)
Organisation name Mr Pickfords Express Pharmacy
Organisation address 8 Spencer Court, Corby
Telephone 01536 264014
Secure email nhspharmacy.corby.mrpickforfa424@nhs.net
Administered by identifier Rajiv Patel
 2034352
Person Collecting Patient

Medications and medical devices

Medication name	Quantity supplied	Supply Type
Uniphyllin Continus 200mg tablets (Napp Pharmaceuticals Ltd)	8 tablet (4 days)	Emergency supply

Allergies and Adverse Reactions

Causative agent No known drug allergy

Information and Advice given

Information and advice given Patient advised that they should consider discussing with his GP whether they can be set up for electronic repeat dispensing if their medication regime is stable

Consent

Consent for treatment record Patient's consent for treatment has been attained
Consent for information sharing Patient is happy for the supply details to be shared with their Registered GP practice

GP Practice

GP ODS Code K83002
GP Practice Name Dr Wilczynski & Partners
GP Practice Address The Lakeside Surgery, Cottingham Road, Corby, Northamptonshire NN17 2UR

07 Sep 2021	E-mail to Lakeside Healthcare
Letter Type	E-mail
Letter To	Lakeside Healthcare
Letter From	DHU Healthcare



07/09/2021/corccg.lakesidecommunications@nhs.net

HS/8864406/4

Lakeside Surgery
Cottingham Road
Corby
Northamptonshire
NN17 2UR

For the attention of Duncan Clacher's GP

Dear Duncan Clacher's GP

Clacher, Duncan - 21/05/1958 - 6488167464

I write with reference to the above patient whom we have requested special patient notes for on the following dates:

09/04/2021, 04/06/2021, 19/07/2021

To date we do not appear to have any contact from the surgery.

We are asking for special patient notes to enable us to help your patient when they call when your surgery is closed. These notes can give us valuable information about your patient as we do not have access to your surgery system and may not be aware of any specific escalation plans.

They are calling us for the following reasons:

Received eight calls in July, feeling more lethargic than usual and collapsed, chest infection, phlegm and is overheating, chesty cough, COPD, can't sleep

By having no reply to our previous requests, this has caused some concerns, not only for the safety of the patient, but questions if our requests for Special Patient notes have actually come to your attention. Therefore, I thought it prudent that I write to you myself.

I look forward to hearing from you with any updates/notes on the email address below:

Specialpateintnote.Referrals@nhs.net

Many thanks for your prompt attention.

Yours sincerely
For DHU Healthcare



Aqib Bhatti
Medical Director

08 Sep 2021	General Medicine to Lakeside Healthcare
Letter Type	General Medicine
Letter To	Lakeside Healthcare
Letter From	Same Day Emergency Care, Kettering General Hospital

Medical SDEC
 Rothwell Road
 Kettering
 Northants
 Tel: 01536 492770
 Fax: 01536 491892

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

09 September 2021

Action(s) requested of GP
1
2
3

Dear Dr Heer

Patient demographics

Name: Mr Duncan Clacher **Gender:** Male
DOB: 21 May 1958 **Age:** 63
Hospital Number: 184902 **NHS Number:** 648 816 7464
Address: 6 Minden Close, CORBY, Northamptonshire, NN18 9EW

Admission details

The above named patient attended the Medical SDEC as a:

Daycase Yes **Emergency Admission** **Virtual Ward Attender** (Telephone Consultation)

Date	8/9/21	DC	Yes	EA
Attended:		DC	EA	
Consultant:	Dr Rehman			
Seen by:				
Presenting Complaint	Pleuritic chest pain and SOB			
Admitted to:				

Discharge details

Special requirements

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

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 Discharge summary made by doctor not involved in patient care.

Patient presented with SOB and chest pain .

On exam b/l expiratory wheezes

CXR normal

Obsevatons normal

Started on prednisolone 30mg oral OD 5/7

Advised on smoking cessation

Referral details

Diagnosis

Primary Diagnosis
Non infective exacerbation of COPD
Relevant Co-morbidities (please see sheet on ward):

Procedures

Investigations Undertaken <small>(please specify any undertaken, incl. site/laterality)</small>	Treatments/Procedures <small>(please specify any undertaken, incl. site/laterality)</small>
Investigations requested	

Medication and medical devices

Drug Changes - Information for the GP
--

Plan and requested action

Further Information	To follow up with Rocket team
Discharge Plan/ Follow Up	

Allergies and adverse reaction

No Known Allergies

Distribution list

cc Patientcc GP cc notes cc Clinical Coding Dept

Person completing record

Yours sincerely

Medical SDEC

Co-Morbidity Coding

- Co-morbidity coding is essential for accurate payment and mortality statistics.
- Clinicians should code for all co-morbidities which are RELEVANT to the current admission
- Commence this sheet from admission - review regularly and ensure completion before discharge.

No Co-Morbidity

Condition	Tick	Condition	Tick
CARDIOVASCULAR		RENAL	
Heart Failure *** Specify type		Acute Kidney Injury (AKI)	
Hypertension		Chronic kidney disease ** Specify stage:	
History of ischaemic heart disease **		Urinary retention	
Acute MI in last 28 days **		GASTRO-INTESTINAL / LIVER	
Mitral valve disease		Cirrhosis / fibrosis of liver ** delete as appropriate	
Pacemaker		Chronic hepatitis **	
Presence of cardiac Implant or graft **			Hepatic failure ***
Presence of vascular Implant or graft **			Portal hypertension ***
Aortic aneurysm		Severe liver disease	Hepatorenal syndrome ****
Peripheral vascular disease **		Abnormal LFTs (Cause unknown)	
Anti coagulant therapy		Jaundice (cause unknown)	
RESPIRATORY		Peptic Ulcer **	
Asthma*		Dysphagia	
	Unspecified *	NEUROLOGY / PSYCHIATRY	

	Chronic bronchitis *		Dementia	
COPD	Emphysema *		Dementia	Alzheimers ***
Chronic respiratory failure (home O2 or NIV) (specify Type I or II)			Cerebrovascular diseases (inc previous stroke, TIA, haemorrhage)**	Vascular ***
Pneumoconiosis *				Other ***
Other chronic lung disease			Dysphasia	
Specify:			Epilepsy Specify type:	
ENDOCRINE			Multiple Sclerosis	
Type 1 diabetes mellitus *			Anxiety disorders Specify type:	
Type 2 diabetes mellitus *			Autism	
	Neuropathy		Depressive disorders Specify type:	
	Vascular		Developmental delay / learning difficulty <i>delete as appropriate</i>	
	Renal		Eating disorders Specify type:	
	Ophthalmic		Self-harm	
Diabetes complications	Autonomic		Psychosis Specify type:	
CONNECTIVE TISSUE DISORDERS			LIFESTYLE	
Rheumatoid Arthritis *			Current Smoker	
Polymyalgia Rheumatic *			Alcohol abuse	
Other connective tissue disorder Specify:			Drug abuse <i>history or current specify drug</i>	
			Drug Dependence <i>specify current or history</i>	
DISABILITY / FRAILTY			Obesity Specify type:	
Hemiplegia * Specify cause:			OTHER	
Paraplegia * Specify cause:			Current malignancy ** Specify Site:	
Registered blind			Metastatic malignancy *** Specify Site:	
Severe hearing loss			HIV*	
Geriatric falls				
Living alone				

08 Sep 2021	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 Heer
The Lakeside Surgery
Cottingham Road
Corby
Northamptonshire
NN17 2UR

Telephone: 01536 492000

Date: 08 September 2021

Dear Dr Heer

Patient demographics

Name: Mr Duncan Clacher

Gender: Male

DOB: 21 May 1958

Age: 63

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 08 September 2021 at 15:24. The patient was seen by Dr Maria Alina Iliescu and the consultant on take was Dr Ioan Ili.

This patient has made 014 previous visits to this department since 1st April 2010.

Discharge details

The patient left the department at 17:06 on 08 September 2021.

The outcome was Treatment complete - Admit.

Clinical summary

Referral details

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

Diagnosis

The presenting complaint was Chest Infection..

Diagnosis
Lower respiratory tract infection (Suspected diagnosis)

Procedures

Investigations	Treatments
Bedside Electrocardiogram	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.

08 Sep 2021	Out of Hours to Lakeside Healthcare
Letter Type	Out of Hours
Letter To	Lakeside Healthcare
Letter From	Dhc Ltd Ooh

NHS 111 Report - For Action

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

Patient's Reported Condition

repeat for spiriva 2.5 mg alone

Pathways Disposition

Repeat Prescription required within 2 hours (Dx85)

Selected service: The Lakeside Surgery - Northants

Consultation Summary

Repeat prescription
Not enough medication until surgery opens
No medication available
Next dose due within next 2 hours

Pathways Assessment

The main reason for the contact was not a new or worsening illness.
A repeat prescription was requested.
The individual did not have enough medication to last until the surgery next opened.
The medication was suitable for repeat prescribing without further consultation.
The individual had no medication available.
The next dose was due within 2 hours.
Instructions given were: The individual needs a repeat prescription.
Directory of Services referral: The Lakeside Surgery - Northants

Advice Given

Before you go, I will just check whether I need to give you any further instructions or advice.
IF THE RECOMMENDED TIMEFRAME FALLS DURING OPENING HOURS: Contact the service to arrange for the individual to be spoken to within 2 hours.

Special Patient Notes

Note:
Request for Notes - 07/09/2021 @ 16:00 HS (HIU) Reason for Request - Discussion x 4 HEALTH ADVISORS Assess in the normal manner CLINICIANS (NHS111 and OOH) Please note that we have requested a note for this patient (HIU caller/Patient) on the following dates: 09/04/2021, 04/06/2021, 19/07/2021

Document Created	08-Sep-2021, 12:24
Document Owner	Derbyshire Health United
Authored by	Lee Walton - Assessed by, Johnson Building (Derbyshire Health United) on 08-Sep-2021, 12:24
Consent Status	Consent given for electronic record sharing

<i>Encounter Type</i>	NHS111 Encounter
<i>Encounter Time</i>	08-Sep-2021, 12:21 to 08-Sep-2021, 12:24
<i>Case Reference</i>	F1D93577-4984-4931-A2EF-0ACEEC4F05CD
<i>Case ID</i>	8869114
<i>Encounter Disposition</i>	Repeat Prescription required within 2 hours
<i>Care Setting Location</i>	Incident Location
	<i>Visit Address</i>
<i>Care Setting Address</i>	6 Minden Close Corby Northamptonshire NN18 9EW
<i>Care Setting Type</i>	
<i>Responsible Party</i>	Aqib Bhatti - Medical Director, Derbyshire Health United

<i>Document ID</i>	C8FADA6C-96BB-4446-81B8-96725DAE69D0 <i>Version 1</i>
<i>Primary Recipient</i>	The Lakeside Surgery - Northants

14 Sep 2021	Cardiology to Lakeside Healthcare
Letter Type	Cardiology
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: 648 816 7464

Hospital Number: 184902

Ref: KHO/lm

15 September 2021

KGH Clinic 14.9.21 - Telephone consultation

Dr J JAROSZKIEWICZ

Lakeside Healthcare

The Lakeside Surgery

Cottingham Road

Corby

Northamptonshire

NN17 2UR

Dear Dr Jaroszkiewicz

Duncan Campbell Clacher 21/05/1958

6 Minden Close, Corby, Northamptonshire NN18 9EW

I just had a telephone consultation with Mr Clacher today. His background includes ischaemic heart disease. He presented with a non ST elevation MI back in 2018 and underwent angioplasty to his circumflex artery at that time. He is also known to have hypertension, type II diabetes mellitus, ongoing smoking and COPD and mentioned his limited exercise tolerance due to exertional breathlessness.

He doesn't get much in the way of wheeziness and doesn't feel that his inhalers are doing him much good. However, he denied any chest discomfort. He couldn't remember all his medication and thought that he was still on the medication he received from the cardiology team when he was discharged from Kettering following his acute myocardial infarction.

He still smokes about 4-5 cigarettes/day and has recently been started on antibiotics for what appears to be a chest infection.

To have a better understanding of his current situation, I am going to arrange an echocardiogram in the first instance to reassess left ventricular function in particular. It is possible that most of his symptoms are due to his respiratory issues rather than cardiac. He is certainly not complaining about any cardiac sounding chest pain and unfortunately I haven't got a full list of his medication from Mr Clacher, but going with your letter he is already on a good combination of secondary prevention medication.

I will arrange an echocardiogram for Mr Clacher and let you know about the outcome. We can then review the need for further follow-up depending on the result.

Thanks again for re-referring this gentleman for this assessment.

Yours sincerely

Dr K Hogrefe
Consultant Cardiologist
FRCP MD

Copy to Cardiac Investigations Department, KGH - I would appreciate if you could arrange an echocardiogram for this gentleman. He had a previous MI back in 2018 and was lost to follow-up for a while. He still struggles with exertional breathlessness in a setting of some known chronic obstructive airways disease. I would appreciate if you could arrange an echo to have a better understanding of his left ventricular function. Thank you very much for your help.

cc:

Mr Duncan Campbell Clacher
6 Minden Close,
Corby,
Northamptonshire
NN18 9EW

The Pathology lab are now operating an appointment only system.

*To book your blood/urine test please contact the Pathology lab directly on 01536 494411
or book online using this link.*

<https://www.kgh.nhs.uk/phlebotomy-department-blood-tests>

It is now our policy to copy all letters to the patient for information and to improve your care. The medical terminology can be confusing and we urge you to discuss any queries you may have with your consultant or GP at the next appointment.

14 Sep 2021	Miscellaneous to Lakeside Healthcare
Letter Type	Miscellaneous
Letter To	Lakeside Healthcare
Letter From	DHU Health Care

with compliments

Please find enclosed a letter sent to your
patient with the NHS No - 648 816
K Short
HANNAH SHORT
74 64

DHU
The Johnson Building
Locomotive Way
Finds Park
Derby
DE24 8PL
Tel 0300 1 000 404
Fax 0300 1 000 405





DHU
Health Care

REF: DP/HS/Contact your GP

DHU HealthCare CIC
Johnson Building
Locomotive Way
Pride Park
Derby
DE24 8PU

14/09/2021

Duncan Clacher
6 Minden Close
Corby
Northamptonshire
NN18 9EW

Dear Duncan Clacher

You have contacted our service and have indicated on a number of calls that you have a known medical condition.

We have contacted your surgery as we would like to put a care plan in place, and as you have not contacted them for a long time, they are unable to confirm any details with ourselves.

Please could you contact your current GP surgery, who have been copied into this letter, as soon as possible in order that we can add a care plan to your record to aid triage when you call NHS111?

Yours faithfully
For DHU Healthcare



Debi Pickering
Patient Records Manager

CC: Lakeside Surgery

26 Sep 2021	A&E to Lakeside Healthcare
Letter Type	A&E
Letter To	Lakeside Healthcare
Letter From	Emergency Department, Kettering General Hospital

Emergency Department

Rothwell Road
Kettering
NN16 8UZ

GP practice

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

Telephone: 01536 492000

Date: 27 September 2021

Dear Dr Heer

Patient demographics

Name: Mr Duncan Clacher

Gender: Male

DOB: 21 May 1958

Age: 63

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 26 September 2021 at 21:05.

The patient was seen by Mr Robert Reid and the consultant on take was Dr Andrei Ionel.

This patient has made 015 previous visits to this department since 1st April 2010.

Discharge details

The patient left the department at 16:22 on 27 September 2021.

The outcome was Treatment complete - Admit.

Clinical summary

Referral details

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

Diagnosis

The presenting complaint was Collapse / fainting episode..

Diagnosis
Delirium (acute confusion) (Suspected diagnosis)

Procedures

Investigations	Treatments
Biochemistry Bone profile	Medication_
Biochemistry C reactive protein (CRP)	Administration of medication
Haematology Clotting studies	Medication_ Intravenous antibiotics
Radiology Computerised Tomography	Circulation Intravenous cannula
Haematology Full blood count (FBC)	Medication_ Intravenous drug : infusion
Biochemistry Liver function tests (LFTs)	Circulation Observation / cardiac monitor, pulse oximetry / head injury / trends
Biochemistry Urea & Electrolytes (U&Es)	
Radiology X-ray plain film	

Medication and medical devices

Drugs administered in ED	Drugs TTA
Hydrocortisone Acetate	
Naloxone	
Piperacillin/Tazobactam	
Salbutamol	
Sodium Chloride	

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.

26 Sep 2021	NHS 111 Pathways Report to Lakeside Healthcare
Letter Type	NHS 111 Pathways Report
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	
	Phone 01536206789	

Patient's Reported Condition

Patient has a friend with them now. Patient having trouble breathing.

Case Summary

Disposition:
Emergency Ambulance Response for Respiratory Distress Non-Trauma
Dx0119

Selected care service:
No referral made.

Rationale:
Illness
Fighting for breath
Someone staying with individual
Potential covid risk
No indication scene unsafe
Neck/jaw/shoulder pain
Aspirin available
Aspirin 75mgs available
Medication given

Pathways Assessment:
An injury or health problem was the reason for the contact.
Heavy bleeding had not occurred in the previous 2 hours.
An illness or health problem was the main problem.
User Comments: Breathing trouble.
The individual was fighting for breath.
A neck breathing tube was not declared to be in place.
The breathing problem had not come on suddenly.
An asthma attack as the cause of the problem could not be confirmed.
Instructions given were: An emergency ambulance is being arranged.
There was no further information to help with dispatch.
There was someone staying with the individual.
There was no safeguarding concern.
Risk of Coronavirus declared.
Coronavirus - Ambulance Operational Information
The scene was safe.
User Comments: Patient had collapsed an hour ago, and was helped up by a friend, no apparent injuries from the fall.
There was pain in the neck, jaw or shoulder.
There had been no previous diagnosis of aortic aneurysm or Marfan's syndrome.
The pain did not start in the chest, upper back or upper abdomen in the last 24 hours.
The individual did not use GTN medication.
The individual was not allergic to aspirin.
There had been no vomiting of red or altered (coffee grounds) blood.
The individual was not taking anticoagulant medication.
Aspirin was within easy reach.
Aspirin 75 mg tablets were available.
Aspirin 75 mg
The medication was administered.
Breathlessness

Closing instructions

Advice given:

Follow local procedure for informing the crew and recording in your CAD.
 Possible coronavirus case. Crew to follow infection control procedures.
 EITHER: chew 4 tablets as soon as possible. This can be taken with a little water.
 It is safe to take this dose of aspirin as well as any regular dose of aspirin that may be taken.
 OR: dissolve 4 tablets in a little water and swallow as soon as possible.
 When help arrives tell them that aspirin has been taken.
 Sit upright.
 Use prescribed inhalers, nebulisers or oxygen according to the instructions.
 If there are any new symptoms, or your condition gets worse, changes or you have any other concerns call 999.
 If you can, ask for someone to meet and direct the vehicle.
 If you do need to contact somebody do so now, then try and keep the line free as we may need to call you back.
 Shut any dogs away.

<i>Document Created</i>	26-Sep-2021, 19:53
<i>Document Owner</i>	Derbyshire Health United
<i>Authored by</i>	Damien Jones - Assessed by, Johnson Building (Derbyshire Health United) on 26-Sep-2021, 19:47
<i>Consent Status</i>	Consent given for electronic record sharing

<i>Encounter Type</i>	NHS111 Encounter
<i>Encounter Time</i>	26-Sep-2021, 19:39 to 26-Sep-2021, 19:47
<i>Case Reference</i>	1F958C32-0D7F-428B-93D9-4F787993CC86
<i>Case ID</i>	8988571
<i>Encounter Disposition</i>	Emergency Ambulance Response for Respiratory Distress Non-Trauma
<i>Care Setting Location</i>	Incident Location
	<i>Visit Address</i>
	6 Minden Close
<i>Care Setting Address</i>	Corby
	Northamptonshire
	NN18 9EW
<i>Care Setting Type</i>	
<i>Responsible Party</i>	Aqib Bhatti - Medical Director, Derbyshire Health United

<i>Document ID</i>	1DC92D61-0097-428C-AA48-FB9A759AB4C1
<i>Version</i>	1

26 Sep 2021	Ambulance Service to Lakeside Healthcare
Letter Type	Ambulance Service
Letter To	Lakeside Healthcare
Letter From	Siren 4, East Midlands Ambulance Service NHS Trust



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: 14420463 CLACHER, DUNCAN 63 Years (Actual) NHS No: 6488167464 Date of Birth: 21/5/1958
 Address 1: 6 Minden Close, NN18 9EW

Patient and Safeguarding Confirmation	
Patient and Safeguarding Confirmation	Was GP Connect Record Viewed: No Was Consent Gained To View GP Connect: No Patient Details Confirmed: No Does the referral indicate an IMMEDIATE risk of harm? If so please escalate your referral to the manager on duty who will complete the immediate part of the referral by ringing through to social care and/or Police colleagues. Please finalise your referral and submit: No
Patient Presenting With	
Complaint	Complaint Type : Chief Complaint; Complaint : Non-Specifically Unwell
PATIENT OUTCOMES	
General	Patient Outcome: Treated and Transported
COMMENTS	

PC - COLLAPSE ? CAUSE

HPC - 63 y/o male with NKDA and a PMHx of HTN, T2DMmeds, COPD, ASTHMA, had a collapse?cause episodes today whilst walking to the shops with his friend - his friend noticed that something was happened so he managed to break his fall, no LOC or injuries; managed to get him back home and called for an ambulance.

O/A - Pt. on chair, Avpu, ABCD-ve, diaphoretic, decreased pallor, GCS 14, nil +WOB, consent gained for examination.

O/E - denies alcohol intake or other substances.

CNS/PNS - PUPILS FIXED 3, GCS 14/15

CVS - ECG 12 LEAD - SINUS TACHYCARDIA, hypotensive, S1+S2, c/o CP, unable to describe, nil JVD+, PMI displaced to the L side, nil JVD+

R/S - Equal bilateral air entry with normal clear chest sounds, nil SOB, nil +WOB, equal chest expansion, nil tracheal deviation.

GU/GI - Nil urinary symptoms

ROS - 0

HEENT - 0

JACCOL - 0

Tx - As recorded to good effect.

Observations taken and recorded as below, pt. pre-alerted and transported to KGH.

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-26/09/2021 20:13:29	125 BPM - Regular;	18 BPM	82/53 mmHg LT;	93 % - RA;	37.0 Celsius - TYM;	11.2 mmol/L - Capillary;			E 4 V 4 M 6 14		RR 0 SPO2 0 Scale:2 O2 0 Temp 0 SBP 3 HR 2 LOC 0 5	Patient Unable To Rate	2 - Hurts Little Bit	Sitting	George Caval
M-26/09/2021 20:20:05	127 BPM - Regular;	18 BPM	81/51 mmHg LT;	91 % - RA;	37 Celsius - TYM;	11.2 mmol/L			E 4 V 4 M 6 14		RR 0 SPO2 0 Scale:2 O2 0 Temp 0 SBP 3 HR 2 LOC 0	Patient Unable To Rate	6 - Hurts Even More	Sitting	George Caval

Created: 26/09/2021 20:12:30 (BST)

Incident Number: 14420463

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

M-26/09/2021 20:30:31	125 BPM - Regular;	18 BPM	76 44 mmHg LT;	92 % - RA;	37 Celsius - TYM;	11.2 mmol/L - Capillary;				E 4 V 4 M 6 14	5 RR 0 SPO2 0 Scale:2 O2 0 Temp 0 SBP 3 HR 2 LOC 0 5	Patient Unable To Rate	4 - Hurts Little More	Sitting	George Caval
M-26/09/2021 20:41:28	115 BPM - Regular;	18 BPM	97 60 mmHg	91 % - RA;	37 Celsius - TYM;	11.2 mmol/L - Capillary;				E 4 V 4 M 6 14	RR 0 SPO2 0 Scale:2 O2 0 Temp 0 SBP 2 HR 2 LOC 0 4	Patient Unable To Rate	4 - Hurts Little More	Lying	George Caval
M-26/09/2021 20:45:58	113 BPM - Regular;	18 BPM	102 59 mmHg LT;	89 % - RA;	37 Celsius - TYM;	11.2 mmol/L - Capillary;				E 4 V 4 M 6 14	RR 0 SPO2 0 Scale:2 O2 0 Temp 0 SBP 1 HR 2 LOC 0 3	Patient Unable To Rate	4 - Hurts Little More	Lying	George Caval

ECG / MONITOR									
Time	Leads	ECG Changes	ECG Type	ECG Method	Underlying Rhythm	Ectopy	Report	Comments	Done By
ECGInterp-26/09/2021 20:24:09			12	Computer Interpretation; Manual Interpretation;	Sinus Tachycardia;				George Caval

PAST MEDICAL HISTORY	
Medication Allergies	No Known Allergy
Medical / Surgical History	COPD Diabetes - Non-Insulin Dep. (Meds) High Cholesterol Hypertension

INCIDENT				
	Time	Odometer	Details	Complications / Misc
Incident Date / Time:	26/09/2021 19:43:48		Address 1: 6 Address 2: MINDEN CLOSE City / Town: CORBY Postal Code: NN18 9EW Longitude: -0.739543833 Latitude: 52.46936429 Tert: 07902310611	
Call Connect:				
Assigned:	26/09/2021 20:02:33		Call Type: Emergency Reported Condition: Other: 200020 Code: DX0119	Special Precautions: Patient has a friend with them now. Patient having trouble breathing.
Mobile:	26/09/2021 20:02:40		Incident Number: 14420463	
Arrive Scene:	26/09/2021 20:08:09			
At Patient Side:	26/09/2021 20:10:46			
On Scene Transfer:				
Depart Scene:				
Arrive Destination:			Receiving Location: Kettering General Hospital	

Created: 26/09/2021 20:12:30 (BST) Incident Number: 14420463
 All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (BST)

INCIDENT				
Handover:	26/09/2021 21:33:21			
Clear:				
RL Pre-Alert:				
Verbal Handover:				

Created: 26/09/2021 20:12:30 (BST)

Incident Number: 14420463

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

29 Sep 2021	Discharge summary to Lakeside Healthcare
Letter Type	Discharge summary
Letter To	Lakeside Healthcare
Letter From	Middleton Assessment Unit (MAU), Kettering General Hospital

INPATIENT DISCHARGE NOTE

Kettering General Hospital foundation trust

GP Practice

Practice Name: Lakeside Healthcare

Patient demographics

Title: Mr Gender: Male DOB: 21 May 1958
 Forename: Duncan DOB:
 Surname: Clacher NHS No: 648 818 7464
 Address: E Mincer Close, CORBY, Northamptonshire, NN10 9EW PAS ID: 164802

Admission details

Admission Date: 27-Sep-2021 18:22
 Admission Method: Accident and emergency or dental casualty department of the Health Care Provider
 Consultant: Dr Muthu KAGIMANICKAM
 Ward Location: Middleton Assessment Unit (MAU)

Discharge details

Discharge Consultant: Dr Amir Firoozshah
 Discharge Ward: Middleton Assessment Unit (MAU)
 Discharge Date and Time: 29-Sep-2021 16:30
 Discharged to: 19 Usual place of residence unless stated below
 Discharged Destination:

Clinical summary

Mr Duncan Clacher is a 62 year old gentleman who was admitted with reduced level of consciousness. It is unclear as to why and how this occurred. He was given IV antibiotics and nebulisers to help with GCD. His delirium resolved. Mr Clacher states he has not had alcohol for seven years but is known to the G2G team where he receives a Buprenorphine prescription in the community.
 CT Head - nothing abnormal detected
 Ultrasound Abdomen - No obvious abdominal collections seen.
 A CT chest was organised given his smoking history and finger clubbing on examination. It showed No intrathoracic mass or lymphadenopathy. Stable appearances of intrapulmonary lung nodules. It did visualise mild thickening of the distal oesophagus where a tumour cannot be entirely excluded. As per gastro advice a outpatient 2WW OGD request has been made.
 Duncan was under observation but with bloods normal and patient clinically better he was deemed medically optimised for discharge.

Plan and requested actions

GP Information: Please be aware 2WW OGD has been requested (see letter) and may require further FU in the community.
 Please note patient known to S28 and has community prescription of buprenorphine

Follow-up information

Is follow up required: Yes KGH 2WW
 Other follow up location:
 Comments for Hospital follow up: 2WW OGD requested as following CT scan showing mild thickening of distal oesophagus.

Referral details

Usual place of residence unless stated below

Diagnoses

Primary Diagnosis:	Primary Comments:	Diagnosis Status:
Unresponsive episode		NEW EPISODE
Secondary Diagnoses:	Secondary Comments:	Secondary Diagnosis Status:

Co-Morbidity			
Cardiovascular:			
History of ischaemic heart disease			
Connective Tissue Disorder:			
Disability / Frailty:			
Endocrine:			
Type 2 diabetes mellitus			
Gastro-Intestinal / Liver:			
Lifestyle:			
Neurology / Psychiatry:			
Renal:			
Respiratory:			
COPD Unspecified			
Other:			
Additional Co-Morbidities:			
Safety alerts			
Self-Risks Suicide:	Not-Assessed	Self-Neglect:	Not-Assessed
Overdose:	Not-Assessed	Third Party:	Not-Assessed
Self-Harm:	Not-Assessed	Care Professionals:	Not-Assessed
Other:			
Special requirements			
Interpreter:	Not-Assessed		
Advocate:	Not-Assessed		
Transport:	Not-Assessed		
Other:			

Medication and Medical Devices

Medical Devices:

Medication:

Status	Medication Brand Strength Form	Starting (8 ask where regimen already underway)	Dose Frequency Route Duration	Stop or continue	Comments
Continued Drug	Rotrepium / albuterol S2 CL10 2.5m programs/2.5m programs/inhalation		2 Inhalations ONCE a day at 06:00 Inhalation Every day	Continue	
Continued Drug	thiamine	30-Sep-2021	100mg ONCE a day at 09:00 Oral Every day	Continue	
Continued Drug	salbutamol	30 Sep 2021	100mg ONCE a day at 09:00 Oral Every day	Continue	
Continued Drug	salbutamol 100-micrograms/ inhalation Inhaler c/c-free		2 Inhalations Inhalation as required	Continue	
Continued Drug	lansoprazole		30mg	Continue	

			ONCE a day at 08:00 Oral Every day	
Continued Drug	spironolactone		100mg ONCE a day at 08:00 Oral Every day	Continue
Continued Drug	aspirin dispersible tablet		75mg ONCE a day at 08:00 Oral Every day	Continue
Continued Drug	metformin tablet		500mg TWICE a day at 08:00 and 18:00 Oral Every day	Continue
Continued Drug	isosorbide mononitrate modified release tablet		50mg ONCE a day at 08:00 Oral Every day	Continue
Continued Drug	atorvastatin		40mg at NIGHT Oral Every day	Continue
Continued Drug	budesonide 500 micrograms/spray aqueous nasal spray		1 spray TWICE a day Nasal (each nostril) Every day	GP to continue
Continued Drug	theophylline UKIPHYLIN CONTINUS modified release tablet		300mg TWICE a day Oral Every day	Continue
Continued Drug	salbutamol 8.15.7g/5mL solution		10mL TWICE a day Oral Every day	Continue
Continued Drug	glyceryl trinitrate 400 micrograms/spray aerosol sublingual spray		1-2 sprays with ng, if as required	Continue
Course to be completed	magnesium aspartate 243mg (magnesium 121mmol) powder for oral solution		1 sachet TWICE a day Oral Every day for 2 days	Stop Water low Mg in 2000 years, but replacement to be completed
For GP Information	buprenorphine 8mg sublingual tablet/sugar free		10mg ONCE a day at 08:00 Sublingual Every day	Continue
Continued Drug	bisoprolol		2.5mg ONCE a day at 08:00 Oral	Continue

Continued Drug	vitamin b compound strong tablets		Every day 1 tablets TWICE a day Oral Every day	Continue
Continued Drug	progAPALIN 100mg capsules		300 mg TWICE a day Oral Every day	SP to continue

General Comments: Duprenorphine dose given on day of discharge - informed by S2S they manage prescription in the community

Stopped Medications:

Have any pre-admission medications been stopped: No

Drug	Form	Strength	Dose	Frequency	Route	Reason for Stopping
------	------	----------	------	-----------	-------	---------------------

Procedures

Medical Treatments:

Operations and Procedures:

Complications:

Investigations / Results:

CT SCAN	Abnormal	The relevant CT chest images from last examination dated 27/09/2020 has been reviewed. The previously noted ground-glass opacity in the right upper lobe has been resolved. There are few intrapulmonary lung nodules which remain essentially unchanged in appearances since last examination. (Image 199, 217, 231, 242, 262 in right lung and 208, 213 and 351; SE0 on left side) these are likely to be benign however further imaging surveillance as per BTS guidelines is suggested. Note is made of small hiatal hernia with mild thickening of distal oesophagus, however possibility of tumour in its bed and cannot be entirely excluded. GI team review is advised. No evidence of new intrathoracic lymphadenopathy or masses. No endobronchial lesion identified. No pleural or pericardial effusion. No evidence of central PE. No gross bony abnormality is seen. Conclusion: No intrathoracic mass or lymphadenopathy. Stable appearances of intrapulmonary lung nodules. The liver appears diffusely fatty but with no obvious focal masses identified. Main portal vein appears patent with noted antegrade flow. Gallbladder not visualised. CT scan done on 27/09/202 reports history of cholecystectomy. No significant biliary dilatation seen. Pancreas was obscured by overlying bowel gas. The spleen is enlarged to 15cm. Kidneys and abdominal aorta show normal sonographic appearances. No obvious abdominal collections seen.
USG	Satisfactory	

