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

NHS
Greater Glasgow and Clyde

MMA Legal Ltd
23 Goodlass road
Building B
Speke Liverpool
L24 9HJ

Date:12TH JUNE 2025
Your Ref: 100374
Our Ref: SAR/TEAM/TH
Enquiries to: Tracy Hunter
Direct Line: 0141 211 0667
Email: tracy.hunter3@nhs.scot

Dear Sir/Madam

## Re: Subject Access Request under the General Data Protection Regulation

**Patient: GEORGE FINNIE** **Date: 23.07.1965**

Thank you for your request received **28TH MAY 2026** in which you seek a copy of your client's personal information.

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

## QUEEN ELIZABETH UNIVERSITY HOSPITAL – NEW VICTORIA INFIRMARY HOSPITAL RECORDS

Please be aware that these health records have been reviewed by a clinician and any information identifying or provided by a third party has been removed.

We process personal information to enable us to provide healthcare services for patients; support and manage our employees; to carry out research and clinical trials; maintain our accounts and records and to carry out data matching under the national fraud initiative. We also use CCTV systems for crime prevention.

This personal information can be both clinical and non-clinical in nature and can include

- Patient health records, photographs or radiology images
- Video/telephone recordings, including CCTV images
- Witness statements

- Incident reports
- Complaints files
- Emails

The source of our data includes Patients, General Practitioners, Healthcare, Social and Welfare organisations, Legal representatives and Police forces.

We sometimes need to share the personal information we process with the individual themselves and also with other organisations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation

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

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

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

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

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

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

Yours sincerely

**SAR Team**

## ELECTRONIC PATIENT RECORDS

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

**Including:**

| | |
|---|---|
| ADGERNET | ☐ |
| CAREVUE | ☐ |
| MEDICAL ILLUSTRATION | ☐ |
| METAVISION | ☐ |
| PHYSIOTHERAPY | ☐ |
| RADIOLOGY | ☐ |
| WEST MARC | ☐ |
| LABS | ☐ |

FINNIE, GEORGE ID: 9307656057 18-Jan-2015 20:52:06 VICTORIA INFIRMARY

23-Jul-1965
Male

| | |
|---|---|
| Vent. rate | 106 bpm |
| PR interval | 144 ms |
| QRS duration | 100 ms |
| QT/QTc | 344/456 ms |
| P-R-T axes | 2 -8 12 |

Sinus tachycardia

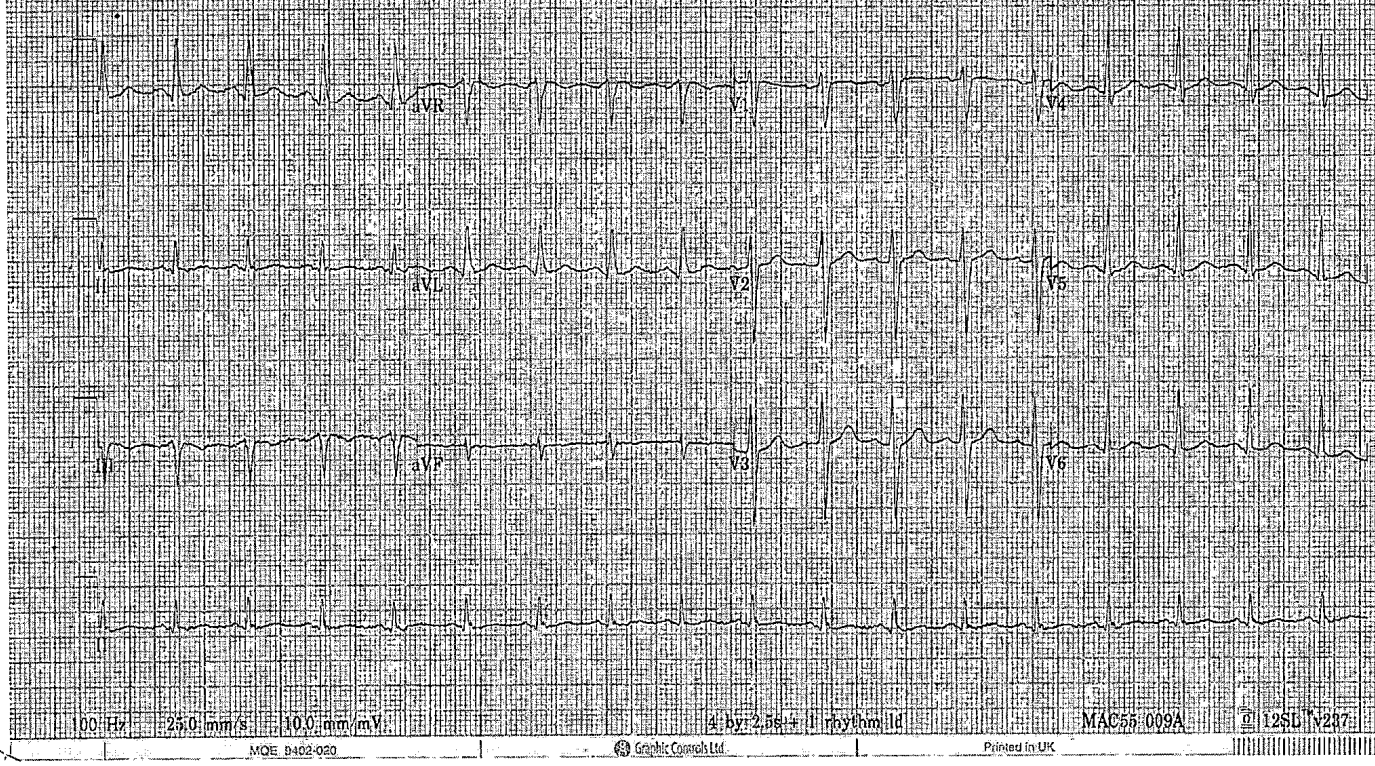
George Finnie

Technician:

LOCATION:

Referred by:

Unconfirmed




100 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm ld MAC55 009A 12SL v237

MQE 9402-020 Graphic Controls Ltd. Printed in UK

ID: 18-Jan-2015 14:46:11 VICTORIA INFIRMARY

| | | |
|---|---|---|
| Vent. rate | 103 | bpm |
| PR interval | 148 | ms |
| QRS duration | 96 | ms |
| QT/QTc | 340/445 | ms |
| P-R-T axes | 33 25 | 51 |

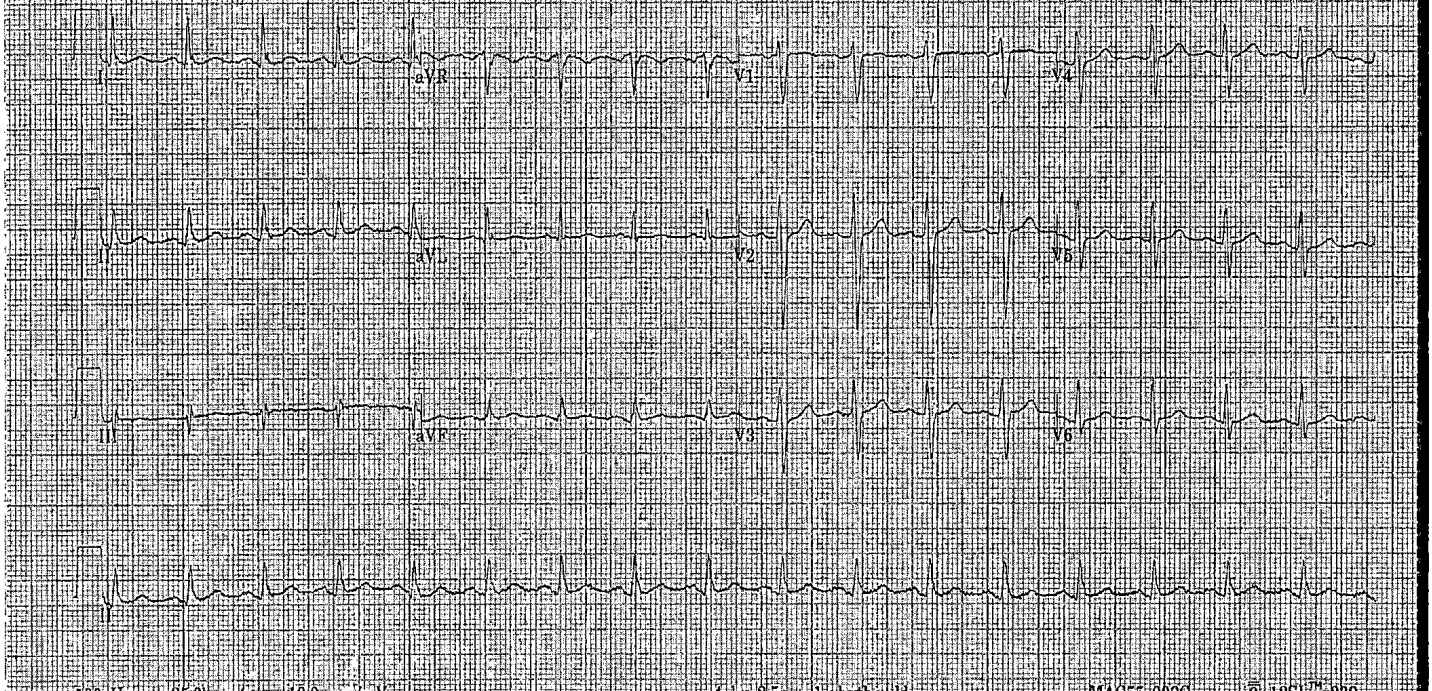
Sinus tachycardia

Technician:

2307655057 23/07/1965
FINNIE
George

LOCATION

Unconfirmed




100 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm ld MAC55 009C 12SL™ v239

**FINNIE, George (Mr)**
BORN 23-Jul-1965 (60y) GENDER Male
CHI 2307656057

# Request to GP to prescribe medication

Last updated by Carolyn LAING (Carolyn Laing) 3 weeks ago (v. 1) Show History

| | | | |
|---|---|---|---|
| Content Restricted | No | Sensitivity | Sensitive |
| If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal | | The information on this form **will** be viewable by health and care providers with the appropriate access permissions | |

| | | | |
|---|---|---|---|
| Date | 21-May-2026 | | |
| Hospital | Other (please specify) | Other | PPWH |
| Specialty / Service | Palliative Medicine | | |
| Clinic | Yes | Please Specify | Nurse led O/P clinic |

## Dear Doctor

Your Patient Was Seen

### Please Prescribe

| | |
|---|---|
| Urgent / Routine | Routine - prescription available 48 hours following request |
| indication | I reviewed George today in my nurse led O/P clinic - right lower abdominal pain is still currently an issue for him. He is currently taking MST 5mg BD. He is using his PRN Oramorph 2mg/1ml regularly QID which he finds helpful. I am not a nurse prescriber but I would suggest increasing him to Zomorph 10mg BD.<br><br>Constipation also currently an issue - he is taking Laxido x1 sachet OD, Lactulose 15mls BD and senna x2 tablets nocte. Bowels are currently moving once every 4 days and they are hard constipated motions. Again, I am not a nurse prescriber but I have advised him to increase his Laxido to x1 sachet BD and I would also suggest c/o Docusate regularly.<br><br>If you are in agreement with the above could you arrange please.<br><br>If you have any questions please do not hesitate to contact me.<br><br>Many thanks. |

Additions and Replacements

| Product | Dose | Frequency | Current Regime Status | Comments |
|---|---|---|---|---|
| — | — | — | — | — |

#### Replacements

| | |
|---|---|
| This medication replaces which should now be stopped | — |

Patient advised to collect prescription Yes

Please Note: A Detailed Letter Will Follow.

**FINNIE, George (Mr)**
BORN 23-JUN-1965 (60y) GENDER Male
CHI 2307656057
Additional Notes / Summary —

When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

## Clinician Details

| | |
|---|---|
| Name | Carolyn LAING |
| ClinicianDetailsRole | Specialist Nurse |
| Professional Registration Number | 9910612S |
| Contact Details | PPWH 0141 429 5599. |

**FINNIE, George (Mr)**
BORN 23-Jul-1965 (60y) GENDER Male
CHI 2307656057

# Request to GP to prescribe medication

Last updated by Carolyn LAING (Carolyn Laing) 7 weeks ago (v. 1) Show History

| | | | |
|---|---|---|---|
| Content Restricted | No | Sensitivity | Sensitive |
| If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal | | The information on this form **will** be viewable by health and care providers with the appropriate access permissions | |

| | | | |
|---|---|---|---|
| Date | 22-Apr-2026 | | |
| Hospital | Other (please specify) | Other | PPWH |
| Specialty / Service | Palliative Medicine | | |
| Clinic | Yes | Please Specify | Nurse led O/P clinic |

## Dear Doctor

Your Patient Was Seen

### Please Prescribe

Urgent / Routine: Routine - prescription available 48 hours following request

indication: I reviewed George in my nurse led O/P clinic this morning - unfortunately pain is troublesome - describes right lower abdominal pain that is 'sharp' and intermittent but multiple times per day after my last review I commenced him on regular Oramorph - he has felt great benefit to his pain - currently taking 2mg/1ml QID. I am not a nurse prescriber but due to his Oramorph working well i discussed c/o long acting MST 5mg BD - George happy with this. If you are in agreement could you arrange please.

Bowels also an issue - had tried having a half sachet of laxido per day re: constipation - he found this initially worked but is now not working - bowel back to moving twice per week - hard, constipated motions. I discussed increasing laxido to a full sachet however George feels he will struggle with the volume of water to drink with this. Again, I am not a nurse prescriber but i discussed c/o lactulose and senna - George happy for this. If you are in agreement could you arrange please.

Please note George has a Pluspack that gets renewed on Saturdays.

If you have any questions please do not hesitate to contact me.

Many thanks.

Additions and Replacements

| Product | Dose | Frequency | Current Regime Status | Comments |
|---|---|---|---|---|
| — | — | — | — | — |

### Replacements

—

This medication replaces which should now be stopped

**FINNIE, George (Mr)**

BORN 23-Jul-1965 (60y) GENDER Male

Patient/Agent to collect prescription Yes

Please Note: A Detailed Letter Will Follow.

## Additional Notes / Summary

Additional Notes / Summary —

When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

## Clinician Details

| | |
|---|---|
| Name | Carolyn LAING |
| ClinicianDetailsRole | Specialist Nurse |
| Professional Registration Number | 9910612S |
| Contact Details | PPWH 0141 429 5599. |

**FINNIE, George (Mr)**
BORN 23-Jul-1965 (60y) GENDER Male
CHI 2307656057

# Request to GP to prescribe medication

Last updated by Carolyn LAING (Carolyn Laing) 3 months ago (v. 1) Show History

| | | | |
|---|---|---|---|
| Content Restricted | No | Sensitivity | Sensitive |
| If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal | | The information on this form **will** be viewable by health and care providers with the appropriate access permissions | |

| | | | |
|---|---|---|---|
| Date | 25-Mar-2026 | | |
| Hospital | Other (please specify) | Other | PPWH |
| Specialty / Service | Palliative Medicine | | |
| Clinic | Yes | Please Specify | Nurse led O/P clinic |

## Dear Doctor

Your Patient Was: Seen

### Please Prescribe

Urgent / Routine: Routine - prescription available 48 hours following request

indication: I met George in my nurse led O/P clinic today for the first time. Unfortunately pain is and issue at present - he describes right lower abdominal pain that is 'sharp' and intermittent but multiple times per day. Currently taking Paracetamol 1g QID. And also has PRN Oramorph at home which he states he is currently taking 'a teaspoon three to four times per week'. Finds the Oramorph helpful for this pain but has not thought to take more regularly considering he is having pain daily. I am not a nurse prescriber but i have suggested c/o regular Oramorph 2mg/1ml QID in the first instance - George happy to try this.

State he has some nausea (but denies any vomiting) - does not appear to have an antiemetic at home or in his dosett box - again, I am not a nurse prescriber but i have suggested c/o regular Metoclopramide which he is agreeable to - if you are in agreement could you arrange please (Dosset box due Saturday).

If you have any questions please do not hesitate to contact me.

Many thanks.

Additions and Replacements

| Product | Dose | Frequency | Current Regime Status | Comments |
|---|---|---|---|---|
| — | — | — | — | — |

### Replacements

This medication replaces which should now be stopped: —

| | |
|---|---|
| Patient advised to collect prescription | Yes |

**FINNIE, George (Mr)**

BORN 23-Jul-1965 (60y) GENDER Male
CHI 2307656057

Please Note: A Detailed Letter Will Follow.

## Additional Notes / Summary

| | |
|---|---|
| Additional Notes / Summary | — |

When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

## Clinician Details

| | |
|---|---|
| Name | Carolyn LAING |
| ClinicianDetailsRole | Specialist Nurse |
| Professional Registration Number | 9910612S |
| Contact Details | PPWH 0141 429 5599. |

Hospital Name:.....

# DAY CARE PRESCRIPTION FORM

## PATIENT DETAILS

Name:

CHI No: 2307656057

Hospital Num FINNIE George M

DOB: Flat 0/4 23/07/1965

1 Bedford Street

Glasgow

Date of Atter G5 9BD

## DRUG SENSITIVITIES/ALLERGIES

None known ☐

Yes ☐ (provide details below)

| Ward: | Height: | Prescription sheet number: | Date and time this form prepared: |
|---|---|---|---|
| Weight: | Surface area: | | __/__/__ Time:_____ |

## ONCE ONLY AND PREMEDICATION DRUGS

| DATE | DRUG | DOSE | ROUTE | TIME | SIGNATURE OF PRESCRIBER | GIVEN BY | TIME GIVEN |
|---|---|---|---|---|---|---|---|
| 19/11 | MITOMYCIN | 40mg | Intra vesical | | | KM | 1330 |
| 26/11 | MITOMYCIN | 40mg | Intra vesical | | | KM | 1030 |
| 3/12 | MITOMYCIN | 40mg | Intra vesical | | | KM | 1030 |
| 10/12 | MITOMYCIN | 40mg | Intra vesical | | | KM | 1020 |
| 24/12 | MITOMYCIN | 40mg | Intra vesical | | | KM | 0920 |
| 7/12 | MITOMYCIN | 40mg | Intra vesical | | | KM | 1030 |

## TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

94 – 98%

88 – 92% (e.g. in hypercapnic respiratory failure)

Other (please specify)

On Home Oxygen? Yes / No_____L/min

DATE: __/__/__ PRESCRIBER (PRINT & SIGN):_____

Appendix A (V1)

NHS Greater Glasgow and Clyde

**ADULT CHEMOTHERAPY PRESCRIPTION FORM**

**MITOMYCIN FOR UROLOGY BLADDER INSTILLATION**

Place addressograph or:

PA 2307656057
FINNIE M
D George 23/07/1965
Flat 0/4
1 Bedford Street
C Glasgow
G5 9BD

**DIAGNOSIS:** Transitional Cell Carcinoma of the bladder following Transurethral Resection of Bladder Tumour

**REGIMEN:** Mitomycin for Urology

**Drug** - Mitomycin
**Dose** - 40mg in 40ml
**Route** - Bladder Instillation

**FREQUENCY:** single shot OR weekly for 6 treatments

START DATE 19/11/25
TIME
HOSPITAL/WARD DSU Control
CONSULTANT

**PHARMACY USE ONLY**

Pharmacist verification.....
Date.....
Disp by.....
Check by.....
Date.....