Req Date	Result	Result Name	
28-Sep-2021 13:45	28-Sep-2021 15:01	CT thorax with contrast	THIS IS A FINAL REPORT. (Check with contrast) 28-Sep-2021Accession No: UNCL01128497000 Clinical Information: 63-year-old male with previous of alcohol use and current smoker, appears unwell, denies weight loss, dry cough, no chest pain, unclear cause of ILD (2004, 11/11), COPD, drug dependence b/w 2009, noted to have significant finger clubbing and tremor, hypercalcaemia. Dr Graham for CT Thorax with contrast to r/o malignancy b72.9 (28/05/21). Requestor: Michael Jia, Dr Michael Jamieson (contact: 016228222)REPORT: The relevant CT chest images from last examination dated 27/09/2020 has been reviewed. The previously noted ground glass opacity in the right upper lobe has been resolved. There are few intrapulmonary lung nodules which remain essentially unchanged in appearances since last examination. (Image 199, 217, 231, 242, 262 in right lung and 208, 243 and 351; SE0 on left side) these are likely to be benign however further imaging surveillance as per BTS guidelines is suggested. Note is made of small hiatal hernia with mild thickening of distal oesophagus, however, possibility of tumour in its bed and cannot be

			entirely excluded. GI team review is advised. No evidence of new intrathoracic lymphadenopathy or mass. No endobronchial lesion identified. No pleural or peritoneal effusion. No evidence of central PE. No gross bony abnormality is seen. Conclusion: No intrathoracic mass or lymphadenopathy. Stable appearance of intrapulmonary lung nodules. Typed by: Dr Us Rehman Asad (Staff Grade Radiologist, GMC6050109) 28-SEP-2021 08:01 PM Final report approved by: Dr Us Rehman Asad (Staff Grade Radiologist, GMC6050109) 28-SEP-2021 08:01 PM					
20-Sep-2021 13:10	20-Sep-2021 14:05	U/S Abdomen	This is a FNA report US Abdomen 28-Sep-2021. Accession No.: RNQZ913820225 Clinical information: 69yr male, a/w cc - aspx, no LOC. Shaking on presentation. Denies alcohol intake. br: Drug dependence [on bupropion from S25], COPD, IHD, T2DM, br/E. Unsteady, abdomen distended but soft. As per cox post take for US Abdo to r/c pathology. Reclaster: Michael, D-Michael Jamieson [contact: bleab252]; K-PUN: the liver appears diffusely fatty but with no obvious focal masses identified. Main portal vein appears patent with noted antegrade flow. Gall bladder not visualised. CT scan done on 27/07/202 reports history of cholecystectomy. No significant biliary dilatation seen. Pancreas was obscured by overlying bowel gas. The spleen is enlarged to 13cm. Kidneys and abdominal aorta show normal sonographic appearances. No obvious abdominal collections seen. Typed by: Iona Disko (Sonographer - Kettering General Hospital) 28-SEP-2021 02:05 PM Final report approved by: Iona Disko (Sonographer - Kettering General Hospital) 28-SEP-2021 02:05 PM					
28-Sep-2021 07:28	28-Sep-2021 08:05	Cholesterol protein	Item	Value	NRESR Result, RI, C, Units, Hcod	Range	Abnormal	Comment
28-Sep-2021 07:28	28-Sep-2021 08:05	Electrolytes	Item	Value	NRESR Result, RI, C, Units, Hcod	Range	Abnormal	Comment
			Sodium	142	mmol/L	138-146		
			Potassium	4.2	mmol/L	3.5-5.3		
			Urea	6.8	mmol/L	2.0-8.2		
			Creatinine	95	umol/l	62-106		
			eGFR	72.9	ml/min/1.73m2			
			AKI Sage	0				
28-Sep-2021 12:49	28-Sep-2021 12:49	Magnesium	Item	Value	NRESR Result, RI, C, Units, Hcod	Range	Abnormal	Comment
28-Sep-2021 07:29	28-Sep-2021 07:37	Full Blood Count	Item	Value	NRESR Result, RI, C, Units, Hcod	Range	Abnormal	Comment
			WBC	7.6	x10 ⁹ /L	4.0-11.0		
			RBC	4.20	x10 ¹² /L	4.50-6.00	[L]	
			Hb	122	g/L	130-160	[L]	
			Hct	0.365	l/l	0.410-0.540	[L]	
			MCV	84.8	fL	76.0-97.0		
			MCH	29.0	pg	27.0-33.0		
			MCHC	343	g/L	300-350		
			RDW	15.8	%	9.0-15.0	[H]	
			Platelets	157	x10 ⁹ /l	150-400		
			MPV	9.8	fL	7.5-11.0		
			Neutrophils	4.2	x10 ⁹ /L	2.0-7.5		
			Lymphocytes	2.5	x10 ⁹ /L	1.5-4.0		

Monocytes	0.6	x10 ⁹ /L	0.2-1.0
Eosinophils	0.2	x10 ⁹ /L	0.0-0.5
Basophils	0.1	x10 ⁹ /L	0.0-0.2
Neut's	0.0	x10 ⁹ /L	0.0-0.1

CQUIN Information

AKI/CQUIN

Did this patient have an episode of AKI during this admission?	No
If so:	
What stage of AKI (1/2/3) did they suffer?	Not Recorded
Have you undertaken (and documented on this letter) a review of this patient's medications?	Not Recorded
Are further follow-up blood tests required?	Not Recorded
If yes state which specific tests are required:	
Additional comments:	Not Recorded
What is the patient's renal function on discharge (UeR/Cr/COPR)?	Not Recorded

Mandatory Dementia Assessment (required for all patients aged 75 and over):

Does the patient have Delirium on this admission?	
Did the patient have a formal diagnosis of dementia on admission?	NMDAT/SpecDiag
Has this person been more forgetful anytime in the last 12 months to the extent that it has significantly affected their daily life?	Not Recorded
Has the patient had a dementia diagnostic assessment including investigations during this admission?	Not Recorded
If yes what was the outcome of the assessment?	Not Recorded
Has a referral been made to the GP or mental health services following the final outcome of dementia screening?	Not Recorded

Preventing ill health by risky behaviours:

Does the patient lack capacity to answer the alcohol and tobacco screening questions?	No	
Did the patient receive a Tobacco screen?	No	Not Recorded
Is the patient a current smoker?	Yes	
Was brief advice given?	Yes	
Was a tobacco referral offered?	No	
Was Medication offered?	No	
Did the patient receive an alcohol screen?	No	
Did the patient screen positive for drinking above low risk levels but not dependant on it?	No	Not Recorded
Was the patient given brief advice?	No	
Did the patient screen positive for potentially dependant drinking?		Not Recorded
Was the patient offered a referral to a specialist service?		Not Recorded
Did the patient accept the offer and was the referral made?		Not Recorded

Allergies and adverse reactions

Allergies:	Adverse Reactions:
pregabalin	Sensitivity or intolerance

Distribution list

Patient, GP, Casenote holder

Person completing record

Signed By: Dr Michael Jamieson Signed Date & Time: 26/09/2021 16:06:35
Printed by: Michael Jamieson Printed Date & Time: 26 September 2021 13:06
Kettering General Hospital Foundation Trust, Rothwell Road, Kettering, Northants, NN16 0UZ,
Tel 01536 492000

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Reducing the risk of a blood clot after your discharge from hospital.

Following discharge from hospital, your risk of developing a blood clot may persist. Some patients will continue to take medications and wear anti-embolic stockings at home. These patients will receive a pack containing all the relevant information.

You should take the following precautions:

Try to be as mobile as possible (unless you have been advised otherwise) and continue with any exercises that you may have been shown.

Drink plenty of fluids to avoid dehydration.

Take pain killers regularly as needed.

Undertaking a journey (e.g. flight, car, coach) of longer than three hours within four weeks of an admission to hospital may not be advisable. Please seek further advice from your GP.

Signs and symptoms of a blood clot:

Pain or swelling in your legs.

The skin on your legs discoloured (red, purple or blue) or feels hot.

The veins in your leg appear larger than normal.

Pain in your chest or ribs that is worse if you take a deep breath.

Coughing up blood.

If you experience any of these symptoms please contact your GP immediately day or night.

If you experience severe shortness of breath, chest pain or uncontrolled bleeding dial 999 for an ambulance.

12 Oct 2021	Substance Misuse to Lakeside Healthcare
Letter Type	Substance Misuse
Letter To	Lakeside Healthcare
Letter From	S2S Substance to Solution



Our Ref: DBST/LET/TR

Private and Confidential
 Lakeside Healthcare
 Cottingham Road
 Corby
 Northamptonshire
 NN17 2UR

12th October 2021

Dear Dr,

Re: Duncan Clacher DOB: 21/05/1958

We are writing to inform you that as part of our commitment to harm reduction and health promotion to individuals accessing S2S the above named individual has undertaken a BBV dried blood spot test and consented for us to share the results with their GP (attached).

If you would like to discuss further please do not hesitate to contact the service.

Yours Sincerely

Elaine Ginever
 Substance to Solution



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).



Our goal is to help service users regain control, change the direction of their lives, grow as a person and live life to its full potential.



Public Health
England

THE OLD TA BUILDING
ELIZABETH STREET
CORBY
NN17 1PN

Public Health Laboratory Manchester

Manchester Royal Infirmary, Oxford Road, Manchester, M13 9WL

Telephone 0161 276 8788/8854

Website www.cmf.nhs.uk/laboratorymedicine

Sender's Ref No. .
PHE Ref No. M,21.6057596.CA
Date/Time Collected 23.09.21 02:00
Date/Time Received 30.09.21 15:37

Hospital/Registration No. ZMM21102721
Name CLACHER, DUNCAN Date of Birth 21/05/1958 Sex Male
NHS No Post Code ZZ1
Address

Specimen Blood Qual.: Dried Blood Spot,
Investigation Viral hepatitis screening test

Laboratory
Report

Reported By : Manchester Medical Microbiology Partnership
HCV antibody NOT detected by dry blood spot testing.
Hepatitis B core antibody NOT detected by dry blood spot
testing.
HIV 1+2 antibody and p24 antigen NOT detected by dry blood
spot testing.
Hepatitis Bs antigen NOT detected by dry blood spot testing.
FINAL REPORT
*****End of Report*****

13 Oct 2021 Gastroscopy Report to Lakeside Healthcare

Letter Type Gastroscopy Report
Letter To Lakeside Healthcare
Letter From Endoscopy Unit, Kettering General Hospital

Patient: DUNCAN CAMPBELL CLACHER DoB:21/05/1958
Address:6 MINDEN CLOSE CORBY
NORTHAMPTONSHIRE NN18 9EW

Hospital-No. 184902
NHS-No. 6488167464
WL2100024173TCI



Gastroscopy

GP: Dr AS Heer
THE LAKESIDE SURGERY, COTTINGHAM ROAD, CORBY
NORTHAMPTONSHIRE
NN17 2UR

Kettering General Hospital
Rothwell Road
Kettering
Northamptonshire
NN16 8UZ

Referring Physician: Dr Saeed-Ur Rehman

Telephone: 01536 492161
If medical advice is needed call: 111
Examination on: 13/10/2021 14:46:15

Clinician: Mr Matt Adams

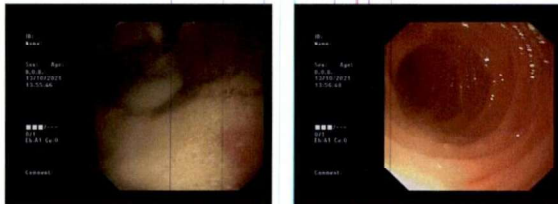
Findings:

Timing It was an urgent suspected cancer outpatient procedure on endoscopy service list.
Indication Suspected abnormality on radiology: Thickening in distal oesophagus on CT.
Medication 10 puff(s) xylocaine throat spray and 1 mg Midazolam
The patient was awake during the procedure.
Operator determined comfort score: Minimal discomfort.
Preparation Complete procedure despite mucus/food residue.
Level reached The level reached was the D2.
Oesophagus Hiatus hernia.
Stomach Food residue.
Pylorus Normal.
Duodenum Normal.
Specimens No biopsies were taken.
Procedures None.
Complications No immediate complications.
Follow up Return to referrer for follow up.
Quality assurance Retroflexion was performed. and Patient is not on the suspected cancer pathway.

Comments:

Mr Matt Adams
Nurse Endoscopist

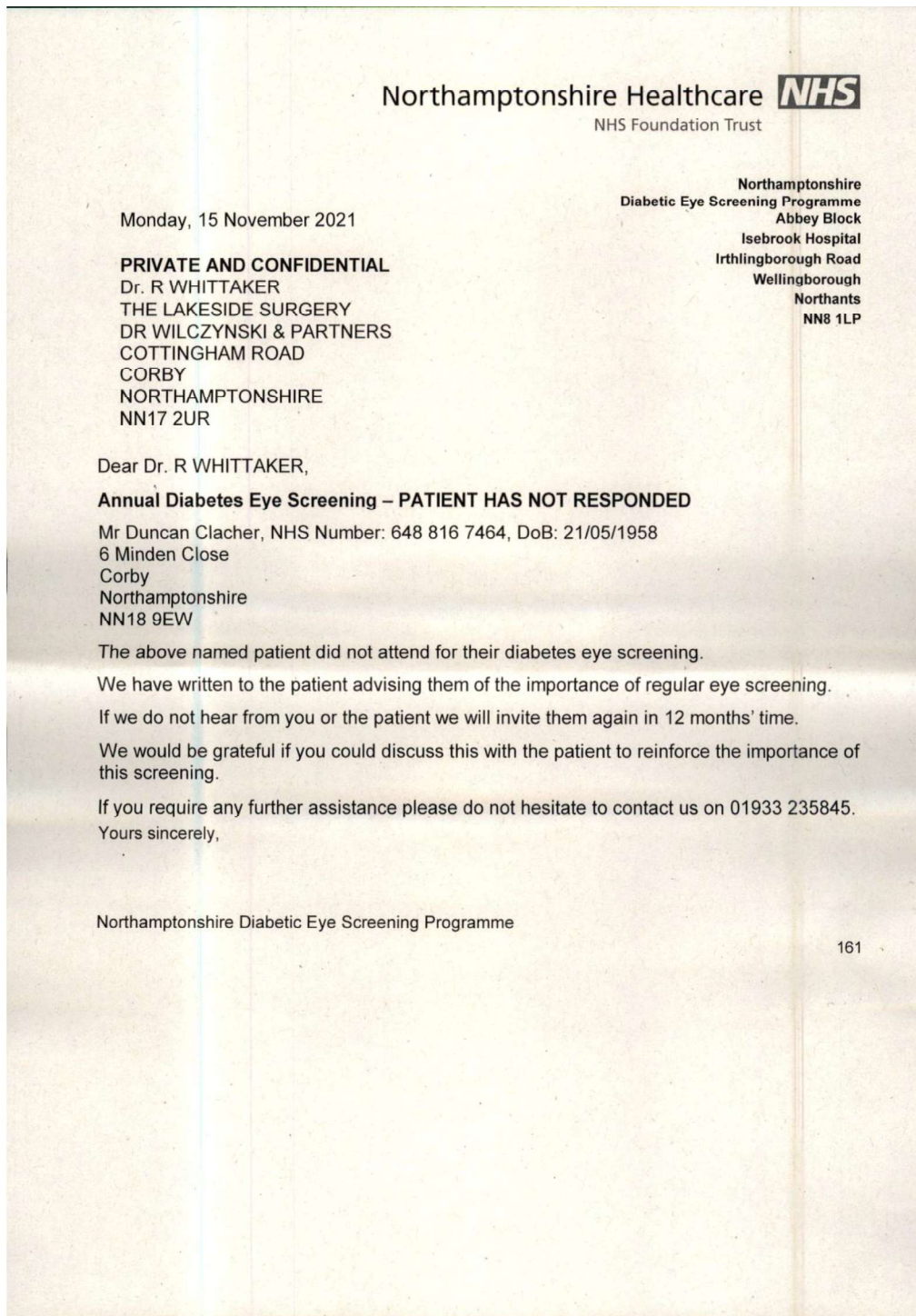
Images Below:



13/10/2021 14:46:15

1 / 1

15 Nov 2021	Diabetic Eye Screening Scheme to Lakeside Healthcare
Letter Type	Diabetic Eye Screening Scheme
Letter To	Lakeside Healthcare
Letter From	Diabetic Eye Screening Programme, Isebrook Hospital



18 Feb 2022	Ambulance Notification to Lakeside Healthcare
Letter Type	Ambulance Notification
Letter To	Lakeside Healthcare
Letter From	East Midlands Ambulance Service NHS Trust



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: 14970552 CLACHER, DUNCAN 63 Years (Actual) NHS No: 6488167464 Date of Birth: 21/5/1958
 Address 1: 6 Minden Close, NN18 9EW

Patient and Safeguarding Confirmation	
Patient and Safeguarding Confirmation	Was GP Connect Record Viewed: Yes Was Consent Gained To View GP Connect: Yes Patient Details Confirmed: Yes Does the referral indicate an IMMEDIATE risk of harm? If so please escalate your referral to the manager on duty who will complete the immediate part of the referral by ringing through to social care and/or Police colleagues. Please finalise your referral and submit: No
Patient Presenting With	
Complaint	Complaint Type : Chief Complaint: Complaint : Breathing Problems, Duration : 5 Days
PATIENT OUTCOMES	
General	Patient Outcome: Treated and Discharged
COMMENTS	

on arrival patient not answering door
 neighbour said they saw him go out a few minutes ago (walking)
 at 1520 patient returned home after walking to the shops
 once inside history taken, obs taken, assessments made.

pt has had a cold for the last few days and has run out of his ventolin inhaler.
 says he has been unable to get through to his doctor so called 111 who sent an ambulance

i rang his GP surgery and a ventolin inhaler will be issued

pt left with a friend
 pt is alert and oriented and able to summon assistance if required

ecg and patient advice leaflet left and photographed

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-18/02/2022 15:20:00	102 BPM - Regular;	20 BPM	144/84 mmHg LT;	96 % - RA;	36.1 Celsius	5.9 mmol/L		38 mmHg	E 4 V 5 M 6 15		RR 0 SPO2 0 Scale:2 O2 0 Temp 0 SBP 0 HR 1 LOC 0 1	0	0 - No Hurt	Sitting	Guy Matthews
M-18/02/2022 15:50:12	84 BPM - Regular;	18 BPM	140/80 mmHg LT;	97 % - RA;	36.3 Celsius - TYM;			33 mmHg	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	0 - No Hurt	Sitting	Guy Matthews

ECG / MONITOR									
Time	Leads	ECG Changes	ECG Type	ECG Method	Underlying Rhythm	Ectopy	Report	Comments	Done By
ECGInterp-18/02/2022 15:30:00			12	Computer Interpretation; Manual Interpretation;	Sinus Tachycardia;				Guy Matthews

Created: 18/02/2022 15:15:14 (GMT) Incident Number: 14970552
 All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (GMT)

ECGInterp-18/ 02/2022 16:00:00		12	Computer Interpretation; Manual Interpretation;	Sinus Rhythm;		Guy Matthews
PAST MEDICAL HISTORY						
Medication Allergies		Other : prebabin				
Medical / Surgical History		Alcohol Misuse COPD Coronary Stent Diabetes - Non-Insulin Dep. (Meds) Drug Misuse High Cholesterol Hypertension Ischemic Heart Disease Myocardial Infarction				
INCIDENT						
	Time	Odometer	Details		Complications / Misc	
Incident Date / Time:	18/02/2022 14:57:31		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			
Call Connect:						
Assigned:	18/02/2022 14:58:41		Call Type: Emergency Code: DX01214		Special Precautions: alone - possible chest infection - ran out blue inhaler wheezing	
Mobile:	18/02/2022 14:58:46		Incident Number: 14970552 Number of Patients: 1			
Arrive Scene:	18/02/2022 15:09:54				Other Responding Resource: None First on Scene: EMAS	
At Patient Side:	18/02/2022 15:20:00					
On Scene Transfer:						
Depart Scene:						
Arrive Destination:						
Handover:						
Clear:						
RL Pre-Alert:						
Verbal Handover:						

Created: 18/02/2022 15:15:14 (GMT)

Incident Number: 14970552

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

18 Feb 2022	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	Forest Gate Med Ctr (Lakeside) (DHU-Northants OOH)	
6 Minden Close	The Medical Centre	
Corby	Forest Gate Road	
Northamptonshire	Corby	
NN18 9EW	Northamptonshire	
	NN17 1TR	
	Phone 01536206789	

Patient's Reported Condition

alone - possible chest infection - ran out blue inhaler wheezing

Case Summary

Disposition:
Emergency Ambulance Response for Potential COVID19 (Category 3)
Dx01214

Selected care service:
No referral made.

Rationale:
No blood loss
Illness
Warm to touch
Unable to do all normal activities
New/worsening confusion
Breathless at rest
No indication scene unsafe

Pathways Assessment:
An injury or health problem was the reason for the contact.
There was no blood loss.
An illness or health problem was the main problem.
User Comments: possible chest infection - ran out blue inhaler wheezing
The individual was not fighting for breath.
The main reason for the assessment was not an allergic reaction, heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, or ICD shock.
The skin on the torso felt normal, warm or hot.
Pathway selected - Breathing Problems, Breathlessness or Wheeze
There was no rapid swelling of the lips, face, tongue, mouth or throat.
There was no chest or upper back pain at the time of the assessment.
There had been no chest or upper back pain in the previous 24 hours.
There was no abdominal pain.
An oxygen reading was not declared.
The individual has stopped doing all normal activities.
There were no new skin mark(s), like bruising or bleeding under the skin.
User Comments: struggling to concentrate and vision change
Inability to flex the neck or photophobia were not described.
There had been no episode of choking within the previous 24 hours.
There had been no inhalation of a hot or poisonous substance in the previous 24 hours.
There was new or worsening confusion.
Breathing harder or faster when doing nothing was described.
Instructions given were: An emergency ambulance is being arranged.
There was no further information to help with dispatch.
The individual did not have someone to stay with them.
There was no safeguarding concern.
Coronavirus - Ambulance Operational Information
The scene was safe.
Pre-arrival instructions were not considered to be appropriate.

Closing instructions

Advice given:

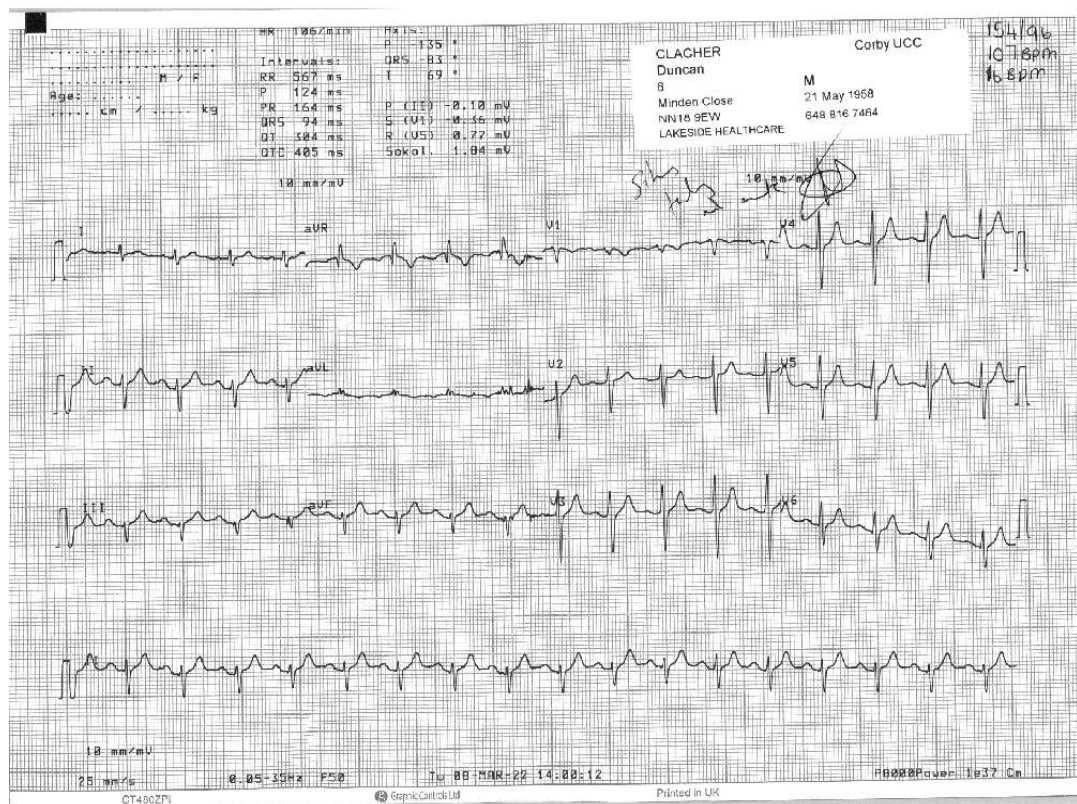
Follow local procedure for informing the crew and recording in your CAD.
Possible coronavirus case. Crew to follow infection control procedures.
NO INSTRUCTIONS GIVEN AS NOT SAFE AND/OR APPROPRIATE.

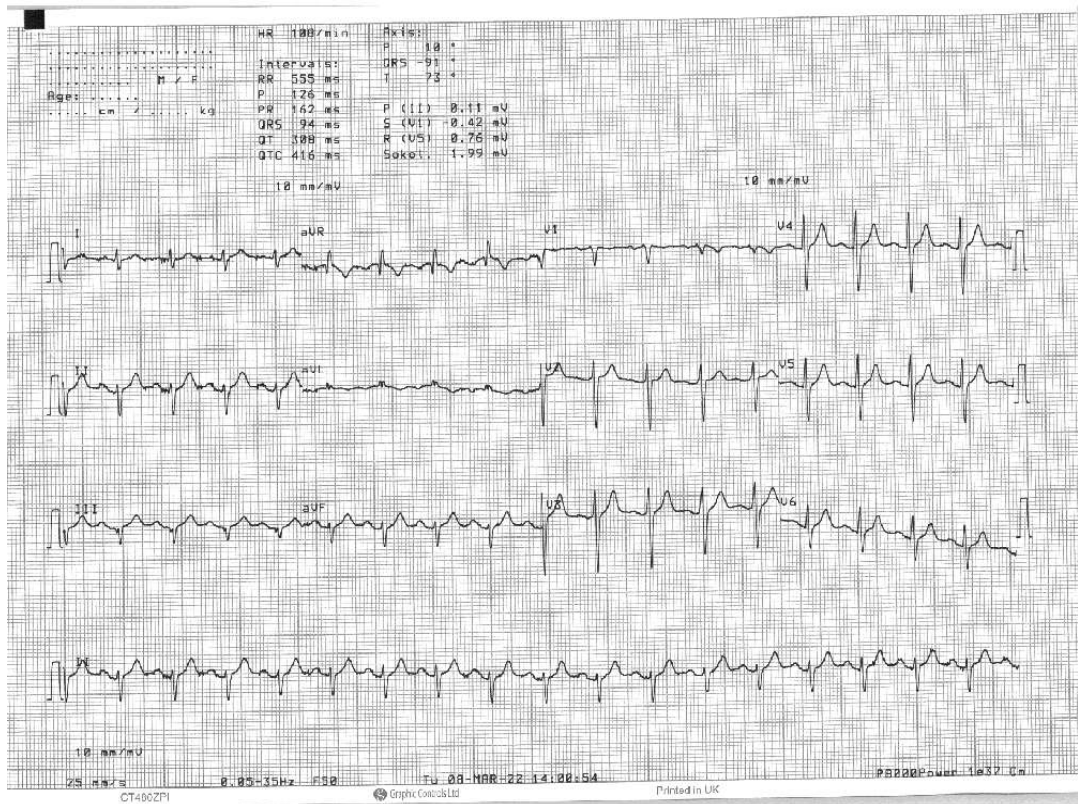
<i>Document Created</i>	18-Feb-2022, 15:03
<i>Document Owner</i>	Derbyshire Health United
<i>Authored by</i>	Paula Goldswain - Assessed by, DHU Orbis Building (Derbyshire Health United) on 18-Feb-2022, 14:57
<i>Consent Status</i>	Consent given for electronic record sharing

<i>Encounter Type</i>	NHS111 Encounter
<i>Encounter Time</i>	18-Feb-2022, 14:24 to 18-Feb-2022, 14:57
<i>Case Reference</i>	2136A2DB-B634-4955-85DB-B9746E369C8E
<i>Case ID</i>	1219575
<i>Encounter Disposition</i>	Emergency Ambulance Response for Potential COVID19 (Category 3)
<i>Care Setting Location</i>	Incident Location
	<i>Visit Address</i>
<i>Care Setting Address</i>	6 Minden Close Corby Northamptonshire NN18 9EW
<i>Care Setting Type</i>	
<i>Responsible Party</i>	Aqib Bhatti - Medical Director, Derbyshire Health United

<i>Document ID</i>	E5BC222E-C68C-40D1-8B3C-D0393C1E6D70 Version: 1
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08 Mar 2022	ECG to Corby Urgent Care Centre
Letter Type	ECG
Letter To	Corby Urgent Care Centre
Letter From	Corby Urgent Care Centre





08 Mar 2022	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 Heer
The Lakeside Surgery
Cottingham Road
Corby
Northamptonshire
NN17 2UR

Telephone: 01536 492000

Date: 09 March 2022

Dear Dr Heer

Patient demographics

Name: Mr Duncan Clacher **Gender:** Male
DOB: 21 May 1958 **Age:** 63
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 08 March 2022 at 23:04. The patient was seen by Dr Salman Jamshed and the consultant on take was Dr Sareesh Bandapaati.

This patient has made 016 previous visits to this department since 1st April 2010.

Discharge details

The patient left the department at 06:36 on 09 March 2022.

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)..

Diagnosis
Epilepsy : generalised (Suspected diagnosis)

Procedures

Investigations	Treatments
Biochemistry C reactive protein (CRP)	Medication_
Radiology Computerised Tomography	Administration of medication
Bedside	Medication_ Intravenous antibiotics
Electrocardiogram	Circulation Intravenous cannula
Haematology Full blood count (FBC)	Medication_ Intravenous drug : infusion
Biochemistry Liver function tests (LFTs)	Circulation Observation / cardiac monitor, pulse oximetry / head injury / trends
Biochemistry Troponin	Discharge Planning
Biochemistry Urea & Electrolytes (U&Es)	Verbal guidance /
Bedside Venous blood gas	Written advice
Radiology X-ray plain film	

Medication and medical devices

Drugs administered in ED	Drugs TTA

Plan and requested actions

Allergies and adverse reaction

pregabalin

Distribution list

GP Letter

Person completing record

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

09 Mar 2022	Discharge summary to Lakeside Healthcare
Letter Type	Discharge summary
Letter To	Lakeside Healthcare
Letter From	Kettering General Hospital Discharge Letters

INPATIENT DISCHARGE NOTE

Kettering General Hospital NHS Foundation Trust

GP Practice

Practice Name: Lakeside Healthcare

Patient Demographics

Title: Mr Gender: Male Age: 63 DOB: 21 May 1958
 Forename: Duncan
 Surname: Clacher NHS No: 048 816 7464
 Address: 6 Morden Close, CORBY, Northamptonshire, NN18 9EW PAS id: 104902

Admission Details

Admission Date: 09 Mar 2022 06:35
 Admission Method: Accident and emergency or dental casualty department of the Health Care Provider

Consultant: Dr Tahir ANWAR

Ward Location: Middleton Assessment Unit (MAU)

Discharge Details

Discharge Consultant: Dr Syed Jafri
 Discharge Ward: Middleton Assessment Unit (MAU)
 Discharged Date and Time: 09-Mar-2022 14:00
 Discharged to: 10 Usual place of residence, unless listed below
 Discharged Destination:

ODS Code

Clinical Summary

Mr Clacher was admitted to KGH with a history of seizure. He was brought in by ambulance. CT head, ECG and blood tests showed no acute cause of the seizure. He has been discharged from KGH with a referral made to the first fit clinic. He is being discharged after consultant review and deemed medically optimised for discharge.

Plan and Requested Actions

GP Information:

Follow-up Information

is follow up required: Yes KGH Routine
 Other follow up location:
 Reason for Follow Up/ Extra Comments for Hospital follow-up Appointments: Referral to First Fit Clinic

Referral details

Usual place of residence unless listed below

Diagnoses

Primary Diagnosis:	Primary Comments:	Diagnosis Status:
Seizure		FIRST EPISODE
Secondary Diagnoses:	Secondary Comments:	Secondary Diagnosis Status:

Co-Morbidity	
Cardiovascular:	
History of ischaemic heart disease	
Connective Tissue Disorder:	
Disability / Frailty:	
Endocrine:	
Type 2 diabetes mellitus	
Gastro-intestinal / Liver:	
Lifestyle:	
Neurology / Psychiatry:	
Respir:	

Respiratory:			
COPD Unspecified			
Other:			
Additional Co-Morbidities:			
Safety alerts			
Self-Risks Suicide:	Not-Assessed	Self-Neglect:	Not-Assessed
Overdose:	Not-Assessed	Third Party:	Not-Assessed
Self-Harm:	Not-Assessed	Care Professionals:	Not-Assessed
Other:			
Special requirements			
Interpreter:			
Advocate:			
Transport:			
Other:			

Medical Devices:

ePMA Medication:

Status	Medication Brand Strength Form	Starting (blank where regimen already underway)	Dose Frequency Route Duration	Stop or continue	Comments
Continued Drug	isosorbide mononitrate modified release tablet	09-Mar-2022	60 mg ONCE a day at 08:00 Oral Every day	GP to continue	
Continued Drug	Theophylline modified release tablet	09-Mar-2022	200 mg TWICE a day Oral Every day	GP to continue	
Continued Drug	glyceryl trinitrate 400micrograms/spray aerosol sublingual spray	09-Mar-2022	1-2 sprays Sublingual as required	GP to continue	
Continued Drug	vitamin b complex strong tablets	09-Mar-2022	11 tablets TWICE a day Oral Every day	GP to continue	
Continued Drug	sertraline	09-Mar-2022	100 mg ONCE a day at 08:00 Oral Every day	GP to continue	
Continued Drug	Sulbutamol 100micrograms/inhalation Inhaler cfc-free	09-Mar-2022	2 inhalations Inhalation as required	GP to continue	
Continued Drug	spironolactone	09-Mar-2022	100 mg ONCE a day at 08:00 Oral Every day	GP to continue	
Continued Drug	Vitamin	09-Mar-2022	100 mg ONCE a day at 03:00 Oral Every day	GP to continue	

Continued Drug	lanoprosinole	09-Mar-2022	30 mg ONCE a day at 08:00 Oral Every day	GP to continue
Continued Drug	aspirin dispersible tablet	09-Mar-2022	75 mg ONCE a day at 08:00 Oral Every day	GP to continue
Continued Drug	meloxicam tablets	09-Mar-2022	500 mg TWICE a day at 08:00 and 18:00 Oral Every day	GP to continue
Continued Drug	betametasone 50micrograms/spray aqueous nasal spray	09-Mar-2022	2 sprays TWICE a day Nasal (Both nostrils) Every day	GP to continue
Continued Drug	atorvastatin	09-Mar-2022	40 mg at NIGHT Oral Every day	GP to continue
Continued Drug	pregABISLIN 75mg capsules	09-Mar-2022	300 mg TWICE a day Oral Every day	GP to continue

General Comments

Reason for Pharmacy Referral:

Stopped Pre-Admission Medications: No

Drug	Form	Strength	Dose	Frequency	Route	Reason for Stopping
------	------	----------	------	-----------	-------	---------------------

Non-ePMA Medication:

Status	Medication Strength Form	Dose Frequency Duration Route	GP Continue to Prescribe?	Comments
--------	--------------------------------	--	------------------------------	----------

Procedures

Medical Treatments:

Operations and Procedures:

Complications:

Investigations / Results:

Sig Date	Result	Result Name	
09-Mar-2022 08:33	09-Mar-2022 07:21	CT Head	This is a FINAL report. CT Head 09-Mar-2022. Acquisition No: RNQ2514976307. Clinical Information: 2nd course today, 1st course... Requester: Salman, Dr Salman Jamshae (contact: 3311); REPORT: radiology Report Report Date: 09/03/2022 Patient Name: Clacher Duncan Campbell Mr.D.O.B: 21/05/1953 NHS No./Unique Identifier: FNQ131902 Referring Hospital: KGH CT2 Referring Consultant: C7089506 Examination Date: 09/03/2022 08:37 Time & Technique: CT brain Clinical Details: 2 courses today Findings: Generalised atrophy and small vessel ischaemic change is seen. There is no evidence of intracranial haemorrhage, no subdural haematoma. No space occupying lesion or mass. No brain oedema is seen. No acute intracranial lesion is present. Slight hyperdensity is noted diffusely in all the vessels. Conclusion: No acute intracranial abnormality seen. Always Reporting Radiologist: Rajesh Dhat. GMC C193837 on 09/03/2022 07:17. If the referring clinician has any queries regarding this report, please contact: Helpline: 0300038061. 09-MAR-2022 07:51 AM/09-MAR-2022 07:51 AM
09-Mar-2022	09-Mar-2022	SAIS-CoV-2 (ID NOW)	Specimen: Swab Nose / Pretest SAIS-CoV-2 (COVID-19) Report: SAIS-CoV-2 (COVID-19) : NOT detected. This test is not currently

00:00	08:44		UKAS (ISO15189:2012) certified. Note that this is a preliminary result and should be interpreted taking into account clinical history, symptoms and previous results. Interpret in conjunction with duplicate PCR test. *****end of report*****
09-Mar-2022 00:00	09-Mar-2022 12:15	SARS-CoV-2(COVID-19)	Specimen: Swab Nose/Throat SARS-CoV-2 (COVID-19) Report: SARS-CoV-2 (COVID-19) : NOT detected This test is not currently UKAS (ISO15189:2012) accredited. *****end of report*****
00-Mar-2022 23:25	09-Mar-2022 00:34	C-reactive protein	Item Value N.RESRResults.RI.C.UnitsHead Range N.RESRResults.RI.C.AbnormalHead Comment
		CRP	<5 mg/L <5 N.RESRResults.RI.C.Abnormal
00-Mar-2022 23:25	09-Mar-2022 00:34	Electrolytes	Item Value N.RESRResults.RI.C.UnitsHead Range N.RESRResults.RI.C.AbnormalHead Comment
		Sodium	135 mmol/L 133-146 N.RESRResults.RI.C.Abnormal
		Potassium	5.2 mmol/L 3.5-5.2 N.RESRResults.RI.C.Abnormal
		Urea	15.3 mmol/L 2.5-8.2 N.RESRResults.RI.C.Abnormal
		Creatinine	107 umol/L 62-106 N.RESRResults.RI.C.Abnormal
		eGFR	64.3 ml/min/1.73m2 N.RESRResults.RI.C.Abnormal
		AKI Stage	0 N.RESRResults.RI.C.Abnormal
08-Mar-2022 23:25	09-Mar-2022 00:34	Liver Function Tests	Item Value N.RESRResults.RI.C.UnitsHead Range N.RESRResults.RI.C.AbnormalHead Comment
		Bilirubin	7 umol/L 0-21 N.RESRResults.RI.C.Abnormal
		ALP	8 IU/L <71 N.RESRResults.RI.C.Abnormal
		Albumin	49 g/L 30-50 N.RESRResults.RI.C.Abnormal
		Alk. Phos	110 U/L 30-120 N.RESRResults.RI.C.Abnormal
		Total Protein	75 g/L 60-80 N.RESRResults.RI.C.Abnormal
08-Mar-2022 23:25	09-Mar-2022 00:10	Coagulation Screen	Item Value N.RESRResults.RI.C.UnitsHead Range N.RESRResults.RI.C.AbnormalHead Comment
		PT Test :	10.3 s 9.5-13.5 N.RESRResults.RI.C.Abnormal
		APTT test :	25.8 s 23.0-31.0 N.RESRResults.RI.C.Abnormal
		TT test :	17.4 s 13.7-15.0 N.RESRResults.RI.C.Abnormal
08-Mar-2022 23:25	09-Mar-2022 00:05	Full Blood Count	Item Value N.RESRResults.RI.C.UnitsHead Range N.RESRResults.RI.C.AbnormalHead Comment
		WBC	12.7 x10 ⁹ /L 4.0-11.0 N.RESRResults.RI.C.Abnormal
		RBC	5.35 x10 ¹² /L 4.50-6.00 N.RESRResults.RI.C.Abnormal
		HE	146 g/L 130-180 N.RESRResults.RI.C.Abnormal
		PCV	0.434 L/L 0.400-0.540 N.RESRResults.RI.C.Abnormal
		MCV	81.1 fL 76.0-97.0 N.RESRResults.RI.C.Abnormal
		MCH	27.3 pg 27.0-33.0 N.RESRResults.RI.C.Abnormal
		MCHC	336 g/L 300-360 N.RESRResults.RI.C.Abnormal
		RDW	16.5 % 9.0-15.0 N.RESRResults.RI.C.Abnormal
		Platelets	236 x10 ⁹ /L 150-450 N.RESRResults.RI.C.Abnormal
		MPV	9.7 fL 7.5-11.0 N.RESRResults.RI.C.Abnormal

	Neutrophils	10.8	x10 ⁹ /l	2.0-7.5	N.BFSBResults.RI.C.Abnormal
	Lymphocytes	1.0	x10 ⁹ /l	1.5-4.0	N.BFSBResults.RI.C.Abnormal
	Monocytes	0.7	x10 ⁹ /l	0.2-1.0	N.BFSBResults.RI.C.Abnormal
	Eosinophils	0.1	x10 ⁹ /l	0.0-0.5	N.BFSBResults.RI.C.Abnormal
	Reticulats	0.1	x10 ⁹ /l	0.0-0.2	N.BFSBResults.RI.C.Abnormal
	NRBC's	0.0	x10 ⁹ /l	0.0-0.1	N.BFSBResults.RI.C.Abnormal

CQUIN Information

AKI CQUIN

Did this patient have an episode of AKI during this admission? No

When stage of AKI 1/2/3 did they suffer? Not Recorded

Have you undertaken (and documented on this letter) a review of the patient's medication? Not Recorded

Are further/follow-up blood tests required? Not Recorded

If yes state which specific tests are required:

Additional Comments: Not Recorded

What is the patient's renal function on discharge (Urea/Cr+GFR)? Not Recorded

Mandatory Dementia Assessment (required for all patients aged 75 and over):

Does the patient have Delirium on this admission? Not Recorded

Did the patient have a formal diagnosis of dementia on admission? Not Recorded

Has this person been more forgetful anytime in the last 12 months to the extent that it has significantly affected their daily life? Not Recorded

Has the patient had a dementia diagnostic assessment including investigations during this admission? Not Recorded

If yes what was the outcome of the assessment? Not Recorded

Has a referral been made to the GP or mental health liaison team highlighting outcome of dementia screening? Not Recorded

Preventing ill health by risky behaviours:

Does the patient lack capacity to answer the alcohol and tobacco screening questions? No

Did the patient receive a tobacco screen? Yes

Is the patient a current smoker? Yes

Was brief advice given? No

Was a tobacco referral offered? No

Was Medication offered? No

Did the patient receive an alcohol screen? Yes

Did the patient screen positive for drinking above low risk levels, but not dependant levels? No

Was the patient given brief advice? No

Did the patient screen positive for potentially dependant drinking? No

Was the patient offered a referral to a specialist service? Not Recorded

Did the patient accept the offer and was the referral made? Not Recorded

Allergies and adverse reactions

Drug Allergies: penicillins

Adverse Reactions: N.BFSBDrugAlly DrugAllergyH

Comments: can make patient drowsy

Non-Drug Allergies:	Adverse Reactions:	Comments:
---------------------	--------------------	-----------

Distribution List

Patient: GP Casenote Folder

Person Completing Record

Signed By: Miss Abigail Stubbs Signed Date & Time: 09/03/2022 13:51:37

Printed by: Abigail Stubbs Printed Date & Time: 09 March 2022 13:51

Kettering General Hospital NHS Foundation Trust, Rothwell Road, Kettering, Northants, NN16 8JZ
Tel: 01535 492000

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Reducing the risk of a blood clot after your discharge from hospital.

Following discharge from hospital, your risk of developing a blood clot may persist. Some patients will continue to take medications and wear anti-embolic stockings at home. These patients will receive a pack containing all the relevant information.

You should take the following precautions:

Try to be as mobile as possible (unless you have been advised otherwise) and continue with any exercises that you may have been shown.

Drink plenty of fluids to avoid dehydration.

Take painkillers regularly as needed.

Undertaking a journey (e.g. flight, car, coach) of longer than three hours within four weeks of an admission to hospital may not be advisable. Please seek further advice from your GP.

Signs and symptoms of a blood clot:

Pain or swelling in your legs.

The skin on your leg is discoloured (red, purple or blue) or feels hot.

The veins in your leg appear larger than normal.

Pain in your chest or ribs that is worse if you take a deep breath.

Coughing up blood.

If you experience any of these symptoms please contact your GP immediately day or night.

If you experience severe shortness of breath, chest pain or uncontrolled bleeding dial 999 for an ambulance.

30 Mar 2022	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	Forest Gate Med Ctr (Lakeside) (DHU-Northants OOH)	
6 Minden Close	The Medical Centre	
Corby	Emergency Phone 07902310611	Forest Gate Road
Northamptonshire		Corby
NN18 9EW		Northamptonshire
		NN17 1TR
		Phone 01536206789

Patient's Reported Condition

not alone lost blue inhaler feels short of breath

Case Summary

Disposition:
Emergency Ambulance Response for Potential COVID19 (Category 3)
Dx01214

Selected care service:
No referral made.

Rationale:
No blood loss
Illness
Warm to touch
Able to carry out some normal activities
Choking episode in last 24 hours
No indication scene unsafe

Pathways Assessment:
An injury or health problem was the reason for the contact.
There was no blood loss.
An illness or health problem was the main problem.
User Comments: short of breath
The individual was not fighting for breath.
The main reason for the assessment was not an allergic reaction, heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, or ICD shock.
The skin on the torso felt normal, warm or hot.
Pathway selected - Breathing Problems, Breathlessness or Wheeze
There was no rapid swelling of the lips, face, tongue, mouth or throat.
There was no chest or upper back pain at the time of the assessment.
There had been no chest or upper back pain in the previous 24 hours.
There was no abdominal pain.
An oxygen reading was not declared.
The individual was still able to carry out some normal activities.
There had been an episode of choking within the previous 24 hours.
Instructions given were: An emergency ambulance is being arranged.
Further information to help with dispatch could not be confirmed.
It could not be confirmed if there was someone staying with the individual.
A safeguarding concern could not be confirmed.
Coronavirus - Ambulance Operational Information
The scene was safe.
Breathlessness
User Comments: Not given

Advice given:
Follow local procedure for informing the crew and recording in your CAD.
Possible coronavirus case. Crew to follow infection control procedures.
Sit upright.
Use prescribed inhalers, nebulisers or oxygen according to the instructions.

If there are any new symptoms, or their condition gets worse, changes or you have any other concerns call 999.
NO INSTRUCTIONS GIVEN AS NOT SAFE AND/OR APPROPRIATE.

<i>Document Created</i>	30-Mar-2022, 21:39
<i>Document Owner</i>	Derbyshire Health United
<i>Authored by</i>	Katie Davidson - Assessed by, Ashgate Manor (Derbyshire Health United) on 30-Mar-2022, 21:35
<i>Consent Status</i>	Consent given for electronic record sharing

<i>Encounter Type</i>	NHS111 Encounter
<i>Encounter Time</i>	30-Mar-2022, 21:01 to 30-Mar-2022, 21:35
<i>Case Reference</i>	D3ADA858-D661-4441-AD34-0E3454B7FD11
<i>Case ID</i>	1511358
<i>Encounter Disposition</i>	Emergency Ambulance Response for Potential COVID19 (Category 3)
<i>Care Setting Location</i>	Incident Location
	<i>Visit Address</i>
<i>Care Setting Address</i>	6 Minden Close Corby Northamptonshire NN18 9EW
<i>Care Setting Type</i>	
<i>Responsible Party</i>	Aqib Bhatti - Medical Director, Derbyshire Health United

Document ID **6681845A-00D5-40BC-AC0C-590193ECCB72** Version **1**

04 Apr 2022	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: 648 816 7464

Hospital Number: 184902

Ref: KHO/eo

12 April 2022

(Dictated: 04.04.22)

Consultant

Dr K Hogrefe

Tel: 01536 493344

Dr A S Heer
 Lakeside Healthcare
 The Lakeside Surgery
 Cottingham Road
 Corby
 Northamptonshire NN17 2UR
 Dear Dr Heer

Duncan Campbell Clacher 21/05/1958

6 Minden Close, Corby, Northamptonshire NN18 9EW

I just received a message that Mr Clacher did not attend his appointment for the Echocardiogram as suggested as part of the cardiac assessment in view of his breathlessness.

There was obviously a possibility that his breathlessness was more respiratory than cardiac in origin and if his symptoms have settled then there is probably no pressing need to have his Echocardiogram at this point in time. I have not made another appointment for the Echocardiogram, or a cardiac follow-up, but if there is any ongoing concerns you could actually then request an Echocardiogram directly via the Choose & Book system.

Yours sincerely

Electronically checked

Dr K Hogrefe
 Consultant Cardiologist
 FRCP MD

cc:

Mr Duncan Campbell Clacher
 6 Minden Close
 Corby
 Northamptonshire
 NN18 9EW

It is now our policy to copy all letters to the patient for information and to improve your care. The medical terminology can be confusing and we urge you to discuss any queries you may have with your consultant or GP at the next appointment.

13 Apr 2022	DNA Letter to Lakeside Healthcare
Letter Type	DNA Letter
Letter To	Lakeside Healthcare
Letter From	Respiratory, Kettering General Hospital

Medicine CBU (Clinical Business Unit)

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

Consultant: Dr T Anwar

NHS Number: 648 816 7464

Hospital Number: 184902

Ref: CDC TELEPHONE CLINIC/13.04.22/TA/KD/RESP#

9 May 2022

Consultants

Dr R Reddy	Tel: 01536 492805
Dr S Khan	Tel: 01536 492231
Dr S F Hussain	Tel: 01536 492231
Dr S Mallik	Tel: 01536 492243
Dr N Siddique	Tel: 01536 492243
Dr M Naeem	Tel: 01536 492243
Dr T Anwar	Tel: 01536 492246
Dr G Tsaknis	Tel: 01536 492246
Dr A Singh	Tel: 01536 492246

Lakeside Healthcare
The Lakeside Surgery
Cottingham Road
Corby
Northamptonshire
NN17 2UR

Dear Doctor,

Duncan Campbell Clacher 21/05/1958

6 Minden Close, Corby, Northamptonshire NN18 9EW

This patient was booked in the Respiratory Telephone Clinic today (13/04/22) but couldn't be contacted through his mobile, it went to answerphone.

I have asked our admin team to rebook this patient on the next available clinic slot.

Yours sincerely

Electronically Approved

Dr T Anwar, FRCP UK MRCP Pulmonology UK

European Diploma in Adult Respiratory Medicine

Consultant Respiratory Physician and COPD Lead

cc:

Mr Duncan Campbell Clacher

6 Minden Close, Corby, Northamptonshire
NN18 9EW

It is now our policy to copy all letters to the patient for information and to improve your care. The medical terminology can be confusing and we urge you to discuss any queries you may have with your consultant or GP at the next appointment.

25 Apr 2022	Pain Clinic to Lakeside Healthcare
Letter Type	Pain Clinic
Letter To	Lakeside Healthcare
Letter From	Chronic Pain Clinic, Kettering General Hospital

Surgery Division

Department of Chronic Pain

Rothwell Road

Kettering

Northants

NN16 8UZ

Main Switchboard: 01536 492000

Web: www.kgh.nhs.uk

Consultant: Dr N Roberts

NHS Number: 648 816 7464

Hospital Number: 184902

Ref: NR/CA

26 April 2022

Consultants

Dr N Roberts

Dr R Poddar

Miss L Johnson (Matron)

Nurses office

Tel: 01536 491401 / Fax: 01536

493526

Tel: 01536 491401 / Fax: 01536 493526

Tel: 01536 491588 / Fax: 01536 493526

Tel: 01536 491588 / Fax: 01536 493526

KGH Dr N Roberts Pain Relief 25/04/2022

Lakeside Healthcare

The Lakeside Surgery

Cottingham Road

Corby

Northamptonshire

NN17 2UR

Dear Doctor

Mr Duncan Campbell Clacher 21/05/1958

6 Minden Close, Corby, Northamptonshire NN18 9EW

Duncan Clacher attended for an appointment on 25th April. He was originally booked for a telephone appointment, but turned up in person and hence we saw him face to face. On reviewing our notes, I remember seeing this gentleman in 2018 and at the time he had similar problems with his back which we had planned to inject. Unfortunately, at that time Duncan had a myocardial infarction and had some stents inserted which required dual anti-platelet therapy to prevent thrombosis and this procedure was therefore deferred.

Duncan informed me that he had a seizure about three months ago related to the use of Pregabalin which has now been stopped. He has back pain in a very similar distribution to previously on both sides of his back which is usually worse when he is walking and needs help with activities of daily living. Whilst his anti-platelet medication has been stopped, he still takes a small dose of Aspirin.

Duncan also has diabetes, COPD and has been previously quoted in his letters, he has had previous opioid dependence; Benzodiazepine dependence and one letter commented on Cocaine misuse. Duncan has been a patient with Substance 2 Solutions but he spent some part of the consultation expressing his displeasure about being labelled as a drug addict, in his words. I informed him that it was not really our place to make any judgements, but that his GP would like to explore other options for helping him with his back pain rather than further medication. However, Duncan was adamant that he wanted Buprenorphine patches and I think that he was secretly hoping that we could authorise these or provide him with a prescription.

Overall, Duncan was not satisfied with the suggestion that we could trial the medial branch blocks to try and help him in an alternative way.

In conclusion, nothing was decided today and I think that he is adamant that he wishes to pursue the Buprenorphine patches and to that end, we have sadly discharged him back to your care.

Yours sincerely
Electronically approved
Dr N Roberts
Consultant in Chronic Pain Management

25 Apr 2022	Pain Clinic to Lakeside Healthcare
Letter Type	Pain Clinic
Letter To	Lakeside Healthcare
Letter From	Chronic Pain Clinic, Kettering General Hospital



Surgery Division



Kettering General Hospital

NHS Foundation Trust

Department of Chronic Pain

Rothwell Road
Kettering
Northants
NN16 8UZ

Main Switchboard: 01536 492000
Web: www.kgh.nhs.uk

Consultant: Dr N Roberts

NHS Number: 648 816 7464
Hospital Number: 184902
Ref: NR/CA

Consultants

Dr N Roberts
Dr R Poddar
Miss L Johnson (Matron)
Nurses office

Tel: 01536 491401 / Fax: 01536 493526
Tel: 01536 491401 / Fax: 01536 493526
Tel: 01536 491588 / Fax: 01536 493526
Tel: 01536 491588 / Fax: 01536 493526

26 April 2022

KGH Dr N Roberts Pain Relief 25/04/2022

Lakeside Healthcare
The Lakeside Surgery
Cottingham Road
Corby
Northamptonshire
NN17 2UR

Dear Doctor

Mr Duncan Campbell Clacher 21/05/1958
6 Minden Close, Corby, Northamptonshire NN18 9EW

Duncan Clacher attended for an appointment on 25th April. He was originally booked for a telephone appointment, but turned up in person and hence we saw him face to face. On reviewing our notes, I remember seeing this gentleman in 2018 and at the time he had similar problems with his back which we had planned to inject. Unfortunately, at that time Duncan had a myocardial infarction and had some stents inserted which required dual anti-platelet therapy to prevent thrombosis and this procedure was therefore deferred.

Duncan informed me that he had a seizure about three months ago related to the use of Pregabalin which has now been stopped. He has back pain in a very similar distribution to previously on both sides of his back which is usually worse when he is walking and needs help with activities of daily living. Whilst his anti-platelet medication has been stopped, he still takes a small dose of Aspirin.

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Group Chairman: Alan Burns | Group Chief Executive: Simon Weldon

Duncan Campbell Clacher 21/05/1958
6 Minden Close, Corby, Northamptonshire NN18 9EW

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Overall, Duncan was not satisfied with the suggestion that we could trial the medial branch blocks to try and help him in an alternative way.

In conclusion, nothing was decided today and I think that he is adamant that he wishes to pursue the Buprenorphine patches and to that end, we have sadly discharged him back to your care .

Yours sincerely

Electronically approved

Dr N Roberts
Consultant in Chronic Pain Management

17 May 2022	Respiratory to Lakeside Healthcare
Letter Type	Respiratory
Letter To	Lakeside Healthcare
Letter From	Respiratory, Kettering General Hospital

Medicine CBU (Clinical Business Unit)

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

Consultant: Dr S Mallik
NHS Number: 648 816 7464
Hospital Number: 184902
Ref: SKM/MRS/ RESP#
KGH Ad Hoc Tel Clinic: 17.5.22.
 31 May 2022

Consultants
 Dr R Reddy Tel: 01536
 492805
 Dr S Khan Tel: 01536
 492231
Dr S Mallik Tel: 01536
 492231
 Dr N Siddique Tel: 01536
 492231
 Dr M Naeem **Tel: 01536**
 492243
 Dr T Anwar Tel: 01536
 492243
 Dr G Tsaknis Tel: 01536
 492805
 Dr A Singh Tel: 01536
 492246
 Tel: 01536
 492246
 Tel: 01536
 492246
 Tel: 01536
 492246

Dr. E. Hayward,
 Lakeside Healthcare
 The Lakeside Surgery
 Cottingham Road
 Corby
 Northants
 NN17 2UR

Dear Dr. Hayward,
Duncan Campbell Clacher 21/05/1958
6 Minden Close, Corby, Northamptonshire NN18 9EW
Diagnosis: COPD
 Current smoker
 Diabetes mellitus
 Ischaemic heart disease

Current medication: Aspirin. Sertraline. Mono M Lansoprazole. Atorvastatin. Uniphyllin. Pregabalin. Thiamine. Spirolactone. Bisoprolol 2.5 mgs daily. Ventolin inhaler. Buprenorphine. ? Spiriva.

Thank you for referring this 63 year old gentleman with whom I had a telephone consultation today. He is known to have COPD for several years but his symptoms are not well controlled. I understand that during his A & E attendance he was told that his current inhalers are not sufficient. Although

your letter suggests that he is known to us I could not find any old Clinic letters or spirometry on our system.

Mr. Clacher is a life long smoker and has reduced it recently from 20 to 10 cigarettes a day. He is also getting recurrent chest infections and the last one was about 2 months ago. He told me that he is currently only taking Salbutamol inhaler and stopped taking Spiriva. His previous CT scans have shown tiny (less than 5 mm) sub pleural lung nodules which did not change on a 1 year follow up CT scan.

I have strongly advised Mr. Clacher to stop smoking and he might benefit from referral to the Smoking Cessation Service. I have requested routine blood tests including immunoglobulins and functional antibodies considering his recurrent chest infections. I have also requested spirometry with reversibility. I would appreciate it if you could kindly send a sputum sample if it changes colour again, prior to starting antibiotics. **Regarding inhalers you can try Trimbow.**

He will be followed up in Clinic in 3-4 months.

Yours sincerely

Dr S Mallik

Consultant Respiratory Physician

FRCP FCCP MBBS

cc:

PRIVATE & CONFIDENTIAL

Mr Duncan Campbell Clacher

6 Minden Close

Corby

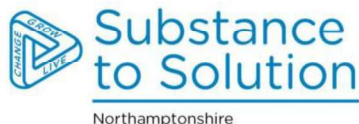
Northamptonshire

NN18 9EW

It is now our policy to copy all letters to the patient for information and to improve your care. The medical terminology can be confusing and we urge you to discuss any queries you may have with your consultant or GP at the next appointment.

04 Jul 2022	Substance Misuse to Lakeside Healthcare
Letter Type	Substance Misuse
Letter To	Lakeside Healthcare
Letter From	S2S: Substance to Solution

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



Ref: NG/RK/PB/DC

Private and Confidential

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

15th July 2022

Re: Duncan Clacher DOB: 21/May/1958

Date of review: 04/07/2022 Review: Face 2 Face

Recovery worker: Russell Kennedy

Summary for GP

I reviewed Duncan in my clinic today, regarding her Opioid dependence. I explained my role as an NMP. Since his last review, he has been maintained on Buprenorphine. Duncan states that his current dose of Buprenorphine 16mg daily is holding him from opiate withdrawal. Duncan reported to have never used any heroin or any street drugs apart from illicit Buprenorphine for pain management due to back pain. Since he commenced on OST he reports to have not used any illicit Buprenorphine. He reports to be keen to have his back pain looked in to and managed by the pain management team so he can come off Buprenorphine which he feels he can't do at present as it is helping him with his back pain. From a clinical point of view, it will be of benefit for him to be under the pain clinic rather than addiction services. He reported to be keen to do well. Plan is to continue on Buprenorphine 16mg with a view to liaise with GP and Pain Management team for ongoing management of his back pain. This is a routine review to monitor progress in treatment

TREATMENT DISCUSSION

A full treatment discussion was held 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.

Impression

1. opiate dependence syndrome

MANAGEMENT PLAN

To continue on 16mg of Buprenorphine Daily supervised consumption
To Liaise with and engage with ROCKET team, GP and pain management



Change. grow. live (CGL) Registered Office: 3rd Floor, Tower Point, 44 North Road, Brighton BN1 1YR.



GP, could you please kindly refer Duncan to Pain Management Team
 To move on in treatment
 To attend for routine drug screening
 LFT bloods to be done
 Medical review in 3-6 months.
 Harm reduction and relapse prevention discussed. Discussed risks of combination of prescribed and illicit substances, risk of overdose and early signs of overdose, risks of IV drug use, risks of poly drug use, tolerance levels.

Medication Prescribed by CGL:

16mg buprenorphine daily supervised

Naloxone:

In possession

Medications from GP (self-reported):

Ventolin Inhaler
 Beclomethasone Inhaler

Spirolactone
 Glyceril Tinitrate spray
 Aspirin 75mg OD
 Atorvastatin 40mg OD
 Bisoprolol 2.5mg OD
 Lansoprazole 30mg OD
 Metformin 500mg BD
 Monomil 60mg OD
 Pregabalin 75mg QDS
 Ramipril 2.5mg OD
 Sertraline 100mg OD
 Uniphyllin Continus 200mg

Lactulose
 Vitamin B
 Thiamine

OTC: paracetamol

Safe storage of prescribed medication:

Locked Box

Locked Box issued: in possession and in working order
 Locked Box stored: locked away in bedroom
 Locked box keys are to be held separately

Packaging

Client is aware of safe disposal of medication bottles and packaging

Medication risks

Client is aware of toxicity to children/adults who are not tolerant to medications prescribed by us
 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



Requests to GP:

Please take care when prescribing other medications that may have misuse potential. 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 his / her treatment for opiate dependency as drug interactions may potentially have fatal consequences. Please be especially careful with regards to medications which prolong the QT interval (e.g., Citalopram). Please let us know if you have any safeguarding concerns.

PHYSICAL HEALTH

On-going chest infection none at present and not having any treatment for it
 Hospital admission in Sep 20 due to "vacant episodes and past seizures". He was given pabrinex for 3 days.
 Prolapsed discs in lower spine. - affects his mobility at times., will liaise with GP regarding referral to Pain Management Team
 Type II Diabetes – diagnosed 3 years ago – managed by medications
 COPD – Under ROCKET team and seen regularly for reviews - last seen before 12/2020 and nil since then advised to speak to GP regarding this and to contact the ROCKET team as well
 Heart Disease and heart attack in 2018 Has stents fitted over 2 years ago.
 Last hospital discharge summary on 1 Oct 20 indicates Fatty Liver and referral to Dr Das but has not been seen. Advised to speak to GP regarding this

Allergies: NKDA
 Height: 5'9
 Weight: 14 stone eating and drinking well
 Relationships: none
 Sexual health: none

Physical examination

Alert and orientated engaged well in conversation
 Nil withdrawal symptoms noted or reported

MENTAL HEALTH

Diagnosis: fluctuating mood at times trigger is social isolation, described his mood as settled at present
 Psychiatry: nil history and nil at present
 Suicidal thought: nil history and nil at present
 Self-harm: nil history and nil at present

Current mental state

Patient denied any thoughts of harm to self or others.
 There were no concerns around mental capacity during the interview today.
 There was good rapport.
 There was no evidence of psychotic symptoms.
 demonstrated capacity to make decisions about his treatment for opioid dependence.
 Orientated to time, place, and person.
 Not suicidal.

Current Reported Substance Use:

Heroin- none
 Crack – none



Cannabis – none
 Illicit Benzodiazepines – none
 Amphetamine – none
 Illicit Methadone Mix – none
 Illicit Buprenorphine – none
 Other (Mkhat, Ketamine, Steroids, Novel Psychoactive Substances) - none
 Illicit medication- none
 Cigarettes: 10 a day

Drug Screen Results on

Urine screen: last screen 09/2021 positive for benzodiazepine and buprenorphine

Alcohol use

Alcohol intake – none-drinker

PSYCHO-SOCIAL ENGAGEMENT

To continue to engage with recovery worker

SAFEGUARDING

has no carer responsibilities for children under 18
 There do not appear to be any safeguarding issues.

SOCIAL CIRCUMSTANCES

Accommodation – lives in a bedsit, nil issues voiced
 Children – 2 teenagers that live with their mother
 Other support – none
 Employment / Training / Education- unemployed
 Forensic history – various episodes in prison in the past. Last incarcerated over 11 years ago.
 No outstanding criminal convictions at present.

DVLA/driving

Non-driver has a licence
 Legal issues and personal responsibility discussed.

RISKS IDENTIFIED

Sex working – none
 Contact with children – yes regular contact with his children
 Risk of accidental overdose – harm reduction and relapse prevention advice given
 Driving- non-driver

JUSTIFICATION FOR PRESCRIBING: - Agreed to OST prescribing because client feels stable on this dose and therefore it is safer for them to be on a prescription & accessing support from service than it is to be using illegal drugs & engaging in a more chaotic lifestyle.

Yours sincerely

IMandivehyi



Innocent Mandivhey
Independent Non-Medical Prescriber

30 Jul 2022	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	Forest Gate Med Ctr (Lakeside) (DHU-Northants OOH)	
6 Minden Close	The Medical Centre	
Corby	Forest Gate Road	
Northamptonshire	Corby	
NN18 9EW	Northamptonshire	
	NN17 1TR	
	Phone 01536206789	

Patient's Reported Condition

alone needs medication (UNIPHYLLIN) has COPD BREATHING PROBLEMS

Case Summary

Disposition:
Emergency Ambulance Response for Potential COVID19 (Category 3)
Dx01214

Selected care service:
No referral made.