**PHARMACY TO SUPPLY ONE MITOMYCIN KIT AGAINST THIS PRESCRIPTION FORM**

**Completion by Prescriber**

| Drug | Dose | Route | Treatment Required (complete as appropriate) | Prep & Given by | Checked by | Admin Date |
|---|---|---|---|---|---|---|
| Mitomycin Single Shot | 40mg in 40ml | Bladder Instillation | Stat dose (post theatre) | | | |
| Mitomycin 6 Week Therapy | 40mg in 40ml | Bladder Instillation | Repeat for 6 weeks (please circle the current repeat number)<br>Week ~~1~~ ~~2~~ ~~3~~ ~~4~~ ~~5~~ ~~6~~ | 1. [illegible] | 19/11/25 | |
| | | | | 2. [illegible] | 26/11/25 | |
| | | | | 3. [illegible] | 3/12/25 | |
| | | | | 4. [illegible] | 10/12/25 | |
| | | | | 5. [illegible] | 24/12/25 | |
| | | | | 6. [illegible] | 7/1/26 | |

**FOLLOWING ADMINISTRATION OF MITOMYCIN, A COPY OF THIS FORM SHOULD BE SENT TO PHARMACY TO REPLENISH STOCK**

**Consultant/ST3 or above signature**..... **Print Name**..... **Designation**..... **Page/contact no**..... **Date**.....

**Signature of Nurse authorised to collect the order**..... **Date**.....

**FINNIE, George (Mr)**
BORN 23-Jul-1965 (60y) GENDER Male
CHI 2307656057

# Request to GP to prescribe medication

Last updated by Lesley HALL (Lesley Hall1) 5 months ago (v. 1) Show History

| | | | |
|---|---|---|---|
| Content Restricted | No | Sensitivity | Sensitive |
| If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal | | The information on this form **will** be viewable by health and care providers with the appropriate access permissions | |

| | | | |
|---|---|---|---|
| Date | 05-Jan-2026 | | |
| Hospital | Queen Elizabeth University Hospital | Other | — |
| Specialty / Service | Diabetes | | |
| Clinic | Yes | Please Specify | — |

## Dear Doctor

Your Patient Was Seen

### Please Prescribe

Urgent / Routine: Routine - prescription available 48 hours following request

indication: Poorly controlled T2DM and obesity

Additions and Replacements

| Product | Dose | Frequency | Current Regime Status | Comments |
|---|---|---|---|---|
| Tirzepatide | 2.5mg | weekly | — | No recent retinal screening but attends optician reg (most recently July) and they are happy with his eyes. Please increase as per BNF |

#### Replacements

This medication replaces which should now be stopped: continue other medication

Patient advised to collect prescription: Yes

Please Note: A Detailed Letter Will Follow.

### Additional Notes / Summary

Additional Notes / Summary: to follow

When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

**FINNIE, George (Mr)**

BORN 23-Jul-1965 (60y) GENDER Male
CHI 2307656857

## Clinician Details

| | |
|---|---|
| Name | Lesley Hall1 |
| ClinicianDetailsRole | Consultant |
| Professional Registration Number | 6030984 |
| Contact Details | lesley.hall4@nhs.scot |

**FINNIE, George (Mr)**
BORN 23-Jul-1965 (60y) GENDER Male
CHI 2307656057

# Request to GP to prescribe medication

Last updated by Fiona BEATON (Fiona beaton) 8 months ago (v. 1) Show History

| | | | |
|---|---|---|---|
| Content Restricted | No | Sensitivity | Sensitive |
| If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal | | The information on this form **will** be viewable by health and care providers with the appropriate access permissions | |

| | | | |
|---|---|---|---|
| Date | 03-Oct-2025 | | |
| Hospital | New Victoria Hospital | Other | — |
| Specialty / Service | Urology | | |
| Clinic | Yes | Please Specify | — |

## Dear Doctor

Your Patient Was Seen

### Please Prescribe

Urgent / Routine: Routine - prescription available 48 hours following request

indication: constipation

Additions and Replacements

| Product | Dose | Frequency | Current Regime Status | Comments |
|---|---|---|---|---|
| laxiative | — | — | Addition | — |

#### Replacements

This medication replaces which should now be stopped: —

Patient advised to collect prescription: Yes

Please Note: A Detailed Letter Will Follow.

### Additional Notes / Summary

Additional Notes / Summary: —

When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

## Clinician Details

| | |
|---|---|
| Name | Fiona beaton |
| ClinicianDetailsRole | Specialist Nurse |
| Professional Registration Number | 86v9035e |
| Contact Details | 0141 451 6289 |

**FINNIE, George (Mr)**
BORN 28-Jul-1985 (60y) GENDER Male
CHI 2307656057

**FINNIE, George (Mr)**
BORN 23-Jul-1965 (60y) GENDER Male
CHI 2307656057

# Pre Op Assessment Form

Last updated by Vicki CUNNINGHAM (Vicki Cunningham) 10 months ago (v. 8) Show History
Amendments (5)
v.8 - .
25-Aug-25 15:25 by Vicki CUNNINGHAM
Show All

Do Not Overwrite – This form is specific to this service and procedure only.

| | | | |
|---|---|---|---|
| Content Restricted | No | Sensitivity | Sensitive |
| If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal | | The information on this form **will** be viewable by health and care providers with the appropriate access permissions | |

## Emergency Contact Details

| | |
|---|---|
| Name | Claire Enrichi |
| Address | 65 Cruchan Road<br>Springhall |
| Landline | — |
| Mobile | 07785576922 |
| Relationship | Partner |

## Assessment

| | | | |
|---|---|---|---|
| Assessment Nurse | VICKI CUNNINGHAM | Grade | 6 |
| Consultant | MR ERONINI | Assessment Date | 18-Aug-2025 |

| | |
|---|---|
| Hospital | New Victoria Hospital |
| Specialty | Urology |
| Is the patient over 65 years? | No |

## Admission

| | |
|---|---|
| Procedure | TURBT |

### Availability

| | |
|---|---|
| Are you available at short notice? | Yes |

#### Period of unavailability

| | |
|---|---|
| Unavailable from | — |
| To | — |

—

Reasons for unavailability

**FINNIE, George (Mr)**

Further details

BORN 23-Jul-1965 (60y) GENDER Male

CHI 2307656057

| | | | |
|---|---|---|---|
| Admission Date | — | Admission Time | — |
| Hospital | — | | |
| Patient Information Leaflet | — | | |

Information Please click here for the POA Guidelines

## Anaesthetic

| | | | |
|---|---|---|---|
| Previous GA | Yes | Previous GA Details | laparotomy and repair of gastric ulcer 1980s amputation of his right hallux on 30/3/23. amputation of his left 5th toe for a diabetic foot infection 2024<br><br>no known ga issues. |
| Dentition Risk | Yes | Dentition Risk Details | edentulous top row |
| Reduced Neck Movement | Yes | Reduced Neck Movement Details | painful on movement |
| Family History | No | | |
| Other Risk | Yes | Other Risk Details | significant C4/5 disc prolapse- good rom but painful |
| Heartburn | Yes | Heartburn Details | occasional dyspepsia- on lansoprazole |
| Sickle Cell Disease | No | Are there risk factors for sickle cell disease? | No |

Information Please click here for the POA Guidelines

## Surgical

| | | | |
|---|---|---|---|
| Affects Suitability For DSU Or SDA | No | Please Specify | — |
| Any Serious Surgical Or Anaesthetic Complication | No | | |

Information Please click here for the POA Guidelines

## Cardiovascular

FINNIE, George (Mr)
BORN 23-Jul-1965 (60y) GENDER Male
CHI 2307656057

| | |
|---|---|
| Hypertension | No |
| Arrhythmias | No |
| Palpitations / Blackouts | No |

**Angina**

| | | | |
|---|---|---|---|
| Angina | Yes | Angina Details | feels stable at the moment, reports fortnightly symptoms and this is relieved by GTN exerbated by strenuous activity |
| Is Your Angina Worsening? | No- | | |
| Frequency? | Weekly | | |
| What Level Of Exertion Causes Angina? | CCS1: Strenuous, Rapid Activity | | |

| | |
|---|---|
| Heart Attack? | No |
| Murmur | No |
| Heart Failure | No |

Information Please click here for the POA Guidelines

## Respiratory

| | |
|---|---|
| Do you have Asthma? | No |
| Do you have COPD\Emphysema? | No |
| URTI | No |

Information Please click here for the POA Guidelines

## Neurological

| | | | |
|---|---|---|---|
| Stroke | Yes | Stroke Details | 2010- TIA, no residual problems |
| Epilepsy | No | | |
| Neurological Disease | No | | |
| Physical Disability | Yes | Physical Disability Details | toes removed bilaterally due to poor diabetic control. walks with a stick |

## Haematological

| | |
|---|---|
| Bleeding Disorder | No |

| | |
|---|---|
| Previous DVT | No |
| Anaesthetic | No |
| Blood Products - If you ever need a blood transfusion or other blood products, would you refuse to receive them ? | No |

FINNIE, George (Mr)
BORN 23-Jul-1965 (60y) GENDER Male
CHI 2307658857

Information Please click here for the POA Guidelines

## Others

| | | | |
|---|---|---|---|
| Kidney Disease | No | | |
| Liver Disease /Jaundice | No | | |
| Diabetes | Yes | Diabetes Details | diagnosed 2022 poor control<br><br>Seen at diabetic foot clinic jan 2025 with a view to improving Hba1c- patient does not appear to be compliant. He states when his bm goes below 14 he feels unwell. |
| Diabetes | — | | |
| Rheumatoid Arthritis | No | | |
| Has The Patient Ever Been Notified That They Are At Risk Of CJD or vCJD For Public Health Purposes | No | | |
| Any Serious Illness Not Already Mentioned? | Yes | Any Serious Illness Not Already Mentioned Details | hypercholesterolaemia |

Information Please click here for the POA Guidelines

## Exercise Tolerance

| | | | |
|---|---|---|---|
| Level of fitness | Climb stairs without stopping | Additional information | — |

Information Please click here for the POA Guidelines

## Social

### Alcohol

| | |
|---|---|
| Alcohol > 30U | No |
| Units / Wk | 0 |
| Duration | — |

## Smoking

**FINNIE, George (Mr)**
BORN 23-Jul-1965 (60y) GENDER Male
CHI 2307656057

| | |
|---|---|
| Smokes | No |
| Cigs/Day | |
| Ex Smoker | No |

## Drugs

| | |
|---|---|
| IV or Recreational Drug Abuser | No |
| Ex User | No |
| Methadone Req | No |
| Self-Admin | No |

## Pregnancy

| | |
|---|---|
| Pregnant | — |

Information Please click here for the POA Guidelines

## Drug History: Full Generic Name & Dose

dosette box
Pregabalin 300mg capsules 28 capsule TAKE ONE CAPSULE AT NIGHT (ALONG WITH 150MG IN THE MORNING)
Pregabalin 150mg capsules 28 capsule TAKE ONE CAPSULE IN THE MORNING (ALONG WITH 300MG AT NIGHT)

Metformin 1g modified-release tablets 56 tablet 1 TAB TWICE A DAY

Duloxetine 60mg gastro-resistant capsules 28 capsule ONCE DAILY

Atorvastatin 80mg tablets 28 tablet ONE TABLET DAILY

Lansoprazole 15mg gastro-resistant capsules 28 capsule 1 CAP DAILY

Trazodone 50mg capsules 56 capsule TWO TO BE TAKEN AT NIGHT

Empagliflozin 10mg tablets 28 tablet 1 TABLET DAILY

Isosorbide mononitrate 10mg tablets

Bisoprolol 2.5mg

Co-codamol 30mg/500mg tablets

Clopidogrel 75mg tablets 28 tablet 1 TABLET(S) DAILY

Humalog KwikPen 100units/ml solution for injection 3ml pr...5 pre-filled disposable injection AS PER DIABETIC CLINIC breakfast- **30units all 4 daily doses.** NB This was increased by diabetic team in march

Tirzepatide 2.5mg/0.6ml solution for injection 2.4ml pre-filled- **not used for several months**

FreeStyle Libre 2 Plus Sensor- not currently wearing this

## Allergies

Allergies No

**FINNIE, George (Mr)**

BORN 23-Jul-1965 (60y) GENDER Male

CHI 2307656057

Information Please click here for the POA Guidelines

## Prosthesis/Implants

Pacemaker No

Prosthesis/Others No

Information Please click here for the POA Guidelines

## Examination

Weight not taken No

### BMI

| | |
|---|---|
| Date Taken | 18-Aug-2025 |
| Height | 1.78 m Actual |
| Weight | 108 kg Actual |
| BMI | 34.09 Calculated |
| Comments | — |

**Ranitidine 150MG X 2 tabs Dispensed As Per PGD 2018/1621** No

### Vital Signs

| | |
|---|---|
| Pulse | 96 bpm |
| Temperature | 36.6 °C |
| Systolic BP | 102 mmHg |
| Diastolic BP | 71 mmHg |
| Resp rate | — |
| SaO2 | 96 % |
| Comments | — |

### Risk Of Sleep Apnoea

Do You Suffer From Daytime Sleepiness, Restless Sleep Or Witnessed Breath Holding During Sleep? No

Information Please click here for the POA Guidelines

## Investigations & Date Ordered

FINNIE, George (Mr)
BORN 23-Jul-1965 (60y) GENDER Male
CHI 2307656057

| | | | |
|---|---|---|---|
| FBC | Yes | FBC Date | 18-Aug-2025 |
| Ferr/Fol/B12 | Yes | Ferr/Fol/B12 Date | — |
| Glucose | Yes | Glucose Date | 18-Aug-2025 |
| HbA1c | Yes | HbA1c Date | 18-Aug-2025 |
| Cross Match | No | Cross Match Date | — |
| Group & Save | No | Group & Save Date | — |
| Coag Screen | No | Coag Screen Date | — |
| U&Es | Yes | U&Es Date | 18-Aug-2025 |
| LFTs | Yes | LFTs Date | 18-Aug-2025 |
| TFT | No | TFT Date | — |
| Bone | No | Bone Date | — |
| ECG | Yes | ECG Date | 18-Aug-2025 |
| MRSA Screen | No | MRSA Screen Date | — |
| Echo | No | Echo Date | — |
| Other | — | | |

## MRSA Screening Clinical Risk Assessment (CRA)

A: Does the Patient require A Clinical Risk Assessment (For Patients > 23 Hours)
No

## DVT Risk Factors

### VTE Risk

| | |
|---|---|
| Is The Patient At Risk Of DVT? | Yes |
| Do They Require Prophylaxsis? | Yes |
| Comments | as per surgeon |

## Day Surgery / Admission Criteria

| | |
|---|---|
| Is this procedure suitable for day surgery? | No |

### Admission Criteria

| | |
|---|---|
| Appropriate admission based on nursing assessment | SDU |
| Additional information | — |

## Advice and Actions

### Q 1

| | |
|---|---|
| Advise to take usual anti-reflux medication | Yes |

Q 2
**FINNIE, George (Mr)**
Dispensed Ranitidine as per PGD directive — No
BORN 23-Jul-1965 (60y) GENDER Male
CHI 2307656057

Q 3
Refer to smoking cessation clinic — No

Q 4
Advise not to take "intravenous or recreational drug (s)" during the 24 hours before surgery (related to Social – Drugs). — No

Q 5
Anticoagulant advice — No

Q 6
Clopidogrel advice — No

Q 7
Aspirin advice — No

Q 8
OCP advice — No

Q 9
Provide Herbal Medicine Advice — No

Q 10
Arrange for dialysis the day before surgery — No

Q 11
Ensure facilities for dispensing methadone are available, if the patient is taking methadone — No

Q 12
Fasting Information Discussed — Yes

Q 13
Dentition Risk Discussed — Yes

## Pre-operative Assessment Summary

Assessor vicki cunningham Grade 6

Pleasant 60 year old man listed for TURBT under the care of Mr Eronini for TURBT.

No known issues with previous GA.
**Does not with to have GA for this procedure, requests spinal due to his pre-existing

health conditions.**

**FINNIE, George (Mr)**
BORN 23-Jul-1965 (60y) GENDER Male
CHI 2307656057

IHD
T1DM

Appears well today and offers no complaints.
Awaiting further foot surgery from diabetic foot surgeon.

Blood glucose 17.8mmols today, last recorded HbA1c in may was 101.
Geoge told me he has not seen th diabetic team since "covid" however he was seen at the foot clinic in march and was previously prescribed tirzepatide.
George states he has not taken this for the past month and is not wearing his libre sensor. Neither does he finger prick to monitor capillary blood.
Letter to George in March states he can increase increasing all of his insulin doses to 34 and every few days if he is still having high blood glucose readings, he can increase his insulin by 2 units onto each injection.

No device in pre-op clinic to check blood ketones, urine dip is negative.

Written advice given for patient to stop clopidogrel 7 days pre-op, withhold metformin on the day of theatre and withhold empagliflozin the day before and the day of theatre.
Referred for pharmacy review to arrange this with community pharmacy.

Email to Lee-Anne Carson community diabetes nurse to highlight Georges worsening compliance.

Requires anaesthetic review- ? need for VRIII on admission.
Appears suitable for QE only.

Email reply from diabetic nurse stating patient has a long history of non-compliance.
He has been told to finger prick if not wearing his sensor. She does not believe he takes insulin daily.
She is happy for him to contact her if he requires support but he tends not to answer the phone to her when she calls.

25/8- A/R noted below.
Patient not taking Tirzepatide or Tresiba
Pharmacy appointment booked for tomorrow

Current HbA1c 99mmols

## Anaesthetic Assessment

| | | | |
|---|---|---|---|
| Anaesthetist | Laura Irwin | Grade | ST7 |

60M

Urgent TURBT - wishes spinal anaesthetic

T2DM Insulin dependent 2005 - Metformin, empagliflozin, Humalog 34 iu with meals, tirzepatide (non-compliant)
- normal U&Es
- Diabetic foot ulcers and toe amuptation
IHD - angina on strenuous exertion
TIA 2010
Hypercholesterolaemia
Cervical spondylosis
BMI 34
Non-smoker
Likely bladder tumour

SpO2 96%, BP 102/71

**FINNIE, George (Mr)**
BORN 23-Jul-1965 (60y) GENDER Male
CHI 2307656057

18.8.25 POAC: Gluc 18.2, urinary ketones negative
18.8.25 HBA1c 101

Imp/
Urgent cancer surgery
Poor glycemic control secondary to non-compliance
Stable chronic disease

Plan/

Tresiba - 80% normal dose on DOS
Humalog - omit morning dose on DOS
metformin - continue
Empagliflozin - omit DBS & DOS
Tirzepatide - continue

Proceed for surgery given suspected bladder tumour
QE only
First on theatre list
CBG check on DOS
May require correction dose of s/c insulin or VRIII perioperatively

## Recommended Admission Pathway

Review By

| | | | |
|---|---|---|---|
| Anaesthetist | Yes | | |
| Other | Yes | Other | pharmacy, diabetic team |
| DSU/23hr Criteria Met | — | SDA Criteria Met | — |

Referrals

| | |
|---|---|
| Smoking Cessation | — |
| Other | — |

Print

# Preoperative Assessment for 2307656057 - FINNIE, George

## Surgical event details:

Surgical event: **TURBT** 12-Sep-2025
Last update: CUNNINGHAM, Vicki 25-Aug-2025

## Patient:

**Warning. The information shown in this section is based on the latest data available in SCI-Diabetes. If you amend this Surgical event record over several days this information is liable to change.**

| | |
|---|---|
| Diabetes Type: | **Type 2 Diabetes Mellitus** |
| Date of Diagnosis: | **02-Feb-2007** |
| HbA1c: | 18-Aug-2025 **99 mmol/mol** |
| estimated GFR: | estimated GFR: 18-Aug-2025 **>60 ml/min** |
| Problems with Hypoglycaemia Awareness: | 19-Jan-2017 **None** |
| Foot Risk Category: | **23-Mar-2023 Active Foot Ulcer** |
| Main Domain of Care: | 588 - West and South Glasgow Diabetes Service |

## Surgery:

| | |
|---|---|
| Surgical Procedure: | **TURBT** |
| Date of Surgical Procedure: | **12-Sep-2025** |
| Scheduled for: | **a.m.** |
| Procedure requires use of IV contrast media: | **No** |
| Advisory Statements: | |
| | Patient may not be suitable for surgery if HbA1c is 69 mmol/mol or more. For preference should be recorded in the last 3 months. |
| Patient Suitability: | **Consider referring patient to GP or diabetes clinic for stabilisation.** |
| Variable Rate Intravenous Insulin Infusion (VRIII): | VRIII may be required in the following circumstances:<br>• Where control is poor (HbA1c >= 69)<br>• Where patients may have significant starvation times (e.g. postoperative upper GI surgery)<br>In emergency surgery - Consult a preoperative anaesthetist if clarification required. |
| VRIII is planned: | **No** |

## Medication summary for pre-operative assessment:

Insulin Regimen: **3, 4 or 5 injections daily**

e.g. an injection of mixed insulin 3 times a day or 3 meal time injections of short acting insulin and once or twice daily background.