Rationale:
Injury, illness or other health problem
Illness
Cool or cold
Unable to do all normal activities
Breathless at rest
Previous hospitalisation for similar symptoms
Symptoms not as bad as when previously hospitalised
No indication scene unsafe

Pathways Assessment:
An injury, illness or health problem was the reason for the contact.
There was no blood loss.
An illness or health problem was the main problem.
User Comments: breathing problem
The individual was not fighting for breath.
The main reason for the assessment was not an allergic reaction, heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, or ICD shock.
The skin on the torso felt cool or cold.
The individual was not a deathly colour.
Pathway selected - Breathing Problems, Breathlessness or Wheeze
There was no rapid swelling of the lips, face, tongue, mouth or throat.
There was no chest or upper back pain at the time of the assessment.
There had been no chest or upper back pain in the previous 24 hours.
There was no abdominal pain.
An oxygen reading was not declared.
The individual has stopped doing all normal activities.
There were no new skin mark(s), like bruising or bleeding under the skin.
Inability to flex the neck or photophobia were not described.
There had been no episode of choking within the previous 24 hours.
There had been no inhalation of a hot or poisonous substance in the previous 24 hours.
There was no new or worsening confusion.
The individual had not coughed up blood.
Breathing harder or faster when doing nothing was described.
Previous similar episode(s) had occurred.
There had been a previous similar episode, which required hospital admission.
The symptoms were not as severe as those previously requiring hospital admission.
Instructions given were: An emergency ambulance is being arranged.
User Comments: AUTO DISPATCH AS NOT ANSWERING PHONE LEFT 2 VOICEMAILS ALONE

Further information to help with dispatch could not be confirmed.
 The individual did not have someone to stay with them.
 There was no safeguarding concern.
 Coronavirus - Ambulance Operational Information
 The scene was safe.
 User Comments: DISCUSSED WITH CL NICKY A
 Pre-arrival instructions were not considered to be appropriate.
 Closing instructions

Advice given:
 Follow local procedure for informing the crew and recording in your CAD.
 NO INSTRUCTIONS GIVEN AS NOT SAFE AND/OR APPROPRIATE.

<i>Document Created</i>	30-Jul-2022, 16:33
<i>Document Owner</i>	Derbyshire Health United
<i>Authored by</i>	Janice Tinnion - Assessed by, DHU Orbis Building (Derbyshire Health United) on 30-Jul-2022, 16:27
<i>Consent Status</i>	Consent given for electronic record sharing

<i>Encounter Type</i>	NHS111 Encounter
<i>Encounter Time</i>	30-Jul-2022, 15:20 to 30-Jul-2022, 16:27
<i>Case Reference</i>	A915EA50-EC26-4439-BE81-E0C4A5634C4F
<i>Case ID</i>	2466241
<i>Encounter Disposition</i>	Emergency Ambulance Response for Potential COVID19 (Category 3)
<i>Care Setting Location</i>	Incident Location
	<i>Visit Address</i>
<i>Care Setting Address</i>	6 Minden Close Corby Northamptonshire NN18 9EW
<i>Care Setting Type</i>	
<i>Responsible Party</i>	Aqib Bhatti - Medical Director, Derbyshire Health United

Document ID **8D55B3A8-EFEB-40E0-901E-45F2A1DB605A** *Version* **1**

31 Jul 2022	Prescription or Medication details to Lakeside Healthcare
Letter Type	Prescription or Medication details
Letter To	Lakeside Healthcare
Letter From	Pickfords Pharmacy

Community Pharmacy Emergency Medication Supply Record

Patient Demographics

Patient name Duncan Clacher
 Date of birth 21 May 1958
 Gender male
 NHS number 6488167464
 Patient address 6 Minden Close, Corby, Northamptonshire NN18 9EW

Attendance Details

Date of contact 31 Jul 2022
 Reason for service Patient had not ordered their prescription
 Organisation name Mr Pickfords Express Pharmacy
 Organisation address 8 Spencer Court, Corby
 Telephone 01536 264014
 Secure email nhspharmacy.corby.mrpickfora424@nhs.net
 Administered by Inderjeet Singh Kudhail
 identifier 2044894
 Person Collecting Patient

Medications and medical devices

Medication name	Quantity supplied	Supply Type
Uniphyllin Continus 200mg tablets (Napp Pharmaceuticals Ltd)	21 tablet (7 days)	Emergency supply
Ventolin 100micrograms/dose Evohaler (GlaxoSmithKline UK Ltd)	200 dose (7 days)	Emergency supply

Allergies and Adverse Reactions

Causative agent No known drug allergy

Information and Advice given

Information and advice given Patient advised that they should consider discussing with his GP whether they can be set up for electronic repeat dispensing if their medication regime is stable

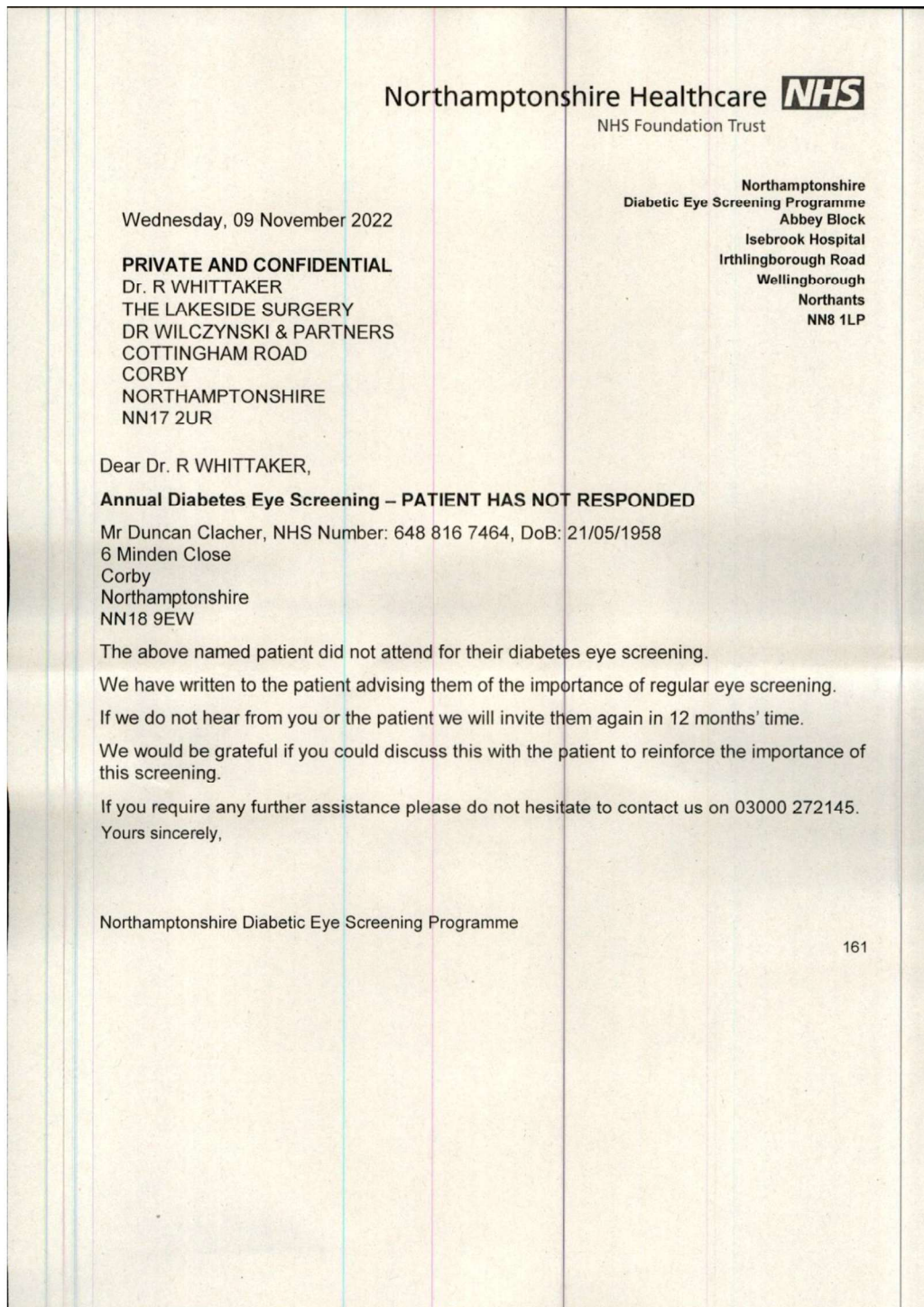
Consent

Consent for treatment record Patient's consent for treatment has been attained
 Consent for information sharing Patient is happy for the supply details to be shared with their Registered GP practice


GP Practice

GP ODS Code K83002
 GP Practice Name Dr Wilczynski & Partners
 GP Practice Address The Lakeside Surgery, Cottingham Road, Corby, Northamptonshire NN17 2UR

09 Nov 2022	Screening to Forest Gate
Letter Type	Screening
Letter To	Forest Gate
Letter From	Diabetic Eye Screening Programme, Isebrook Hospital




22 Jan 2023	Miscellaneous to Lakeside Healthcare
Letter Type	Miscellaneous
Letter To	Lakeside Healthcare
Letter From	SARS

Dr ~~SK~~ FK
 Sight of notes
 (Yes) No
 Sign 



9 Appendixes

Appendix A – Patient Subject Access Request form

Full Name	Duncan Clacher	Date of Request	22.01.2023
Date of Birth	21.05.58	NHS Number (if known)	YZ806342C
Email	clacherduncan@gmail.com		
Full Address	6 Minden Close Corby NN18 9EW		
Details of Request	<p>Please detail exactly what information you would like. For example, information between two dates, information relating to a particular medical condition, hospital letters only, or your entire GP record.</p> <p>All medical records from to & KGM All appointments & visits To KGH</p>		
How would you like the information to be provided?	<p>Please indicate your preferred format:</p> <p><input type="checkbox"/> Email – Please ensure an up-to-date and <u>secure</u> email address is supplied above</p> <p><input checked="" type="checkbox"/> Printed – To be collected in person *</p> <p><input type="checkbox"/> On-line – Access via Detailed coded record (For Detail Coded Record access, the appropriate forms will need to be completed and proof of ID seen)</p> <p>Please note it may not always be possible to supply the information in your preferred format.</p>		
<p>Declaration: This Subject Access Request is for my personal information. I understand that the information provided to me by Lakeside Healthcare Group is for my personal use only. The security and confidentiality of any information provided will become the responsibility of the requestor and Lakeside Healthcare Group cannot be held responsible for any onward transmission, distribution or loss.</p>			
Patient's signature: 		Date: 22.01.2023	

23 Jan 2023	Pharmacy to Lakeside Healthcare
Letter Type	Pharmacy
Letter To	Lakeside Healthcare
Letter From	Pickfords Pharmacy

Community Pharmacy Emergency Medication Supply Record

Patient Demographics

Patient name Duncan Clacher
 Date of birth 21 May 1958
 Gender male
 NHS number 6488167464
 Patient address 6 Minden Close, Corby, Northamptonshire NN18 9EW

Attendance Details

Date of contact 23 Jan 2023
 Reason for service Patient had ordered their prescription but it was not ready
 Organisation name Mr Pickfords Express Pharmacy
 Organisation address 8 Spencer Court, Corby
 Telephone 01536 264014
 Secure email nhspharmacy.corby.mrpickforfa424@nhs.net
 Administered by Rajiv Patel
 identifier 2034352
 Person Collecting Patient

Medications and medical devices

Medication name	Quantity supplied	Supply Type
Uniphyllin Continus 200mg tablets (Napp Pharmaceuticals Ltd)	21 tablet (7 days)	Emergency supply

Allergies and Adverse Reactions

Causative agent No known drug allergy

Information and Advice given

Information and advice given Patient advised that they should consider discussing with his GP whether they can be set up for electronic repeat dispensing if their medication regime is stable

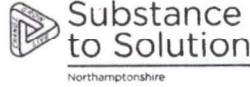
Consent

Consent for treatment record Patient's consent for treatment has been attained
 Consent for information sharing Patient is happy for the supply details to be shared with their Registered GP practice

GP Practice

GP ODS Code K83002
 GP Practice Name Dr Wilczynski & Partners
 GP Practice Address The Lakeside Surgery, Cottingham Road, Corby, Northamptonshire NN17 2UR

02 Feb 2023	Substance Misuse to Lakeside Healthcare
Letter Type	Substance Misuse
Letter To	Lakeside Healthcare
Letter From	Lakeside Healthcare



S2S: Substance to Solution
 The Old TA Building
 Corby
 NN17 1PN
 T: 01604 211 304 Opt 5
 E: Corbys2s@cgl.cjsm.net
 W: changegrowlive.org

*dae
 file to notes
 2/2/23 MB*

Date *2/2*
 Private and Confidential

To whom it may concern
 Re: *Duncan Clacher* DOB *21/05/1958*

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 01604 603101 or 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
 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: *D. Clacher.*

Signature: *D Clacher*

19 Mar 2023	Prescription or Medication details to Lakeside Healthcare
Letter Type	Prescription or Medication details
Letter To	Lakeside Healthcare
Letter From	Pickfords Pharmacy

Community Pharmacy Emergency Medication Supply Record

Patient Demographics

Patient name Duncan Clacher
Date of birth 21 May 1958
Gender male
NHS number 6488167464
Patient address 6 Minden Close, Corby, Northamptonshire NN18 9EW

Attendance Details

Date of contact 19 Mar 2023
Reason for service Other:surgery missed items off script.
Organisation name Pickfords Pharmacy Express
Organisation address 8 Spencer Court, Corby
Telephone 01536 264014
Secure email nhspharmacy.corby.mrpickforfa424@nhs.net
Administered by Majahid Hussain
identifier 2046872
Person Collecting Patient

Medications and medical devices

Medication name	Quantity supplied	Supply Type
Uniphyllin Continus 200mg tablets (Napp Pharmaceuticals Ltd)	21 tablet (7 days)	Emergency supply
Vitamin B compound strong tablets (Almus Pharmaceuticals Ltd)	14 tablet (7 days)	Emergency supply

Allergies and Adverse Reactions

Causative agent No known drug allergy

Information and Advice given

Information and advice given Patient advised that they should consider discussing with his GP whether they can be set up for electronic repeat dispensing if their medication regime is stable

Consent

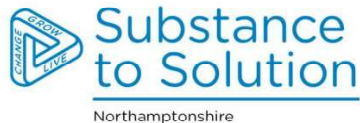
Consent for treatment record Patient's consent for treatment has been attained
Consent for information sharing Patient is happy for the supply details to be shared with their Registered GP practice

GP Practice

GP ODS Code K83002
GP Practice Name Dr Wilczynski & Partners
GP Practice Address The Lakeside Surgery, Cottingham Road, Corby, Northamptonshire NN17 2UR

04 Apr 2023	Substance Misuse to Forest Gate
Letter Type	Substance Misuse
Letter To	Forest Gate
Letter From	S2S Substance to Solution

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



Ref: NG/RK/PB/DC

Private and Confidential

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

5th April 2023

Re: Duncan Clacher DOB: 21/May/1958
Date of review: 04/04/23 Review: Face 2 Face
Recovery worker: Russell Kennedy

Summary for GP

I reviewed Duncan in my clinic today, regarding her Opioid dependence. I explained my role as an NMP. Since his last review, he has been maintained on Buprenorphine.

Duncan states that his current dose of Buprenorphine 16mg daily is holding him from opiate withdrawal.

Duncan reported to have never used any heroin but have been using illicit diazepam which he buys on the street to help him sleep. Advised on the risks and danger of poly pharmacy and was advised to approach his GP for sleeping aids if need be. Duncan was started on OST treatment because he was addicted to opioids-based medications for his back pain. Duncan had had referral and appointment with pain clinic, was placed on pregabalin which he stated he took himself off as it was causing him seizures. From all indications, Duncan reported that the GP is not to helping him with his pain medication as such rely much on buprenorphine for his pain management. Duncan was encouraged to engage with his GP for proper pain management. He reports to be keen to have his back pain looked in to and managed by the pain management team so he can come off Buprenorphine which he feels he can't do at present as it is helping him with his back pain.

From a clinical point of view, it will be of benefit for him to be under the pain clinic rather than addiction services.

He reported to be keen to do well.

Plan is to continue Buprenorphine 16mg with a view to liaise with GP and Pain Management team for ongoing management of his back pain.

This is a routine review to monitor progress in treatment.

TREATMENT DISCUSSION

A full treatment discussion was held 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.



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).



Impression

1. opiate dependence syndrome

MANAGEMENT PLAN

To continue 16mg of Buprenorphine Daily supervised consumption
To Liaise with and engage with ROCKET team, GP and pain management.

To move on in treatment

To attend for routine drug screening

Medical review in 3-6 months.

Harm reduction and relapse prevention discussed. Discussed risks of combination of prescribed and illicit substances, risk of overdose and early signs of overdose, risks of IV drug use, risks of poly drug use, tolerance levels.

Medication Prescribed by CGL:

16mg buprenorphine daily supervised.

Naloxone:

In possession

Medications from GP (self-reported):

Ventolin Inhaler

Beclomethasone Inhaler

Spirolactone

Glyceril Tinitrate spray

Aspirin 75mg OD

Atorvastatin 40mg OD

Bisoprolol 2.5mg OD

Lansoprazole 30mg OD

Metformin 500mg BD

Monomil 60mg OD

Pregabalin 75mg QDS

Ramipril 2.5mg OD

Sertraline 100mg OD

Uniphyllin Continus 200mg

Lactulose

Vitamin B

Thiamine

OTC: paracetamol

Safe storage of prescribed medication:

Locked Box

Locked Box issued: in possession and in working order.

Locked Box stored: locked away in bedroom.

Locked box keys are to be held separately.



Packaging

Client is aware of safe disposal of medication bottles and packaging.

Medication risks

Client is aware of toxicity to children/adults who are not tolerant to medications prescribed by us.
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.

Requests to GP:

Kindly refer Duncan to Pain Management Team, also update us with the current medical summary.

Please take care when prescribing other medications that may have misuse potential.

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 his / her treatment for opiate dependency as drug interactions may potentially have fatal consequences. Please be especially careful with regards to medications which prolong the QT interval (e.g., Citalopram).

Please let us know if you have any safeguarding concerns.

PHYSICAL HEALTH

On-going chest infection none at present and not having any treatment for it.

Hospital admission in Sep 20 due to "vacant episodes and past seizures".

Prolapsed discs in lower spine. - affects his mobility at times., will liaise with GP regarding referral to Pain Management Team

Type II Diabetes – diagnosed 4 years ago – managed by medications.

COPD – Under ROCKET team and seen regularly for reviews - last seen before 12/2020 and nil since then advised to speak to GP regarding this and to contact the ROCKET team as well.

Heart Disease and heart attack in 2018 Has stents fitted over 3 years ago.

Last hospital discharge summary on 1 Oct 20 indicates Fatty Liver and referral to Dr Das.

Allergies: NKDA

Height: 5'9

Weight: 14 stone eating and drinking well

Relationships: none

Sexual health: none

Physical examination

Alert and orientated engaged well in conversation.

Nil withdrawal symptoms noted or reported.

MENTAL HEALTH

Diagnosis: fluctuating mood at times trigger is social isolation, described his mood as settled at present

Psychiatry: nil history and nil at present

Suicidal thought: nil history and nil at present

Self-harm: nil history and nil at present

Current mental state



Patient denied any thoughts of harm to self or others.
There were no concerns around mental capacity during the interview today.
There was good rapport.
There was no evidence of psychotic symptoms.
demonstrated capacity to make decisions about his treatment for opioid dependence.
Orientated to time, place, and person.
Not suicidal.

Current Reported Substance Use:

Heroin- none
Crack – none
Cannabis – none
Illicit Benzodiazepines – none
Amphetamine – none
Illicit Methadone Mix – none
Illicit Buprenorphine – none
Other (Mkhat, Ketamine, Steroids, Novel Psychoactive Substances) - none
Illicit medication- none
Cigarettes: 10 a day

Drug Screen Results on 04/04/23

Urine screen: unable to produce urine for UDS. Recovery worker to test Duncan before he leaves the unit today. Last screen 09/2021 positive for benzodiazepine and buprenorphine

Alcohol use

Alcohol intake – none-drinker

PSYCHO-SOCIAL ENGAGEMENT

To continue to engage with recovery worker.

SAFEGUARDING

has no carer responsibilities for children under 18.
There do not appear to be any safeguarding issues.

SOCIAL CIRCUMSTANCES

Accommodation – lives in a bedsit, nil issues reported.
Children – 2 teenagers 15- and 16-years old boys that live with their mother.
Other support – none
Employment / Training / Education- unemployed
Forensic history – various episodes of prison sentences in the past. Last incarcerated over 13 years ago.
No outstanding criminal convictions at present.

DVLA/driving

Non-driver, has a licence.
Legal issues and personal responsibility discussed.



RISKS IDENTIFIED

Sex working – none.

Contact with children – yes regular contact with his children.

Risk of accidental overdose – harm reduction and relapse prevention advice given

Driving- non-driver.

Yours sincerely,

Uche Alino
Non-medical prescriber.

25 May 2023	Out of Hours to Lakeside Healthcare
Letter Type	Out of Hours
Letter To	Lakeside Healthcare
Letter From	Ic24 National Service Advisor

NHS 111 Report - For Information

CLACHER, Duncan Born 21-May-1958 Gender Male Local Patient ID NORA-CS6NQQ-651			
Home Address	Visit Address		GP Practice
6 MINDEN CLOSE CORBY NN18 9EW	6 MINDEN CLOSE CORBY NN18 9EW	Emergency Phone 07902310611	DR WILCZYNSKI & PARTNERS

Patient's Reported Condition

pt called yesterday - pt has late stages COPD - requires medication for this - pt says if he doesn[APOS]t get them he will die - doctor gave prescription but COPD tablets to open airways were missing - pt has missed dose already - pt stated his hands are shaking and feels very unwell so changed answer to refer to HA. PT hung up during transfer. attempted call back 3 times with no answer. left voicemail with worsening.

Pathways Disposition

The call is closed with no further action required. (Dx108)

Selected Service: No Service Selected

Consultation Summary

Assessment ended, system user or caller terminated call - PT hun up while being transfered

Pathways Assessment

Early Exit Selected.
The assessment ended because the caller or the call taker terminated the call. - PT hun up while being transfered
A disposition was not reached in the triage.

Advice Given

SCR Consent

Consent given for SCR sharing

Document Created	25-May-2023, 18:05
Document Owner	National Service Advisor
Authored by	Corinne Simpson - Call Operator, National Service Advisor on 25-May-2023, 18:05
Consent Status	Consent given for electronic record sharing

Informant	Duncan CLACHER - Self
Emergency Phone	07902310611

Encounter Type	NHS111 Encounter
Encounter Time	25-May-2023, 15:38 to 25-May-2023, 18:04
Case Reference	77DDA659-B851-4EA7-BA09-57C0A08D8199
Case ID	230753862
Encounter Disposition	Call is closed with no further action needed
Care Setting Location	
	Visit Address
Care Setting Address	6 MINDEN CLOSE CORBY NN18 9EW

Care Setting Type
Other participant(s) in this document
Referred To
Referred To Organization National Service Advisor
Visit Address
Kingston House
The Long Barrow
Orbital Park Emergency Phone 01233505450
Ashford
Kent
TN24 0GP
Document ID 1249BD58-20ED-4E23-B636-E62084CB5384 Version 1

03 Jun 2023	Discharge & Prescription Sheet to Lakeside Healthcare
Letter Type	Discharge & Prescription Sheet
Letter To	Lakeside Healthcare
Letter From	Pickfords Pharmacy

Community Pharmacy Emergency Medication Supply Record

Patient Demographics

Patient name Duncan Clacher
 Date of birth 21 May 1958
 Gender male
 NHS number 6488167464
 Patient address 6 Minden Close, Corby, Northamptonshire NN18 9EW

Attendance Details

Date of contact 3 Jun 2023
 Reason for service Patient had not ordered their prescription
 Organisation name Pickfords Pharmacy Express
 Organisation address 8 Spencer Court, Corby
 Telephone 01536 264014
 Secure email nhspharmacy.corby.mrpickfora424@nhs.net
 Administered by Rajiv Patel
 identifier 2034352
 Person Collecting Patient

Medications and medical devices

Medication name	Quantity supplied	Supply Type
Uniphyllin Continus 200mg tablets (Napp Pharmaceuticals Ltd)	9 tablet (3 days)	Emergency supply
Trimbow 87micrograms/dose / 5micrograms/dose / 9micrograms/dose inhaler (Chiesi Ltd)	1 dose (28 days)	Emergency supply
Ventolin 100micrograms/dose Evohaler (GlaxoSmithKline UK Ltd)	1 dose (14 days)	Emergency supply

Allergies and Adverse Reactions

Causative agent No known drug allergy

Information and Advice given

Information and advice given Patient advised that they should consider discussing with his GP whether they can be set up for electronic repeat dispensing if their medication regime is stable

Consent

Consent for treatment record Patient's consent for treatment has been attained
 Consent for information sharing Patient is happy for the supply details to be shared with their Registered GP practice

GP Practice

GP ODS Code K83002
 GP Practice Name Dr Wilczynski & Partners
 GP Practice Address The Lakeside Surgery, Cottingham Road, Corby, Northamptonshire NN17 2UR

21 Jun 2023	DNA Letter to Lakeside Healthcare
Letter Type	DNA Letter
Letter To	Lakeside Healthcare
Letter From	Respiratory, Kettering General Hospital

Medicine CBU (Clinical Business Unit)

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

Consultant: Dr S Mallik
NHS Number: 648 816 7464
Hospital Number: 184902
Ref: SKM/MRSRESP#
KGH Resp Out-Patient Clinic:
21.6.22
 23 June 2023

Consultants
 Dr R Reddy Tel: 01536 492805
 Dr S Khan Tel: 01536 492231
 Dr S F Hussain Tel: 01536 492231
Dr S Mallik Tel: 01536 492231
 Dr N Siddique Tel: 01536 492231
 Dr M Naeem Tel: 01536 492243
 Dr T Anwar Tel: 01536 492243
 Dr G Tsaknis Tel: 01536 492243
 Dr A Singh Tel: 01536 492805
 Tel: 01536 492246
 Tel: 01536 492246
 Tel: 01536 492246

Lakeside Healthcare
 The Lakeside Surgery
 Cottingham Road
 Corby
 NN17 2UR

Dear Doctor,
Duncan Campbell Clacher 21/05/1958
6 Minden Close,
Corby,
Northants NN18 9EW

Mr. Clacher had a planned Face to Face appointment with us in the Respiratory Out-Patient Clinic today. Unfortunately he did not keep his appointment. He did not keep his appointment for spirometry as well. I hope he is stable.

In line with Trust Policy I am now discharging him from the Respiratory Clinic.

Yours sincerely
 Dr S Mallik
 Consultant Respiratory Physician
 FRCP FCCP MBBS
 cc:

PRIVATE & CONFIDENTIAL

Mr Duncan Campbell Clacher
6 Minden Close
Corby
Northamptonshire
NN18 9EW

It is now our policy to copy all letters to the patient for information and to improve your care. The medical terminology can be confusing and we urge you to discuss any queries you may have with your consultant or GP at the next appointment.

07 Jul 2023	Out of Hours to Lakeside Healthcare
Letter Type	Out of Hours
Letter To	Lakeside Healthcare
Letter From	Dhc Ltd Ooh

NHS 111 Report - For Action

CLACHER, Duncan	Born 21-May-1958	Gender Male	NHS No. 648 816 7464
			Local Patient ID 80E77F21-90B8-4CCA-89FC-8EC63C85D5D1
			GP Practice
			Forest Gate Med Ctr (Lakeside) (DHU-Northants OOH)
			The Medical Centre
			Forest Gate Road
			Corby
			Northamptonshire
			NN17 1TR
			Phone 01536206789
Home Address			
6 MINDEN CLOSE	Emergency Phone 07902310611		
CORBAY			
NN18 9EW			

Patient's Reported Condition

Alone - been to pick prescription and 2 inhalers isn't there - has copd - short of breath

Pathways Disposition

Speak to Clinical Assessment service 1 hour COVID risk (Dx1112)

Selected service: The Lakeside Surgery - Northants

Consultation Summary

Injury, illness or other health problem
 Illness
 Warm to touch
 Breathless at rest
 Previous hospitalisation for similar symptoms
 Symptoms not as bad as when previously hospitalised
 No change in breathing in last hour

Pathways Assessment

An injury, illness or health problem was the reason for the contact.
 There was no blood loss.
 An illness or health problem was the main problem.
 User Comments: short of breathe
 The individual was not fighting for breath.
 The main reason for the assessment was not an allergic reaction, heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
 The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, or ICD shock.
 The skin on the torso felt normal, warm or hot.
 Pathway selected - Breathing Problems, Breathlessness or Wheeze
 There was no new or worsening swelling of the face, tongue or throat.
 There was no chest or upper back pain at the time of the assessment.
 User Comments: 2 crushed discs
 There had been no chest or upper back pain in the previous 24 hours.
 There was no abdominal pain.
 An oxygen reading was not declared.
 They were able to carry out most or all everyday activities.
 There had been no episode of choking within the previous 24 hours.
 There had been no inhalation of a hot or poisonous substance in the previous 24 hours.
 The individual had not coughed up blood.
 Breathing harder or faster when doing nothing was described.
 An asthma attack was not stated to be the cause of the problem.
 Previous similar episode(s) had occurred.
 There had been a previous similar episode, which required hospital admission.
 The symptoms were not as severe as those previously requiring hospital admission.
 The breathing had stayed the same in the previous hour.
 Instructions given were: The individual needs to speak to a local service within 1 hour.
 Directory of Services referral: The Lakeside Surgery - Northants

Advice Given

Before you go, I will just check whether I need to give you any further instructions or advice. During this pandemic these symptoms may be due to coronavirus. Avoid contact with others. Further information about coronavirus (COVID-19) including testing can be accessed at nhs.uk. If there are any new symptoms, or if the condition gets worse, changes or you have any other concerns, call us back.

If you need to attend a healthcare appointment DO NOT use public transport and tell them you may have coronavirus.

Sit upright.

Use prescribed inhalers, nebulisers or oxygen according to the instructions.

Special Patient Notes

Note:

Request for Notes - 07/09/2021 @ 16:00 HS (HIU) Reason for Request - Aqib Letter/ Discussion x 4 HEALTH ADVISORS Assess in the normal manner CLINICIANS (NHS111 and OOH) Please note that we have requested a note for this patient (HIU caller/Patient) on the following dates: 09/04/2021, 04/06/2021, 19/07/2021 UPDATE - Dr A Sheikh sent a letter with eh following "We have attempted to contact the patient on multiple occasions with no joy. As a result of this letter ? we have allocated the patient to a GP partner for continuity of care and follow-up." - 09/09/2021 @ 18:33 HS

<i>Document Created</i>	07-Jul-2023, 17:10
<i>Document Owner</i>	Derbyshire Health United
<i>Authored by</i>	Jessica Meade - Assessed by, DHU - Ashgate Manor (Derbyshire Health United) on 07-Jul-2023, 17:09
<i>Consent Status</i>	Consent given for electronic record sharing

<i>Encounter Type</i>	NHS111 Encounter
<i>Encounter Time</i>	07-Jul-2023, 17:03 to 07-Jul-2023, 17:09
<i>Case Reference</i>	3B0C6D65-A3D5-4B24-AD05-34A465681527
<i>Case ID</i>	5513751
<i>Encounter Disposition</i>	Speak to Clinical Assessment service 1 hour COVID risk
<i>Care Setting Location</i>	Incident Location
	<i>Visit Address</i>
<i>Care Setting Address</i>	6 MINDEN CLOSE CORBY NN18 9EW
<i>Care Setting Type</i>	
<i>Responsible Party</i>	Aqib Bhatti - Medical Director, Derbyshire Health United

<i>Document ID</i>	AA9522F6-6458-46A4-AF4E-C5BE62733BA6 Version 1
<i>Primary Recipient</i>	The Lakeside Surgery - Northants

24 Aug 2023	E-mail to Lakeside Healthcare
Letter Type	E-mail
Letter To	Lakeside Healthcare
Letter From	Elaine Ginever, S2S Substance to Solution

Fw: [CJSM] Re: Letter

LAKESIDECORBYSSECRETARIES (LAKESIDE HEALTHCARE) <northantsicb.lakesidecorbysecretaries@nhs.net>

Thu 24/08/2023 16:11

To:LAKESIDECOMMUNICATIONS (LAKESIDE HEALTHCARE) <northantsicb.lakesidecommunications@nhs.net>

2 attachments (284 KB)

GP Letter following ECG D Clacher.docx; D Clacher ECG Results.pdf;

Regards

Manda
Medical Secretary
 Lakeside Healthcare Corby
 Cottingham Road
 Corby, Northamptonshire
 NN17 2UR
 Tel: 01536 204154
corccg.lakesidecorbysecretaries@nhs.net



From: paula.bonar@cgl.cjism.net <paula.bonar@cgl.cjism.net> on behalf of Corbys25 <corbys25@cgl.cjism.net>
Sent: 24 August 2023 14:45
To: CORCCG.lakesidecorbysecretaries@nhs.net.cjism.net <CORCCG.lakesidecorbysecretaries@nhs.net.cjism.net>
Subject: [CJSM] Re: Letter

Good Afternoon,
 Please see attached, much appreciated
 Regards
Paula Bonar

Administrator

T: 01604 211 304 Opt 5

M: Mobile No. 07827987783

Substance to Solution, The Old TA Building, Elizabeth Street, Corby NN17 1PN

Hours of work: Tuesday - Friday 08:30 - 17:00

www.changegrowlive.org

*** This email has been transmitted via the **Criminal Justice Secure eMail** service. ***

*** Anfonwyd y neges ebost hon drwy wasanaeth **ebost Diogel Cyflawnder Troseddol** ***

Private and Confidential

Lakeside Surgery
Cottingham Road
Corby
Northants
NN17 2UR

Date: 24th August 2023

Dear Dr Mellor,

Re: Duncan Clacher DOB: 21/May/1958

Address: 6, Minden Close, Corby, NN18 9EW

We are writing to inform you that we have undertaken an ECG on the above client on 15th July 2019.

Please find ECG report accompanying this letter. Mr Clacher is aware of the results.

Yours Sincerely

Elaine Ginever
Health & Wellbeing Nurse
CGL Northamptonshire

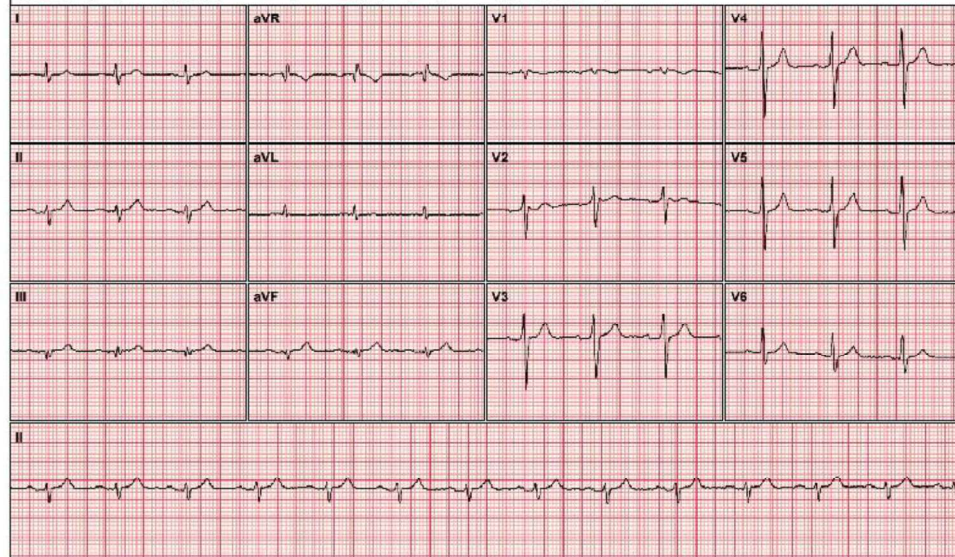
Broomwell Healthwatch: ECG Report

Page: 1 of 2
Event: 1/1

Patient Code	Patient ID	First Name	Last Name	Sex	Age	DOB
1737109		Duncan	Clacher	Male	65	21/05/1958

Measured Parameters Surgery N:C:GL Northampton P579

HR: 81 [BPM]	HR High: [BPM]	PR: 192 [msec]	QRS: 96 [msec]
R-R: 740 [msec]	HR Low: [BPM]	QT: 344 [msec]	QTc: 399.89 [msec]



Resolution: 25mm/sec - 10mm/mv
Call: Monitor: 12 LEAD 12LEAD-1
Recorded By: Cnoo Noorc
Received: 18/08/2023 13:27:23
Printed: 18/08/2023
[mm] 0 10 20 30 [sec] 0 1 2 3
[mv] 0 1 2 3
Inverted: CH1
Main: 50Hz Baseline: Off EMG: 40Hz

Broomwell Healthwatch: ECG Report

Page: 2 of 2
Event: 1/1

Patient Code	Patient ID	First Name	Last Name	Sex	Age	DOB
1737109		Duncan	Clacher	Male	65	21/05/1958

Surgery No: C:GL Northampton P579

Analysed by
Catherine Warren
Reason for ECG
Chest pain, no current symptoms . Medications check. Ischaemic Heart Disease (IHD), Chronic Obstructive Pulmonary Disease (COPD), stent
Quality
Good
Analysis
Sinus rhythm Left axis deviation suggesting left anterior hemiblock Good R wave progression through the pre-cordial leads No pathological Q waves Normal ST segments and T waves PR, QRS and QTc durations within normal limits
Comment (Any suggestions made are intended to be helpful but are always subject to the over-riding clinical opinion of the responsible healthcare professional)
Minor abnormality as above - this does not exclude a cardiac cause for symptoms

Call: Monitor: 12 LEAD 12LEAD-1 Recorded By: Cnoo Noone Received: 18/08/2023 13:27:23 Printed: 18/08/2023

22 Sep 2023	Advice Request to Lakeside Healthcare
Letter Type	Advice Request
Letter To	Lakeside Healthcare
Letter From	Cardiology, Kettering General Hospital

advice and guidance

"LAKESIDECORBYSERETARIES (LAKESIDE HEALTHCARE)"

Sent: 22 Sep 2023 09:18

To: "K83002, Lakeside (LAKESIDE HEALTHCARE)"

please send to appropriate GP thanks

Regards

Manda

Medical Secretary

Lakeside Healthcare Corby

Cottingham Road

Corby, Northamptonshire

NN17 2UR

Tel: 01536 204154

corrcg.lakesidecorbysecretaries@nhs.net

NHS Confidential



Advice Conversation

Patient:	Clacher, Mr Duncan Campbell	Date of Birth:	21/05/1958
UBRN:	0004 1539 7597	Age:	65 years
NHS:	648 816 7464	Gender:	Male

Summary Information

Priority:	Routine	Referring Organisation:	LAKESIDE HEALTHCARE
Named Clinician:	-	Address:	FOREST GATE MEDICAL CENTRE FOREST GATE ROAD CORBY NN17 1TR
Service Name:	Cardiology General-Kettering GH-Advice and Guidance Only	Telephone:	01536 204154
Specialty:	Cardiology	Registered Practice:	LAKESIDE HEALTHCARE
Referred By:	MYERS, Samuel (Dr)	Address:	FOREST GATE MEDICAL CENTRE FOREST GATE ROAD CORBY NN17 1TR
		Telephone:	01536 204154

Conversation

Advice Status: **Referrer to review response**

Provider Authorised To Convert To a Referral: **Yes**

Mon 18-Sep-2023 15:06 - Sent by DUNCAN, Rita (Mrs) (Referring Clinician Admin)

Dear Colleague

S2S have sent us this gentleman's ECG with concerns. To me it looks very similar to his previous ECG (also attached). He is on a fair few meds, and also Buprenorphine via S2S.

He has a history of COPD, diabetes, IHD, ETOH dependence.

The ECG seems OK to me. Am I missing something that requires further investigation?

Yours sincerely

Dr Samuel Myers

d clacher-18092023144115.pdf

CONFIDENTIAL PATIENT INFORMATION

Page 1 of 2

Page 3 of 4

NHS Confidential



Advice Conversation

Patient:	Clacher, Mr Duncan Campbell	Date of Birth:	21/05/1958
UBRN:	0004 1539 7597	Age:	65 years
NHS:	648 816 7464	Gender:	Male

Mon 18-Sep-2023 15:07 - Sent by MYERS, Samuel Mark (Dr)
NOTE: Clinical Information has been added / amended by the referrer system. This is available to view / print from within the e-RS application.

Thu 21-Sep-2023 13:12 - Sent by MARSDEN, Margaret Evelyn (Mrs) (Service Provider Clinician)
Dr Ahmad replied:
The attached ECG is normal
TA
Nasir

CONFIDENTIAL PATIENT INFORMATION

Page 2 of 2

Page 4 of 4

05 Oct 2023 Drug Chart to Corby Urgent Care Centre

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

Corby Urgent Care Centre (OBSERVATIONS CHART) Allergies and Reactions

Presenting Complaint Admission date & bed number

NEWS score table with columns for Aggregate score 0-4, Red Score, Clinical risk, and Response.

Respirations table with columns for Time, DATE, TIME, and a score column.

SpO2 Scale 1 and 2 tables with columns for Oxygen saturation (%) and scores.

Air or oxygen? table with columns for A=Air, O2 L/min, and Device.

Blood pressure table with columns for mmHg, Score, and systolic BP only.

Pulse table with columns for beats/min and scores.

Consciousness table with columns for Alert, Confusion, and scores.

Temperature table with columns for °C and scores.

NEWS TOTAL table with columns for Initial and scores.

Patient information form for CLACHER Duncan, Corby UCC, including address and contact details.

Completed Actions (initial) form with fields for Pain Score, BM, ECG, Analgesia given, Blood Sampling, and Cannula Insertion.

Sepsis Screen Tool table with columns for various clinical indicators and Y/N responses.

Sepsis 6 Bundle table with columns for intervention, Date & Time, and Sign.

Bloods form with fields for FBC, CRP, U&E LFT, Lactate & Glucose, and other lab tests.

Review patient within one hour for consideration of Sepsis 6 Bundle

Prescription chart

Allergies and Reactions **Pregabalin**

CLACHER
Duncan
6
Minden Close
NN18 9EW
LAKESIDE HEALTHCARE

Corby UCC
M
21 May 1958
648 816 7464

Stat Meds

Date	Time required	Drug	Dosage	Route	Prescribed by	Given/Witness by	Time given
4/10	Stat	PREDNISOLONE	40mg	PO	<i>[Signature]</i>	<i>[Signature]</i>	1847
4/10	Stat	SALBUTAMOL	5mg	NEB	<i>[Signature]</i>	<i>[Signature]</i>	1847
4/10	Stat	ATROVENT	500 micrograms	NEB	<i>[Signature]</i>	<i>[Signature]</i>	1845

Intravenous Fluids

Date	Fluid	Volume	Rate/Time	Prescribed by	Batch no	Start time	Given/Started by

Nursing Notes

JMH, 06/2022

05 Nov 2023	NHS 111 Pathways Report to Lakeside Healthcare
Letter Type	NHS 111 Pathways Report
Letter To	Lakeside Healthcare
Letter From	ic24.oohmessages nhs.net

Integrated Care 24 Ltd - Consultation Report for service National Service Advisor

ic24.ooh.messages@nhs.net <ic24.ooh.messages@nhs.net>

Sun 05/11/2023 19:14

To:LAKESIDECOMMUNICATIONS (LAKESIDE HEALTHCARE) <northantsicb.lakesidecommunications@nhs.net>

NHS 111 Report - For Information

CLACHER, Duncan	<i>Born</i> 21-May-1958	<i>Gender</i> Male	<i>Local Patient ID</i> NORA-CXG8K3-741
<i>Home Address</i> 6 MINDEN CLOSE CORBY NN18 9EW	<i>Visit Address</i> 6 MINDEN CLOSE CORBY NN18 9EW	<i>Emergency Phone</i> 07902310611	<i>GP Practice</i> LAKESIDE PLUS LIMITED

Patient's Reported Condition

Pathways Disposition

The individual needs a repeat prescription. (Dx80)

Selected Service: 2000020241, Pharm+: Pickfords Pharmacy (Corby) - Northants, 01536264014

Consultation Summary

Next dose due within next 6 hours
No medication available
Not enough medication until surgery opens
No symptoms
Prescription request

Pathways Assessment

A prescription request was the main reason for the contact.
Symptoms were not present at the time of the assessment.
The individual did not have enough medication to last until the surgery next opened.
The medication was suitable for repeat prescribing without further consultation.
The individual had no medication available.
The next dose was due within 6 hours.

Advice Given

SCR Consent

Consent given for SCR sharing

<i>Document Created</i>	05-Nov-2023, 19:14
<i>Document Owner</i>	National Service Advisor
<i>Authored by</i>	Kiran Akhtar - Call Operator, National Service Advisor on 05-Nov-2023, 19:14
<i>Consent Status</i>	Consent given for electronic record sharing

<i>Informant</i>	Duncan CLACHER - Self
<i>Emergency Phone</i>	07902310611

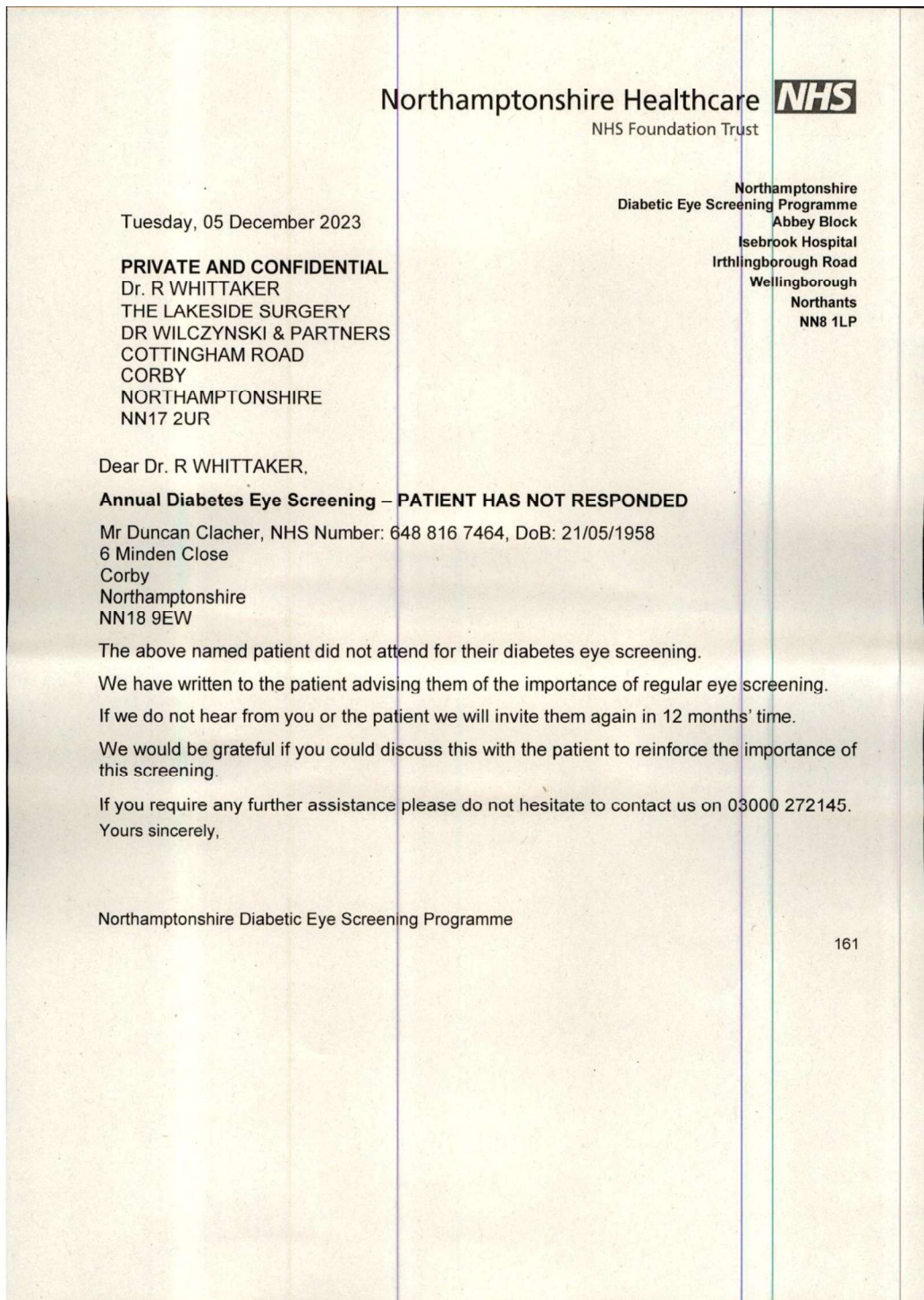
<i>Encounter Type</i>	NHS111 Encounter
<i>Encounter Time</i>	05-Nov-2023, 19:05 to 05-Nov-2023, 19:12
<i>Case Reference</i>	59D9908A-537B-43B3-A8FA-8441582E0083
<i>Case ID</i>	231653311

Encounter Disposition **Repeat Prescription required within 6 hours**
Care Setting Location
Visit Address
Care Setting Address **6 MINDEN CLOSE
CORBY
NN18 9EW**
Care Setting Type

Other participant(s) in this document
Referred To
Referred To Organization **National Service Advisor**
Visit Address Emergency Phone **01233505450**
**Kingston House
The Long Barrow
Orbital Park
Ashford
Kent
TN24 0GP**

Document ID **77D5E5C9-FF55-46EA-8CBA-40606FE63412** Version **1**

05 Dec 2023	Diabetic Eye Screening Scheme to Lakeside Healthcare
Letter Type	Diabetic Eye Screening Scheme
Letter To	Lakeside Healthcare
Letter From	Diabetic Eye Screening Programme, Isebrook Hospital



13 Feb 2024	Ambulance Service to Lakeside Healthcare
Letter Type	Ambulance Service
Letter To	Lakeside Healthcare
Letter From	Siren 4, East Midlands Ambulance Service NHS Trust

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, EMAS Medical Director

Incident Number: 17948025 **Duncan, Clacher** 65 Years **NHS No:** 6488167464 **Date of Birth:** 21/05/1958 **Address 1:** 6, NN18 9EW

PT AND SAFEGUARDING CONFIRMATION	
Patient and Safeguarding Confirmation	Patient Consent To Treatment: Yes Was GP Connect Record Viewed: Yes Was Consent Gained To View GP Connect: Yes
PATIENT PRESENTING WITH	
Complaint	Complaint Type : Chief Complaint; Complaint : Chest Pain; Duration : 2 Hours
PATIENT OUTCOME	
Patient Moved	How Patient was Moved to Ambulance: Walking Unaided How Patient was Transported from Ambulance: Walking Unaided
General	Patient Outcome: Treated and Transported Condition of Patient at Destination: Unchanged Patient Personal Belongings: Bag Belongings Given To: Patient
COMMENTS	

PC - chest pains

HPC - pt states that at approx 0430hrs he developed some left arm/shoulder pains and left sided chest pains, states he was not asleep at the time so it did not wake him but came on whilst in bed. Pain did not subside so pt called ambulance at approx 0545, also took his GTN spray when contacting ambulance - states it helped slightly. Pt is known to have had a prev MI with stents.

O/A - pt in his bedroom, housemates also present, pt alert and orientated, no immediate ABC concerns, due to small space in room and poor hygienic state of bedroom moved out to ambulance for further assessment.

O/E:

CVS - pt states he still has pain in his left arm/shoulder and left side of chest, described as a tightness, scored 5/10 in severity. No associated cardiac symptoms present, no worse on exertion, 12 lead ECG shows NSR. Pt treated for cardiac chest pain with aspirin and GTN but minimal change to pain score. Skin colour normal, not clammy or sweaty.

RS - SpO2 and RR normal, no dyspnoea or increased SOB/SOBOE, known COPD, smoker. Chest sounds clear and equal.

CNS - pt suffers with ongoing long term memory problems, GP notes state he is under investigation for early onset dementia. No acute confusion today, GCS 15, no neuro deficits.

PLAN - pt conveyed to KGH A&E for further bloods/investigations due to ?cardiac sounding chest pain. On arrival triage nurse directed pt to minors

Created: 13/02/2024 06:34 (GMT)

Incident Number: 17948025

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

VITAL SIGNS												
Time	Done By	Heart Rate	Respiratory Rate	BP Systolic	SPO2	Temperature	BM	GCS	NEWS-Auto	Consciousness	Pain Scale	Position
13/02/2024 06:41:35	Jack Gane	95 BPM Reg; Norm;	20 BPM Norm;	161 98 mmHg Cuff- Auto; RA;	96 % RA;	36.7 Celsius Tym;	8.5 mmol/L Capillary;	E 4 V 5 M 6 15	RR 0 SPO2 Scale:1 0 SPO2 Scale:2 0 O2 0 Temp 0 SBP 0 HR 1 LOC 0 1	Alert	Patient Unable to Rate	Sitting
13/02/2024 07:04:04	Jack Gane	102 BPM Reg; Norm;	20 BPM Norm;	148 99 mmHg	96 % RA;			E 4 V 5 M 6 15		Alert	5	Sitting

ECG INTERPRETATION				
Time	Done By	ECG Type	ECG Method	Underlying Rhythm
13/02/2024 06:48:35	Jack Gane	12	Manual Interpretation	Sinus Rhythm

HISTORY OF PRESENTING COMPLAINT / PREVIOUS MEDICAL HISTORY	
Medical / Surgical History	COPD Diabetes - Non-Insulin Dep. (Meds) Hiatus Hernia Ischemic Heart Disease Other : Opioid drug dependence. Seizure.

FRAILITY SCORE			
INCIDENT - Gane, Jack			
	Time	Details	Complications / Misc
Incident Date / Time	13/02/2024 05:44:23	Address 1: 6 Address 2: MINDEN CLOSE City / Town: Corby; Postal Code: NN18 9EW Country: United Kingdom; Tel1: 07730779001 Location Type: Home:	
Assigned	13/02/2024 06:25:08	Call Type: Other; Reported Condition: Other; Code: Dx0112	Special Precautions: ?mi - pain on side
Mobile	13/02/2024 06:25:17	Incident Number: 17948025	
Arrive Scene	13/02/2024 06:34:18		Responding with: None;
At Patient Side	13/02/2024 06:37:42		
Depart Scene	13/02/2024 07:03:33	Transport Priority: Non Blue Light;	

Created: 13/02/2024 06:34 (GMT) Incident Number: 17948025
 All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (GMT)

	Time	Details	Complications / Misc
Arrive Destination	13/02/2024 07:17:51	Destination Type: Emergency Department; Receiving Facility: Kettering General Hospital;	
Handover	13/02/2024 07:31:16		

Created: 13/02/2024 06:34 (GMT)

Incident Number: 17948025

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

16 Feb 2024	Discharge summary to Lakeside Healthcare
Letter Type	Discharge summary
Letter To	Lakeside Healthcare
Letter From	Kettering General Hospital Discharge Letters

INPATIENT DISCHARGE NOTE

Kettering General Hospital NHS Foundation Trust

AMENDED

change trimbow dose

GP Practice

Practice Name: Lakeside Healthcare

Patient Demographics

Title: Mr Gender: Male Age: 86 DOB: 21 May 1958
 Forename: Duncan DOD:
 Surname: Clacher NHS No: 040 010 7404
 Address: 5 Mindon Close, CORBY, Northamptonshire, NN18 9EW PAS id: 181902

Admission Details

Admission Date: 13 Feb 2024 17:21
 Admission Method: Emergency Admission: Emergency Care Department or acute or emergency dental services of the Healthcare Provider
 Consultant: Dr Sejid KHAN
 Ward Location: Middleton Assessment Unit (MAU)

Discharge Details

Discharge Consultant: Dr Muttucullah Muttucullah
 Discharge Ward: Clifford Ward
 Discharged Date and Time: 16 Feb 2024 15:00
 Discharged to: 19 Usual place of residence unless listed below
 Discharged Destination: Own Home,

ODS Code

Clinical Summary

Mr Clacher was admitted to KGH on 13 Feb 2024 due to a complaint of left-sided chest and arm pain, following a fall - and has been having recurrent falls recently. Mr Clacher also complained of memory impairment.
 Mr Clacher was noted to have bilateral tremors, ataxia and gynecomastia. CXR, ECG, CT & MRI Head and bloods showed no acute underlying causes or acute injuries sustained. He denied any recent alcohol use saying he had not had a alcohol in 7 years. Noted a discharge letter in 2021 documenting the same "no alcohol intake in 7 years". Mr Clacher later expressed he was withdrawing and was managed with IV Pabrinex and Clordiazepoxide.
 Mr Clacher was discussed with the Neurology team who advised he can be seen in outpatient clinic, as there is no acute concern. He is noted to previously been admitted for ?seizure ?vacant episode. Mr Clacher has been referred to the falls prevention team.
 MRI head and CT head showed no significant intracranial pathology. XR of shoulder was nil acute.
 Kind regards
 Clifford ward
 KGH

cc: Neurology team

Plan and Requested Actions

GP Information:

Follow-up Information

Is follow up required: Yes KCH Neurology OPD - date to be given
 Other follow up location:
 Reason for Follow Up/Extra Comments for Hospital follow-up /Appointments:

Referral details

Usual place of residence unless listed below (eg. private home, dwelling owned by Local Auth/ House Assoc/Landlord/Wardened Accom. or No Fixed Abode)

Diagnoses

Primary Diagnosis:	Primary Comments:	Diagnosis Status:
Alcohol Abuse		NEW FINISORF

Secondary Diagnoses:	Secondary Comments:	Secondary Diagnosis Status:
Co-Morbidity		
Cardiovascular:		
History of ischaemic heart disease		
Connective Tissue Disorder:		
Disability / Frailty:		
Endocrine:		
Type 2 diabetes mellitus		
Gastro-intestinal / Liver:		
Lifestyle:		
Alcohol abuse		
Current Smoker		
Drug abuse history or current. Specify drug		
Neurology / Psychiatry:		
Renal:		
Respiratory:		
Asthma		
COPD Unspecified		
Other:		
Additional Co-Morbidities:		
Chronic Back Pain	Duoprophine	On Duoprophine None prev. opioid dependence

Hiatus Hernia.

Safety alerts

Self-Risks Suicide:	Not-Assessed	Self-Neglect:	Not-Assessed
Overdose:	Not-Assessed	Third Party:	Not-Assessed
Self-Harm:	Not-Assessed	Care Professionals:	Not-Assessed
Other:			

Special requirements

Interpreter:	Not-Assessed
Advocate:	Not-Assessed
Transport:	Not-Assessed
Other:	

Medical Devices:

ePMA Medication:

Status	Medication Brand Strength Form	Starting (Blank where regimen already underway)	Dose Frequency Route Duration	Stop or continue	Comments
Continued Drug	vitamin b compound strong tablets	17-Feb-2024	1 tablets TWICE a day Oral Every day	GP to continue	
Continued Drug	thiamine	17 Feb 2024	100 mg ONCE a day at 09:00 Oral Every Day	GP to continue	
Continued Drug	nebopam	15-Feb-2024	60 mg	GP to	

			THREE times a day Oral Every day	continue
Continued Drug	bisoprolol	14-Feb-2024	7.5 mg ONCE a day at 08:00 Oral Every day	GP to continue
Continued Drug	aspirin dispersible tablet	14 Feb 2024	75 mg ONCE a day at 08:00 Oral Every day	GP to continue
Continued Drug	theophylline UNIPHYLLIN CONTINUS modified release tablet	15-Feb-2024	400 mg at 08:00 and 200 mg at 22:00 Oral Every day	GP to continue
Continued Drug	buprenorphine 2mg sublingual tablets sugar-free	16 Feb 2024	14 mg ONCE a day at 08:00 Sublingual Every day	GP to continue
Continued Drug	Leclometasone / formoterol / glycopyrronium TRIMBROW 8/micrograms/5micrograms/2micrograms/inhalation inhaler cfo-free	15-Feb-2024	2 inhalations TWICE a day Inhalation Every day	GP to continue
Continued Drug	lansoprazole	14-Feb-2024	30 mg ONCE a day at 08:00 Oral Every day	GP to continue
Continued Drug	sertraline	14-Feb-2024	100 mg ONCE a day at 08:00 Oral Every day	GP to continue
Continued Drug	glycopyrronium 400micrograms/spray aerosol sublingual spray	13 Feb 2024	1-2 sprays Sublingual as required	GP to continue
Continued Drug	metformin tablets	13-Feb-2024	500 mg TWICE a day at 08:00 and 18:00 Oral Every day	GP to continue
Continued Drug	spironolactone	14 Feb 2024	100 mg ONCE a day at 08:00 Oral Every day	GP to continue
Continued Drug	salbutamol 100micrograms/inhalation inhaler cfo-free	13-Feb-2024	2 inhalations Inhalation as required	GP to continue
Continued Drug	lactulose 33.3.7g/5mL solution	13 Feb 2024	10 ml TWICE a day Oral Every day	GP to continue
Continued Drug	atorvastatin	13-Feb-2024	40 mg at NIGHT	GP to continue

Continued Drug	Isosorbide mononitrate modified release tablet	14-Feb-2024	Oral Every day 60 mg ONCE a day at 08:00 Oral Every Day	GP to continue
Continued Drug	beclomethasone 50micrograms/spray aqueous nasal spray	17-Feb-2024	1 sprays TWICE a day Nasal (both nostrils) every day	GP to continue

General Comments:

Reason for Pharmacy Referral:

Stopped Pre-Admission Medications: No

Drug	Form	Strength	Dose	Frequency	Route	Reason for Stopping
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Non-PMA Medication:

Status	Medication Strength Form	Dose Frequency Duration Route	GP Continue to Prescribe?	Comments
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Procedures

Medical Treatments:

Operations and Procedures:

Complications:

Investigations / Results:

Req Date	Result	Result Name	Item	Value	Units	Range	Abnormal	Comment
14-Feb-2024 11:30	14-Feb-2024 13:49	C-reactive protein	CRP	<5	mg/L	<5	Abnormal	Comment
15-Feb-2024 11:30	15-Feb-2024 13:49	Electrolytes	Sodium	136	mmol/l	131-146		
			Potassium	4.1	mmol/L	3.5-5.3		
			Urea	7.2	mmol/L	2.9-8.2		
			Creatinine	107	umol/L	62-106	(H)	
			eGFR	63.9	ml/min/1.73m2			
			AKI Stage	0	.			
14-Feb-2024 11:30	14-Feb-2024 13:49	Liver Function Tests	Bilirubin	9	umol/L	0-21	Abnormal	Comment
			ALT	11	IU/L	<41		
			Albumin	45	g/L	35-50		
			Alk. Phos	125	U/L	30-130		
			Total Protein	66	g/l	60-80		

15-Feb-2024 11:53	15-Feb-2024 12:51	Full Blood Count	Item	Value	Units	Range	Abnormal	Comment
			WBC	9.6	x10 ⁹ /L	4.0-11.0		
			HbC	4.79	x10 ¹² /l	4.50-6.00		
			HB	144	g/L	130-180		
			PCV	0.433	L/L	0.400-0.540		
			MCV	86.0	fL	76.0-97.0		
			MCH	28.9	pg	27.0-33.0		
			MCHC	333	g/L	300-360		
			RDW	14.6	%	9.0-15.0		
			Platelets	206	x10 ⁹ /L	150-450		
			MPV	9.9	fl	7.5-11.0		
			Neutrophils	6.4	x10 ⁹ /L	2.0-7.5		
			Lymphocytes	2.0	x10 ⁹ /L	1.5-4.0		
			Monocytes	0.8	x10 ⁹ /l	0.2-1.0		
			Eosinophils	0.3	x10 ⁹ /L	0.0-0.5		
			Basophils	0.1	x10 ⁹ /L	0.0-0.2		
			NRRct	0.0	x10 ⁹ /l	0.0-0.1		
11-Feb-2024 15:20	15-Feb-2024 07:57	XR Shoulder Lt	This is a FINAL report.XR Shoulder Lt 14-Feb-2024;XR Humerus (Upper Arm) Lt 14-Feb-2024;Accession No: RNQZ520326246; RNQZ920326247Clinical Information: Fall with ongoing left arm pain. Bilateral tremors. No neurological changes. . Requester: Judah A, Dr Judah Asare (contact: 6104);; Fall with ongoing left arm pain. Bilateral tremors. No neurological changes. . Requester: Judah A, Dr Judah Asare (contact: 6104);; Fall with ongoing left arm pain. Bilateral tremors. No neurological changes. . Requester: Judah A, Dr Judah Asare (contact: 6104);; Fall with ongoing left arm pain. Bilateral tremors. No neurological changes. . Requester: Judah A, Dr Judah Asare (contact: 6104);; REPORT:No fracture or dislocation demonstrated. No evidence of an elbow joint effusion. There is a downward sloping acromion which may predispose the patient to impingement.LTyped by: Bryony Shearer (Reporting Radiographer, Kettering General Hospital RA77034)15-FEB-2024 07:57 AMFinal report approved by: Bryony Shearer (Reporting Radiographer, Kettering General Hospital RA77034)15-FEB-2024 07:57 AM					
11-Feb-2024 15:20	15-Feb-2024 07:57	XR Humerus Lt	This is a FINAL report.XR Shoulder Lt 14-Feb-2024;XR Humerus (Upper Arm) Lt 14-Feb-2024;Accession No: RNQZ520326246; RNQZ920326247Clinical Information: Fall with ongoing left arm pain. Bilateral tremors. No neurological changes. . Requester: Judah A, Dr Judah Asare (contact: 6104);; Fall with ongoing left arm pain. Bilateral tremors. No neurological changes. . Requester: Judah A, Dr Judah Asare (contact: 6104);; Fall with ongoing left arm pain. Bilateral tremors. No neurological changes. . Requester: Judah A, Dr Judah Asare (contact: 6104);; Fall with ongoing left arm pain. Bilateral tremors. No neurological changes. . Requester: Judah A, Dr Judah Asare (contact: 6104);; REPORT:No fracture or dislocation demonstrated. No evidence of an elbow joint effusion. There is a downward sloping acromion which may predispose the patient to impingement.LTyped by: Bryony Shearer (Reporting Radiographer, Kettering General Hospital RA77034)15-FEB-2024 07:57 AMFinal report approved by: Bryony Shearer (Reporting Radiographer, Kettering General Hospital RA77034)15-FEB-2024 07:57 AM					
11-Feb-2024 11:00	14-Feb-2024 16:02	MRI Head	This is a FINAL report.MRI Head 14-Feb-2024;Accession No: RNQZ920321917Clinical Information: A few months history of falls, urinary frequency, significant resting and intention tremor. Physical exam shows dysmetria, dysidiadochokinesia and staxia. CT Head NAD. MRI head to look for cerebellar pathology or NPH. . Requester: Burak S, Dr Burak Sahinoglu (contact: 2038);;REPORT:Sub optimal study due to motion artefacts. Mild chronic ischaemic changes and chronic lacunar infarcts noted in bilateral periventricular white matter and centrum semiovale.No evidence of space-occupying lesion. No evidence of hydrocephalous.No evidence of acute intracerebral or subarachnoid haemorrhage.Sella, pituitary and parasellar regions are normal. Orbits are unremarkableBasal ganglia and thalami are normal. Vascular flow voids are unremarkableIMPRESSION:No					

		significant intracranial abnormality detected. Typed by: Amogh Radhakrishna (Consultant Radiologist - Kettering General Hospital FT, C7827469)14-FEB-2024 09:32 PM Final report approved by: Amogh Radhakrishna (Consultant Radiologist - Kettering General Hospital FT, C7827469)14-FEB-2024 09:32 PM						
13-Feb-2024 13:20	13-Feb-2024 13:11	CT Head	This is a FINAL report. CT Head 13-Feb-2024 Accession No: RNQZ920314199C Clinical Information: 65y/M presented with left arm pain and fall at around 1pm this morning. No LOC. BG: COPD, Asthma, T2DM, NSTEMI, SOB/BE. Current Smoker. States 15 episodes of waking up on the floor at home in the past year. States these episodes included blackouts/LOC. Having memory issues that are worsening. Last CT head 2022 showed small vessel disease but was nil acute. . Requester: Azeem Y, Dr Azeem Yasar (contact: 2791); REPORT: Compared to the previous study dated 9/3/2022. No acute or space occupying brain lesions identified. No intra or extra axial collection. No brain edema and no midline shift. Age related involutional brain changes again noted shown as deepening of the cortical sulci and ectasia of the supratentorial ventricular system. Periventricular deep white matter hypodensity is noted, reflecting small vessel ischemic disease. Scans through the posterior fossa are unremarkable. No focal bony lesions detected. Conclusion: No acute brain lesion identified. Typed by: Dr May Saleh (Consultant Radiologist - Kettering General Hospital Foundation Trust GMC7644810)13-FEB-2024 01:51 PM Final report approved by: Dr May Saleh (Consultant Radiologist - Kettering General Hospital Foundation Trust GMC7644810)13-FEB-2024 01:51 PM					
13-Feb-2024 08:00	13-Feb-2024 10:43	Troponin T sensitive	Item	Value	Units	Range	Abnormal	Comment
			High Sens Troponin T	11.0	ng/L			
			Sample Time	1 Hour sample	Time			
13-Feb-2024 07:55	13-Feb-2024 08:38	Amylase	Item	Value	Units	Range	Abnormal	Comment
			Amylase	62	U/L	28-100		
13-Feb-2024 07:55	13-Feb-2024 08:43	Troponin I sensitive	Item	Value	Units	Range	Abnormal	Comment
			High Sens Troponin I	17.0	ng/L			
			Sample Time	Admission	Time			
13-Feb-2024 07:55	13-Feb-2024 08:46	Liver Function Tests	Item	Value	Units	Range	Abnormal	Comment
			Bilirubin	4	umol/L	0-21		
			ALT	13	U/L	<41		
			Albumin	40	g/L	35-50		
			Alk. Phos	134	U/L	30-130	(H)	
			Total Protein	73	g/l	60-80		
13-Feb-2024 07:55	13-Feb-2024 10:10	D-dimer	Item	Value	Units	Range	Abnormal	Comment
			D-dimer (Immunoassay)	NA	ug/L			
13-Feb-2024 07:55	13-Feb-2024 08:24	Coagulation screen	Item	Value	Units	Range	Abnormal	Comment
			PT Test:	10.0	s	9.5-13.0		
			APTT Test:	25.7	s	21.0-31.0		
			TT Test:	16.6	s	11.4-19.0		