**Basal bolus regimen**

| | Insulin Name | Dose | Carb. Count |
|---|---|---|---|
| morning short | HUMALOG KWIKPEN 3mL | 34 | No |
| lunch short | HUMALOG KWIKPEN 3mL | 34 | No |
| evening short | HUMALOG KWIKPEN 3mL | 34 | No |

non-Insulin Regimen: Metformin + SGLT-2 inhibitors

**Metformin**
**SGLT-2 inhibitors:** e.g. dapagliflozin, canagliflozin, empagliflozin.

**Guidelines:**

**Warning: This medication advice is based on Joint British Diabetes Societies 2015 recommendations. Individual patient circumstances may warrant an alternative approach.**

| Medication | Day prior to admission | Day of surgery |
|---|---|---|
| Insulin 3, 4 or 5 injections daily | No dose change. | **Basal bolus regimens:** omit the morning and lunchtime short acting insulins<br>If the dose of long acting basal insulin is usually taken in the morning then the dose should be reduced by 20%.<br>**Premixed a.m. insulin:** halve the morning dose and omit lunchtime dose Check blood glucose on admission. |
| Insulin dose change | | Omit morning short acting insulin - 34 to 0 units of HUMALOG KWIKPEN 3mL<br>Omit lunch short acting insulin - 34 to 0 units of HUMALOG KWIKPEN 3mL |
| Metformin | Take as normal. | If taken once or twice a day – take as normal.<br>If taken three times per day, omit lunchtime dose. |
| SGLT-2 inhibitors | Omit on day before surgery. | Omit on day of surgery. |

**FINNIE, George (Mr)**
BORN 23-Jul-1965 (60y) GENDER Male
CHI 2307656057

# Request to GP to prescribe medication

Last updated by James PARK (James Park) 3.5 years ago (v. 1) Show History

| | | | |
|---|---|---|---|
| Content Restricted | No | Sensitivity | Sensitive |
| If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal | | The information on this form **will** be viewable by health and care providers with the appropriate access permissions | |

| | | | |
|---|---|---|---|
| Date | 17-Feb-2023 | | |
| Hospital | Queen Elizabeth University Hospital | Other | — |
| Specialty / Service | General Surgery | | |
| Clinic | Yes | Please Specify | colorectal |

## Clinician Details

| | |
|---|---|
| Name | James Park |
| ClinicianDetailsRole | Consultant |
| Professional Registration Number | 6163228 |
| Contact Details | james.park@ggc.scot.nhs.uk |

## Dear Doctor

Your Patient Was Seen

### Please Prescribe

Urgent / Routine: Routine - prescription available 48 hours following request

indication: —

Additions and Replacements

| Product | Dose | Frequency | Current Regime Status | Comments |
|---|---|---|---|---|
| fybogel | 1 sachet | od | Addition | — |

#### Replacements

This medication replaces which should now be stopped: —

Patient advised to collect prescription: Yes

Please Note: A Detailed Letter Will Follow.

### Additional Notes / Summary

Additional Notes / Summary —

**FINNIE, George (Mr)**

BORN 23-Jul-1965 (60y) GENDER Male

CHI 2307656057

When you click to 'Complete' a summary of the the form will be sent electronically to the registered GP practice.

## Acute Services Division

**All Directorates**

**Department of**

**Specialty:Geriatric Medicine**

### OutPatient Continuation Sheet eForm - Version 0.23

| Hospital: | New Victoria Hospital |
|---|---|

| Patient Details | | GP Details | |
|---|---|---|---|
| **Name:** | Finnie, George | **Name:** | BEST, WILMA |
| **Address:** | 65 Cruachan Road<br>RUTHERGLEN<br>Glasgow<br>Lanarkshire | **Address:** | Gorbals Health Centre<br>45 Pine Place<br>Glasgow |
| **Postcode:** | G73 5HH | **Telephone:** | |
| **Correspondence Address 1:** | | | |
| **Correspondence Address 2:** | | | |
| **Correspondence Postcode:** | | | |
| **Telephone:** | | | |
| **Patient Contact Number:** | | **Consent:** | Yes |
| **CHI Number:** | 2307656057 | **Sensitivity:** | Sensitive |
| **CRN:** | 20898508M, SG99572084, ZH9920957, ZNC09175961 | | |
| **D.O.B:** | 23/07/1965 | | |
| **Sex** | Male | | |

### Vital Signs

| Date | Height (M) | Weight (KG) | BMI | Pulse | BP | Temp (°C) | SaO2 % | Resps |
|---|---|---|---|---|---|---|---|---|
| 14/09/2017 | 1.75 | | | | ^110/85 | | | |
| 14/09/2017 | 1.75 | 127.70 | 41.70 | 89 | L116/83 | | | |
| 14/09/2017 | 1.75 | | | | R128/82 | | | |
| 31/01/2017 | 1.75 | | | | ^135/84 | | | |
| 31/01/2017 | 1.75 | 133.30 | 43.53 | 95 | >137/85 | | | |
| 29/11/2016 | 1.75 | | | 107 | ^139/89 | | | |
| 29/11/2016 | 1.75 | 132.60 | 43.30 | 100 | R123/82 | | | |
| 29/11/2016 | 1.75 | | | 103 | L134/86 | | | |

- End of Report -

**STROKE and TIA CLINIC**
**VICTORIA INFIRMARY**

Na
2307656057
FINNIE M
George 23/07/1965
65 Cruachan Road
Rutherglen
Glasgow, Lanarkshire
G73 5HH 157

Consultant: Bracha

Date: 14/9/17

**PRESENTING HISTORY** **Date of event:** 15/8/17

Med Rx dis tia review 2016-17 ? migraine/epileptic aura
migraine 2015
MRA Rim min SVD. CTS reversed asymm — not frequent attacks
PRN. (cyclos 3-4 wks

Dr Ry - mid.
- Noticed there for ~~1 week~~ — felt numb/weak. ~~left~~ R hand ~~left~~ R face. not improved ~~left~~ clear.
~~- went to clinic felt 'unwell' sensation.~~
- R face/hand + needle & nurse R arm. Neuro + dysarthria (slurring) ~~left~~
- facial droop R/c/s. R eye watery. ~~left~~ felt ~~was~~ swelling ~~left~~
- lasted 10 min - ~~cut~~ cut hand. R eye watery, arm still ~~left~~ numb
- ~~am~~ recovered ~~serial~~ neuro tests. Neurol + - R hand (+ numb R face)
- ~~was~~ on Rivaroxaban - like a thinner.
- ~~left~~ weakness ~~was~~ resolved.

**KNOWN RISK FACTORS**

Date
- ~~Pulse + went to~~ the -
- ~~Dizzy before~~ Blood pressure was ~~low~~ also
- o Previous stroke (migraine 2015
- o TIAs
- ~~o Hypertension~~
- o Ischaemic heart disease >
- o Other cardiac disease
- o Peripheral vascular disease
- ~~o Diabetes~~
- o Known hyperlipidaemia
- o Current smoker ><
- o Ex smoker ><
- o Alcohol units/week ><

**PAST MEDICAL HISTORY** migraine 25 yrs ago
PRN
'stroke' 2015 — ~~left~~ hand/face/arm/leg
CT
carotid endarterectomy 2016-17
ITU. ~~left~~ side of face (hypoaesthesia) - not fully recovered

**FAMILY HISTORY**
Mum — CVA 2015 (F)
Nephew.

well since
my
BP?

**CURRENT MEDICATION**

Labetalol 300 Lansoprazole 15' Nifedipine 20'
Atenolol 25 Memantine 20' Mirtazapine 30'
Esomeprazole 10' Melevran 1g 2 Carbimazole
clopidol 75' mite.

**LIVING STATUS** (Circle)

- o Home alone
- o Home with other (who).....
- o L A Residential Home
- o Private Nursing Home

**ACCOMMODATION** (Circle)

- o Stairs (int)
- o Stairs (ext)
- o Sheltered House

**SOCIAL SUPPORT** (Circle)

- o Home Help x .....
- o Meals on Wheels
- o District Nurse
- o Family
- o Other .....

**FUNCTIONAL ASSESSMENT** (tick)

| | Pre | Post | | | Pre | Post | |
|---|---|---|---|---|---|---|---|
| **Cont Urine** | o | o | Continent | **Cooking** | o | o | Independent |
| | o | o | Minimal problem | | o | o | Light snack only |
| | o | o | Incontinent | | o | o | Not applicable |
| **Cont Faecal** | o | o | Continent | **Social** | o | o | Shopping ind |
| | o | o | Incontinent | | o | o | Out with assist |
| **Dressing** | o | o | Independent | | o | o | Housebound |
| | o | o | Assistance | **Driver** | o | o | Yes |
| | o | o | Dependent | | o | o | No |
| **Mobility** | o | o | Independent | **Employment** | o | o | Employed |
| | o | o | Walking aid | | o | o | Unemployed |
| | o | o | Unsafe | | o | o | Retired |
| | o | o | Immobile | | | | |

**EXAMINATION**

**CARDIOVASCULAR SYSTEM**

Weight = 127 lb BMI 41
Height = 1.75

Pulse : 89 BP : R: 128/82
L : 116/83 Standing: 110/85

JVP : Oedema :

Heart Sounds : Carotids :

**Peripheral Pulses**

| | R | L |
|---|---|---|
| Car | | |
| Fems | | |
| Pops | | |
| Ptibs | | |
| Dped | | |

**RESPIRATORY SYSTEM**

**OTHER POSITIVE SIGNS**

Name : No :

## NEUROLOGICAL ASSESSMENT

**COGNITIVE FUNCTION**

AMT 10

**COMMUNICATION**

Expressive dysphasia o
Receptive dysphasia o
Dysarthria o
Normal o

**SWALLOW**

Safe Yes o
No o

**MOOD**

Emotional lability Yes No

Depression Yes No

**CRANIAL NERVES**

| | | | |
|---|---|---|---|
| II | Pupils | VII | facial |
| | Visual acuity | VIII | hearing |
| | Visual fields | IX/X | palate |
| | Fundi | XI | sternomastoids |
| III/IV/VI | Eye movements | XII | tongue |
| V | Facial sensation | | |
| | Motor | | |

**MOTOR**

| Arms | R | L |
|---|---|---|
| Tone (↑, ↓, n) | | |
| Drift (Y or N) | | |
| Power (0 - 5) | | |
| Shoulder | | |
| Elbow | | |
| Wrist | | |
| Hand | | |

| Legs | R | L |
|---|---|---|
| Tone (↑, ↓, n) | | |
| Power (0 - 5) | | |
| Hip | | |
| Knee | | |
| Ankle | | |

**SENSATION**

| Arms | R | L |
|---|---|---|
| Joint position | | |
| Pin prick | | |
| Light touch | | |

| Legs | R | L |
|---|---|---|
| Joint position | | |
| Pin prick | | |
| Light touch | | |

Code
N = Normal
A = Abnormal

**REFLEXES**

| Jaw | | |
|---|---|---|
| | R | L |
| Biceps | | |
| Triceps | | |
| Knee | | |
| Ankle | | |
| Plantar | | |

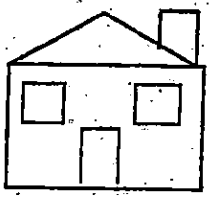
Code
0 = absent
+ = potentiate
++ = normal
+++ = increased
C = with clonus

| CEREBELLAR | | | Code |
|---|---|---|---|
| | R | L | |
| Nystagmus | | | N = normal |
| Finger/nose | | | A = abnormal |
| Heel/shin | | | |

**VISUOSPATIAL**(eg neglect, sensory or visual inattention, agnosias, etc).

Draw a clock face

Copy this picture



Is there a visuospatial problem? ☐ Yes ☐ No ☐ Not tested

**FINAL DIAGNOSIS**

- o Infarct
- o Haemorrhage
- o TACS
- o PACS
- o L o R
  o Bilateral
- o LACS
- o POCS
- o TIA
  - o Anterior
  - o Posterior
- o Not TIA/Stroke .....

cf - migraine
cf - migraine atten: 298
Fe - N

**ACTIVE PROBLEMS & PLAN**

Cataract R
no dyc.

**INVESTIGATIONS**

- o FBC & ESR
- o U&Es
- o BS
- o Lipids
- o ECHO
- o Other .....

- o Information Booklet
- o Stroke Liaison Nurse

**REFER:** PT OT S&LT SW OTHER

**FOLLOW-UP :** o Discharge o Review Weeks =

o Pending

o Neurology

o Other

Signed : .....

# ℞ Practice Encounter Report

**George Finnie 23/07/1965 Male NHS: S645/2/65/1127 CHI: 2307656057**

## Address and Telephone numbers

65 Cruachan Road Glasgow G73 5HH
Mobile phone 07427252280
Relative 07546672275 - claire enrici ex partner

## Current Repeat Medication

Repeat Gabapentin 300mg capsules Last issued: 04/08/2017 Issued: 1 maximum 12 allowed Supply: ( 84 ) capsule 1 CAPS THREE TIMES A DAY COUNSELL WITH REGARDS TO DRIVING
Instalments: WEEKLY DISPENSE IN BOX Dr Wa Best
Repeat Atenolol 25mg tablets Last issued: 31/07/2017 Issued: 6 maximum 12 allowed Supply: ( 56 ) tablet 1 TABLET TWICE A DAY FOR ANGINA
Instalments: dispense weekly Dr Wa Best
Repeat Humulin M3 KwikPen 100units/ml suspension for injection 3ml pre-filled pen (Eli Lilly and Company Ltd) Last issued: 31/07/2017 Issued: 9 maximum 12 allowed Supply: ( 5 ) pre-filled disposable injection AS PER DIABETIC CLINIC Dr Joseph Simpson
Repeat Empagliflozin 10mg tablets Last issued: 31/07/2017 Issued: 7 maximum 12 allowed Supply: ( 28 ) tablet 1 TABLET ONCE DAILY FOR DIABETES
Instalments: Dispense Weekly Dr Joseph Simpson
Repeat Clopidogrel 75mg tablets Last issued: 31/07/2017 Issued: 7 maximum 12 allowed Supply: ( 28 ) tablet 1 TABLET(S) DAILY
Instalments: dispense weekly Dr Wa Best
Repeat Lansoprazole 15mg gastro-resistant capsules Last issued: 31/07/2017 Issued: 10 maximum 12 allowed Supply: ( 28 ) capsule 1 CAP DAILY
Instalments: dispense weekly Dr Wa Best
Repeat Metformin 1g modified-release tablets Last issued: 31/07/2017 Issued: 10 maximum 12 allowed Supply: ( 56 ) tablet 1 TAB TWICE A DAY WITH MEALS
Instalments: dispense weekly Dr Wa Best
Repeat Atorvastatin 80mg tablets Last issued: 31/07/2017 Issued: 10 maximum 12 allowed Supply: ( 28 ) tablet TAKE ONE DAILY FOR CHOLESTEROL
Instalments: dispense weekly Dr Wa Best
Repeat GlucoMen areo Sensor testing strips (A Menarini Diagnostics Ltd) Last issued: 22/06/2017 Issued: 4 maximum 12 allowed Supply: ( 50 ) strip AS DIRECTED Dr Robert Mcgonigle
Repeat Dulaglutide 1.5mg/0.5ml solution for injection pre-filled disposable devices Last issued: 21/07/2017 Issued: 11 maximum 12 allowed Supply: ( 4 ) pre-filled disposable injection AS DIRECTED BY DSN Dr Robert Mcgonigle
Repeat Apollo twist lancets 0.36mm/28gauge (Apollo Medical Technologies Ltd) Last issued: 01/09/2016 Issued: 1 maximum 12 allowed Supply: ( 200 ) lancet AS DIRECTED BY DSN Dr Robert Mcgonigle
Repeat Omnican Fine hypodermic insulin needles for pre-filled / reusable pen injectors screw on 6mm/31gauge (B.Braun Medical Ltd) Last issued: 22/06/2017 Issued: 7 maximum 12 allowed Supply: ( 100 ) needle AS DIRECTED Dr Robert Mcgonigle

## Significant Medical History

06/10/2014 [X]Depressive episode No improvement with increased dose of Fluoxertine, still having suicidal ideation, states sister has taken insulin away from him at times as worried he may overdose. Has considered this a few times (about twice weekly) as well as considering jumping in the clyde. States not sure what has been stopping him. Feels can't be bothered with anything. Not been in touch with lifelink. Given increased suicidal ideation refer CMHT, to change from Fluoxetine, wean off over next 15 days, then start new agent: WSG. Review in 2 weeks. Dr Joseph Simpson
03/12/2012 [X]Depressive episode Dr Wa Best
20/07/2012 [X]Depressive episode Dr Wa Best
30/05/2012 [X]Depressive episode Dr Wa Best
11/03/2011 [X]Depressive episode Dr Wa Best
02/10/2009 [X]Depressive episode Dr Wa Best
02/02/2007 Type 2 diabetes mellitus random sugar 13.9 - symptomatic - thirst and urinary frequency. Ms Nurse Mckinney

## Acutes issued in past 3 months

No data recorded.

## Allergies and Intolerances

29/01/2010 [X]Statin causing adverse effect in therapeutic use patient declined to take medication - thought it caused him chest pains. Likely Moderate Adverse Effect to Simvastatin 40mg/5ml oral solution sugar free causing
No data recorded.

## Referrals and Requests in last 3 months

No data recorded.

## Tests in last 3 months

No data recorded.

## Last Consultation

17/08/2017 Surgery consultation Dr Lm Mcintyre
17/08/2017 Had a chat to patient Dear Dr

Mr Finnie experienced dysphasia and left sided weakness and altered sensation on Tues at 11.30 pm. The speech returned to normal but not his altered power or sensation.
thanks for reviewing as per telephoe concersation with CVA on call.