QUIN Information

AKI QUIN

Did this patient have an episode of AKI during this admission?	No
--	----

50

What stage of AKI 1/2/3 did they suffer?		Not Recorded
Have you undertaken (and documented on the letter) a review of this patient's medications?		Not Recorded
Are further/follow-up blood tests required?		Not Recorded

If you state which specific tests are required:

Additional Comments: Not Recorded

What is the patient's renal function on discharge: (UR/CR/EGFR)		Not Recorded
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Mandatory Dementia Assessment (required for all patients aged 75 and over):

Does the patient have Delirium on this admission?		
Did the patient have a formal diagnosis of dementia on admission?		Not Recorded
Has this person been more forgetful anytime in the last 12 months to the extent that it has significantly affected their daily life?		Not Recorded
Has the patient had a dementia diagnostic assessment including investigations during this admission?		Not Recorded
If yes what was the outcome of the assessment?		Not Recorded
Has a referral been made to the GP or mental health liaison team highlighting outcome of dementia screening?		Not Recorded

Preventing ill health by risky behaviours:

Does the patient lack capacity to answer the alcohol and tobacco screening questions?	No	
Did the patient receive a Tobacco screen?	No	
Is the patient a current smoker?	Yes	
Was brief advice given?	No	
Was a tobacco referral offered?	No	
Was Medication offered?	No	
Did the patient receive an alcohol screen?	No	
Did the patient screen positive for drinking above low risk levels but not dependant levels?		Not Recorded
Was the patient given brief advice?		
Did the patient screen positive for potentially dependent drinking?		Not Recorded
Was the patient offered a referral to a specialist service?		
Did the patient accept the offer and was the referral made?		

Allergies and adverse reactions

Drug Allergies:	Adverse Reactions:	Comments:
pregabalin	Sensitivity or intolerance	can make patient drowsy

Non-Drug Allergies:	Adverse Reactions:	Comments:
Distribution List		

Patient: GP, Casenote Folder

Person Completing Record

Signed By: Dr Priya Goswami Signed Date & Time: 16/02/2024 13:10:24

Printed by: Amanda Irwin Printed Date & Time: 18 February 2024 14:53

Kettering General Hospital NHS Foundation Trust, Rothwell Road, Kettering, Northants, NN16 8UZ
Tel 01538 442000

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Reducing the risk of a blood clot after your discharge from hospital.

Following discharge from hospital, your risk of developing a blood clot may persist. Some patients will continue to take medications and wear anti-embolic stockings at home. These patients will receive a pack containing all the relevant information.

You should take the following precautions:

- Try to be as mobile as possible (unless you have been advised otherwise) and continue with any exercises that you may have been shown

- Drink plenty of fluids to avoid dehydration
- Take pain killers regularly as needed
- Undertaking a journey (e.g. flight, car, coach) of longer than three hours within four weeks of an admission to hospital may not be advisable - please seek further advice from your GP

Signs and symptoms of a blood clot:

- Pain or swelling in your legs
- The skin on your leg is discoloured (red, purple or blue) or feels hot
- The veins in your leg appear larger than normal
- Pain in your chest or ribs that is worse if you take a deep breath
- Coughing up blood

If you experience any of these symptoms please contact your GP immediately day or night.

If you experience severe shortness of breath, chest pain or uncontrolled bleeding dial 999 for an ambulance.

Help reduce your risk of DVT and PE in hospital with Lets Talk Clots, a FREE patient information app all about blood clots.

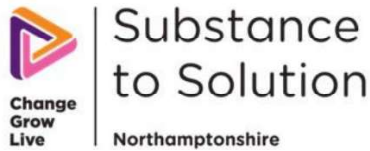
Scan the QR Code to find the app in the
Apple App Store

Scan the QR Code to find the app in the
Google Play Store

All information is medically approved and has been developed in collaboration with the charity, Thrombosis UK, Oxford University Hospitals NHS Foundation Trust, patients, lay supporters and healthcare providers.

27 Mar 2024	Substance Misuse to Lakeside Healthcare
Letter Type	Substance Misuse
Letter To	Lakeside Healthcare
Letter From	S2S Substance to Solution, S2S Substance to Solution

98-100 Rockingham Road
 Corby
 Northants
 NN17 1AE
 T: 01604 211304 option 5
 E: northants@cgl.org.uk
 W: www.changegrowlive.org.uk
 F: search 'change grow live northants'



Private and Confidential
 Lakeside Surgery
 Cottingham Road
 Corby
 Northants
 NN17 2UR

Date: 28th March 2024

Dear Dr Mellor,

Re: Duncan Clacher DOB: 21/May/1958
Date of review: 27/03/24 Review: Face 2 Face
Recovery worker: Gavin

Summary for GP

I reviewed Duncan in my clinic today, regarding her Opioid dependence. I explained my role as an NMP. He was well dressed and not under the influence. He communicated well.
 Since his last review, he has been maintained on Buprenorphine. Duncan states that his current dose of Buprenorphine 14mg daily is helping him. He stated that it helps with his pain. He stated that his mental health is stable. Advised that misusing substances can impact on his mental and physical health also his finances. Advised about the dangers of misusing illicit substances and not mixing polydrug and polypharmacy. Advised about sharing equipment, he is aware of this. Deny self harm ideas. He understands this and he was thankful and pleasant.
 Duncan reported he is not using illicit. Advised on the risks and danger of poly pharmacy and fake diazepam. Duncan was started on OST treatment because he was addicted to opioids-based medications for his back pain. Duncan reported that the GP is not to helping him with his pain medication as such rely much on buprenorphine for his pain management. Duncan was encouraged to engage with his GP for proper pain management. He refuses to reduce off buprenorphine.
 From a clinical point of view, it will be of benefit for him to be under the pain clinic rather than addiction services.
 He reported to be keen to do well.
 Plan is to continue Buprenorphine 14mg with a view to liaise with GP and Pain Management team for ongoing management of his back pain.
 This is a routine review to monitor progress in treatment. GP, please provide CGL Corby with an up to date medical review.

TREATMENT DISCUSSION

A full treatment discussion was held 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.

Impression

1. opiate dependence syndrome



Change Grow Live Registered Office: 3rd Floor, Tower Point, 44 North Road, Brighton BN1 1YR. Registered Charity Number 1079327 (England and Wales) and SC039861 (Scotland) Company Registration Number 3861209 (England and Wales).

MANAGEMENT PLAN

To continue 14mg of Buprenorphine

To Liaise with and engage with ROCKET team, GP and pain management.

To move on in treatment

To attend for routine drug screening

Medical review in 3-6 months.

Harm reduction and relapse prevention discussed. Discussed risks of combination of prescribed and illicit substances, risk of overdose and early signs of overdose, risks of IV drug use, risks of poly drug use, tolerance levels.

Medication Prescribed by CGL:

14mg buprenorphine daily supervised.

Naloxone:

In possession

Medications from GP (self-reported):

Ventolin Inhaler
Beclomethasone Inhaler

Spirolactone
Glyceril Tinitrate spray
Aspirin 75mg OD
Atorvastatin 40mg OD
Bisoprolol 2.5mg OD
Lansoprazole 30mg OD
Metformin 500mg BD
Monomil 60mg OD
Pregabalin 75mg QDS
Ramipril 2.5mg OD
Sertraline 100mg OD
Uniphyllin Continus 200mg

Lactulose

Vitamin B

Thiamine

OTC: paracetamol

Safe storage of prescribed medication:

Locked Box

Locked Box issued: in possession and in working order.

Locked Box stored: locked away in bedroom.

Locked box keys are to be held separately.

Packaging

Client is aware of safe disposal of medication bottles and packaging.

Medication risks

Client is aware of toxicity to children/adults who are not tolerant to medications prescribed by us.

Client is aware of the importance of returning all prescribed medications that they are not taking to the pharmacy.



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Discussion held regarding the safe storage of alcohol, illicit drugs, and drug paraphernalia.

Requests to GP:

Kindly refer Duncan to Pain Management Team, also update us with the current medical summary.

Please take care when prescribing other medications that may have misuse potential.

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 his / her treatment for opiate dependency as drug interactions may potentially have fatal consequences. Please be especially careful with regards to medications which prolong the QT interval (e.g., Citalopram).

Please let us know if you have any safeguarding concerns.

PHYSICAL HEALTH

On-going chest infection none at present and not having any treatment for it.

Stated he had been in hospital in Jan he collapse. He spent 4 days in hospital.

Hospital admission in Sep 20 due to "vacant episodes and past seizures".

Prolapsed discs in lower spine. - affects his mobility at times., will liaise with GP regarding referral to Pain Management Team

Type II Diabetes – diagnosed 5 years ago – managed by medications.

COPD – Under ROCKET team and seen regularly for reviews - last seen before 12/2020 and nil since then advised to speak to GP regarding this and to contact the ROCKET team as well.

Heart Disease and heart attack in 2018 Has stents fitted over 4 years ago.

Last hospital discharge summary on 1 Oct 20 indicates Fatty Liver and referral to Dr Das.

Allergies: NKDA

Height: 5'9

Weight: 90kg eating and drinking well

Relationships: none

Sexual health: none

BP 138/87 P101 spO2 92%

Physical examination

Alert and orientated engaged well in conversation.

Nil withdrawal symptoms noted or reported.

MENTAL HEALTH

Diagnosis: fluctuating mood at times trigger is social isolation, described his mood as settled at present

Psychiatry: nil history and nil at present

Suicidal thought: nil history and nil at present

Self-harm: nil history and nil at present

Current mental state

Patient denied any thoughts of harm to self or others.

There were no concerns around mental capacity during the interview today.

There was good rapport.

There was no evidence of psychotic symptoms.

demonstrated capacity to make decisions about his treatment for opioid dependence.

Orientated to time, place, and person.

Not suicidal.

Current Reported Substance Use:

Heroin- none

Crack – none.

Cannabis – none

Illicit Benzodiazepines – none

Amphetamine – none

Illicit Methadone Mix – none



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Illicit Buprenorphine – none
Other (Mkhat, Ketamine, Steroids, Novel Psychoactive Substances) - none
Illicit medication- none
Cigarettes: 10 a day

Drug Screen Results on 27/03/24

Urine screen: positive to buprenorphine

Alcohol use

Alcohol intake – none-drinker

PSYCHO-SOCIAL ENGAGEMENT

To continue to engage with recovery worker.

SAFEGUARDING

has no carer responsibilities for children under 18.

There do not appear to be any safeguarding issues.

SOCIAL CIRCUMSTANCES

Accommodation – lives in a bedsit, nil issues reported.

Children – 2 boys that live with their mother.

Other support – none

Employment / Training / Education- unemployed

Forensic history – various episodes of prison sentences in the past. Last incarcerated over 13 years ago.

No outstanding criminal convictions at present.

DVLA/driving

Driver has a licence- he would inform DVLA

Legal issues and personal responsibility discussed.

RISKS IDENTIFIED

Sex working – none.

Contact with children – yes regular contact with his children.

Risk of accidental overdose – harm reduction and relapse prevention advice given

Driving- non-driver.

Yours sincerely,

Lizsandra George

Non-medical prescriber.



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05 Aug 2024	Rehabilitation to Lakeside Healthcare
Letter Type	Rehabilitation
Letter To	Lakeside Healthcare
Letter From	S2S Substance to Solution

Substance to Solution
 98-100 Rockingham Road, Corby
 Northants, NN17 1AE
 T: 01604 211 304 option 5
 F: 01536 513043
 E: northants@cgl.org.uk
 W: www.changegrowlive.org



**Substance
to Solution**
Corby

Date: 5th August 2024

Private and Confidential

Lakeside
 Cottingham Road
 Corby
 NN17 2UR

Dear Doctor,

Re: Clients Name: Duncan Clacher DOB: 21.05.1958
 6 Minden Close, Corby, Northamptonshire, NN18 9EW

Summary for GP

I reviewed Duncan in my clinic today, regarding her Opioid dependence. I explained my role as an NMP. He was well dressed and not under the influence. He communicated well. His physical health is stable although he said he had a seizure 5 months ago. No issues with mental health.

Since his last review, he has been maintained on Buprenorphine. Duncan states that his current dose of Buprenorphine 14mg daily is helping him. He stated that it helps with his back pain. He refuses to reduce and said that the 2mg reduction is hard. He is no longer on pregabalin from his GP.

He stated that his mental health is stable. Advised that misusing substances can impact on his mental and physical health also his finances. Advised about the dangers of misusing illicit substances and not mixing polydrug and polypharmacy. He has capacity and understands . Advised about sharing equipment, he is aware of this. Deny self-harm ideas. He would be referred to adult social care by his key worker to support him.



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Substance to Solution
 98-100 Rockingham Road, Corby
 Northants, NN17 1AE
 T: 01604 211 304 option 5
 F: 01536 513043
 E: northants@cgl.org.uk
 W: www.changegrowlive.org



**Substance
to Solution**
Corby

Plan is to continue Buprenorphine 14mg

This is a routine review to monitor progress in treatment. GP, please provide CGL Corby with an up-to-date medical review.

TREATMENT DISCUSSION

A full treatment discussion was held 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.

Impression

- 1. opiate dependence syndrome

MANAGEMENT PLAN

To continue 14mg of Buprenorphine

Refer to adult social care

To engage with his key worker

To attend for routine drug screening

Medical review in 3-6 months.

Harm reduction and relapse prevention discussed. Discussed risks of combination of prescribed and illicit substances, risk of overdose and early signs of overdose, risks of IV drug use, risks of poly drug use, tolerance levels.

Medication Prescribed by CGL:

14mg buprenorphine daily supervised.



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98-100 Rockingham Road, Corby
Northants, NN17 1AE
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**Substance
to Solution**
Corby

Naloxone:

Given one by key worker

Medications from GP (self-reported):

Ventolin Inhaler

Beclomethasone Inhaler

Spirolactone

Glyceril Tinitrate spray

Aspirin 75mg OD

Atorvastatin 40mg OD

Bisoprolol 2.5mg OD

Lansoprazole 30mg OD

Metformin 500mg BD

Monomil 60mg OD

Ramipril 2.5mg OD

Sertraline 100mg OD

Uniphyllin Continus 200mg

Lactulose

Vitamin B

Thiamine

OTC: paracetamol



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**Substance
to Solution**
Corby

Safe storage of prescribed medication:

Locked Box

Locked Box issued: in possession and in working order.

Locked Box stored: locked away in bedroom.

Locked box keys are to be held separately.

Packaging

Client is aware of safe disposal of medication bottles and packaging.

Medication risks

Client is aware of toxicity to children/adults who are not tolerant to medications prescribed by us.

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.

Requests to GP:

Kindly refer Duncan to Pain Management Team, also update us with the current medical summary.

Please take care when prescribing other medications that may have misuse potential.

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 his / her treatment for opiate dependency as drug interactions may potentially have fatal consequences.



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Substance to Solution
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 Northants, NN17 1AE
 T: 01604 211 304 option 5
 F: 01536 513043
 E: northants@cgl.org.uk
 W: www.changegrowlive.org



**Substance
to Solution
Corby**

Please be especially careful with regards to medications which prolong the QT interval (e.g., Citalopram).

Please let us know if you have any safeguarding concerns.

PHYSICAL HEALTH

On-going chest infection none at present and not having any treatment for it.

Stated he had been in hospital in Jan he collapses. He spent 4 days in hospital.

Hospital admission in Sep 20 due to "vacant episodes and past seizures".

Prolapsed discs in lower spine. - affects his mobility at times., will liaise with GP regarding referral to Pain Management Team

Type II Diabetes – diagnosed 5 years ago – managed by medications.

COPD – Under ROCKET team and seen regularly for reviews - last seen before 12/2020 and nil since then advised to speak to GP regarding this and to contact the ROCKET team as well.

Heart Disease and heart attack in 2018 Has stents fitted over 4 years ago.

Last hospital discharge summary on 1 Oct 20 indicates Fatty Liver and referral to Dr Das.

Allergies: NKDA

Height: 5'9

Weight: 93kg eating and drinking well

Relationships: none

Sexual health: none

BP 105/89 P82 spO2 92%



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Physical examination

Alert and orientated engaged well in conversation.

Nil withdrawal symptoms noted or reported.

MENTAL HEALTH

Diagnosis: fluctuating mood at times trigger is social isolation, described his mood as settled at present

Psychiatry: nil history and nil at present

Suicidal thought: nil history and nil at present

Self-harm: nil history and nil at present

Current mental state

Patient denied any thoughts of harm to self or others.

There were no concerns around mental capacity during the interview today.

There was good rapport.

There was no evidence of psychotic symptoms.

demonstrated capacity to make decisions about his treatment for opioid dependence.

Orientated to time, place, and person.

Not suicidal.

Current Reported Substance Use:

Heroin- none

Crack – none.

Cannabis – none

Illicit Benzodiazepines – none



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Amphetamine – none

Illicit Methadone Mix – none

Illicit Buprenorphine – none

Other (Mkhat, Ketamine, Steroids, Novel Psychoactive Substances) - none

Illicit medication- none

Cigarettes: 20 a day

Drug Screen Results on 24/07/24

Urine screen: mouth swab unable to pass urine

Alcohol use

Alcohol intake – none-drinker

PSYCHO-SOCIAL ENGAGEMENT

To continue to engage with recovery worker.

SAFEGUARDING

has no carer responsibilities for children under 18.

There do not appear to be any safeguarding issues.

SOCIAL CIRCUMSTANCES

Accommodation – lives in a bedsit, nil issues reported.

Children – 2 boys that live with their mother.



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Other support – none

Employment / Training / Education- unemployed

Forensic history – various episodes of prison sentences in the past. Last incarcerated over 13 years ago.

No outstanding criminal convictions at present.

DVLA/driving

Driver has a licence- he would inform DVLA

Legal issues and personal responsibility discussed.

RISKS IDENTIFIED

Sex working – none.

Contact with children – yes regular contact with his children.

Risk of accidental overdose – harm reduction and relapse prevention advice given

Driving- non-driver.

Yours sincerely,

Lizsandra George

Non-medical prescriber



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21 Aug 2024	Urgent Care Centre to Lakeside Healthcare	
Letter Type	Urgent Care Centre	
Letter To	Lakeside Healthcare	
Letter From	Corby Urgent Care Centre	

1



Corby Urgent Care Centre

Corby Urgent Care Centre
 Cottingham Road
 Corby
 Northamptonshire
 NN17 2UR
 21 August 2024

Lakeside Healthcare Corby Pool
 Address - multiple lines: 1 Cottingham Road
 Corby
 NN17 2UR, Telephone: 01536 204154, Fax: 01536 748286

Dear Corby Pool
 Mr Duncan Clacher NHS Number: 648 816 7464 D O B: 21 May 1958
 6 Minden Close, Corby, Northamptonshire, NN18 9EW

Attendance Details:
 This patient was seen today at Corby Urgent Care Centre

Arrival date and time	Presenting complaint	Departure method
21 Aug 2024 18:17	Drug / alcohol intoxication or withdrawal	

Consultations at Urgent Care Today

21 Aug 2024 19:09
C: wanted to have more bupronorphine
i explained that as per the system he was prescribed it on 20 yesterday and has a



Corby Urgent Care Centre

weekly perscription that is due on 27 next
patient unable to account for the medications he got yesterday says he wants more
i asked why is it because of pain but he simply repeated he wants more because he wants it
i explained i will be unable to provide any more as its a controlled substance and he is been unable to provide a logical reason for wanting more
patient was not happy with this
i advised they contact their own gp
i notice a letter from s2s march 2024 which recomends bupronorphine to the patients own gp and as tommorow is a normal working day the patient can contact their surgery
at the time of my assesment the patient did not appear intoxicated or under the influence but i was not able to do a more through exam as the patient became unhappy and decided to leave .
has capacity in my judgement to decide matters related to his health at the time of my assesmeent he gave me no reason to think he is not of sound mind and he denies having taken any other drugs that would influence his reasoning ability .
will send a task to the safeguarding team toi ensure this patient gets support if he needs it or agrees to have some
Done By: Dr Saad Khan (Clinical Practitioner Access Role) - Location: Surgery

The following pathology tests have been requested: **None requested**

The following medications were prescribed: **No new medication prescribed.**

Yours sincerely

Corby Urgent Care Centre

23 Sep 2024	E-mail to Lakeside Healthcare
Letter Type	E-mail
Letter To	Lakeside Healthcare
Letter From	DHU health care

24/09/2024, 08:16

Email - LAKESIDECOMMUNICATIONS (LAKESIDE HEALTHCARE) - Outlook



Drug-Seeking Behaviour

From REFERRALS, Specialpatientnote (DHU HEALTH CARE C.I.C) <specialpatientnote.referrals@nhs.net>
Date Mon 23/09/2024 14:31
To LAKESIDECOMMUNICATIONS (LAKESIDE HEALTHCARE) <northantsicb.lakesidecommunications@nhs.net>

Patient's Name: Duncan Clacher
Patient's NHS No: 648 816 7464
Patient's DOB: 21-May-1958

Dear Sir/Madam

The above patient has triggered our Multiple Contact (HFU) report (the patient requested repeat prescription three times in August).

We would ask you to consider if the NHS111/OOH service should send requests to pharmacies/ Out of hours services for these medications (over and above any repeats you may provide) or if you would like us to refer the patient to your surgery the next working day.

Please send any correspondence to this email address; Northants111@nhs.net

Yours faithfully
For DHU Healthcare

Hannah
Patient Records Administrator

Privacy Notice

DHU may ask for or hold personal confidential information about your patient which will be used to support delivery of appropriate care and treatment. This is to support the provision of high quality care. Please ensure that you alert your patients to our website for further clarity on <http://dhuhealthcare.com/full-privacy-notice/>

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<https://outlook.office.com/mail/northantsicb.lakesidecommunications@nhs.net/inbox/fd/AAQkADQ2MjZhZjdmLWJjMWItINDE0NS04NTU0LWZhNz...> 1/1

22 Oct 2024	E-mail to Lakeside Healthcare
Letter Type	E-mail
Letter To	Lakeside Healthcare
Letter From	111 NORTHANTS DHU HEALTHCARE

~~DAVISON, Jayne~~ (LAKESIDE HEALTHCARE)

From: S111, Northant (DHU HEALTH CARE C.I.C)
Sent: 22 October 2024 12:55
To: LAKESIDECORBYSECRETARIES (LAKESIDE HEALTHCARE)
Subject: Re: letter

Good Afternoon

Thank you for the below update, I have added the information to our system to be reviewed in 2 months

Kind regards

Becky
Patient Records Team

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From: LAKESIDECORBYSECRETARIES (LAKESIDE HEALTHCARE) <northantsicb.lakesidecorbysecretaries@nhs.net>
Sent: 22 October 2024 10:55
To: S111, Northant (DHU HEALTH CARE C.I.C) <northants111@nhs.net>
Subject: letter

Please find attached letter regarding patient D.C, NHS no: 648 816 7464.

regards

Claire

Claire Pegg
Medical Secretary
 Lakeside Healthcare
 Lakeside Surgery
 Cottingham Road
 Corby, Northants
 NN17 2UR
 Tel: 01536 204154

Email: corccg.lakesidecorbysecretaries@nhs.net



29 Jan 2025	Substance Misuse to Lakeside Healthcare
Letter Type	Substance Misuse
Letter To	Lakeside Healthcare
Letter From	S2S Substance to Solution, S2S Substance to Solution

S2S: Substance to Solution
 98-100 Rockingham Road
 Corby
 NN17 1AE
 T: 01604 211304 opt 5
 E: corbys2s@cgl.cjsm.net
 W: changeGrowLive.org



lakeside

Date: *29-01-25*

Private and Confidential

To whom it may concern

Re: *Duncan Clacher* DOB: *21-05-1958*
 Address: *6 Menden 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 and a FULL medical history for the client.

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 corbys2s@cgl.cjsm.net *emailed 30.1.25 RJ*

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]*

OFFICIAL -SENSITIVE
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: <i>PATIENT SUMMARY EMAILED 30.12.10</i>
Are there any contraindications to us prescribing opiates?	Yes/No	
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?		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:



30 Jan 2025	Substance Misuse to Lakeside Healthcare
Letter Type	Substance Misuse
Letter To	Lakeside Healthcare
Letter From	S2S Substance to Solution, S2S Substance to Solution

Substance to Solution
 98-100 Rockingham Road, Corby
 Northants, NN17 1AE
 T: 01604 211 304 option 5
 F: 01536 513043
 E: northants@cgl.org.uk
 W: www.changegrowlive.org



**Substance
to Solution**
Corby

Date: 30th January 2025

Private and Confidential

Lakeside Surgery
 Cottingham Road
 Corby
 Northamptonshire
 NN17 2UR

Dear Doctor,

Re: Duncan Clacher **DOB:**21/05/58
Address: 6, Minden Close, Corby, Northamptonshire, NN18 9EW

We are writing to inform you that Duncan Clacher is currently prescribed 14mg of buprenorphine daily. We kindly request that no opiate medications be prescribed to him while he is on buprenorphine.

Duncan has expressed a desire to begin reducing his buprenorphine dosage but has reported experiencing pain. As we work on reducing his buprenorphine, we would appreciate it if you could explore appropriate pain management options with him.

Could you also please arrange an appointment for a health check with Duncan?

Thank you for your attention to this matter.

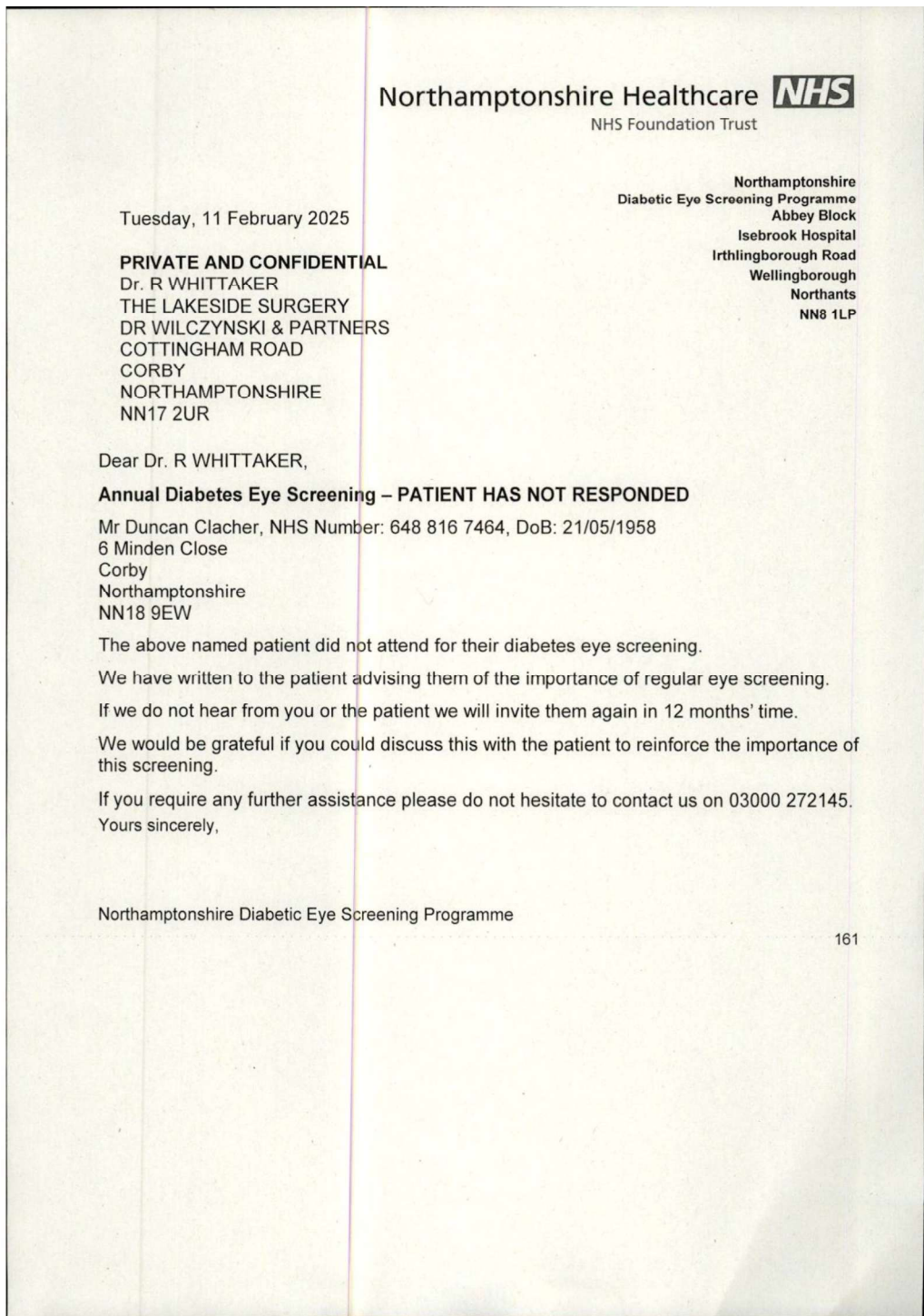
Yours sincerely,

Kim Broom
 Recovery Worker
 S2S Corby



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11 Feb 2025	Diabetic Eye Screening Scheme to Lakeside Healthcare
Letter Type	Diabetic Eye Screening Scheme
Letter To	Lakeside Healthcare
Letter From	Diabetic Eye Screening Programme, Isebrook Hospital



21 Feb 2025	Substance Misuse to Lakeside Healthcare
Letter Type	Substance Misuse
Letter To	Lakeside Healthcare
Letter From	S2S: Substance to Solution

Substance to Solution
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 F: 01536 513043
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**Substance
to Solution**
Corby

Date: 04th March 2025

Private and Confidential

Lakeside Surgery
 Cottingham Road
 Corby
 Northamptonshire
 NN17 2UR

Dear Doctor,

Re: Duncan Clacher DOB: 21/05/1958
 Date seen: 21st February 2025

Recovery worker: Kimberley Broom

Summary for GP

Duncan was seen for a medical review face to face with recovery worker Kimberley B.