Yours sincerely

Dr Lisa McIntyre Dr Lm Mcintyre

07/08/2017 Medicine Management Ms Alex Mcmillan
07/08/2017 Prescription by supplementary prescriber Ms Alex Mcmillan
07/08/2017 Co-codamol 30mg/500mg tablets Supply: ( 60 ) tablet 1-2 TABLETS UP TO FOUR TIMES DAILY FOR PAIN. THIS MEDICATION CAN BE ADDICTIVE WITH PROLONGED USE. Ms Alex Mcmillan
07/08/2017 Previous treatment continue Ms Alex Mcmillan
07/08/2017 Medication requested Ms Alex Mcmillan
04/08/2017 Medicine Management Dr Wa Best

04/08/2017 issue 1 Gabapentin 300mg capsules Supply: ( 84 ) capsule 1 CAPS THREE TIMES A DAY COUNSELL WITH REGARDS TO DRIVING
Instalments: WEEKLY DISPENSE IN BOX Dr Wa Best
Repeat Gabapentin 300mg capsules Last issued: 04/08/2017 Issued: 1 maximum 12 allowed Supply: ( 84 ) capsule 1 CAPS THREE TIMES A DAY COUNSELL WITH REGARDS TO DRIVING
Instalments: WEEKLY DISPENSE IN BOX Dr Wa Best

31/07/2017 Other Mrs Andrea Walker
31/07/2017 issue 7 Empagliflozin 10mg tablets Supply: ( 28 ) tablet 1 TABLET ONCE DAILY FOR DIABETES
Instalments: Dispense Weekly Dr Joseph Simpson
31/07/2017 issue 7 Clopidogrel 75mg tablets Supply: ( 28 ) tablet 1 TABLET(S) DAILY
Instalments: dispense weekly Dr Wa Best
31/07/2017 issue 6 Atenolol 25mg tablets Supply: ( 56 ) tablet 1 TABLET TWICE A DAY FOR ANGINA
Instalments: dispense weekly Dr Wa Best
31/07/2017 issue 9 Humulin M3 KwikPen 100units/ml suspension for injection 3ml pre-filled pen (Eli Lilly and Company Ltd) Supply: ( 5 ) pre-filled disposable injection AS PER DIABETIC CLINIC Dr Joseph Simpson
31/07/2017 issue 10 Lansoprazole 15mg gastro-resistant capsules Supply: ( 28 ) capsule 1 CAP DAILY
Instalments: dispense weekly Dr Wa Best
31/07/2017 issue 10 Atorvastatin 80mg tablets Supply: ( 28 ) tablet TAKE ONE DAILY FOR CHOLESTEROL
Instalments: dispense weekly Dr Wa Best
31/07/2017 issue 10 Metformin 1g modified-release tablets Supply: ( 56 ) tablet 1 TAB TWICE A DAY WITH MEALS
Instalments: dispense weekly Dr Wa Best

21/07/2017 Surgery consultation Dr Robert Mcgonigle
21/07/2017 Follow up (wait and see) Dr Robert Mcgonigle
21/07/2017 Had a chat to patient Neurosyrgical appt put bak till 2018!! Dr Robert Mcgonigle
21/07/2017 Had a chat to patient some benefit from gabapentin -agree increase now as directed-aware of s/es etc-He will tell pharmacy to remove the 100 mg doses Dr Robert Mcgonigle
21/07/2017 issue 11 Dulaglutide 1.5mg/0.5ml solution for injection pre-filled disposable devices Supply: ( 4 ) pre-filled disposable injection AS DIRECTED BY DSN Dr Robert Mcgonigle
21/07/2017 Co-codamol 30mg/500mg tablets Supply: ( 80 ) tablet 1-2 TABLETS UP TO FOUR TIMES DAILY FOR PAIN. THIS MEDICATION CAN BE ADDICTIVE WITH PROLONGED USE. Dr Robert Mcgonigle
21/07/2017 Gabapentin 300mg capsules Supply: ( 84 ) capsule 1 CAPS THREE TIMES A DAY COUNSELL WITH REGARDS TO DRIVING
Instalments: WEEKLY DISPENSE IN BOX Dr Robert Mcgonigle

11/07/2017 Medicine Management Ms Alex Mcmillan
11/07/2017 Prescription by supplementary prescriber Ms Alex Mcmillan
11/07/2017 Previous treatment continue Ms Alex Mcmillan
11/07/2017 Telephone encounter Burns pharmacy 634 2750 - to confirm 100mg TDS - to advise patient to discuss with GP if not effective Ms Alex Mcmillan
11/07/2017 Medication requested Ms Alex Mcmillan
11/07/2017 Gabapentin 100mg capsules Supply: ( 84 ) capsule 1 CAPS THREE TIMES A DAY COUNSELL WITH REGARDS TO DRIVING
Instalments: weekly dispense Ms Alex Mcmillan

11/07/2017 Administration Miss Jacqui Smith - No Data Recorded

05/07/2017 Medicine Management Dr Wa Best
05/07/2017 Advice to patient - subject Therapy 1 month supply issued 22/6/17
speak to chemist
is dispense weekly Dr Wa Best

05/07/2017 Administration Miss Jacqui Smith
05/07/2017 issue 9 Atorvastatin 80mg tablets Supply: ( 28 ) tablet TAKE ONE DAILY FOR CHOLESTEROL
Instalments: dispense weekly Dr Wa Best
05/07/2017 issue 6 Clopidogrel 75mg tablets Supply: ( 28 ) tablet 1 TABLET(S) DAILY
Instalments: dispense weekly Dr Wa Best
05/07/2017 issue 5 Atenolol 25mg tablets Supply: ( 56 ) tablet 1 TABLET TWICE A DAY FOR ANGINA
Instalments: dispense weekly Dr Wa Best
05/07/2017 issue 9 Metformin 1g modified-release tablets Supply: ( 56 ) tablet 1 TAB TWICE A DAY WITH MEALS
Instalments: dispense weekly Dr Wa Best
05/07/2017 issue 9 Lansoprazole 15mg gastro-resistant capsules Supply: ( 28 ) capsule 1 CAP DAILY
Instalments: dispense weekly Dr Wa Best
05/07/2017 issue 6 Empagliflozin 10mg tablets Supply: ( 28 ) tablet 1 TABLET ONCE DAILY FOR DIABETES
Instalments: Dispense Weekly Dr Joseph Simpson

22/06/2017 Surgery consultation Dr Robert Mcgonigle
22/06/2017 Housing lack still making no headway in getting a house-feels frustrated ! Dr Robert Mcgonigle
22/06/2017 Follow up (wait and see) Dr Robert Mcgonigle
22/06/2017 Medication requested Dr Robert Mcgonigle
22/06/2017 E45 cream (Forum Health Products Ltd) Supply: ( 500 ) gram AS REQD FOR DRY SKIN Dr Robert Mcgonigle
22/06/2017 Co-codamol 30mg/500mg tablets Supply: ( 80 ) tablet 1-2 TABLETS UP TO FOUR TIMES DAILY FOR PAIN. THIS MEDICATION CAN BE ADDICTIVE WITH PROLONGED USE. Dr Robert Mcgonigle
22/06/2017 issue 8 Humulin M3 KwikPen 100units/ml suspension for injection 3ml pre-filled pen (Eli Lilly and Company Ltd) Supply: ( 5 ) pre-filled disposable injection AS PER DIABETIC CLINIC Dr Robert Mcgonigle
22/06/2017 issue 7 Omnican Fine hypodermic insulin needles for pre-filled / reusable pen injectors screw on 6mm/31gauge (B.Braun Medical Ltd) Supply: ( 100 ) needle AS DIRECTED Dr Robert Mcgonigle
22/06/2017 issue 4 GlucoMen areo Sensor testing strips (A Menarini Diagnostics Ltd) Supply: ( 50 ) strip AS DIRECTED Dr Robert Mcgonigle

22/06/2017 Had a chat to patient Agree increase in gabapentin to tds now-will bring in script today to pharmacy to put in box from today Dr Robert Mcgonigle
22/06/2017 Gabapentin 100mg capsules Supply: ( 84 ) capsule 1 CAPS THREE TIMES A DAY COUNSELL WITH REGARDS TO DRIVING
Instalments: weekly dispense Dr Robert Mcgonigle

21/06/2017 Medicine Management Dr Lm Mcintyre
21/06/2017 Gabapentin 100mg capsules Supply: ( 56 ) capsule 1 TABLET ONCE DAILY FOR A WEEK THEN INCREASE TO 1 TWICE DAILY
Instalments: Dispense Weekly
Notes for patient: PLEASE DISCUSS AT YOUR GP APPOINTMENT WHETHER GABAPENTIN IS TO BE ON REPEAT PRESCRIPTION THANKS Dr Lm Mcintyre

21/06/2017 Administration Miss Jacqui Smith

21/06/2017 issue 8 Atorvastatin 80mg tablets Supply: ( 28 ) tablet TAKE ONE DAILY FOR CHOLESTEROL
Instalments: dispense weekly Dr Wa Best
21/06/2017 issue 5 Clopidogrel 75mg tablets Supply: ( 28 ) tablet 1 TABLET(S) DAILY
Instalments: dispense weekly Dr Wa Best
21/06/2017 issue 4 Atenolol 25mg tablets Supply: ( 56 ) tablet 1 TABLET TWICE A DAY FOR ANGINA
Instalments: dispense weekly Dr Wa Best
21/06/2017 issue 8 Metformin 1g modified-release tablets Supply: ( 56 ) tablet 1 TAB TWICE A DAY WITH MEALS
Instalments: dispense weekly Dr Wa Best
21/06/2017 issue 8 Lansoprazole 15mg gastro-resistant capsules Supply: ( 28 ) capsule 1 CAP DAILY
Instalments: dispense weekly Dr Wa Best
21/06/2017 issue 5 Empagliflozin 10mg tablets Supply: ( 28 ) tablet 1 TABLET ONCE DAILY FOR DIABETES
Instalments: Dispense Weekly Dr Joseph Simpson

14/06/2017 Administration Dr Wa Best - No Data Recorded

02/06/2017 Telephone call to a patient Dr Joseph Simpson
02/06/2017 Gabapentin 100mg capsules Supply: ( 56 ) capsule 1 TABLET ONCE DAILY FOR A WEEK THEN INCREASE TO 1 TWICE DAILY
Instalments: Dispense Weekly Dr Joseph Simpson
02/06/2017 Third party encounter Call from pharmacy, patient advises that Gabapentin should be in dossette box (so amend to include "Weekly Dispense" and that is to stop amitriptyline (letter to pharmacy to confirm this) Dr Joseph Simpson
Letter on: 02/06/2017 type: Referral

02/06/2017 Surgery consultation Dr Robert Mcgonigle
02/06/2017 Impacted cerumen (wax in ear) bilateral-drops week-then syringe-given rx room card Dr Robert Mcgonigle
02/06/2017 Cerumol ear drops (Thornton & Ross Ltd) Supply: ( 11 ) ml APPLY 3 DROPS TO AFFECTED EAR FOR 7 DAYS PRIOR TO SYRINGING Dr Robert Mcgonigle
02/06/2017 issue 7 Humulin M3 KwikPen 100units/ml suspension for injection 3ml pre-filled pen (Eli Lilly and Company Ltd) Supply: ( 5 ) pre-filled disposable injection AS PER DIABETIC CLINIC Dr Robert Mcgonigle
02/06/2017 issue 10 Dulaglutide 1.5mg/0.5ml solution for injection pre-filled disposable devices Supply: ( 4 ) pre-filled disposable injection AS DIRECTED BY DSN Dr Robert Mcgonigle
02/06/2017 Had a chat to patient Re neurosurgical assessment -suggested ? change in his analgesia .? pregabalin or gabapentin-agree try gabapentin -uptitrate slowly -warned re s/es and driving Dr Robert Mcgonigle
02/06/2017 Medication review uses repeats as prescribed . Due: 02/06/2018 by: Dr Robert Mcgonigle Dr Robert Mcgonigle
02/06/2017 Medication review reviewed Due: 02/06/2018 by: Dr Robert Mcgonigle Dr Robert Mcgonigle

31/05/2017 Medicine Management Dr Lm Mcintyre
31/05/2017 Co-codamol 30mg/500mg tablets Supply: ( 60 ) tablet 1-2 TABLETS UP TO FOUR TIMES DAILY FOR PAIN. THIS MEDICATION CAN BE ADDICTIVE WITH PROLONGED USE. Dr Lm Mcintyre

24/05/2017 Administration Mrs Brenda Langan
24/05/2017 Equivalent quantities for all medication checked Dr Wa Best
24/05/2017 Rep.presc. monitoring NOS Dr Wa Best

18/05/2017 Data Transferred from other system Dr Wa Best
15/05/2017 Haemoglobin A1c level - IFCC standardised = 75 mmol/mol Dr Wa Best

17/08/2017 Surgery consultation Dr Lm Mcintyre
17/08/2017 Had a chat to patient Dear Dr

Mr Finnie experienced dysphasia and left sided weakness and altered sensation on Tues at 11.30 pm. The speech returned to normal but not his altered power or sensation.
thanks for reviewing as per telephoe concersation with CVA on call.

Yours sincerely

Dr Lisa McIntyre Dr Lm Mcintyre

07/08/2017 Medicine Management Ms Alex Mcmillan
07/08/2017 Prescription by supplementary prescriber Ms Alex Mcmillan
07/08/2017 Co-codamol 30mg/500mg tablets Supply: ( 60 ) tablet 1-2 TABLETS UP TO FOUR TIMES DAILY FOR PAIN. THIS MEDICATION CAN BE ADDICTIVE WITH PROLONGED USE. Ms Alex Mcmillan
07/08/2017 Previous treatment continue Ms Alex Mcmillan
07/08/2017 Medication requested Ms Alex Mcmillan

4/08/2017 Medicine Management Dr Wa Best
04/08/2017 issue 1 Gabapentin 300mg capsules Supply: ( 84 ) capsule 1 CAPS THREE TIMES A DAY COUNSELL WITH REGARDS TO DRIVING
Instalments: WEEKLY DISPENSE IN BOX Dr Wa Best
Repeat Gabapentin 300mg capsules Last issued: 04/08/2017 Issued: 1 maximum 12 allowed Supply: ( 84 ) capsule 1 CAPS THREE TIMES A DAY COUNSELL WITH REGARDS TO DRIVING
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21/07/2017 Had a chat to patient Neurosyrgical appt put bak till 2018!! Dr Robert Mcgonigle
21/07/2017 Had a chat to patient some benefit from gabapentin -agree increase now as directed-aware of s/es etc-He will tell pharmacy to remove the 100 mg doses Dr Robert Mcgonigle

31/05/2017 Medicine Management Dr Lm Mcintyre
31/05/2017 Co-codamol 30mg/500mg tablets Supply: ( 60 ) tablet 1-2 TABLETS UP TO FOUR TIMES DAILY FOR PAIN. THIS MEDICATION CAN BE ADDICTIVE WITH PROLONGED USE. Dr Lm Mcintyre
24/05/2017 Administration Mrs Brenda Langan
24/05/2017 Equivalent quantities for all medication checked Dr Wa Best
24/05/2017 Rep.presc. monitoring NOS Dr Wa Best
18/05/2017 Data Transferred from other system Dr Wa Best
15/05/2017 Haemoglobin A1c level - IFCC standardised = 75 mmol/mol Dr Wa Best

## BP

19/01/2017 BP 161 / 108 taken Sitting Cuff: Standard recall due: O/E - blood pressure reading Dr J S Gordon
19/01/2017 10:45.00 BP 161 / 108 taken Sitting Cuff: Standard recall due: O/E - blood pressure reading Dr Wa Best
29/11/2016 11:38.00 BP 123 / 82 taken Sitting Cuff: Standard recall due: O/E - blood pressure reading Dr Wa Best

## Smoking

29/11/2016 Never smoked Never smoked tobacco Dr Wa Best

## Alcohol

12/11/2014 Current drinker Alcohol intake within recommended sensible limits Ms Nurse Mckinney

## Weight

19/01/2017 Weight: 133.9 kgs BMI: 42.7 O/E - weight Dr Wa Best

## Height

12/11/2014 Height: 1.77 metres O/E - height Ms Nurse Mckinney

## Blood Group

No data recorded.

## Current Consultation:

# Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2338 (82338)
Fax: Patient Attended
Email: QEUH Assessment Unit

Date Completed: 01/10/2024

Consultant: Dr David Bell

CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
Glasgow
G5 9AB

Dear CW McCrossan

Re: **Finnie George** DOB: **23/07/1965** CHI: **2307656057**
FLAT 0-4
Glasgow G5 9BD

Attended on: **01/10/2024 at 11:12 hrs.** Departed on: **01/10/2024 at 14:19 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
**IAU OWN RIGHT PLEURITIC CP, LEFT ARM NUMBNESS 1/52. GP NOT CONCERNED NEEDS DW STROKE. HR 120 HX CVA T2DM**

Nursing Assessment:
**CCP WITH ASSOC SOB NAUSEA AND CLAMMINESS....CURRENTLY PAIN FREE. LEFT FOREARM NUMBNESS SINCE SUNDAY INTERMITTANT...T2DM**

Investigations in ED:

| | | |
|---|---|---|
| **1. Coagulation screen** | **2. Urea and Electrolytes** | **3. Glucose** |
| **4. LFT** | **5. CRP** | **6. Full Blood Count** |
| **7. Troponin I hs** | **8. Chol / Triglyceride** | **9. XR Chest** |

Diagnosis:

| Diagnosis | Side | Site |
|---|---|---|
| **Gastro-oesophageal Reflux Disease Without Oesophagitis** | | |

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:

**Assessed in IAU. 1. 6 month plus history of left arm tingling/numbness. Known cervical issues previously declined offer of c4/5 discectomy and NCS. Nil acute. 2. Epigastric tenderness with some reflux post eating. ECG and troponin unremarkable. 3. High BMs with no ketones and chronically elevated HbA1c. Advised to see practice nurse re titration of meds (has fortnightly appts). Note previous compliance issues. Advised to double lansoprazole.**

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Hannah Jolly
Doctor

Copies to:

1. CW McCrossan (GP)

School Address:

# Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2338 (82338)
Fax: Patient Attended
Email: QEUH Assessment Unit

Date Completed: 17/09/2024

Consultant: Dr Durga Ghosh

CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
Glasgow
G5 9AB

Dear CW McCrossan

Re: **Finnie George** DOB: **23/07/1965** CHI: **2307656057**
FLAT 0-4
Glasgow G5 9BD

Attended on: **16/09/2024 at 12:28 hrs.** Departed on: **16/09/2024 at 17:41 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
**IAU-OWN ?PE COUGH HEAMOPTYSIS WITH PLURITIC CP : HR 117**

Nursing Assessment:
**?PE PRODUCTIVE COUGH HAEMOPTYSIS WITH PLEURITIC CHEST PAIN NEWS**

Investigations in ED:

| | | |
|---|---|---|
| **1. Coagulation screen** | **2. Urea and Electrolytes** | **3. Glucose** |
| **4. LFT** | **5. CRP** | **6. Full Blood Count** |
| **7. Troponin I hs** | **8. Chol / Triglyceride** | **9. D - Dimer** |
| **10. XR Chest** | | |