Duncan is prescribed 14mg of buprenorphine S/L Tablets and reports feeling stable on this dose. He has expressed that he does not wish to consider any reductions at this time.

Duncan reports experiencing memory issues, which have led him to send a friend to the pharmacy to collect his opioid substitution therapy (OST) on his behalf. He stated that on Monday, someone collected his medication without his consent, resulting in him going without his dose. However, later in the review, he disclosed that he had not slept for four days, did not wish to leave the house, and therefore did not collect his OST himself. He also admitted to taking a pipe of crack cocaine, believing it would make him feel better, but instead felt worse as it contained an unknown substance he described as "brown stuff." Due to the conflicting nature of the information provided, it was difficult to determine which account was accurate. To ensure the safe and appropriate administration of his medication, it was agreed that, moving forward, Duncan must attend the pharmacy in person, and no one else will be permitted to collect his medication on his behalf. A possible increase in collection days was also discussed, as Duncan reports occasionally forgetting whether he has taken his daily dose. Additionally, the option of making an adult



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**Substance
 to Solution**
 Corby

social care referral was considered to provide support for his memory issues and lack of self-care.

Treatment options were reviewed, and Duncan remains adamant that he does not want Buprenorphine. However, he has expressed a desire to detox from Buprenorphine but is concerned about his back pain and would like support from the pain management clinic.

Physical health discussed and Duncan reports ongoing issues with memory loss, back pain, and insomnia. He was previously prescribed Pregabalin for back pain but discontinued it after experiencing a seizure, believing the medication to be the cause. However, after a period without Pregabalin, his back pain worsened, leading him to resume taking his stockpiled supply. He reports that he has not had a seizure since and now believes Pregabalin was not the cause. He has been advised to discuss the possibility of re-prescription with his GP.

Additionally, Duncan reports occasionally falling out of bed during sleep, waking up on the floor without understanding why. The most recent occurrence was 2–3 weeks ago. He has been advised to discuss this issue with his GP.

A referral to adult social care will be made by his recovery worker to provide additional support due to his ongoing health concerns. Duncan reports no other physical health issues.

Duncan reports no concerns regarding his mental health.

Treatment discussion

A full treatment discussion was again held 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.

Treatment options discussed and we have agreed he will start remain on 14mg Buprenorphine S/L tablets. He is aware of how and when to take the Buprenorphine. He demonstrated capacity to make decisions regarding his treatment. Reduced tolerance, dangers of locally contaminated illicit drugs with Fentanyl and Nitazenes, and overdose risks discussed and understood – Naloxone offered and refused. Safe storage discussed and they have a lock box in possession to store their prescription. Discussed the effects of Buprenorphine on opiate naïve persons and on children and high risks of overdose. Discussed pickups at the pharmacy – they will remain the



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**Substance
 to Solution**
 Corby

same at present, to see whether Adult Social Care can support, if not it will be increased to daily collection to ensure his medication is taken safely and correctly. Discussed the effects of his current substance use on his physical and mental health and he understands these risks. He engaged very well in the review, good eye contact, rapport established, no withdrawals or intoxication.

Impression

F11.2 - Mental and behavioural disorders due to opiate dependence syndrome.

Plan from today's OPA

1. They will remain on 14mg Buprenorphine S/L Tablets.
2. Discussed pickups at the pharmacy – they will remain the same at present, to see whether Adult Social Care can support, if not it will be increased to daily collection to ensure his medication is taken safely and correctly.
3. Discussed reducing current illicit substance use.
4. Discussed the effects of current substance use on their physical and mental health and they understand these risks.
5. RW to make an adult social care referral.
6. Duncan to discuss his physical health concerns with GP.
7. Overdose risks, tolerance and possibility of locally contaminated substances discussed and understood – Naloxone offered and refused.
8. Safe storage discussed and they have a lock box in possession to store their prescription.
9. Regular reviews with his recovery worker for support, risk management, motivational interventions etc.
10. Recovery plan to be formulated between Duncan and recovery worker.
11. Next medical review in 3-6 months or earlier if needed.
12. Letter to GP

Medications prescribed by CGL

14mg Buprenorphine S/L tablets

Medications from GP (self-reported)

Ventolin Inhaler
 Beclomethasone Inhaler
 Spironolactone
 Glyceril Tinitrate spray
 Aspirin 75mg OD
 Atorvastatin 40mg OD



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 Corby

Bisoprolol 2.5mg OD
 Lansoprazole 30mg OD
 Metformin 500mg BD
 Monomil 60mg OD
 Ramipril 2.5mg OD
 Sertraline 100mg OD
 Uniphyllin Continus 200mg
 Lactulose
 Vitamin B
 Thiamine

Safeguarding

No parental/carer responsibility for under 18s or vulnerable adults.
 Please inform us if this information is not correct and up-to-date.

Requests to GP

1. **Please kindly refer Duncan to Pain Management Team, also update us with the current medical summary.**
2. **Please book a medical review.**
3. Please send an up-to-date medical summary.
4. Please take care when prescribing other medications that may have misuse potential.
5. In the interest of safety, we would respectfully request that you avoid prescribing any opiate based medication for this patient or that any intention to start is discussed with us beforehand.
6. 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 his / her treatment for opiate dependency as drug interactions may potentially have fatal consequences. Please be especially careful with regards to medications which prolong the QT interval (e.g. Citalopram).
7. This was a medical assessment to start Opiate Substitute Treatment (OST) and the full assessment is included below. Please let us know if there are any inaccuracies or omissions.

Current reported substance use

Heroin – none reported.
 Cocaine/Crack – 1 pipe smoked on Monday.



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**Substance
 to Solution**
 Corby

Cannabis – none reported.
 Illicit OST – none reported.
 Other illicit drugs – has been taking his own stockpile of previously prescribed Pregabalin.
 Over the counter medication – none reported.
 Urine screen unable to be conducted today. Oral swab taken – awaiting results.
 Denies any overdoses.
 Tobacco – none reported.
 Alcohol intake – none reported.
 No signs of chronic alcoholism.
 No withdrawals present.
 No intoxication noted.
 No dependence reported.
 No Hx of seizures reported.

Physical health

Drug allergies – NKDA.
 PMH – recurrent chest infections, absence seizures, prolapsed disks, type II diabetes, COPD, heart disease and MI.
 FHx – alzheimers.
 Current health issues – back pain and memory loss.
 Sexual health – no concerns reported.
 I/V drug use – none reported.
 BBV Status – negative.
 Hepatitis B vaccinations – offered and refused.

Physical examination

Looks clinically well
 No evidence of intoxication or withdrawal
 No pallor or jaundice
 BP 146/92 P 94
 O2 Sats 93%
 No signs or symptoms of chronic liver disease
 No signs or symptoms of respiratory distress.
 No signs or symptom of DVT/ulcers/crack spots.
 No injecting marks seen.

Mental health



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**Substance
 to Solution**
 Corby

Past history – fluctuating mood at times trigger is social isolation, described his mood as settled at present.
 Current Issues – no concerns.
 Hospitalisations/ section – none reported.
 Mental health team involvement – none reported.
 Self-harm history/current – none reported.
 Suicide/suicidal ideation – has suicidal ideation, however no plans.

Current mental state

Mood (s) okay (o) low mood.
 Personal hygiene – okay.
 Clothing – appropriate for weather/circumstances.
 Engagement and rapport – good.
 Eye contact – good.
 Affect – appropriate.
 Speech – normal rate, quantity, tone, volume.
 Paranoia/hallucinations – none reported.
 Behaviour – polite and cooperative.
 Cognition – orientated in time, place and person.
 Showed capacity throughout assessment.

Social circumstances

Accommodation – Lives in a bedsit. Currently in debt to housing as rent has not been paid. Owes £2000. Advised to discuss with job centre.
 Relationships – none reported.
 Children - 2 boys that live with their mother.
 Work/benefits – unemployed receiving benefits.
 Driving – reports to drive and the DVLA Legislation was discussed – he states they are aware of his medication.
 Sex working – none reported.
 Forensic history – no current criminal justice involvement.

Risks identified

Overdose and tolerance discussed - Naloxone offered and refused.
 Safe storage discussed and lock box in possession.
 Discussed the effects of Buprenorphine on opiate naïve persons and on children and high risks of overdose.
 Mental health – to be monitored.
 Physical health – to be monitored.



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**Substance
to Solution**
Corby

Safeguarding – Adult Social Care referral to be made.
DVLA/Driving – DVLA legislation and personal responsibilities discussed.

Discussion

1. Explained the risk of using illicit substances and prescribed medication.
2. Informed about the medication with regards to its side-effects and potential interaction with other prescribed medication.
3. Advised to contact the service, keyworker, or GP if any concerns, after hours to attend A&E or call 111.

Yours sincerely,
Harman Singh Bahra
Non-Medical Prescriber



Change Grow Live (CGL), Registered Office: 3rd Floor, Tower Point, 44 North Road, Brighton BN1 1YR. Registered Charity Number in England and Wales (1079327) and in Scotland (SC039861). Company Registration Number 3861209 (England and Wales). VAT number 267 9922 45.

29 Apr 2025	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 Heer
Forest Gate Med Ctr
Forest Gate Road
Corby
Northamptonshire
NN17 1TR

Telephone: 01536 492000

Date: 30 April 2025

Dear Dr Heer

Patient Demographics

Name: Mr Duncan Clacher **Gender:** Male
DOB: 21 May 1958 **Age:** 66
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 29 April 2025 at 18:50. The patient was seen by Dr Ioan Ie and the consultant on take was Dr Ioan Ie.

This patient has made 018 previous visits to the Emergency Department since 1st April 2010.

Discharge Details

The patient left the department at 08:32 on 30 April 2025.

The patient was discharged by Dr Ioan Ie.

The outcome was Treatment complete - Admit.

Clinical Summary

Lethargic. COPD exacerbation, PCO2 raised.

NIV

Abx, O2,

Referred to medics

Referral Details

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

Presenting Complaint

The presenting complaint was Confusion.

Diagnosis

COPD - Chronic obstructive pulmonary disease (Confirmed diagnosis), Hypercapnic respiratory failure (Confirmed diagnosis)

Procedures

Investigations	Treatments
Bedside Arterial / capillary blood gas	Circulation Infusion fluids
Biochemistry C reactive protein (CRP)	Medication_ Intravenous antibiotics
Haematology Clotting studies	Circulation Intravenous cannula
Bedside Electrocardiogram	Medication_ Intravenous drug : bolus
Haematology Full blood count (FBC)	Airway / Breathing Nebuliser / spacer
Biochemistry Liver function tests (LFTs)	Airway / Breathing Non-invasive ventilation
Biochemistry Urea & Electrolytes (U&Es)	Circulation Observation / cardiac monitor, pulse oximetry / head injury / trends
Radiology X-ray plain film	Airway / Breathing Supplemental oxygen

Medication and Medical Devices

Drugs administered in ED	Drugs TTA
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Allergies and Adverse Reaction

pregabalin

Distribution list

GF Letter

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

02 May 2025	E-mail to Lakeside Healthcare
Letter Type	E-mail
Letter To	Lakeside Healthcare
Letter From	Home Oxygen Service, Kettering General Hospital



COPD Virtual Ward - Patient Review

From ELLIOT, Nicole (UNIVERSITY HOSPITALS OF NORTHAMPTONSHIRE - RNQ) <nicole.elliott1@nhs.net>
Date Fri 02/05/2025 12:17
To LAKESIDECOMMUNICATIONS (LAKESIDE HEALTHCARE) <northantsicb.lakesidecommunications@nhs.net>;
 PACLAKESIDE (LAKESIDE HEALTHCARE) <northantsicb.paclakeside@nhs.net>
Cc RUST, Suzanne (UNIVERSITY HOSPITALS OF NORTHAMPTONSHIRE - RNQ) <suzanne.rust@nhs.net>

Dear Doctor

Reference:

CLACHER, Duncan (Mr)
 Born21-May-1958 (66y)
 GenderMale
 NHS No648 816 7464
 Hospital Number184902

Mr Clacher has been on-boarded to COPD Virtual Ward following admission to Kettering General hospital.

Mr Clacher has had a COPD review this morning and requires a new spacer, please can I request the surgery issue one to him. I do feel Mr Clacher is non-compliant with his COPD management and would benefit a follow up from the COPD nurse at the surgery on regular basic. For example, on arrival at the property Mr Clacher could not locate his Trimbrow inhaler and found buried amounts belonging.

Furthermore, I am concerned of Mr Clacher and also the living conditions of the property. I have emailed Northamptonshire County Council to report the mould/damp in property - Reference CSC711234254. As on-going recovery from chest infection this conditions could be contributing to the infection risk.

I also discussed Mr Clacher's referral to s2s, he advised he was previously on pain killers and has been referred to s2s for help by GP but hasn't had any follow as yet. I was struggling to get any further information so not sure lead-times on this with the GP. During my assessment, although I felt Mr Clacher had capacity and states he is off drugs and alcohol, I do feel he may have on-going issues with this as he was dis-engaged in assessment. He has not been compliant with antibiotics given by the hospital, unable to advise when he last took any, very unkept and lying in a dirty blanket on mattress with no sheets. Mr Clacher did state during the assessment about the state of the property and it all is needing repairing but he wasn't getting the help, i.e. relating to the mould.

Please can I request S2S referral is followed up for Mr Clacher to receive a review if possible.

Many thanks for your assistance.

Kind regards
Nicole

Nicole Elliot

Home Specialist Oxygen and COPD Virtual Ward Nurse
Telephone 01536 491220
Email nicole.elliott1@nhs.net
Working hours Mon-Fri 8.30-16.30

09 May 2025	Discharge summary to Lakeside Healthcare
Letter Type	Discharge summary
Letter To	Lakeside Healthcare
Letter From	Kettering General Hospital Discharge Letters

INPATIENT DISCHARGE NOTE

Kettering General Hospital NHS Foundation Trust

GP Practice

Practice Name: Lakeside Healthcare

Patient Demographics

Title: Mr Gender: Male Age: 88	DOB: 21 May 1958
Forename: Duncan	DOD:
Surname: Clacher	NHS No: 818 818 7464
Address: 6 Minden Close, COTBY, Northamptonshire, NN18 9LW	PAS Id: 184902

Admission Details

Admission Date: 01-May-2025 08:34
 Admission Method: Virtual Ward use only: Admitted from main KGH ward
 Consultant: Dr Raja REDDY
 Ward Location: Virtual Ward - Respiratory COPD

Discharge Details

Discharge Consultant: Dr Raja Reddy
 Discharge Ward: Virtual Ward - Respiratory COPD
 Discharged Date and Time: 09-May-2025 14:47
 Discharged to: 19 Usual place of residence unless listed below
 Discharged Destination: ,

ODS Code

Clinical Summary

Mr Clacher was on-boarded to COPD Virtual Ward following admission to Kettering General Hospital.
 Mr Clacher had 2 COPD nurse home visits.
 Mr Clacher is pending review by G2S - please chase this referral. Mr Clacher appears to have poor mental health and continues to smoke.
 Mr Clacher is to continue on his trimbow and salbutamol inhaler. No changes at present to medication. Bloods taken and infection markers back at baseline.
 Mr Clacher living accommodation is poor with mould on ceiling and at risk of further chest infections. I have been advised as a HMO property this is the residents responsibility to reach out to landlord. Mr Clacher advises his landlord is non-supportive. It would be in Mr Clacher interest to be moved to another property by council, however, I do feel do to low mood lacks motivation to arrange this. If it is possible to contact Mr Clacher and provide any support to gaining a residence via the council this would be recommended.
 Mr Clacher to be discharged back to GP care.

Plan and Requested Actions

GP Information

Follow up Information

Is follow up required: No
 Other follow up location:
 Reason for Follow Up/ Extra Comments for Hospital follow up Appointments:

Referral details

Usual place of residence unless listed below (eg. private home, dwelling owned by Local Auth/House Assoc/Landlord/Wardened Accom. or No Fixed Abode)

Diagnoses

Primary Diagnosis:	Primary Comments:	Diagnosis Status:
COPD		KNOWN DIAGNOSIS
Secondary Diagnoses:	Secondary Comments:	Secondary Diagnosis Status:

Co-Morbidity No	
Cardiovascular:	
Connective Tissue Disorder:	

Disability / Frailty:	
Endocrine:	
Gastro-intestinal / Liver:	
Lifestyle:	
Neurology / Psychiatry:	
Renal:	
Respiratory:	
Other:	
Additional Co-Morbidities:	

Safety alerts			
Self-Risks Suicide:	Not-Assessed	Self-Neglect:	Not-Assessed
Overdose:	Not-Assessed	Third Party:	Not-Assessed
Self-Harm:	Not-Assessed	Care Professionals:	Not-Assessed
Other:			

Special requirements	
Interpreter:	Not Assessed
Advocate:	Not Assessed
Transport:	Not-Assessed
Other:	

Medical Devices:

ePMA Medication: (There are no medications for this patient)

Status	Medication Brand Strength Form	Starting (Start with regimen already underway)	Dose Frequency Route Duration	Stop or continue	Comments
--------	---	--	--	---------------------	----------

General Comments:

Reason for Pharmacy Referral:

Stopped Pre-Admission Medications:

Drug	Form	Strength	Dose	Frequency	Route	Reason for Stopping
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Non-ePMA Medication: (There are no medications for this patient)

Status	Medication Strength Form	Dose Frequency Duration Route	to Continue to Prescribe?	Comments
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Procedures

Medical Treatments:
 Operations and Procedures:
 Transfusions:

Did the patient have a Transfusion of blood/blood products?	No
IF YES Has the patient been notified that they can no longer donate blood?	
Did the patient receive a Transfusion Patient Information leaflet?	
Did the patient have any significant events (reactions, antibodies) during the transfusion?	
IF YES , significant event details:	
Did the patient require any special requirements (CMV negative, Irradiated, HLA etc.)?	
IF YES , special requirement details:	

Complications:

Investigations / Results:

Sig Date	Result	Result Name

COQUIN Information

AKI COQUIN

Did this patient have an episode of AKI during this admission?

If so

What stage of AKI 1/2/3 did they suffer?

Have you undertaken (and documented on this letter) a review of this patients medications?

Are further/follow-up blood tests required?

If yes state which specific tests are required:

Additional Comments:

What is the patients renal function on discharge: (Ue/Cr/eGFR)

Mandatory Dementia Assessment (required for all patients aged 75 and over):

Does the patient have Delirium on this admission?

Did the patient have a formal diagnosis of dementia on admission? Not Recorded

Has this person been more forgetful anytime in the last 12 months to the extent that it has significantly affected their daily life? Not Recorded

Has the patient had a dementia diagnostic assessment including investigations during this admission? Not Recorded

If yes what was the outcome of the assessment? Not Recorded

Has a referral been made to the GP or mental health liaison team highlighting outcome of dementia screening? Not Recorded

Preventing ill health by risky behaviours:

Does the patient lack capacity to answer the alcohol and tobacco screening questions?

Did the patient receive a Tobacco screen?

Is the patient a current smoker?

Was brief advice given?

Was a tobacco referral offered?

Was Medication offered?

Did the patient receive an alcohol screen?

Did the patient screen positive for drinking above low risk levels but not dependant levels?

Was the patient given brief advice?

Did the patient screen positive for potentially dependant drinking?

Was the patient offered a referral to a specialist service?

Did the patient accept the offer and was the referral made?

Allergies and adverse reactions

Drug Allergies: **Adverse Reactions:** **Comments:**

pregabalin Sensitivity or intolerance can make patient drowsy

Non-Drug Allergies: **Adverse Reactions:** **Comments:**

Distribution List

Patient, GP, Caschote Fulda

Person Completing Record

Signed By: Mrs Nicole Elliot Signed Date & Time: 09/05/2025 14:51:55

Printed by: Nicole Elliot Printed Date & Time: 09 May 2025 14:52

Kettering General Hospital NHS Foundation Trust, Rothwell Road, Kettering, Northants, NN16 8UZ

Tel: 01536 497000

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Reducing the risk of a blood clot after your discharge from hospital.

Following discharge from hospital, your risk of developing a blood clot may persist. Some patients will continue to take medications and wear anti-embolic stockings at home. These patients will receive a pack containing all the relevant information.

You should take the following precautions:

- Try to be as mobile as possible (unless you have been advised otherwise) and continue with any exercises that you may have been shown
- Drink plenty of fluids to avoid dehydration
- Take pain killers regularly as needed
- Undertaking a journey (e.g. flight, car, coach) of longer than three hours within four weeks of an admission to hospital may not be advisable - please seek further advice from your GP

Signs and symptoms of a blood clot:

- Pain or swelling in your legs
- The skin on your leg is discoloured (red, purple or blue) or feels hot
- The veins in your leg appear larger than normal
- Pain in your chest or ribs that is worse if you take a deep breath
- Coughing up blood

If you experience any of these symptoms please contact your GP immediately day or night.

If you experience severe shortness of breath, chest pain or uncontrolled bleeding dial 999 for an ambulance.

Help reduce your risk of DVT and PE in hospital with **Lets Talk Clots**, a GPRF patient information app all about blood clots.

Scan the QR Code to find the app in the
Apple App Store

Scan the QR Code to find the app in the
Google Play Store

All information is medically approved and has been developed in collaboration with the charity, Thrombosis UK, Oxford University Hospitals NHS Foundation Trust, patients, lay supporters and healthcare providers.

13 May 2025	Miscellaneous to Lakeside Healthcare
Letter Type	Miscellaneous
Letter To	Lakeside Healthcare
Letter From	SHANE SEARLE

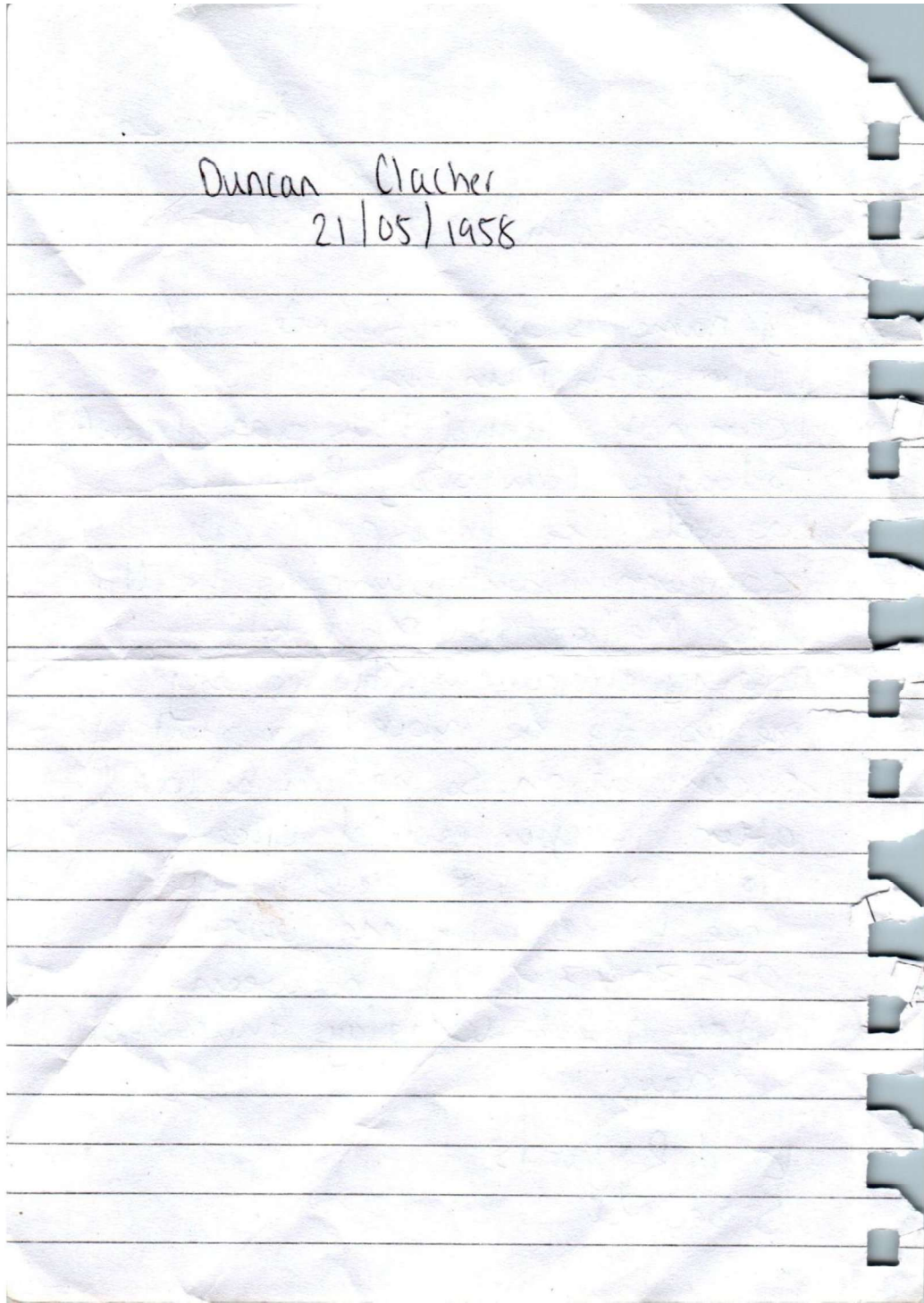
13 May 2025

To whom this may concern

My name is Shane Searle and I live with Duncan.

I can not attend this appointment today as I am busy. But I would like to express my concern about Duncans health his medication and his living environment. He really needs to be moved to sheltered accomodation. So he can be looked after. if you would like to know more please feel free to contact me on 07730779001 between 9am & 2pm Wensdays thursday Fridays

Kind Regards
S. Searle



01 Jul 2025	Miscellaneous to Lakeside Healthcare
Letter Type	Miscellaneous
Letter To	Lakeside Healthcare
Letter From	Northamptonshire county council customer service centre

GP Practice Information Sharing Form
Northamptonshire County Council Customer Service Centre

Information provided by Customer Service Centre	
Care First ID	PER45750
Date report sent	1/7/2025
Name of client	Mr Duncan Clacher
Date of birth	21/5/1958
Address	6 Minden Close Corby Northants NN189EW
Date of incident	Safeguarding from S2S Ricky Barton. S2S involved and medication dispensed every 3 days due to threft at the HMO current housing and also to Cont - To support Duncan as noted to myself from S2S Duncan had become dependent on prescribed medication due to spinal pain. Duncan was very polite on meeting him and asked for help in his words to get out of his current housing situation. Duncan lives in an HMO with 6 other males all have a room in the house and the house is registered private housing and known to North Northants Private sector Team. Duncan room is on the ground floor turn right on entering the house and along a small space. Duncan has a window that opens next to the front door. The room has very bad balck mould in a corner up high. The garden area is over grown and it is unable to be used at this time. Duncan had his mobility car stolen 2 weeks ago and reported to the police and found to be unusable. Duncan has also had medication stolen in the house and unaware if other tenants have stole this or stolen with having the window open as he is unable to close this due to mould. Duncan notes that he has COPD/Heart condition stents fitted Type 2 Diabetic/Reports he has crushed discs in his back. Duncan notes he is in a lot of pain and also living in the room is causing him to feel very unwell due to his breathing and mould and dampness in the room.
Details of incident	
Referrer Details <i>*Please note these details are not to be shared and are for official use only*</i>	Debbie Dykes Senior Enablement Worker Corby Community Hub 01536 - 535823
Actions taken by Adult Social Care (if any)	Duncan has consented to sharing of informaton and I have from 1/7/2025 done the following. 1. GP share - Duncan would like an appointment to have a health check and from his presentation I think this is required. The Property is a HMO with Risk of other males potentially taking illegal drugs and other risks as NNC have been updated by Duncan that people come to the property invited by other tenants and cause a problem. GP appointment - Duncan will be able to get a taxi to the surgery and would need to be given time and not miss the appointment due to his mobility and breathing/pain.

GP Practice Information Sharing Form

Northamptonshire County Council Customer Service Centre

	<p>2. I have made an urgent request to the private sector Team NNC to look into the current living conditions and they have started today the process they need to follow. This is to serve to the landlord and tenants to inspect and this will be done.</p> <p>3. Housing options - Have been updated and a request for an urgent move to a safer accommodation for Duncan due to health/location risk/other tenants/theft of medication now collected every 3 days by Duncan. This is becoming difficult for Duncan he has noted he is in a lot of pain. Housing options have confirmed back that Duncan has a worker now and that as soon as the private sector have done the due process they will then get the report and act as to the finding.</p> <p>4. I have asked Duncan as NNC allocated worker if he would like me to ask for a respite option I have been clear that I would have to ask and this be agreed at a higher level as a place to leave the current situation and be cared for. Duncan is very worried about being placed in a care setting and would just like moved from the current HMO to feel safe and to improve his health.</p> <p>5. I will continue to be allocated as the NNC Corby Social Care Team SAEW and working through the safeguarding and Care Act Assessment. Duncan at this time eats what he buys and doesn't have a good diet as he has stated he is low in mood due to the HMO his health and trying to deal with living with the current situation.</p> <p>I have spoke to Duncan three times today and he was worried at answerinf the phone to unknown callers.</p> <p>Ricky S2S manager called Duncan and asked him to answer to me. I have asked Duncan to ensure his phone is charged and to answer all medical/housing/NNC calls so that we can check on him.</p> <p>I will keep Lakeside updated moving forward and thank you in advance if you can arrange a GP appointment.</p> <p>S2S might be able to support Duncan.</p> <p>Contacts for S2S Ricky manager 07786539385. Duncan Cacher 07565494416.</p> <p>Visit 30/6/2025 - NNC Corby Adult Social Care Team. Duncan had capacity to know his current location/risks concerns and to ask for help.</p> <p>I did ask Duncan to call for an ambulance if his breathing got worse as he did not present in good health. Duncan agreed to do this yesterday and today 1/7/2025.</p>
Original documentation	<input checked="" type="checkbox"/> not included with email <input type="checkbox"/> included with email
Consent obtained to share information (or reason if not obtained)	Mr DC consented to sharing of information 30/6/2024 at his home with NASS Corby Community Team.

GP Practice Information Sharing Form
Northamptonshire County Council Customer Service Centre

Table with 2 columns and 2 rows. Row 1: Suggested action by GP practice (if any) | Request to book Mr DC a GP Appointment and to also check on Diabetic Care. Row 2: Completed by | Debbie Dykes.

Frequently Asked Questions

- 1. Why is the NCC CSC sharing information?
2. Does legislation support information sharing?
3. How will this form be delivered to the practice?
4. Does adult social services require any feedback on the report?
5. What should you do if you want further information?

02 Jul 2025	EMAS Emergency Care Plan to Lakeside Healthcare
Letter Type	EMAS Emergency Care Plan
Letter To	Lakeside Healthcare
Letter From	East Midlands Ambulance Service NHS Trust

East Midlands Ambulance Service

Completed 03/07/2025 05:58 NHS Trust

EMAS Referral

This referral has been created following concerns by EMAS staff regarding the individual named within the referral. EMAS do not case hold and all available information has been included within this referral.

Patient		
Last Name: Clacher	First Name: Duncan	Middle Name: Campbell
Date of Birth: 21/05/1958		NHS No: 6488167464
Address 1: 6 Minden Close	Address 2: CORBY	City / Town: Corby
County:	Postal Code: NN18 9EW	
Country: United Kingdom		
Home: 745448	Mobile: 07565494416	
Ethnicity: White - Other		
GP Practice		
Organisation Name: Lakeside Surgery, Corby		
Contact Last Name:	Contact First Name:	Unique ID: K83002
Address 1: Cottingham Road	Address 2:	City / Town: Corby
County: UK County Placeholder	Post Code: NN17 2UR	
Country:		
Tel1: 01536748219	Tel2:	Person Accompanying Patient:
Comments:		
Other Individual(s)		
Details of Concern		
Referral Date / Time:	02/07/2025 17:46	
Category of Individual(s):	Adult	
Was consent gained for referral?:	Yes	
Discussion with Patient/Family/Carer and what are their expectations:	Patient is very depressed at his current situation and expectations are that he is able to find a safer environment to live in.	
Clearly document all your concerns and highlight any risks including any Perpetrator / Abuser details:	Patient is vulnerable due to his living conditions. There is black mould on walls and ceiling in his room and smells damp, you can instantly feel this on your chest as you walk in. Patient also takes important medications which are being stolen by local users. Patients living conditions unacceptable. Patient also struggles to remember tablets so would benefit from a ready made dosset box	
Category of Alleged Abuse / Concern:	Safeguarding Concern: Adult	
Home Situation:	Lives in Own Home	
Disabilities / Impairments:	None	
Fire Risks:	Cigarette Smoker; Cluttered Furniture impeding	

Created: 02/07/2025 16:05:13 (BST) Incident Number: 19937055

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

	exit/entry; Drops Unextinguished Cigarettes; Reduced Mobility; Clothing Fire
House Clutter Ranking (1-9):	7
Risk Taking Behaviours:	Current or History of Drug Use
Domestic Abuse Concerns:	None
Were social care contacted on scene?:	Yes
Were police present / contacted?:	No
Last Known Location of Individual (ensure you write full name of place):	Hospital
Name of Patient's Care Agency:	.

EMAS Attendance Details

Call Connect:		
Incident Number:	19937055	
Reported Condition:	Other	
People on Scene:	Crew Patient Friend	
Incident Location:		
Address 1: 6	Address 2: MINDEN CLOSE	City / Town: Corby
County:	Postal Code: NN18 9EW	
Country:	Longitude:	Latitude:
Location Type:		

This referral has been shared with the patient named GP for their information to support with future care planning and as the repository for health records. EMAS have shared this referral with agencies identified below.