Diagnosis:

| Diagnosis | Side | Site |
|---|---|---|
| **Unspecified Acute Lower Respiratory Infection** | | |

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:

**Coughing after exposure to smoke from family. Coughed up yellow sputum with 1 dot of blood. CXR bulky right hilum. Bloods including d-dimer unremarkable. Discharged with 5/7 amox and worsening advice.**

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Hannah Jolly
Doctor

Copies to:

1. CW McCrossan (GP)

School Address:

# Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2338 (82338)
Fax: Patient Attended
Email: QEUH Assessment Unit

Date Completed: 17/09/2024

Consultant: Dr Durga Ghosh

CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
Glasgow
G5 9AB

Dear CW McCrossan

Re: **Finnie George** DOB: **23/07/1965** CHI: **2307656057**
FLAT 0-4
Glasgow G5 9BD

Attended on: **16/09/2024 at 12:28 hrs.** Departed on: **16/09/2024 at 17:41 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
**IAU-OWN ?PE COUGH HEAMOPTYSIS WITH PLURITIC CP . HR 117**

Nursing Assessment:
**?PE PRODUCTIVE COUGH HAEMOPTYSIS WITH PLEURITIC CHEST PAIN NEWS**

Investigations in ED:

| | | |
|---|---|---|
| **1. Coagulation screen** | **2. Urea and Electrolytes** | **3. Glucose** |
| **4. LFT** | **5. CRP** | **6. Full Blood Count** |
| **7. Troponin I hs** | **8. Chol / Triglyceride** | **9. D - Dimer** |
| **10. XR Chest** | | |

Diagnosis:

| Diagnosis | Side | Site |
|---|---|---|
| **Unspecified Acute Lower Respiratory Infection** | | |

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Any medication dispensed or changed is recorded in this letter in the free text below**

Clinician Notes:

**Coughing after exposure to smoke from family. Coughed up yellow sputum with 1 dot of blood. CXR bulky right hilum. Bloods including d-dimer unremarkable. Discharged with 5/7 amox and worsening advice.**

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Hannah Jolly
Doctor

Copies to:

1. CW McCrossan (GP)

School Address:

# Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 22/03/2023

Consultant: Dr Kevin Thomson

WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
Glasgow
G5 9AB

Dear WA Best

Re: **Finnie George** DOB: **23/07/1965** CHI: **2307656057**
FLAT 9C
Glasgow G5 0JQ

Attended on: **22/03/2023 at 07:11 hrs.** Departed on: **22/03/2023 at 11:39 hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
**recurring bone infection**

Nursing Assessment:
**SP c/o R feet ulcers ? infected, loss of sensation in leg. Contacted GP 1/7 who advised patient to attend ED. T1DM, keones 0.2**

Investigations in ED:

| | | |
|---|---|---|
| **1. XR Foot Rt** | **2. Full Blood Count** | **3. CRP** |
| **4. Urea and Electrolytes** | **5. Bicarbonate** | **6. LFT** |
| **7. Glucose** | **8. Lactate** | **9. Bone Profile** |

Diagnosis:

| Diagnosis | Side | Site |
|---|---|---|
| **Diabetic Arthropathy (Ankle Foot)** | | |

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

**Dear Colleague, Patient came to ED with inflamed right big toe with a dry ulcer o medical aspect of it. ulcer has a size of coin of one pound and yellowish rims. toe was reddish wit inflamed extensive rim. painful joint movements. X-ray big toe showed no sign of osteomyelitis. Impression : Poor Diabetic control Diabetic foot ulcer. He was discharged with oral antibiotics and he needs follow up with district diabetic nurses for ulcer and diabetic control Please. thank you**

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Muhammad Usman
Doctor

Copies to:

1. WA Best (GP)

School Address:

# Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 23/10/2022

Consultant: GGC ED Virtual Consultant

WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
Glasgow
G5 9AB

Dear WA Best

Re: **Finnie George** DOB: **23/07/1965** CHI: **2307656057**
FLAT 9C
Glasgow G5 0JQ

Attended on: **23/10/2022 at 13:37 hrs.** Departed on: **23/10/2022 at 13:39 hrs.**
Discharge Type: **04a - Incomplete: left before assessment completed** Destination: **Not known**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
**ED Direct referral NHS 24. RETURN CALLER. CHEST PAIN AND LEFT HAND TINGLIN G**

Nursing Assessment:

Investigations in ED: **None**

Diagnosis:

| Diagnosis | Side | Site |
|---|---|---|
| **Counselling, Unspecified** | | |

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:
**PATIENT DID NOT ATTEND. NO ANSWER ON CALLBUT MESSAGE LEFT WITH WORSEING ADVICE . NO CONCERNS.**

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Joanna Hill
Nurse

Copies to:
1. WA Best (GP)
School Address:

# Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
New Victoria Hospital
Grange Road
Glasgow
Lanarkshire
G42 9LF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 22/02/2022

Consultant: Dr Jason Long

WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
Glasgow
G5 9AB

Dear WA Best

Re: **Finnie George** DOB: **23/07/1965** CHI: **2307656057**
FLAT 9C
Glasgow G5 0JQ

Attended on: **22/02/2022 at 12:39 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
**RTC- neck inj**

Nursing Assessment:

Investigations in ED: **None**

Diagnosis:

| Diagnosis | Side | Site |
|---|---|---|
| **Sprain and Strain of Cervical Spine** | | |

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:
**Minor muscular strain to neck following low speed RTC yesterday. No red flags. Written and verbal advice given.**

Followup :
Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Caroline McCormack1
Nurse

Copies to:
1. WA Best (GP)
School Address:

# Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 04/09/2021

Consultant: Dr David Bell

M McLaughlin
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
Glasgow
G5 9AB

Dear M McLaughlin

Re: **Finnie George** DOB: **23/07/1965** CHI: **2307656057**
FLAT 9C
Glasgow G5 0JQ

Attended on: **03/09/2021 at 13:17 hrs.** Departed on: **03/09/2021 at 16:25 hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
**Own - SATA - ?PE, SOB, chest pain worse over 2/52, no cough, HR110, sats 95%**

Nursing Assessment:
**INCREASED SOB, CHEST PAIN FOR FEW MONTHS WORSE IN THE LAST FEW WEEKS, NO COUGH.**

Investigations in ED:

| | | |
|---|---|---|
| **1. Full Blood Count** | **2. Coagulation screen** | **3. Urea and Electrolytes** |
| **4. Glucose** | **5. LFT** | **6. Bone Profile** |
| **7. CRP** | **8. Troponin I hs** | **9. Amylase** |
| **10. D - Dimer** | | |

Diagnosis:

| Diagnosis | Side | Site |
|---|---|---|
| **Constipation** | | |

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

**Admitted with epigastric and left hypochondrium pain. Also noted to be constipated. CXR/ ECG/ d-dimer/ amylase/ LFTs all normal. ?GORD ?constipation. Advised to increase laxido to 2 sachets and BD and offered a PPI - patient did not want to wait for this, please follow up**

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Lucia Lenart
Doctor

Copies to:

1. M McLaughlin (GP)

School Address:

# Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 17/03/2019

Consultant: Dr Claire Fitzpatrick

WA Best
Drs Gordon best & mcintyre
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
Glasgow
G5 9AB

Dear WA Best

Re: **Finnie George** DOB: **23/07/1965** CHI: **2307656057**
FLAT 9C
Glasgow G5 0JQ

Attended on: **17/03/2019 at 10:10 hrs.** Departed on: **at hrs.**
Discharge Type: **01b - Discharge with follow up by primary care team** Destination: **Private residence**
Previous ED Attendance in last 12 months: **2**

Presenting complaint
**unwell**

Nursing Assessment:
**high bm's. recent increase in insulin. feeling nauseated. ?dka. pmh: diabetes**

Investigations in ED:

| | | |
|---|---|---|
| **1. Amylase** | **2. Bone Profile** | **3. CRP** |
| **4. Glucose** | **5. LFT** | **6. Urea and Electrolytes** |
| **7. Coagulation screen** | **8. Full Blood Count** | |

Diagnosis:

| Diagnosis | Side | Site |
|---|---|---|
| **Elevated blood glucose level - Hyperglycaemia, unspecified** | | |

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

**Dear Doctor, This 53 year old male patient presented to ED with raised blood sugars. He is known diabetic on large amounts on insulin (40units Humalog each time he eats, 70 units Triseba at night, 1.5mg Dulaglutide once a week, empaglifozin, metformin) with regular input from the diabetic team. In dept he was not ketotic, not acidotic, bloods were unremarkable other than raised glucose. He had no obvious source of infection. NAD on examination. Imp, hyperglycaemia. Plan, I have advised him to increase his Humalog to 45 units each time he eats, and advised him to contact his diabetic nurse after leaving the dept - he has her mobile number. Many thanks, Dr Rachael Mortimer Locum SHO (GPST3)**

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Rachael Mortimer
Doctor

Copies to:

1. WA Best (GP)

School Address:

# Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2503 (8503)
Fax:
Email:

Date Completed: 09/01/2019

Consultant: Dr Stephen Thomson

J Simpson
Drs Gordon best & mcintyre
Gorbals Health Centre
45 Pine Place
Glasgow
Glasgow
G5 0BQ

Dear J Simpson

Re: **Finnie George** DOB: **23/07/1965** CHI: **2307656057**
65 CRUACHAN ROAD
Glasgow G73 5HH

Attended on: **09/01/2019 at 12:37 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
**Own Tran ?PTE Reduced sats Tachycardic**

Nursing Assessment:
**RULE OUT PTE..CO CHEST PAIN NOW PAIN FREE...ECG THEN CDU?...NEW 0 PULSE 86**

Investigations in ED:

| | | |
|---|---|---|
| **1. Troponin I hs** | **2. Full Blood Count** | **3. Coagulation screen** |
| **4. D - Dimer** | **5. Urea and Electrolytes** | **6. Glucose** |
| **7. LFT** | **8. CRP** | **9. XR Chest** |

Diagnosis:

| Diagnosis | Side | Site |
|---|---|---|
| **Chest pain, unspecified** | | |

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

**Patient attended with central chest pain when walking yesterday - lasted seconds only. Also had some left sided chest pain that was worse on inspiration. -ve Trop and d-dimer. Normal ECG and CXR. Has O/P follow up with cardiology on 16/01/19. Discharged, no other follow up arranged.**

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
frances mcgrane
Doctor

Copies to:

1. J Simpson (GP)

School Address:

# Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
New Victoria Hospital
Grange Road
Glasgow
Lanarkshire
G42 9LF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 02/10/2018

Consultant: Dr Jonny Gordon

RJ McGonigle
Drs Gordon best & mcintyre
Gorbals Health Centre
45 Pine Place
Glasgow
Glasgow
G5 0BQ

Dear RJ McGonigle

Re: **Finnie George** DOB: **23/07/1965** CHI: **2307656057**
65 Cruachan Road
Glasgow G73 5HH

Attended on: **02/10/2018 at 10:54 hrs.** Departed on: **at hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
**Inj toenail on right foot (Patient Diabetic)**

Nursing Assessment:

Investigations in ED: **None**

Diagnosis:

| Diagnosis | Side | Site |
|---|---|---|
| **Ingrowing nail** | | |

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

**Diabetic patient with ongoing issue with ingrown toenail ?localised infection. Alread taking oral Antibiotics given by GP. Wound cleaned and dry inadine dressing applied. Referred to podiatry clinic as outpatient. Advice meantime**

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Caroline McCormack1
Nurse

Copies to:

1. RJ McGonigle (GP)

School Address:

# Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Victoria Infirmary Glasgow
Langside Road
Glasgow
Lanarkshire
G42 9TY

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 24/05/2015

Consultant: Dr Jonny Gordon

WA Best
Drs Gordon best & mcintyre
Gorbals Health Centre
45 Pine Place
Glasgow
Glasgow
G5 0BQ

Dear WA Best

Re: **Finnie George** DOB: **23/07/1965** CHI: **2307656057**
65A CRUACHAN RD
Glasgow G73 5HH

Attended on: **24/05/2015 at 12:53 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
**RIB INJ**

Nursing Assessment:

Investigations in ED: **None**

Diagnosis:

| Diagnosis | Side | Site |
|---|---|---|
| **Contusion of chest wall** | **Right** | |

Procedures: **None**

Immunisations: **None**

Dispensed Medication:

| Dispensed Medicine | Formulation | Dose | UOM | Route | Frequency | Duration |
|---|---|---|---|---|---|---|
| **Cocodamol 30/500 2 tabs QID PREPACKED ONLY** | **Tablets (PP)** | **2** | **TABS** | **Oral** | **FOUR Times a Day** | **No duration defined** |

Clinician Notes:

**49 yr old - fall from a ladder last night at home whilst painting, right sided chest wall injury, normal chest exam despite pain, urinalysis - NAD. Advised analgesia, chest injury advice, written and verbal.**

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
John Cowie
Nurse

Copies to:

1. WA Best (GP)

School Address:

# Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Victoria Infirmary Glasgow
Langside Road
Glasgow
Lanarkshire
G42 9TY

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 16/05/2013

Consultant: Dr David Ritchie

WA Best
Drs Gordon watson & best
Gorbals Health Centre
45 Pine Place
Glasgow
Glasgow
G5 0BQ

Dear WA Best

Re: **Finnie George** DOB: **23/07/1965** CHI: **2307656057**
65 CRUACHAN ROAD
Glasgow G73 5HH

Attended on: **16/05/2013 at 09:42 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
**ankle inj**

Nursing Assessment:

Investigations in ED: **None**

Diagnosis:

| Diagnosis | Side | Site |
|---|---|---|
| **Sprain and strain of ankle** | | |

Procedures: **1. Single tubigrip**

Immunisations: **None**

Dispensed Medication:

| Dispensed Medicine | Formulation | Dose | UOM | Route | Frequency | Duration |
|---|---|---|---|---|---|---|
| **Ibuprofen tabs 200mg TID PREPACKED ONLY** | **Tablets (PP)** | **200** | **MG** | **Oral** | **THREE Times a Day** | **No duration defined** |
| **Paracetamol 1000mg QID PREPACKED ONLY** | **Tablets (PP)** | **1000** | **MG** | **Oral** | **FOUR Times a Day** | **No duration defined** |

Clinician Notes:

**Attended today - inversion injury to left ankle 1 week ago - weightbearing but pain and swelling over lateral maleollus - x rayed - no fracture or dislocation seem - treated as soft tissue injury - weightbearing - discharged with advice.**

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Lindy Morrison
Nurse

Copies to:

1. WA Best (GP)

School Address:

VICTORIA INFIRMARY
LANGSIDE ROAD
GLASGOW G42 9TY
Accident & Emergency Dept
Phone (0141) 201 5130 Fax (0141) 636 5608

DR. WILMA WA BEST
GORBALS HEALTH CENTRE
45 PINE PLACE
GLASGOW

G5 0BQ
0141 531 8290

Dear Dr. WILMA WA BEST,

Your Patient
Name : GEORGE FINNIE
DOB : 23/07/1965
Address : 65 CRUACHAN ROAD
RUTHERGLEN
GLASGOW
LANARKSHIRE
G73 5HH

Consultant : SUSAN DAISLEY

Account # : AE0074700/12 Unit # : SG99572084 CHI # : 230

Attended at : 1139 on 26/08/2012
Left A&E at : 1330 on 26/08/2012

Reason for Visit : INFECTED TOE

Diagnosis :

Investigations :

Treatments :

Prescribed Drugs : DRUGS DIRECTIONS

Tetanus Given :

Additional Notes:

Follow Up :

Yours sincerely

DR.

If you require any further information please quote this attendance number: AE00

VICTORIA INFIRMARY
LANGSIDE ROAD
GLASGOW G42 9TY
Accident & Emergency Dept
Phone (0141) 201 5130 Fax (0141) 636 5608

DR. WILMA WA BEST
GORBALS HEALTH CENTRE
45 PINE PLACE
GLASGOW

G5 0BQ
0141 531 8290

Dear Dr. WILMA WA BEST,

Your Patient
Name : GEORGE FINNIE
DOB : 23/07/1965
Address : 65 CRUACHAN ROAD
RUTHERGLEN
GLASGOW
LANARKSHIRE
G73 5HH

Consultant : DAVID RITCHIE

Account # : AE0104948/11 Unit # : SG99572084 CHI # : 230

Attended at : 1109 on 09/12/2011
Left A&E at : 1400 on 09/12/2011

Reason for Visit : TOENAIL

Diagnosis :

Investigations :

Treatments :

Prescribed Drugs : DRUGS DIRECTIONS

Tetanus Given :

Additional Notes:

Follow Up :

Yours sincerely

DR.

If you require any further information please quote this attendance number: AE01

VICTORIA INFIRMARY
LANGSIDE ROAD
GLASGOW G42 9TY
Accident & Emergency Dept
Phone (0141) 201 5130 Fax (0141) 636 5608

DR. WILMA WA BEST
GORBALS HEALTH CENTRE
45 PINE PLACE
GLASGOW

G5 0BQ
0141 531 8290

Dear Dr. WILMA WA BEST,

Your Patient

| | | |
|---|---|---|
| Name | : | GEORGE FINNIE |
| DOB | : | 23/07/1965 |
| Address | : | 65 CRUACHAN ROAD<br>RUTHERGLEN<br>GLASGOW<br>LANARKSHIRE<br>G73 5HH |

Consultant : DR JOHNATHAN GORDON

Account # : MU0016914/11 Unit # : SG99572084 CHI # : 230

Attended at : 1051 on 09/12/2011
Left A&E at : 1055 on 09/12/2011

Reason for Visit : TOE INJURY

Diagnosis :

Investigations :

Treatments :

Prescribed Drugs : DRUGS DIRECTIONS

Tetanus Given :

Additional Notes:

Follow Up :

Yours sincerely

DR.

If you require any further information please quote this attendance number: MU00

VICTORIA INFIRMARY
LANGSIDE ROAD
GLASGOW G42 9TY
Accident & Emergency Dept
Phone (0141) 201 5130 Fax (0141) 636 5608

DR. WILMA WA BEST
GORBALS HEALTH CENTRE
45 PINE PLACE
GLASGOW

G5 0BQ
0141 531 8290

Dear Dr. WILMA WA BEST,

Your Patient

Name : GEORGE FINNIE
DOB : 23/07/1965
Address : 65 CRUACHAN ROAD
RUTHERGLEN
GLASGOW
LANARKSHIRE
G73 5HH

Consultant : IAN W R ANDERSON

Account # : MU0009011/11 Unit # : SG99572084 CHI # : 230

Attended at : 1822 on 08/07/2011
Left A&E at : 1907 on 08/07/2011

Reason for Visit : ANKLE INJ

Diagnosis :

Investigations :

Treatments :

Prescribed Drugs : DRUGS DIRECTIONS

Tetanus Given :

Additional Notes:

Follow Up :

Yours sincerely

DR.

If you require any further information please quote this attendance number: MU00

VICTORIA INFIRMARY
LANGSIDE ROAD
GLASGOW G42 9TY
Accident & Emergency Dept
Phone (0141) 201 5130 Fax (0141) 636 5608

DR. WILMA WA BEST
GORBALS HEALTH CENTRE
45 PINE PLACE
GLASGOW

G5 0BQ
0141 531 8290

Dear Dr. WILMA WA BEST,

Your Patient
Name : GEORGE FINNIE
DOB : 23/07/1965
Address : 65 CRUACHAN ROAD
RUTHERGLEN
GLASGOW
LANARKSHIRE
G73 5HH

Consultant : SUSAN DAISLEY

Account # : AE0098215/10 Unit # : SG99572084 CHI # : 230

Attended at : 1017 on 23/11/2010
Left A&E at : 1355 on 23/11/2010

Reason for Visit : CHEST PAIN

Diagnosis :

Investigations :

Treatments :

Prescribed Drugs : DRUGS DIRECTIONS

Tetanus Given :

Additional Notes:

Follow Up :

Yours sincerely

DR.

If you require any further information please quote this attendance number: AE00

VICTORIA INFIRMARY
LANGSIDE ROAD
GLASGOW G42 9TY
Accident & Emergency Dept
Phone (0141) 201 5130 Fax (0141) 636 5608

DR. WILMA WA BEST
GORBALS HEALTH CENTRE
45 PINE PLACE
GLASGOW

G5 0BQ
0141 531 8290

Dear Dr. WILMA WA BEST,

Your Patient
Name : GEORGE FINNIE
DOB : 23/07/1965
Address : 65 CRUACHAN ROAD
RUTHERGLEN
GLASGOW
LANARKSHIRE
G73 5HH

Consultant : IAN W R ANDERSON

Account # : AE0066885/10 Unit # : SG99572084 CHI # : 230

Attended at : 1308 on 11/08/2010
Left A&E at : 1420 on 11/08/2010

Reason for Visit : GP REF

Diagnosis :

Investigations :

Treatments :

Prescribed Drugs : DRUGS DIRECTIONS

Tetanus Given :

Additional Notes:

Follow Up :

Yours sincerely

DR.

If you require any further information please quote this attendance number: AE00

VICTORIA INFIRMARY
LANGSIDE ROAD
GLASGOW G42 9TY
Accident & Emergency Dept
Phone (0141) 201 5130 Fax (0141) 636 5608

DR. WILMA WA BEST
GORBALS HEALTH CENTRE
45 PINE PLACE
GLASGOW

G5 0BQ
0141 531 8290

Dear Dr. WILMA WA BEST,

Your Patient
Name : GEORGE FINNIE
DOB : 23/07/1965
Address : 65A CRUACHAN ROAD
RUTHERGLEN
GLASGOW
LANARKSHIRE
G73 5HH

Consultant : IAN W R ANDERSON

Account # : MU0002139/10 Unit # : SG99572084 CHI # : 230

Attended at : 1636 on 22/02/2010
Left A&E at : 1835 on 22/02/2010

Reason for Visit : HAND INJURY

Diagnosis :

Investigations :

Treatments :

Prescribed Drugs : DRUGS DIRECTIONS

Tetanus Given :

Additional Notes:

Follow Up :

Yours sincerely

DR.

If you require any further information please quote this attendance number: MU00

VICTORIA INFIRMARY
LANGSIDE ROAD
GLASGOW G42 9TY
Accident & Emergency Dept
Phone (0141) 201 5130 Fax (0141) 636 5608

DR. WILMA WA BEST
GORBALS HEALTH CENTRE
45 PINE PLACE
GLASGOW

G5 0BQ
0141 531 8290

Dear Dr. WILMA WA BEST,

Your Patient

Name : GEORGE FINNIE
DOB : 23/07/1965
Address : 65A CRUACHAN ROAD
RUTHERGLEN
GLASGOW
LANARKSHIRE
G73 5HH

Consultant : IAN W R ANDERSON

Account # : AE0068019/09 Unit # : SG99572084 CHI # : 230

Attended at : 1119 on 31/07/2009
Left A&E at : 1205 on 31/07/2009

Reason for Visit : NECK INJ

Diagnosis :

Investigations :

Treatments :

Prescribed Drugs : DRUGS DIRECTIONS

Tetanus Given :

Additional Notes:

Follow Up :

Yours sincerely

DR.

If you require any further information please quote this attendance number: AE00

CJT656034

DRS GORDON, BEST, MCINTYRE, SIMPSON & MCGONIGLE

Gorbals health Centre
45 Pine Place
Gorbals
Glasgow
G5 0BQ

Phone: 0141 531 8290
Fax: 0141 531 8242

24 October 2016

RM/TF

Dr Shah
Stroke Team
New Victoria Hospital

Dear Dr Shah

**Re: Mr George Finnie, 65 Cruachan Road, , Glasgow, G73 5HH**
**DOB: 23/07/1965**

I have previously written regarding Mr Finnie being sent appointments to the incorrect address. He has still not heard anything about an appointment at the Stroke Clinic.

I would be very grateful if he could be appointed sooner rather than later.

Kind regards

Yours sincerely

Dr Robert McGonigle

**Clinical letter - GP:**

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: Orthopaedics
Contact Tel:
Enquiries to:

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Letter Date: 04/06/2026
Reference: CMc/TD
Dictated Date: 05/05/2026
Transcribed Date: 05/05/2026

Dear Doctor ,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**Flat 0/4, 1 Bedford Street, Glasgow, G5 9BD**

George, I understand, has been discussed with Mr. Hrycaiczuk in the diabetic foot MDT, however, he is not present in clinic at the moment to find out the outcome of this. I have called George to update him that we will chase up the outcome of the diabetic foot MDT and arrange for further management as per MDT decision and I will contact Mr. Hrycaiczuk to find out the outcome of this this week.

Yours sincerely,

Christopher McColm

ST3 in Orthopaedics

Electronically Signed: Dr Christopher McColm, Doctor

cc.

**NHS Greater Glasgow & Clyde**
**Acute Services Division**

**Date Printed:** 02/10/2025

**Private & Confidential**

Dr Colin Mccrossan
The Gordon Practice
New Gorbals Health Centre
2 Sandiefield Road
G5 9AB

Gillian Mawston

ggc.mdturologyggc@nhs.scot

www.nhsgg.org.uk

Dear Dr Mccrossan,

The case described herein was discussed at the MDT meeting. Please find details below:

**Name:** George Finnie **CHI:** 2307656057 **CRN:**
**Address:** Flat 0-4, 1 Bedford Street, Glasgow, Glasgow, G5 9BD

**Consultant:** Carrera Ashley

**MDT Meeting:** PAN GLASGOW URO/ONCOLOGY MDT (MS Teams)

**Date of MDT Review:** 02/10/2025

**Reason for Referral:** bladder - new diagnosis

**Outcome of MDT Review:**

Patient Aware of Results - Results OPA CNS Beaton 03/10/25

PATHOLOGY REVIEW:
12/09/25 - TURBT - TCC G2 LG pTa. Benign detrusor.

IMAGING REVIEW:
18/08/25 - CT IVU
30/04/25 - US Renal

DIAGNOSIS/STAGING:
TCC G2 LG pTa N0Mx - intermediate risk

RECOMMENDATION:
For MMC. CNS Beaton to arrange and inform patient of results/plan.

For further information please contact Gillian Mawston.

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

**NHS Greater Glasgow & Clyde**
**Acute Services Division**

NHS
Greater Glasgow
and Clyde

**Date Printed:** 02/10/2025

For further information please contact Gillian Mawston.

Please note that all clinical information is not available to the review process. Unknown clinical factors, change in the patient's condition, the clinical assessment of the clinician and the wishes of the patient may make recommendations inappropriate. However, they do represent a consensus view of the team as to the best management for this patient based on the information available.

**Clinical letter - GP:**

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: Urology
Contact Tel: 0141 451 6008
Enquiries to: Anna Toner
Letter Date: 15/09/2025
Reference: KE/IS
Dictated Date: 29/07/2025
Transcribed Date: 01/09/2025

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dear Dr McCrossan,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**Flat 0/4, 1 Bedford Street, Glasgow, G5 9BD**

This gentleman was down for flexible cystoscopy today on the list at the Victoria. He has fairly convincing filling defects on his ultrasound scan and just needs an urgent TURBT. He has DNA's and I am not sure whether plans are in place but we will send a new request for an urgent TURBT on the generic list for him and we will send out a Bladder Information TURBT Leaflet.

Yours sincerely

**Nkem Umez-Eronini**

**Consultant Urological Surgeon**

Electronically Signed: Mr Nkem Eronini, Consultant

cc. Sister Katrina Hunter
Advanced Urology CNS
Department of Urology
GGH
Glasgow

**Clinical letter - GP:**

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: Orthopaedics
Contact Tel:
Enquiries to:

Letter Date: 03/07/2025
Reference: AH/TD
Dictated Date: 01/07/2025
Transcribed Date: 01/07/2025

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dear Doctor ,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

Diagnosis:

1) Stress fracture to 5th metatarsal.

2) Diabetic neuropathy.

3) Previous hallux amputation with evidence of dislocation of 2nd MTP joint.

Outcome:

1) Vitamin D supplementation.

2) Review in clinic with X-ray on arrival in three months' time.

I reviewed George in the clinic today. He has an HbA1c of over 100. He has previously lost his hallux due to complications of diabetes.

He was sent for an X-ray via the Gorbals Podiatry team due to increasing pain over the lateral aspect of his foot and some erythema. There was a concern about infection but his imaging has demonstrated a stress fracture to his 5th metatarsal. He has subsequently had an MRI scan that has demonstrated an established non-union. Additionally, he has a dislocation of his 2nd MTP joint secondary to the neuropathy. There is no evidence of toe or forefoot threat from this at present.

George tells me that he does not take Vitamin D replacement. I note that his calcium was low when it was previously checked. He has normal renal function. He has a degree of tightness to his gastroc but he is not overly forefoot loading. He has no significant lateral border overload per se, although I expect that he has de-functioned his medial column from his previous amputation and therefore he is predisposed to walk on this aspect of his foot.

Given George's HbA1c sitting as it is, I would be reluctant to intervene in the absence of any obvious forefoot threat. Things should be kept under review. I have suggested to him that in the first instance

he takes a very high dose of Vitamin D supplementation over the counter. By taking this, we should hope to progress his 5th metatarsal towards union. This is going to take some time and I will see him back for another X-ray in three months' time.

With respect to the 2nd MTP joint dislocation, I would not intervene on his forefoot given his previous surgery unless there was to be a pressure concern with respect to this. He appears to be relatively mindful of his forefoot health and I have asked him to contact us if this was to degenerate. George is understanding of the situation as it lies and we will take things forward as required.

Yours sincerely,

Mr. Alex Hrycaiczuk

Consultant Orthopaedic Surgeon

Electronically Signed: Mr Alex Hrycaiczuk, Consultant

cc.

**Clinical letter - Others: Vascular Rapid Access Clinic 13/09/2023**

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Main Switchboard: 0141 201 1100
Department: Vascular Surgery
Contact Tel: 0141 451 5944
Enquiries to: moyra.harris@ggc.scot.nhs.uk
Letter Date: 18/09/2023
Reference: MY/mh
Dictated Date: 13/09/2023
Transcribed Date: 14/09/2023

Dr LM McIntyre
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dear Dr McIntyre,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

I saw Mr Finnie today. Since he was last seen there has been significant improvement in his foot to the extent that there is very little left to heal. He still experiences pain in his forefoot and I am suspicious that this is a result of the abnormal weight-bearing in his foot. He is due podiatry follow up in the community and he should be referred to orthotics. I have not arranged to see him again in the clinic unless required.

Kind regards

Yours sincerely

Mike Yapanis

Consultant Vascular Surgeon

Electronically Signed: Mr Michael Yapanis, Consultant

cc.

SCI-Diabetes

West and South Glasgow Diabetes Service
http://www.nhsggc.org.uk/

NHS

NHS Greater Glasgow and Clyde

Consultant Diabetologist: DR G JONES
Date of Clinic: 17-Aug-2023
Date Printed: 31-Aug-2023
Our Ref: GJ/DG
Enquiries to: DEBRA GOODFELLOW
Ext. 4516141
E-mail: debra.goodfellow@ggc.scot.nhs.uk

DR J S GORDON & PARTNERS
THE GORDON PRACTICE
NEW GORBALS
HEALTH & CARE CENTRE
2 SANDIEFIELD RD, GLASGOW
G5 9AB

Dear Doctor

**Name/Address:** GEORGE FINNIE, FLAT 0-4, 1 BEDFORD STREET, GLASGOW, G5 9BD
**Patient ID/CHI:** 2307656057
**DOB:** 23-Jul-1965
**Date of West and South Glasgow Diabetes Service Appointment:** 17-Aug-2023

Please find a clinic summary sheet attached.

**Summary:**

I was delighted to meet Mr Finnie at the Multi Disciplinary Foot Clinic today.

He has had a right hallux amputation which is healing well bar a small area of granulation which is recalcitrant. He had been due to see Vascular Surgical colleagues with regards this but did not get the appointment. I think it is worth them seeing him as they may wish to explore the wound track to remove any bone spur that might be causing the hyper granulation.

He continues to get support with regards to his diabetes and is otherwise well and I have not arranged to see him again at the multi disciplinary foot clinic.

**cc: Vascular Surgery, Mr Wesley Stuart**

**Dear Wesley**

**This man was due to attend you but didn't get the appointment and would be grateful if you could reappoint him.**

**Next review:**

Yours sincerely

**PATIENT NAME:** GEORGE FINNIE
**PATIENT ADDRESS:** FLAT 0-4
1 BEDFORD STREET
GLASGOW
G5 9BD

**DOB:** 23-Jul-1965
**Patient ID/CHI:** 2307656057
**CONTACT DATE:** 17-Aug-2023

* Items with this indicator were not recorded during this clinic visit and represent the latest data available in SCI-Diabetes.

**GENERAL**

| Measure | Value | Date | Measure | Value | Date |
|---|---|---|---|---|---|
| HbA1c * | 97 mmol/mol | 12-Jun-2023 | Diabetes Type * | Type 2 Diabetes Mellitus | 02-Feb-2007 |
| Weight * | 108 kg | 12-Jan-2023 | Duration of Diabetes * | 16 Years 6 Months | |
| BMI * | 34.5 kg/m2 | 12-Jan-2023 | Problems with Hypoglycaemia Awareness * | None | 19-Jan-2017 |
| BP * | 131 / 81 | 01-Nov-2022 | Gold Score * | | |
| Erectile Dysfunction | Yes - Not Problematic | 16-Sep-2013 | Smoking Status * | Never smoked | 11-Aug-2022 |

**BIOCHEMISTRY**

| Measure | Value | Date | Measure | Value | Date |
|---|---|---|---|---|---|
| Creatinine * | 87 µmol/L | 12-Jun-2023 | Cholesterol * | 6.5 mmol/L | 12-Jun-2023 |
| Alb/Creat Ratio * | 1 mg/mmol | 04-Apr-2022 | HDL Cholesterol * | 0.9 mmol/L | 12-Jun-2023 |
| eGFR * | >60 ml/min | 12-Jun-2023 | Triglycerides * | 3.1 mmol/L | 12-Jun-2023 |
| T4/Free T4 * | 13.3 pmol/L | 12-Jun-2023 | TSH * | 1.28 mU/L | 12-Jun-2023 |
| ALP(Alkaline Phosphatase) * | 82 | 12-Jun-2023 | AST * | 16 | 12-Jun-2023 |
| ALT * | 10 | 12-Jun-2023 | Bilirubin * | 11 | 12-Jun-2023 |

**Last Successful Eye Screening**

Screening Date: 26-Jul-2011 Screening Outcome: Rescreening in 12 months (Fundus Photography)

| DRS Results | Right | Left |
|---|---|---|
| Retinopathy: | No Retinopathy | No Retinopathy |

**FEET**

| | | |
|---|---|---|
| Foot Risk Category * | Active Foot Disease | 23-Mar-2023 |

**MEDICAL HISTORY (HEALTH ISSUES)**

Please check free text letter content above.

**PREVIOUSLY PRESCRIBED GLYCAEMIC MEDICATION**

| Medication | Dose/Frequency | Quantity/Preparation | Date |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Metformin 1g modified-release tablets | 1 TAB TWICE A DAY WITH MEA | 56 tablet | 25-Aug-2023 |
| Empagliflozin 10mg tablets | 1 TABLET ONCE DAILY FOR DI | 28 tablet | 25-Aug-2023 |

**UNCHANGED CURRENT MEDICATION**

| Medication | Dose | Change Date |
|---|---|---|
| Atorvastatin 80mg tablets | Night: 80mg | 24-Oct-2018 |
| Dulaglutide 1.5mg/0.5ml solution for injection pre-filled... | Breakfast: Saturday | 27-Apr-2023 |
| EMPAGLIFLOZIN 10mg tablets | Breakfast: 10mg | 24-Oct-2018 |
| Humalog KwikPen 200units/ml solution for injection 3ml pre-filled pen (Eli Lilly and Company Ltd) | Breakfast: 30 units<br>Lunch: 30 units<br>Evening Meal: 30 units | 14-Jul-2023 |
| Metformin 1g modified-release tablets | Breakfast: 1g<br>Evening Meal: 1g | 21-Mar-2019 |
| TRESIBA FLEXTOUCH 200iu/mL pen | Night: 38 units | 14-Jul-2023 |

**RECOMMENDED, ACCEPTED, CHANGED, STOPPED AND NEW CURRENT MEDICATION**

Please check free text letter content above.

**ADVICE GIVEN**

Please check free text letter content above.

| | |
|---|---|
| Diabetes Education Record: | |



*Headquarters:*
*NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH*

*Chairperson: John Brown CBE*

Greg Jones
Consultant Physician
This letter has been electronically verified and signed by the above

CC: Dr Wesley Stuart Vascular Consultant QEUH

**Clinical letter - GP:**

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Main Switchboard: 0141 201 1100
Department: Podiatry
Contact Tel: 0141 201 1720
Enquiries to: euan.mcgivern@ggc.scot.nhs.uk
Letter Date: 24/03/2023
Reference: EMcG
Dictated Date: 24/03/2023
Transcribed Date: 24/03/2023

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dear Dr West ,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Thank you for referring this 57 year old gentleman back to the Podiatry Service regarding his foot ulceration.

I spoke with Mr Finnie on the telephone today. He was last seen at the Diabetes Multi-Disciplinary Foot Clinic on 5th of January where he was unhappy with the communication from one of our Consultant colleagues, unfortunately this seems to have led to him voicing his frustrations in a way which two of our colleagues felt was aggressive and unsuitable for a clinical environment.

As a result of this we have decided that it would be best for Mr Finnie and the safety of all our patients and colleagues if we continue his care in an environment where there are more than one clinician available.

I have offered him an appointment back at the Queen Elizabeth University Hospital albeit at a different building on the hospital campus from the MDFC however he has refused this. This is the location where we can offer an appointment in the fashion described above.

I note that he has failed to attend our service on 3 occasions in the last 3 months.

At his request I have not made any appointment and are returning his referral to you.

We remain happy to offer him care for his foot ulcer at a site where we can offer 2 clinicians.

Yours sincerely

Euan McGivern

Podiatry Team Lead

Electronically Signed: ,

cc. Dr G Jones
Consultant Diabetologist & Endocrinologist
Queen Elizabeth University Hospital

**Clinical letter - GP: Foot Clinic**

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | 0141 201 1100 |
| Department: | Diabetes |
| Contact Tel: | 0141 451 6141 |
| Enquiries to: | Secretary |
| Letter Date: | 07/07/2022 |
| Reference: | GJ/LS |
| Dictated Date: | 07/07/2022 |
| Transcribed Date: | 07/07/2022 |

Dear Dr Best,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

I reviewed Mr Finnie in the multidisciplinary foot clinic today.