Expectation of Referral

Who does this referral need sharing with? (Either Safeguarding or Care Concern should be selected, not both):	General Practitioner; Adult Safeguarding
--	--

*Further Information
If you require any further information from EMAS please contact the safeguarding team on 0115 88 45069 or email ecasnt.emassafeguardingmanagementteam@nhs.net*

Agency Feedback
Please return feedback to the above details
 Created: 02/07/2025 16:05:13 (BST) Incident Number: 19937055
 All charted date/time values displayed in this report are in Dublin, Edinburgh, Lisbon, London (BST)

02 Jul 2025	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 Heer
Forest Gate Med Ctr
Forest Gate Road
Corby
Northamptonshire
NN17 1TR

Telephone: 01536 492000

Date: 03 July 2025

Dear Dr Heer

Patient Demographics

Name: Mr Duncan Clacher	Gender: Male
DOB: 21 May 1958	Age: 67
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 02 July 2025 at 18:08. The patient was seen by Ms Aysha Saqib and the consultant on take was Dr Ken Yarfoh.

This patient has made 019 previous visits to the Emergency Department since 1st April 2010.

Discharge Details

The patient left the department at 15:14 on 03 July 2025.

The patient was discharged by Ms Aysha Saqib.

The outcome was Treatment complete - Admit.

Clinical Summary

IECOPD/social problem
refer to medics

Referral Details

Referred by Social services

Presenting Complaint

The presenting complaint was Chest Infection, Social problem.

Diagnosis

Acute exacerbation of chronic obstructive airways disease (disorder) (Confirmed diagnosis),
Social problem (finding) (Confirmed diagnosis)

Procedures

Investigations	Treatments
Admin Investigation not indicated	Administration Treatment not indicated (consider guidance/advice option)

Medication and Medical Devices

Drugs administered in ED	Drugs TTA

Allergies and Adverse Reaction

pregabalin

Distribution list

GP Letter

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

02 Jul 2025	Ambulance Service to Lakeside Healthcare
Letter Type	Ambulance Service
Letter To	Lakeside Healthcare
Letter From	Siren 4, East Midlands Ambulance Service NHS Trust

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, EMAS Medical Director

Incident Number: 19937055 **Duncan, Clacher C** 67 Years NHS No: 6488167464 Date of Birth: 21/05/1958 Address 1: 6, NN18 0EW

PT AND SAFEGUARDING CONFIRMATION	
Patient and Safeguarding Confirmation	Patient Consent To Treatment: Yes Was GP Connect Record Viewed: Yes Was Consent Gained To View GP Connect: Yes Does the referral indicate an IMMEDIATE risk of harm? If so please escalate your referral to the manager on duty who will complete the immediate part of the referral by ringing through to social care and Police colleagues. Please finalise your referral and submit: No Are Graphic/Sensitive Images Attached?: No Patient Referred to Medical Examiner?: No
PATIENT PRESENTING WITH	
Complaint	Complaint Type : Chief Complaint: Complaint : Difficulty in Breathing: Duration : 5 Days
PATIENT OUTCOME	
General	Patient Outcome: Treated and Transported Condition of Patient at Destination: Improved Final Patient Acuity: 4 - Complex/ Urgent Care Patient Personal Belongings: Bag Belongings Given To: Patient Make Every Contact Count: No MECC intervention
COMMENTS	

Pc - social problem plus 5/52 dib

Hxpc - pt is living in poor conditions and today social worker visited due to concerns made by patient. Social worker concerned and pt was complaining of at least a 5/7 Hx of worsening sob so called 999.

O/A - social worker still on scene, explained to crew situation that he is living with users and ex users and has had personal possessions go missing and that he can't deal with the black sporing mould in his room. Room very cluttered, had been smoking in room. When crew left room immediately felt tight chested.

O/E - Neuro - no headaches, no dizziness, no confusion, BEFAST neg, pearl 3, gcs15, no blurred vision or visual disturbances, no reduced sensations. No falls, no loc. no reduced mobility

R/S - no wheeze, global cracklesworse basally, no increased effort of breathing, no sob, walked to ambulance (100-150 steps) no cyanosis, states coughing mostly in the morning producing thick green phlegm, SATs at 90% on air copd.

CVS -no cp, no ecg changes since last time, normocardic, normocardic, no diaphoresis.

GU/GI - pt eating and drinking as normal, normocardic abdo pain, no distention, no urinary or bowel symptoms, no palpable masses.

SHx - pt lives in a HMO with living conditions below suitable. There is mould in his room in the corner which is black, the air quality is poor in his room along with him smoking, smoker, ex drinker and opioid user. Was with. Drugs support group when referred to social worker, recent change in social worker who came to visit and introduce himself today and wasn't happy with living condition and has filed a safeguarding for the state of the property. No respect form. Pt also states he struggles with knowing when to take certain medication so with suggest a dosset box from pharmacy.

Plan - stated to pt that we will take him to hospital due to ?chest infection and the social concern, I doesn't wish to attend hospital so crew tried to called own gp but are on training. Before call back Debbie who has been in charge of pt case spoken to pt and convinced him to go into hospital she then informed crew that local users have been going in patients room at night as his windows open and stealing his medication. She also states that he presented similar yesterday but then worsened to a state where he couldn't stand and was concerned this could happen again when he is on his own. Pt the convey to KGH, fit to sit.

Impression - social concern with pt, property not fit for use pt at risk. Debbie has asked crew to put in safeguarding referral to help with accommodation and she will contact KGH.

VITAL SIGNS													
Time	Done By	Heart Rate	Respiratory Rate	BP Systolic	SPO2	Temperature	BM	GCS	NEWS-Auto	Consciousness	Details	Pain Scale	Position
02/07/	David	98	22 BPM	158	91 %	36.7	14.2	E 4	RR 2	Alert	Pt with	0	Sitting

Created: 02/07/2025 16:05:13 (BST) Incident Number: 19937055

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

VITAL SIGNS													
Time	Done By	Heart Rate	Respiratory Rate	BP Systolic	SPO2	Temperature	BM	GCS	NEWS-Auto	Consciousness	Details	Pain Scale	Position
2025 16:24:54	Colbourne(ELITE)	BPM Reg. ECG; Norm;	Norm for Pt;	82 mmHg Cuff; Auto; RA;	RA;	Celsius Tym;	mmol/L Capillary;	V 5 M 6 15	SPO2 Scale:1 0 SPO2 Scale:2 0 O2 0 Temp 0 SBP 0 HR 1 LOC 0 3		Hypercapnic Respiratory Failure		
02/07/2025 17:10:26	David Colbourne(ELITE)	92 BPM Reg. ECG; Norm;	22 BPM Norm for Pt;	149 83 mmHg Cuff; Auto; LA;	91 % RA;	36.7 Celsius Tym;		E 4 V 5 M 6 15	RR 2 SPO2 Scale:1 0 SPO2 Scale:2 0 O2 0 Temp 0 SBP 0 HR 1 LOC 0 3	Alert	Pt with Hypercapnic Respiratory Failure		Semi - Recumbent

HISTORY OF PRESENTING COMPLAINT / PREVIOUS MEDICAL HISTORY

Medical / Surgical History	COPD Other : Stemi Stent T2Dm Historic drug use opioids Ex alcohol use Seizure IHD
Pregnancy	Not Asked/Collected

STROKE LLR ONLY

INCIDENT - Colbourne(ELITE), David		
	Time	Details
Incident Date / Time	02/07/2025 15:16:15	Address 1: 6 Address 2: MINDEN CLOSE City / Town: Corby; Postal Code: NN18 9EW Tel1: 07880138317
Assigned	02/07/2025 15:51:38	Call Type: Other; Reported Condition: Other; Code: Dx0119
Mobile	02/07/2025 15:54:00	Incident Number: 19937055
Arrive Scene	02/07/2025 16:05:07	Scene Delay: Onward Referral Delay; Patient's Condition; Waiting For Call Back; Waiting for Patient;
At Patient Side	02/07/2025 16:07:08	
Depart Scene	02/07/2025 17:52:44	
Arrive Destination	02/07/2025 18:04:34	Destination Type: Emergency Dept.; Receiving Facility: Kettering General Hospital;
Handover	02/07/2025 18:50:36	
Clear	02/07/2025 18:59:45	Turn-Around Delay: No Department Capacity;

Created: 02/07/2025 16:05:13 (BST)

Incident Number: 19937055

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

15 Jul 2025	E-mail to Lakeside Healthcare
Letter Type	E-mail
Letter To	Lakeside Healthcare
Letter From	NorthNorthamptonshire Adult Services



Ref Mr DC DOB - 21/5/1958 GP Share /Request for the surgery to make an appointment for the person as NNC Corby Adult Social Care have a safeguarding detailed in GP SHARE.

From Debbie Dykes <Debbie.Dykes@northnorthants.gov.uk>
Date Tue 01/07/2025 16:26
To LAKESIDECOMMUNICATIONS (LAKESIDE HEALTHCARE) <northantsicb.lakesidecommunications@nhs.net>

1 attachment (26 KB)
GP Form.docx

This message originated from outside of NHSmail. Please do not click links or open attachments unless you recognise the sender and know the content is safe.

Good afternoon

Please find attached GP share.Thank you in advance for your help.

Please note the address is an HMO shared house 7 males living in the property no lone working. As allocated worker I am happy to joint visit with a Male GP if required but due to the current mould problem it also causes a health risk to workers going to the property. I am sure if an appointment is made happy to communicate with Mr D as will be his S25 worker to ensure he remembers the time and date.

Kind Regards

Debbie Dykes
Senior Assessment Enablement Worker
Community ASC Team
North Northamptonshire Adlt Social Services
Deene House
New Post Office Square
Corby
NN17 1GD
M: 07880138317
Office: 01536 464631
T: 0300 126 3000

Twitter: @NNorthantsC
Facebook: @NorthNorthants
Web: www.northnorthants.gov.uk



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GP Practice Information Sharing Form

Northamptonshire County Council Customer Service Centre

	Information provided by Customer Service Centre
Care First ID	PER45750
Date report sent	1/7/2025
Name of client	Mr Duncan Clacher
Date of birth	21/5/1958
Address	6 Minden Close Corby Northants NN189EW 15/7/2025 - Update on the GP SHARE AS BELOW. Duncan is still in KGH on Barnwell B. I am allocated worker and have got agreed funding for Duncan to move on Thursday 17/7/2025 to 175 Beatrice Road Kettering (Mind) This will be a rehabilitation placement with the view of then Duncan being offered via Keyways sheltered housing. Duncan is very happy about this and looking forward to moving on from the HMO situation as he clearly was not able to manage and now needs some formal support in place to move forward. S2S will still be involved to ensure the substitute medication is prescribed.
Date of incident	Safeguarding from S2S Ricky Barton. S2S involved and medication dispensed every 3 days due to theft at the HMO current housing and also to Cont - To support Duncan as noted to myself from S2S Duncan had become dependent on prescribed medication due to spinal pain. Duncan was very polite on meeting him and asked for help in his words to get out of his current housing situation. Duncan lives in an HMO with 6 other males all have a room in the house and the house is registered private housing and known to North Northants Private sector Team. Duncan room is on the ground floor turn right on entering the house and along a small space. Duncan has a window that opens next to the front door. The room has very bad black mould in a corner up high. The garden area is over grown and it is unable to be used at this time. Duncan had his mobility car stolen 2 weeks ago and reported to the police and found to be unusable. Duncan has also had medication stolen in the house and unaware if other tenants have stole this or stolen with having the window open as he is unable to close this due to mould. Duncan notes that he has COPD/Heart condition stents fitted Type 2 Diabetic/Reports he has crushed discs in his back. Duncan notes he is in a lot of pain and also living in the room is causing him to feel very unwell due to his breathing and mould and dampness in the room.
Referrer Details *Please note these details are not to be shared and are for official use only*	Debbie Dykes Senior Enablement Worker Corby Community Hub 01536 - 535823

GP Practice Information Sharing Form

Northamptonshire County Council Customer Service Centre

Actions taken by Adult Social Care (if any)	<p style="color: red;">Duncan has consented to sharing of informaton and I have from 1/7/2025 done the following.</p> <p style="color: red;">1. GP share - Duncan would like an appointment to have a health check and from his presentation I think this is required. The Property is a HMO with Risk of other males potentially taking illegal drugs and other risks as NNC have been updated by Duncan that people come to the property invited by other tenants and cause a problem.</p> <p style="color: red;">GP appointment - Duncan will be able to get a taxi to the surgery and would need to be given time and not miss the appointment due to his mobility and breathing/pain.</p> <p style="color: red;">2. I have made an urgent request to the private sector Team NNC to look into the current living conditions and they have started today the process they need to follow. This is to serve to the landlord and tenants to inspect and this will be done.</p> <p style="color: red;">3. Housing options - Have been updated and a request for an urgent move to a safer accommodation for Duncan due to health/location risk/other tenants/theft of medication now collected every 3 days by Duncan. This is becoming difficult for Duncan he has noted he is in a lot of pain. Housing options have confirmed back that Duncan has a worker now and that as soon as the private sector have done the due process they will then get the report and act as to the finding.</p> <p style="color: red;">4. I have asked Duncan as NNC allocated worker if he would like me to ask for a respite option I have been clear that I would have to ask and this be agreed at a higher level as a place to leave the current situation and be cared for. Duncan is very worried about being placed in a care setting and would Just like moved from the current HMO to feel safe and to improve his health.</p> <p style="color: red;">5. I will continue to be allocated as the NNC Corby Social Care Team SAEW and working through the safeguarding and Care Act Assessment. Duncan at this time eats what he buys and doesn't have a good diet as he has stated he is low in mood due to the HMO his health and trying to deal with living with the current situation.</p> <p style="color: red;">I have spoke to Duncan three times today and he was worried at answerinf the phone to unknown callers.</p> <p style="color: red;">Ricky S2S manager called Duncan and asked him to answer to me.</p> <p style="color: red;">I have asked Duncan to ensure his phone is charged and to answer all medical/housing/NNC calls so that we can check on him.</p> <p style="color: red;">I will keep Lakeside updated moving forward and thank you in advance if you can arrange a GP appointment.</p> <p style="color: red;">S2S might be able to support Duncan.</p> <p style="color: red;">Contacts for S2S Ricky manager 07786539385.</p> <p style="color: red;">Duncan Cacher 07565494416.</p> <p style="color: red;">Visit 30/6/2025 - NNC Corby Adult Social Care Team. Duncan had capacity to know his current location/risks concerns and to ask for help.</p> <p style="color: red;">I did ask Duncan to call for an ambulance if his breathing got worse as he did not present in good health. Duncan agreed to do this yesterday and today 1/7/2025.</p>
Original documentation	<input checked="" type="checkbox"/> not included with email <input type="checkbox"/> included with email

GP Practice Information Sharing Form
Northamptonshire County Council Customer Service Centre

Consent obtained to share information (or reason if not obtained)	Mr DC consented to sharing of information 30/6/2024 at his home with NASS Corby Community Team.
Suggested action by GP practice (if any)	Request to book Mr DC a GP Appointment and to also check on Diabetic Care.
Completed by	Debbie Dykes.

Frequently Asked Questions

- Why is the NCC CSC sharing information?**
 The CSC have been made aware of information which might have a relevance to the health and wellbeing of a patient registered at your practice. We wish to share information in the best interests of your patient. It maybe you are already aware of the information from another source and that no further action is required.
- Does legislation support information sharing?**
 The Health and Social Care Act 2015 reinforces existing good practice and obligations on health and social care professionals to share information, in an individual's best interests, to facilitate the provision of health or adult social care. The act provides statutory support for the seventh Caldicott principle that states: "The duty to share information can be as important as the duty to protect patient confidentiality".
- How will this form be delivered to the practice?**
 This form will be sent by email to an address provided by your practice. We are not able to send sensitive information by fax.
- Does adult social services require any feedback on the report**
 The report is for information only and therefore routine feedback is not required. We may make suggestions as to possible further actions, for your consideration only. You must decide what further action is required, if any, based on your knowledge of the person and the information contained in this report.
- What should you do if you want further information?**
 If you wish to discuss the concerns raised please call 0300 126 1000, option 2 then option 1. If you quote the Care First ID this will help us retrieve the relevant record.

GP Practice Information Sharing Form
Northamptonshire County Council Customer Service Centre

16 Jul 2025	Discharge summary to Lakeside Healthcare
Letter Type	Discharge summary
Letter To	Lakeside Healthcare
Letter From	Kettering General Hospital

INPATIENT DISCHARGE NOTE

Kettering General Hospital NHS Foundation Trust

AMENDED

Discharge date changed

GP Practice

Practice Name: Lakeside Healthcare

Patient Demographics

Title: Mr Gender: Male Age: 67 DOB: 21 May 1958
 Forename: Duncan DCC:
 Surname: Clacher NHS No: 048 816 7464
 Address: 6 Minden Close, GORRY, Northamptonshire, NN18 8FW PAS Id: 187802

Admission Details

Admission Date: 03-Jul-2025 15:14
 Admission Method: Emergency Admission: Emergency Care Department or acute or emergency dental service of the Healthcare Provider
 Consultant: Dr Georgios TSAKNIS
 Ward Location: Gilford Ward

Discharge Details

Discharge Consultant: Dr Saeed-Ur Rehman
 Discharge Ward: Darnwell D
 Discharged Date and Time: 16 Jul 2025 10:00
 Discharged to: 19 Usual place of residence unless listed below
 Discharged Destination: Own Home

ODS Code

Clinical Summary

Mr Duncan Clacher is a 67 year old gentleman who was admitted to hospital presenting with shortness of breath and cough.
 HMAS raised a concern regarding inhabitable state of the house. Also Mr Clacher's social worker raised concerns regarding state and safety of the property.
 Bloods on admission showed mildly raised inflammatory markers.
 Chest x-ray showed bibasilar interstitial thickening consistent with previous imaging dated 29/04/2025. The lungs are otherwise clear. Normal cardiomeastinal contours.
 Treated for infective exacerbation of COPD with a course of oral Doxycycline.
 Short course of Prednisolone was prescribed alongside ipratropium and Salbutamol nebulisers.
 Commenced on supplemental oxygen to improve and maintain saturations to an acceptable level.
 Medications were reviewed, monitored and optimised.
 Mr Clacher was assessed by doctors and deemed medically optimised for discharge.

Plan and Requested Actions

GP Information:

Follow-up Information

Is follow up required: No
 Other follow up location:
 Reason for Follow Up/ Extra Comments for Hospital follow-up Appointments:

Referral details

Usual place of residence unless listed below (eg private home, dwelling owned by Local Auth/House Assoc) and/or Landl/Waranteed Accom. or No Fixed/Abode:

Diagnoses

Primary Diagnosis:	Primary Comments:	Diagnosis Status:
Infective exacerbation COPD		NEW EPISODE
Secondary Diagnoses:	Secondary Comments:	Secondary Diagnosis Status:

Co-Morbidity

Cardiovascular:

History of ischaemic heart disease	NILMI		
Connective Tissue Disorder:			
Disability / Frailty:			
Endocrine:			
Type 2 diabetes mellitus			
Gastro intestinal / Liver:			
Lifestyle:			
Alcohol abuse	Op.oid over use		
Drug abuse history or current. Specify drug			
Neurology / Psychiatry:			
Renal:			
Respiratory:			
COPD Unspecified			
Other:			
Additional Co-Morbidities:			
Safety alerts			
Self-Risks Suicide:	Not-Assessed	Self-Neglect	Not-Assessed
Overdose:	Not-Assessed	Third Party	Not-Assessed
Self-Harm:	Not-Assessed	Care Professionals:	Not-Assessed
Other:			
Special requirements			
Interpreter:	Not-Assessed		
Advocate:	Not-Assessed		
Transport:	Not-Assessed		
Other:			

Medical Devices:

ePMA Medication:

Status	Medication Brand Strength Form	Starting (Blank where required already underway)	Dose Frequency Route Duration	Stop or continue	Comments
Continued Drug	sipiroloctone	03-Jul-2025	100 mg ONCE a day at 08:00 Oral Every day	GP to continue	
Continued Drug	nefopam	03-Jul-2025	60 mg THREE times a day Oral Every day	GP to continue	
Continued Drug	lactulose 3.1-3.7g/5mL solution	03-Jul-2025	10 mL TWICE a day Oral Every day	GP to continue	
Continued Drug	buprenorphine ESPANON 2mg oral lyophilisates sugar-free	14 Jul 2025	6 mg ONCE a day at 18:30 Oral mucosal Every day	GP to continue	
Continued Drug	metformin tablets	03-Jul-2025	1000 mg TWICE a day at 08:00	GP to continue	

			and 18:00 Oral Every day		
Continued Drug	isocarboxide monomitate modified release tablet	08-Jul-2025	60 mg ONCE a day at 08:00 Oral Every day	GP to continue	
Continued Drug	sertraline	08-Jul-2025	100 mg ONCE a day at 08:00 Oral Every day	GP to continue	
Continued Drug	thiamine	08-Jul-2025	100 mg ONCE a day at 08:00 Oral Every day	GP to continue	
Continued Drug	ibuprofen IBUPROFEN CONTINUOUS modified release tablet	07-Jul-2025	400 mg at 08:00 and 200 mg at 22:00 Oral Every day	GP to continue	
Continued Drug	aspirin dispersible tablet	08-Jul-2025	75 mg ONCE a day at 08:00 Oral Every day	GP to continue	
Continued Drug	vitamin b compound strong tablets	07-Jul-2025	1 tablets TWICE a day Oral Every day	GP to continue	
Continued Drug	bisoprolol	08-Jul-2025	2.5 mg ONCE a day at 08:00 Oral Every day	GP to continue	
Continued Drug	glyceryl trinitrate 400micrograms/spray	07-Jul-2025	1-2 sprays Sublingual as required	GP to continue	
Continued Drug	salbutamol 200micrograms/inhalation inhaler dc-free	08-Jul-2025	1 inhalations inhalation as required	GP to continue	
Continued Drug	lansoprazole	08-Jul-2025	30 mg ONCE a day at 08:00 Oral Every day	GP to continue	
Continued Drug	atorvastatin	15-Jul-2025	40 mg at NIGHT Oral every day	GP to continue	
Continued Drug	buprenorphine LSPHANOL 8mg oral lyophilisates sugar-free	14-Jul-2025	8mg ONCE a day at 18:00 Oral mucosal Every day	GP to continue	
Continued Drug	beclomethasone 50micrograms/spray cousous nasal spray	14-Jul-2025	2 sprays TWICE a day Nasal (Both nostrils)	GP to continue	

Continued Drug:	beclomethasone / formoterol / glycopyrronium TRIMBOW 87micrograms/5micrograms/9micrograms/inhalation inhaler c/c free	14-Jul-2025	Every day 2 inhalations 1 with a day inhalation Every day	GP to continue
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General Comments:

Reason for Pharmacy Referral:						
Stopped Pre-Admission Medications:						
Drug	Form	Strength	Dose	Frequency	Route	Reason for Stopping

Non-ePMA Medication:						
Status	Medication Strength Form	Dose Frequency Duration Route	GP Continue to Prescribe?	Comments		

Procedures

Medical Treatments:

Operations and Procedures:

Transfusions:

Did the patient have a Transfusion of blood/blood products?	No
If YES Has the patient been notified that they can no longer donate blood?	
Did the patient receive a Transfusion Patient Information leaflet?	
Did the patient have any significant events (reactions, antibodies) during the transfusion?	
If YES , significant event details:	
Did the patient require any special requirements (CMV negative, Irradiated, HLA etc.)?	
If YES , special requirement details:	

Complications:

Investigations / Results:

X-RAY	CHEST - 02-Jul-2025: Bibasilar interstitial thickening consistent with previous imaging dated 29/04/2025. The lungs are otherwise clear. Normal cardiomediastinal contours.
-------	--

Sig	Date	Result	Result Name	Item	Value	Units	Range	Abnormal	Comment
	05 Jul 2025 11:33	05 Jul 2025 14:55	C-reactive protein	CRP	<5	mg/L	<5		
	05-Jul-2025 11:33	05-Jul-2025 14:35	Electrolytes	Sodium	138	mmol/L	133-146		
				Potassium	4.3	mmol/L	3.5-5.3		
				Urea	5.9	mmol/L	2.9-8.2		
				Creatinine	86	umol/L	59-104		
				AKI Stage	II				
				eGFR (CKD-EPI)	80.2	ml/min/1.73m2			
	05 Jul 2025 11:33	05 Jul 2025 14:28	Full Blood Count						

WBC	8.8	$\times 10^9/L$	4.0-11.0	
RBC	5.08	$\times 10^{12}/L$	4.50-6.00	
HB	137	μ/L	130-180	
PCV	0.423	L/L	0.400-0.540	
MCV	83.3	fL	76.0-97.0	
MCH	27.0	pg	27.0-33.0	
MCHC	324	g/L	300-360	
RDW	17.5	%	9.0-15.0	(H)
Platelets	229	$\times 10^9/l$	150-450	
MPV	9.8	fL	7.5-11.0	
Neutrophils	6.7	$\times 10^9/L$	2.0-7.5	
Lymphocytes	1.4	$\times 10^9/L$	1.5-4.0	(L)
Monocytes	0.4	$\times 10^9/L$	0.2-1.0	
Eosinophils	0.1	$\times 10^9/l$	0.0-0.5	
Basophils	0.1	$\times 10^9/L$	0.0-0.2	
NRBC's	0.0	$\times 10^9/L$	0.0-0.1	

COUIN Information

AKI COUIN

Did this patient have an episode of AKI during this admission? No N/A

If so:

What stage of AKI 1/2/3 did they suffer? Not Recorded

Have you undertaken (and documented on this letter) a review of this patient's medications? Not Recorded

Are further/follow up blood tests required? Not Recorded

If yes state which specific tests are required:

Additional Comments: Not Recorded

What is the patient's renal function on discharge: (UR/CR/EGFR) Not Recorded

Mandatory Dementia Assessment (required for all patients aged 75 and over):

Does the patient have Delirium on this admission? Not Recorded

Did the patient have a formal diagnosis of dementia on admission? Not Recorded

Has this person been more forgetful anytime in the last 12 months to the extent that it has significantly affected their daily life? Not Recorded

Has the patient had a dementia diagnostic assessment including investigations during this admission? Not Recorded

If yes what was the outcome of the assessment? Not Recorded

Has a referral been made to the GP or mental health liaison team highlighting outcome of dementia screening? Not Recorded

Preventing ill health by risky behaviours:

Does the patient lack capacity to answer the alcohol and tobacco screening questions? No Not recorded

Did the patient receive a Tobacco screen? No

Is the patient a current smoker? No Not recorded

Was brief advice given?		Not Recorded
Was a tobacco referral offered?		Not Recorded
Was Medication offered?		Not Recorded
Did the patient receive an alcohol screen?	No	
Did the patient screen positive for drinking above low risk levels but not dependant levels?		Not Recorded
Was the patient given brief advice?		
Did the patient screen positive for potentially dependant drinking?		Not Recorded
Was the patient offered a referral to a specialist service?		
Did the patient accept the offer and was the referral made?		

Allergies and adverse reactions

Drug Allergies:	Adverse Reactions:	Comments:
pregabalin	Sensitivity or Intolerance	can make patient drowsy

Non-Drug Allergies:	Adverse Reactions:	Comments:

Distribution List

Patient, GP, Casenote Folder

Person Completing Record

Signed By: Dr Omolade Oshodi Signed Date & Time: 15/07/2025 15:36:00

Printed by: Omolade Oshodi Printed Date & Time: 15 July 2025 15:36

Kettering General Hospital NHS Foundation Trust, Rothwell Road, Kettering, Northants, NN16 0UZ

Tel: 01530 492000

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Reducing the risk of a blood clot after your discharge from hospital.

Following discharge from hospital, your risk of developing a blood clot may persist. Some patients will continue to take medications and wear anti embolic stockings at home. These patients will receive a pack containing all the relevant information.

You should take the following precautions:

- Try to be as mobile as possible (unless you have been advised otherwise) and continue with any exercises that you may have been shown
- Drink plenty of fluids to avoid dehydration
- Take pain killers regularly as needed
- Undertaking a journey (e.g. flight, car, coach) of longer than three hours within four weeks of an admission to hospital may not be advisable - please seek further advice from your GP

Signs and symptoms of a blood clot:

- Pain or swelling in your legs
- The skin on your leg is discoloured (red, purple or blue) or feels hot
- The veins in your leg appear larger than normal
- Pain in your chest or ribs that is worse if you take a deep breath
- Coughing up blood

If you experience any of these symptoms please contact your GP immediately day or night.

If you experience severe shortness of breath, chest pain or uncontrolled bleeding dial 999 for an ambulance.

Help reduce your risk of DVT and PE in hospital with **Lets Talk Clots**, a FREE patient information app all about blood clots.

Scan the QR Code to find the app in the Apple App Store

Scan the QR Code to find the app in the Google Play Store

All information is medically approved and has been developed in collaboration with the charity, Thrombosis UK, Oxford University Hospitals NHS Foundation Trust, patients, lay supporters and

healthcare providers.

22 Jul 2025	Letter from Patient to Weavers Medical Centre
Letter Type	Letter from Patient
Letter To	Weavers Medical Centre
Letter From	Mr Duncan Clacher

This is a prescription request

22nd July 2025 – As per my conversation with your prescription department today

As advised please find attached Grab sheet for Duncan with medications he takes – This information was taken from his discharge letter from KGH on 18/7/25

Duncan Clacher has just signed up with your practice and has just moved into Supported Accommodation with Kettering MIND

Duncan Clacher Address:- 175 Beatrice Road, Kettering, NN16 9QR

S2S prescribe the controlled drug – ESPRANOR Buprenorphine (14mg total) so they will be doing the prescription for that..

All other medications/prescription requests will be through Weavers and sent to Ise Pharmacy, Ise Lodge, Kettering

Many thanks

Jessica Lamb

Support Worker

Kettering MIND

Tel: Pennels (175 Beatrice Rd) 01536 353436 / 07917 352459

DUNCAN CLACHER 21/5/58
 175 Beattie Road
 NN16 9QR.

Any Additional Information:

None shared or

Medication List

Name of prescribed medication	Dose	Frequency	Time of day to be taken
Spironolactone	100mg	1 x 100mg tablet once a day	Morning
Nefopam	60mg	1 x 20mg tablet x 3 times a day	Morning, Noon, Evening
Lactulose	10ml	1 x 5ml Twice per day	Morning Evening
Metformin	1000mg	1 x 500mg Tablets Twice per day	Morning Evening
Isosorbide Mononitrate	60mg	1 x 60mg Tablet	Morning
Sertraline	100mg	1 x 100mg Tablet	Morning
Thiamine	100mg	1 x 100mg Tablet	Morning
Theophylline		2 x 200mg Tablets	Morning
UNIPHILLIN CONTINUS	600mg	1 x 200mg Tablet	Evening
Asprin (dispersible tablet)	75mg	1 x Tablet	Morning
Vitamin B compound Strong	Strong	1 x Tablet Twice per day	Morning Evening
Bisoprolol	2.5mg	1 x 2.5mg Tablet	Morning
Lansoprazole	30mg	1 x Tablet	Morning
Atorvastatin	40mg	1 x Tablet	Evening
Beclometasone/Formoterol/ Glycopyrronium TRIMBOW	87mcg/5mcg/9 mcg/Inhalation Inhaler cfc-free	2 x inhalations Twice a day	Morning Evening

Kettering Mind is committed to Mind's Quality Mark
 Registered Charity No: 1069373
 Registered Company No: 3530898

Grab Sheet – In Case of Emergencies ~~mind~~ Kettering

Name:	Duncan Clacher	Date Updated:	22/07/2025	By:	J Lamb
Preferred Name:		Date of Birth:			
Address:	175 Beatrice Road Kettering NN16 9QR	Contact Details:	07565 494416		
NHS Number:	648 816 7464	email:			
Emergency Contact:	TBA	Support Worker:	Kettering Mind 01536 523216		
GP Details:	Weavers Medical Centre Prospect House Kettering	Other Agencies: (Social Services, CMHT, etc)	Social Worker: Northamptonshire Adult Social Services 0300 1260 1000 Out of hours: 01604 626938		
Pharmacy:	Ise Pharmacy Ise Lodge	Dentist:			
Medical History/Pre-existing medical conditions/Mental Health Diagnosis: Cardiovascular – History of Ischaemic heart disease Type 2 Diabetes Lifestyle (Previous Alcohol/Drug Abuse – Opiod overuse)					
Known Allergies: Pregabalin		Regular Medication: See List on Reverse			
Additional Health Needs None shared					
Special Dietary Requirements: None shared					
Likes: TBA		Dislikes/Triggers: TBA			

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Registered Company No: 3530898

Becolmetasone	50mcg	2 sprays twice per day – Nasal (Both Nostrils)	Daily
Glyceryl Trinitrate 400mcg spray	400mcg	1-2 Sprays as and when required	As required
Salbutamol	100mcg	1 x inhalation	As required
Buprenorphine ESPRANOR 2mg (Controlled Drug)	6mg	3 x 2mg Once per day	Evening
Buprenorphine ESPRANOR 8mg (Controlled Drug)	8mg	1 x 8mg Once per day	Evening

~~Mind~~ Kettering

I understand that the information contained in this form will be processed and stored in line with Kettering Mind policies & procedures and any other relevant legislation. By signing below I agree to follow this plan

Individual's signature _____ Date 22/7/25

Witness' signature [Signature] Print J. Lamb

Kettering Mind is committed to Mind's Quality Mark
Registered Charity No: 1069373
Registered Company No: 3530898