His right 5th toe continues to have some superficial discolouration and minor skin breakdown. I wonder if this is more fungal in nature and we have done some skin scrapings today. Certainly he doesn't have any signs of ongoing infection, having had his course of antibiotics.

I have counselled him again today to continue wearing his footwear as some of the discolouration may be traumatic.

I have again counselled him about his diabetes control and we will bring him back for further review in a month's time.

Yours sincerely

Dr Greg Jones

Consultant Physician

Electronically Signed: Dr Greg Jones, Consultant

cc.

**Clinical letter - GP:**

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard: 0141 201 1100
Department: OPAT, QEUH
Contact Tel:
Enquiries to:
Letter Date: 10/06/2022
Reference:
Dictated Date: 10/06/2022
Transcribed Date:

Dear Doctor,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

George Finnie was referred to OPAT for treatment of his right foot Osteomyelitis which grew Staph Aureus. He has been started on po Cotrimoxazole 960mg BD to complete a 6 week course which ends 11/07/2022.

He was seen in OPAT clinic this morning and is tolerating the antibiotics ok but is experiencing some reflux and heartburn, I offered him a prescription for peptic but he will get his own supply from chemist/shops.

OPAT will continue to monitor George in regards to his antibioitcs and infection, along with weekly bloods. George has a further week of po Cotrimoxazole at home and we would appreciate it if you could continue to supply this until 11.07.22 perhaps along with peptic if possible?

George has also reported his blood sugar monitoring machine has been stolen, I have advised him to speak to chemist/diabetes team regarding this.

If you have any questions please do not hesitate to contact OPAT on 0141 452 3107.

Many thanks

Claire Summerhill

Clinical Nurse Specialist

OPAT

Electronically Signed: ,

cc.

**Clinical letter - GP:**

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. J Simpson
Drs Gordon best & mcintyre
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard: 0141 201 1100
Department: General Surgery
Contact Tel: 0141 451 6046
Enquiries to: Mr Smith's Secretary
Letter Date: 14/10/2020
Reference: GS/BB
Dictated Date: 06/10/2020
Transcribed Date: 09/10/2020

Dear Dr Simpson,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Thank you for referring Mr Finnie for a routine colonoscopy examination.

We have vetted this accordingly, however, have still not received any qFIT sample. We would be grateful if you do obtain a result of the qFIT that you let us know as this may well prioritise his referral. There are very long waiting times for colonoscopy examination.

Yours sincerely

Mr Graeme Smith

Consultant General, Laparoscopic

and Colorectal Surgeon

Electronically Signed: Mr Graeme Smith, Consultant

cc.

**Clinical letter - GP:**

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. J Simpson
Drs Gordon best & mcintyre
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard: 0141 201 1100
Department: Neurology
Contact Tel: 0141 201 2364
Enquiries to: Gail Laird
Letter Date: 09/09/2020
Reference: VM/DM
Dictated Date: 28/08/2020
Transcribed Date: 04/09/2020

Dear Dr Simpson ,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Thank you for your recent referral to neurology. I note this patient has not been seen in neurology but had been previously seen by Mr Christopher Barrett. I note that he had requested investigations but these were not done for some reason. It would be appropriate first for these investigations to be performed and I have forwarded your referral to Mr Barrett. These look appropriate. I have not appointed him to neurology at the moment.

Yours sincerely

Dr Vicky Marshall

Consultant Neurologist

Electronically Signed: Dr Vicky Marshall, Consultant

cc.

**Clinical letter - GP:**

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF

Dr. J Simpson
Drs Gordon best & mcintyre
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard: 0141 201 6000
Department: Stroke Team
Contact Tel: 0141 347 8775
Enquiries to: Carolanne McMahon
Letter Date: 06/01/2020
Reference: IS/CMcM
Dictated Date: 06/01/2020
Transcribed Date: 06/01/2020

Dear Dr Simpson ,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Mr Finnie has failed to attend for his CT brain scan appointment. He had also failed to attend for his appointments at the Stroke Clinic. We would be happy to re-appoint if there are any ongoing concerns.

Yours sincerely

Dr Imtiaz Shah

Consultant Stroke Physician

Electronically Signed: Dr Imtiaz Shah, Consultant

cc.

**Clinical letter - GP:**

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF

Dr. J Simpson
Drs Gordon best & mcintyre
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard: 0141 201 6000
Department: Stroke Team
Contact Tel: 0141 347 8775
Enquiries to: Carolanne McMahon
Letter Date: 09/12/2019
Reference: IS/CMcM
Dictated Date: 04/12/2019
Transcribed Date: 06/12/2019

Dear Dr Simpson ,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Mr Finnie has failed to attend his appointment at the Stroke Clinic again. I have, therefore, organised an outpatient CT brain scan to further investigate his symptoms. He is already on appropriate secondary prevention treatment and I will be in touch once his scan result is available.

Yours sincerely

Dr Imtiaz Shah

Consultant Stroke Physician

Electronically Signed: Dr Imtiaz Shah, Consultant

cc.

**Clinical letter - GP:**

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF

Main Switchboard: 0141 201 6000
Department: Cardiology
Contact Tel: 0141 451 6123
Enquiries to: gillian.quigley@ggc.scot.nhs.uk
Letter Date: 30/12/2019
Reference: CJ/GQ
Dictated Date: 03/12/2019
Transcribed Date: 05/12/2019

Dr. J Simpson
Drs Gordon best & mcintyre
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dear Dr Simpson,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

An ETT was organised for this gentleman on 7th November 2019 but he failed to attend. I note he has also failed to attend several clinics since then. Should he be willing to attend, please contact me and I will reorganise this test.

Yours sincerely

**Dr C. Jackson**

**Consultant Cardiologist**

Electronically Signed: Dr Colette Jackson , Consultant

cc.

**Clinical letter - GP: DNA**

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
Main Switchboard: 0141 201 6000
Department: Diabetes
Contact Tel: 0141 451 6143
Enquiries to: Anne.Logan@ggc.scot.nhs.uk
Letter Date: 20/11/2019
Reference: AS/AL
Dictated Date: 12/11/2019
Transcribed Date: 18/11/2019

Dr. J Simpson
Drs Gordon best & mcintyre
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dear Dr Simpson,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**FLAT 9C, 305 CALEDONIA RD, Glasgow, Lanarkshire, G5 0JQ**

You referred Mr Finnie for a new patient diabetes appointment back in April 2019. He did not attend the appointment on the 29th of July that he was offered with Dr Hopkinson, following this he cancelled a new patient appointment on the 13th of September with Dr Gallagher and he has now failed to attend the appointment with me on the 12th of November. He had apparently accepted this appointment, but then did not attend. He has now had offers of three new patient appointments at clinic and has failed to attend two and cancelled one, I therefore haven't arranged to see him again, and I will copy this letter to Lee-Ann Carson, Community Diabetes Specialist Nurse, to let her know.

With kind regards.

Yours sincerely

Dr Alison Stewart

Consultant Physician

Electronically Signed: Dr Alison Stewart, Consultant

cc. Lee Ann Carson
Community Diabetes
Nurse Specialist
Elderpark Clinic

20 Arklet Road
Glasgow
G51 3XR

**Clinical letter - GP: CLINICAL**

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF

Dr. J Simpson
Drs Gordon best & mcintyre
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard: 0141 201 6000
Department: CARDIOLOGY
Contact Tel: 451 6123
Enquiries to: 451 6123
Letter Date: 30/10/2019
Reference: CJ/CM
Dictated Date: 29/10/2019
Transcribed Date: 29/10/2019

Dear Dr Simpson,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**FLAT 9C, 305 CALEDONIA RD, Glasgow, Lanarkshire, G5 0JQ**

Diagnoses;

1 - chest pain - some atypical features

2 - Type II diabetes mellitus

3 - hypertension

4 - hypercholesterolaemia

Current medication; clopidogrel 75mg, atorvastatin 80mg, bisoprolol 2.5mg, empagliflozin 10mg, insulin, lansoprazole 15mg, metformin 1g bd, trazodone, amitriptyline, lansoprazole 15mg

Plan - ETT

Thank you for referring this gentleman. He describes left-sided chest pain for years. There is no clear link with exertion and it occurs randomly and does not appear to be worsened on exertion although can occur. He is not tender to touch. He describes the character

as sharp. GTN does provide relief within minutes. He describes his diabetes as poorly controlled with high BMs frequently and is attending the diabetic clinic at the Victoria. He has never smoked or consumed alcohol. His father had a by-pass in his 50s but was a smoker. He had an ETT in 2013 which was negative. He was unsure if the pain in recent years is the same as the pain he had then. Your original referral letter on 2018 also mentioned a syncopal episode. He thinks this was related to a hypo and has not recurred this year. He is no longer driving and does not own a car.

Examination - BMI 37.3 kg/$m^2$, pulse 98 bpm and clinically sinus rhythm and BP 132/87 mmHg. Normal heart sounds and clinically euvolaemic.

I think this gentleman's symptoms are atypical in part but given his risk factor profile and prompt relief with the GTN will arrange an ETT. Unfortunately he was unable to do this today and would prefer to return with more suitable clothing and shoes. I will arrange this in the coming weeks. I would encourage him to lose weight and clearly good diabetic control will be key for primary prevention in the future.

Yours sincerely,

Dr Colette Jackson

Consultant Cardiologist

Electronically Signed: Dr Colette Jackson , Consultant

cc.

**Clinical letter - Others:**

This version supersedes letter dated 08 Feb 2019

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr Gordon
New Gorbals Health & Care Centre
2 Sandiefild Road
Glasgow
G5 9AB

Main Switchboard: 0141 201 1100
Department: Neurosurgery
Contact Tel: 0141 201 2020
Enquiries to: Janice.Lafferty@ggc.scot.nhs.uk
Letter Date: 08/02/2019
Reference: CB/JL
Dictated Date: 08/02/2019
Transcribed Date: 08/02/2019

Dear Dr Gordon,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**65 CRUACHAN ROAD, RUTHERGLEN, Glasgow, Lanarkshire, G73 5HH**

Further to Mr Finnie's clinic attendance, I arranged for an MRI and Nerve Conduction Studies to be carried out further to his further clinic attendance at my clinic on the 2nd May 2019 for the results. I have been informed that he has failed to turn for the NCS. This is now twice he has failed to attend appointments. I wrote to you previously letting you know that he did not attend for his MRI. Due to the high demand on my clinic slots I have cancelled his appointment at my clinic on the 2nd May 2019. If the patient can agree to turn up for these investigations I will re-request them and then after I received the results of both investigations I will endeavour to allocate him a further appointment. Please let my secretary know on the number above if he is willing to attend.

Yours sincerely

Mr Chris Barrett

Consultant Neurosurgeon

Electronically Signed: ,

cc. Mr G Finnie
65 Cruachan Road
RUTHERGLEN
Glasgow
G73 5HH

**Clinical letter - GP:**

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. J Simpson
Drs Gordon best & mcintyre
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

| | |
|---|---|
| Main Switchboard: | 0141 201 1100 |
| Department: | Neurosurgery |
| Contact Tel: | 0141 201 2020 |
| Enquiries to: | Janice.Lafferty@ggc.scot.nhs.uk |
| Letter Date: | 11/12/2018 |
| Reference: | CB/JL |
| Dictated Date: | 11/12/2018 |
| Transcribed Date: | 11/12/2018 |

Dear Dr Simpson,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**65 CRUACHAN ROAD, RUTHERGLEN, Glasgow, Lanarkshire, G73 5HH**

Your patient had an appointment to attend for an MRI scan following on from his clinic appointment on 6th November 2018. No further appointment for an MRI will be sent unless we hear from the patient that he will attend.

I have also requested Neurophysiology studies to be carried out and I hope he will attend for these.

Failing to not attend for both investigations will result in him being removed and he will have to be referred back into the service.

Yours sincerely

Mr Chris Barrett

Consultant Neurosurgeon

Electronically Signed: ,

cc.

**Clinical letter - GP:**

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF

Dr. RJ McGonigle
Drs Gordon best & mcintyre
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Main Switchboard: 0141 201 6000
Department: Diabetes & Endocrinology
Contact Tel: 0141 451 6155
Enquiries to: Secretary
Letter Date: 08/10/2018
Reference: HEH/SS
Dictated Date: 01/10/2018
Transcribed Date: 05/10/2018

Dear Dr McGonigle,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**65 Cruachan Road, Rutherglen, Glasgow, Lanarkshire, G73 5HH**

This morbidly obese man with Type 2 diabetes failed to attend my hospital clinic again today. He is known to Lee-Anne Carson and I have read the recent input in SCI Diabetes.

We added in empagliflozin this year and this had achieved a significant reduction in his HbA1c. I would have thought it would be appropriate to continue this drug, but it looks as though it hasn't been prescribed recently. Furthermore, he should certainly be continued on metformin, as this will continue to offer him considerable benefit. This too appears to have dropped off his prescription list.

I note that Lee-Anne is changing his insulin regimen, but given that there has been no recent HbA1c since his best reading ever in February this year of 58 mmol/mol, I am not quite sure of the rationale for insulin rather than persevering with tablets. I guess some of this might have been clearer had he attended clinic.

It has been clearly documented on a number of occasions that this man intermittently stops taking his oral medication. Now that we seem to have found some oral medication that is actually benefiting him, I think the emphasis in all of his clinical encounters should be on making sure that he doesn't stop his tablets.

I have not arranged a further appointment for him here at the Victoria, as I meet with Lee-Anne regularly and we can discuss his progress if required.

Yours sincerely

Dr H E Hopkinson

Consultant Physician

Electronically Signed: Dr Helen Hopkinson, Consultant

cc. Sister L-A Carson
Community Diabetes Specialist Nurse
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

**Clinical letter - GP: Result**

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. RJ McGonigle
Drs Gordon best & mcintyre
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

| | |
|---|---|
| Main Switchboard: | |
| Department: | Stroke Team |
| Contact Tel: | 0141 347 8775 |
| Enquiries to: | Carolanne McMahon |
| Letter Date: | 26/01/2017 |
| Reference: | IS/CMcM |
| Dictated Date: | 25/01/2017 |
| Transcribed Date: | 25/01/2017 |

Dear Dr McGonigle ,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**65 Cruachan Road, RUTHERGLEN, Glasgow, Lanarkshire, G73 5HH**

I now have the result of Mr Finnie's MRI brain scan. This shows minor small vessel disease but no evidence of stroke. His cervical spine scan showed evidence of disc bulge at level C4/C5 and C5/C6. There is some impingement of the cord and spinal nerves at these levels. I will see him back at my clinic for further review to discuss the scan results and referral to Neurosurgery.

Yours sincerely

Dr Imtiaz Shah
Consultant Stroke Physician

Electronically Signed: Dr Imtiaz Shah, Consultant

cc.

SCI-Diabetes

Victoria Infirmary Glasgow Diabetes Clinic
New Victoria Hospital
55 Grange Road
Glasgow
G42 9LF
t: 0141 201 6000

http://www.nhsggc.org.uk/

NHS Greater Glasgow and Clyde

| | |
|---|---|
| Consultant Diabetologist: | Dr H E Hopkinson |
| Date of Clinic: | 19-Jan-2017 |
| Date Printed: | 26-Jan-2017 |
| Our Ref: | HEH/CW |
| Enquiries to: | Irene Daly |
| Ext. | 4516169 |
| E-mail: | irene.daly@ggc.scot.nhs.uk |

DR J S GORDON & PARTNERS
GORBALS HEALTH CENTRE
45 PINE PLACE
GLASGOW
G 050BQ

Dear Doctor

**Name/Address:** GEORGE FINNIE, 65A CRUACHAN RD, RUTHERGLEN, GLASGOW, G73 5HH
**Patient ID/CHI:** 2307656057
**DOB:** 23-Jul-1965
**Date of Victoria Infirmary Glasgow Diabetes Clinic Appointment:** 19-Jan-2017

Please find a clinic summary sheet attached.

**Summary:**

I saw this 51yr old man as a new patient in my Type 2 diabetes clinic today. He was accompanied by Lee-Anne Carson, community diabetes nurse who knows him well. He is now 51 and he had Type 2 diabetes diagnosed around 10yrs ago. At that time he was working as a janitor in a nightclub but he is currently out of work having had a mini stroke last year. We weighed about 15st at the time of his diabetes diagnosis, but now weighs at least 20st. His BMI is just under 43. In terms of exercise he walks his dog twice a day but admittedly goes at a fairly slow pace and stops frequently. Nevertheless he reckons he covers about 2-3 miles each day over about 2.5-3hrs. He gets short of breath and feels tightness across his chest if he pushes the pace, but he has previously had cardiac investigations that were negative for angina.

He has been on insulin for a long time but it has not been of benefit to him. Indeed I would go so far as to say that it has almost certainly contributed to his weight gain. Currently he is using Humalog mix 50. I believe our current knowledge of Type 2 diabetes would inform us that this would not be the best insulin to use in this situation. He is also using metformin modified release 1g three times daily, but I think this should only be twice daily. He is using Dulaglutide 1.5mg weekly and I would recommend that we add in empagliflozin 10mg daily.

We had a lengthy and at times emotionally difficult discussion about the fundamental problem that Mr Finnie faces. Namely this is his food intake and his obesity. I think by the end of the conversation he has realised that weight loss is the holy grail for him in terms of getting better control of his diabetes, and he has consented to a referral to the Glasgow Weight Management Service (GWMS) which I will arrange. I would be grateful if you would arrange for him to have a referral to the exercise referral scheme about which he has also expressed an interest. We have talked about reducing his carbohydrate intake and replacing some of this with increased vegetables, with the exception of potatoes which are carbohydrate and do not count as vegetables in a dietary sense.

We didn't address his foot or eye screening today, but both of these appear to be overdue. Given his address in Rutherglen I am not sure whether he falls into the Glasgow or Lanarkshire catchment area for retinal screening, but I would be grateful if you could investigate this and make sure that he is sent for again. I am following him up in the Type 2 diabetes clinic here at the Victoria, and Lee-Anne Carson will keep in touch with him in the community as

well. The main aim is to reduce his insulin dose. If he is able to reduce his food intake this will be straightforward. To start with we have asked him to completely omit the lunchtime dose and to reduce his morning and evening doses to 70 units. I have given him a handwritten note to change his insulin from Mix 50 to Humulin M3 for the time being, but as the doses are reduced we would ultimately hope to remove the rapid acting component and change him to simply a long acting insulin, albeit that it might still need to be given twice daily. His blood pressure is high in clinic today, but this might have been partly due to the circumstances. I would be grateful if you would follow this up and treat appropriately to target.

cc:
Mr George Finnie
65A Cruachan Road
Rutherglen
G73 5HH

Lee-Anne Carson
Community Diabetes Nurse
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

**Next review:**

Yours sincerely

Dr Helen Hopkinson
Consultant Physician
This letter has been electronically verified and signed by the above

NHS Greater Glasgow and Clyde
Victoria Infirmary Glasgow Diabetes Clinic
New Victoria Hospital, 55 Grange Road, G42 9LF

**Patient: FINNIE, GEORGE**
**Patient ID/CHI: 2307656057**

**PATIENT NAME:** GEORGE FINNIE
**PATIENT ADDRESS:** 65A CRUACHAN RD
RUTHERGLEN
GLASGOW
G73 5HH

**DOB:** 23-Jul-1965
**Patient ID/CHI:** 2307656057

**CONTACT DATE:** 19-Jan-2017

* Items with this indicator were not recorded during this clinic visit and represent the latest data available in SCI-Diabetes.

**GENERAL**

| Measure | Value | Date | Measure | Value | Date |
|---|---|---|---|---|---|
| HbA1c * | 93 mmol/mol | 19-Jan-2017 | Diabetes Type * | Type 2 Diabetes Mellitus | 02-Feb-2007 |
| Weight | 133.9 kg | 19-Jan-2017 | Duration of Diabetes * | 9 Years 11 Months | |
| BMI | 42.74 kg/m2 | 19-Jan-2017 | Problems with Hypoglycaemia Awareness | | |
| BP | 161 / 108 | 19-Jan-2017 | Smoking Status * | Never smoked | 29-Nov-2016 |
| Erectile Dysfunction | Not Problematic | 16-Sep-2013 | | | |

**BIOCHEMISTRY**

| Measure | Value | Date | Measure | Value | Date |
|---|---|---|---|---|---|
| Creatinine * | 83 µmol/L | 15-Nov-2016 | Cholesterol * | 6.1 mmol/L | 25-Jul-2016 |
| Alb/Creat Ratio * | 0.8 mg/mmol | 19-Jan-2017 | HDL Cholesterol * | 1 mmol/L | 12-Nov-2014 |
| eGFR * | >60 ml/min | 15-Nov-2016 | Triglycerides * | 5.1 mmol/L | 25-Jul-2016 |
| T4/Free T4 * | 13.4 pmol/L | 15-Apr-2015 | TSH * | 1.77 mU/L | 15-Apr-2015 |
| ALP(Alkaline Phosphatase) * | 82 | 15-Nov-2016 | AST * | 13 | 15-Nov-2016 |
| ALT * | 16 | 15-Nov-2016 | Bilirubin * | 10 | 15-Nov-2016 |

**Last Successful Eye Screening**

Screening Date: 26-Jul-2011 Screening Outcome: Rescreening in 12 months (Fundus Photography)

| DRS Results | Right | Left |
|---|---|---|
| Retinopathy: | No Retinopathy | No Retinopathy |

**FEET**

| | | |
|---|---|---|
| Foot Risk Category * | Low Risk | 12-Nov-2014 |

**MEDICAL HISTORY (HEALTH ISSUES)**

Please check free text letter content above.

**PREVIOUSLY PRESCRIBED GLYCAEMIC MEDICATION**

NHS Greater Glasgow and Clyde
Victoria Infirmary Glasgow Diabetes Clinic
New Victoria Hospital, 55 Grange Road, G42 9LF

**Patient: FINNIE, GEORGE**
**Patient ID/CHI: 2307656057**

| Medication | Dose/Frequency | Quantity/Preparation | Date |
|---|---|---|---|
| Humalog Mix50 KwikPen 100units/ml suspension for injectio... | AS PER DIABETIC CLINIC | 5 pre-filled disposable injection | 10-Jan-2017 |
| Dulaglutide 1.5mg/0.5ml solution for injection pre-filled... | AS DIRECTED BY DSN | 4 pre-filled disposable injection | 04-Jan-2017 |
| Metformin 1g modified-release tablets | 1 TAB TWICE A DAY WITH MEA | 56 tablet | 21-Dec-2016 |
| Humulin M3 KwikPen 100units/ml suspension for injection 3... | AS PER DIABETIC CLINIC | 5 pre-filled disposable injection | 26-May-2016 |

**UNCHANGED CURRENT MEDICATION**

Please check free text letter content above.

**RECOMMENDED, ACCEPTED, CHANGED, STOPPED AND NEW CURRENT MEDICATION**

| Medication | Status | Breakfast | Lunch | Evening Meal | Night | Other | Change/Stop Date |
|---|---|---|---|---|---|---|---|
| Atorvastatin 80mg tablets | Accepted | | | | 80mg | | |
| Dulaglutide 1.5mg/0.5ml solution for injection pre-filled... | Accepted | | | | | | |
| EMPAGLIFLOZIN 10mg tablets | Recommended | 10mg | | | | | |
| HUMULIN M3 KWIKPEN 3mL | Recommended | 70 | | 70 | | | |
| Metformin 1g modified-release tablets | Accepted | 1g | | 1g | | | |

**ADVICE GIVEN**

Please check free text letter content above.

| Diabetes Education Record: | |
|---|---|

**Clinical letter - GP:**

NHS
Greater Glasgow and Clyde
New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. WA Best
Drs Gordon best & mcintyre
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

| | |
|---|---|
| Main Switchboard: | |
| Department: | Stroke Team |
| Contact Tel: | 0141 347 8775 |
| Enquiries to: | Carolanne McMahon |
| Letter Date: | 22/11/2016 |
| Reference: | IS/CMcM |
| Dictated Date: | 22/11/2016 |
| Transcribed Date: | 22/11/2016 |

Dear Dr McGonigle ,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**65 Cruachan Road, RUTHERGLEN, Glasgow, Lanarkshire, G73 5HH**

Further to recent correspondence, we had managed to arrange an appointment for Mr Finnie to attend the Stroke Clinic today ( Tuesday 22nd November 2016 ). However, the patient's sister has telephoned this morning to cancel the appointment saying he is unwell.

We will therefore send one further appointment to Mr Finnie to attend next week ( Tuesday 29th November 2016 ). We will be in touch again if we manage to see him at this time.

Yours sincerely

Dr Imtiaz Shah
Consultant Stroke Physician

Electronically Signed: ,

cc.

**Clinical letter - GP:**

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF

Dr. WA Best
Drs Gordon best & mcintyre
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

| | |
|---|---|
| Main Switchboard: | 0141 201 6000 |
| Department: | Stroke Team |
| Contact Tel: | 0141 347 8775 |
| Enquiries to: | Carolanne McMahon |
| Letter Date: | 26/10/2016 |
| Reference: | AB/CMcM |
| Dictated Date: | 26/10/2016 |
| Transcribed Date: | 26/10/2016 |

Dear Dr McGonigle,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**65A CRUACHAN RD, RUTHERGLEN, Glasgow, Lanarkshire, G73 5HH**

Thank you for your letter, dated 24th October 2016, regarding Mr Finnie.

I note you mention you have previously written to us regarding having an incorrect address for Mr Finnie and you had asked for a further appointment to be sent. We do not appear to have received this letter from you so I apologise for the delay.

I have checked the address on the hospital system ( where his previous appointment letters were sent ) and this address matches the address on your letter. I have tried to contact the patient by telephone this morning but have had no reply ( a voicemail has been left asking him to contact me ). I will speak to the patient to confirm his address details to ensure there are no errors. Once I confirm these details are correct, I can offer him a further appointment at the Stroke Clinic at the New Victoria Hospital.

Yours sincerely

Carolanne McMahon
Stroke Team Secretary

Electronically Signed:

cc.

**Clinical letter - GP:**

NHS
Greater Glasgow and Clyde
New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. WA Best
Drs Gordon best & mcintyre
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

| | |
|---|---|
| Main Switchboard: | |
| Department: | Stroke Team |
| Contact Tel: | 0141 347 8775 |
| Enquiries to: | Carolanne McMahon |
| Letter Date: | 18/08/2016 |
| Reference: | IS/CMcM |
| Dictated Date: | 16/08/2016 |
| Transcribed Date: | 18/08/2016 |

Dear Dr Best,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**65A CRUACHAN RD, RUTHERGLEN, Glasgow, Lanarkshire, G73 5HH**

Mr Finnie has failed to attend for his rescheduled Stroke Clinic appointment on Tuesday 16th August 2016.

I have therefore discharged him back to your care today. However, I would be happy to see him if there are ongoing concerns and he is willing to attend.

Yours sincerely

Dr Imtiaz Shah
Consultant Stroke Physician

Electronically Signed: Dr Imtiaz Shah, Consultant

cc.

**Clinical letter - GP:**

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. WA Best
Drs Gordon best & mcintyre
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

| | |
|---|---|
| Main Switchboard: | |
| Department: | Stroke Team |
| Contact Tel: | 0141 347 8775 |
| Enquiries to: | Carolanne McMahon |
| Letter Date: | 10/08/2016 |
| Reference: | IS/CMcM |
| Dictated Date: | 10/08/2016 |
| Transcribed Date: | 10/08/2016 |

Dear Dr Best,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**65A CRUACHAN RD, RUTHERGLEN, Glasgow, Lanarkshire, G73 5HH**

Mr Finnie failed to attend for his Stroke Clinic appointment on Tuesday 9th August 2016. I will send him one further appointment.

Yours sincerely

Dr Imtiaz Shah
Consultant Stroke Physician

Electronically Signed: Dr Imtiaz Shah, Consultant

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde
Victoria Infirmary Glasgow
Langside Road
Glasgow
G42 9TY

Main Switchboard: 0141 201 6000
Email Inquiries to:
Contact Tel Details:

Dr. WA Best
Drs Gordon watson & best
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Highly Sensitive: No

Consent for Sharing Withheld: No

Dictated Date:
By:
Transcribed Date:
By: Bernadette McLaughlin

Dear Dr. WA Best,

## Patient

| | |
|---|---|
| Name: | **Finnie George** |
| CHI: | **2307656057** |
| DOB: | **23 Jul 1965** |
| Address: | **65 CRUACHAN ROAD**<br>**Glasgow**<br>**G73 5HH** |

## Attendance

| | |
|---|---|
| Attended: | **16/01/2013 09:00** |
| New/Return: | **S N OPHTHALMOLOGY** |
| Referral Source: | **General Practitioner** |
| Consultant: | **Mr Mamun Rahman** |
| Specialty: | **Ophthalmology** |
| Clinic: | **VIMREY5-DR RAHMAN OPTH WED AM** |

Long Term Condition:

## Clinical Comments:

**Diagnosis:**

1. **Dry eyes**
2. **No evidence of diabetic retinopathy**

**This gentleman is complaining of a sharp pain in his right eye. On examination his visual acuity was 6/6 right eye and 6/6 left eye. He had mild blepharitis affecting both eyes with a decreased tear film. Dilated fundal examination revealed no diabetic retinopathy. I have given him a some lid hygiene advice and gave him some Hyabac prn to help with his dry eye symptoms. As he does not have other ongoing serious pathology he has been discharged from regular review. If he has any future eye problems he should be re-reffered.**

**Yours sincerely**

**Dr Mamun Rahman**
**Consultant Ophthalmologist**

Yours sincerely,
Mr Mamun Rahman
Consultant

cc. 1. Dr WA Best

CHI: 2307656057
Typed by: KLG

Victoria Infirmary
Langside Road
Glasgow
G42 9TY

Department: Medical

Dictated on: 6th December 2010

Direct telephone no: 0141 201 5912

r Jacqueline Adams
Consultant Cardiologist.
The Victoria Infirmary

Dear Jacqueline

GEORGE FINNIE DOB: 23/07/65 Unit No: SG99572084
65 CRUACHAN ROAD, RUTHERGLEN, GLASGOW, G73 5HH

I should be grateful if you would review this gentleman once again in your clinic if you think it is appropriate for further cardiovascular investigation. He was reviewed at your clinic in May and had a negative Exercise Tolerance Test. He was admitted under my care on the 23rd November with a history of chest pain and tightness suggestive of acute coronary syndrome and suggestive of cardiac pain. His MI screen was negative.

I will enclose the discharge letter with this referral in order for you to decide as to whether he will need further investigations.

Yours sincerely

Dr S Sarwar
Consultant Physician and Gastroenterologist

CHI: 2307656057
Typed by: SJ

Victoria Infirmary
Langside Road
Glasgow
G42 9TY

Department: Medical

Direct Telephone No: 0141 201 5398

Dictated: 29th of October 2010

MR GEORGE FINNIE
65 CRUACHAN ROAD
THERGLEN
G73 5HH

Dear Mr Finnie

Unit No: SG99572084

Your recent 24 hour cardiac monitor has shown a normal heartbeat over the period of 24 hours. We have not arranged any further follow-up for you. Should you have similar symptoms again, please attend Dr Best for further review.

Yours sincerely

DR ABIGAIL BELSHAM
SPECIALIST REGISTRAR

CHI: 2307656057
Typed by: SJ

Victoria Infirmary
Langside Road
Glasgow
G42 9TY

Department: Medical

Direct Telephone No: 0141 201 5398

Dictated: 29th of October 2010

DR WILMA WA BEST
ORBALS HEALTH CENTRE
LASGOW
G5 0BQ

Dear Dr Best

GEORGE FINNIE DOB: 23/07/65 Unit No: SG99572084
65 CRUACHAN ROAD, RUTHERGLEN, GLASGOW, G73 5HH

I now have the results of Mr Finnie's 24 hour tape. This showed sinus rhythm throughout with only one ventricular ectopic. He had a period of sinus tachycardia at 137bpm, which was related to exertion. No further follow-up has been arranged.

Yours sincerely

R ABIGAIL BELSHAM
PECIALIST REGISTRAR

CHI: 2307656057
Typed by: CM

Victoria Infirmary
Langside Road
Glasgow
G42 9TY

Department: Medical
Direct Telephone No: 0141 201 5391
Dictated on: 27/08/10

CARDIOLOGY DEPARTMENT
"ICTORIA INFIRMARY

Dear Cardiology Dept

GEORGE FINNIE DOB: 23/07/65 Unit No: SG99572084
65 CRUACHAN ROAD, RUTHERGLEN, GLASGOW, G73 5HH

I would be grateful if an out-patient 24 hour tape could be organised for this gentleman who had presented to Medical Receiving with presyncopal symptoms and what the GP described as a "fast pulse". He has recently had a negative ETT and was seen in Dr Adam's Clinic and his ECG on the day was in sinus rhythm, but it is just to check he is not having a paroxysmal arrhythmia.

Yours sincerely

: Abigail Belsham
SpR in General Medicine

# Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | Orthopaedics |
| Contact Tel: | |
| Enquiries to: | |
| Letter Date: | 28/04/2026 |
| Reference: | AH/AF |
| Dictated Date: | 28/04/2026 |
| Transcribed Date: | 28/04/2026 |

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**Flat 0/4, 1 Bedford Street, Glasgow, G5 9BD**

Attendance: Specialty - Orthopaedics; Clinic - SUOROR301D-SGH ACUTE FOOT FRACTURE CLINIC TUES AM'
Date and Time of Appointment - 28/04/2026 09:20

**Clinical Comments:**
George has a chronic dislocation of his 2nd metatarsophalangeal joint. Intervention has been delayed due to chemotherapy he has been receiving for a malignancy. He has now not had anything over the last few months.

On reviewing him today, whilst there is some evidence of some dorsal erythema overlying the PIP joint, there is no skin breakdown and there has not been at any point. X-rays demonstrate no osteomyelitis.

His last HbA1c was 105, and given the fact that this is not an imminently threatened toe, I would be keen to get the input of the diabetologist before we look to proceed. I will discuss him at our diabetic MDT next week and contact them thereafter.

Yours sincerely,

Mr Alex Hrycaiczuk

Consultant Orthopaedic Surgeon

Electronically Signed: Mr Alex Hrycaiczuk, Consultant

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | Orthopaedics |
| Contact Tel: | |
| Enquiries to: | |
| Letter Date: | 17/03/2026 |
| Reference: | KA/AF |
| Dictated Date: | 17/03/2026 |
| Transcribed Date: | 17/03/2026 |

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**Flat 0/4, 1 Bedford Street, Glasgow, G5 9BD**

Attendance: Specialty - Orthopaedics; Clinic - SUOROR301D-SGH ACUTE FOOT FRACTURE CLINIC TUES AM
Date and Time of Appointment - 17/03/2026 09:35

**Clinical Comments:**
Diagnosis: Chronic 2nd metatarsophalangeal joint dislocation

Outcome: For review in foot and ankle clinic in 6 weeks' time for discussion for possible surgical intervention

Mr Finnie is a 60-year-old gentleman who has completed chemotherapy for his bladder cancer. His last run of chemo was 07/01/26. Mr Finnie also has a history of a previous right hallux amputation for his diabetic foot. He has ongoing peripheral neuropathy symptoms which have resulted in a chronic dislocation of his 2nd metatarsophalangeal joint.

On examination today, his ulcers are well healed and there is no sign of dehiscence or tissue breakdown over his right foot. He also reports being systemically well. Unfortunately Mr Finnie continues to have bother with his right foot, and describes instability while walking, and as a result of this has had one fall. He also reports 7/10 pain when ambulating and a constant 4/10 pain otherwise. This pain now wakes Mr Finnie from sleep.

Mr Finnie is being considered for amputation of his 2nd toe. This was pending completion of his chemotherapy due to concerns of wound healing. He is due for a review on the 26th of March '26 with his oncology team, where a cystoscopy will be done.

He was discussed with Mr Lee, who agrees that Mr Finnie should be reviewed in 6 weeks' time following his oncology appointment. At this time a decision would be made about whether or not surgical intervention would be feasible for him. He understands this and agrees with this plan.

Yours sincerely,

Kareem Austin

Clinical Fellow Orthopaedics

Electronically Signed: Dr Kareem Austin, Doctor

cc.

## Clinic Letter

NHS Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | 0141 201 1100 |
| Department: | Urology |
| Contact Tel: | 0141 211 0030 |
| Enquiries to: | jackie.macleod2@nhs.scot |
| Letter Date: | 07/01/2026 |
| Reference: | KH/MW |
| Dictated Date: | 09/01/2026 |
| Transcribed Date: | 30/03/2026 |

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**Flat 0/4, 1 Bedford Street, Glasgow, G5 9BD**

Attendance: Specialty - Urology; Clinic - SUKHUR5-KATRINA HUNTER CHEMO WED AM
Date and Time of Appointment - 07/01/2026 10:15

**Follow Up:** Check cystoscopy.

**Clinical Comments:**

**Indication:**

- Previous intermediate risk bladder cancer, currently receiving Mitomycin.

Mr Finnie has been attending the Urology department for a course of six intravesical Mitomycin treatments. He has tolerated the course well and denies any lasting lower urinary tract symptoms.

He has been added to the waiting list for a check cystoscopy in due course and he has my contact details if needed sooner.

Kind regards,

Yours sincerely,

**Katrina Hunter**

**Urology Clinical Nurse Specialist**

Electronically Signed: Nurse Katrina Hunter, Consultant

cc.

SCI-Diabetes

West and South Glasgow Diabetes Service
http://www.nhsggc.org.uk/

NHS Greater Glasgow and Clyde

Consultant Diabetologist: DR L HALL
Date of Clinic: 05-Jan-2026
Date Printed: 07-Jan-2026
Our Ref: LH/AL
Enquiries to: ANNE LOGAN
Ext. 4516143
E-mail: anne.logan2@nhs.scot

The Gordon Practice
THE GORDON PRACTICE
NEW GORBALS
HEALTH & CARE CENTRE
2 SANDIEFIELD RD, GLASGOW
G5 9AB

Dear Doctor

**Name/Address:** GEORGE FINNIE, FLAT 0-4, 1 BEDFORD STREET, GLASGOW, G5 9BD
**Patient ID/CHI:** 2307656057
**DOB:** 23-Jul-1965

**Date of West and South Glasgow Diabetes Service Appointment (Foot Clinic):**05-Jan-2026

**Summary:**

It was nice to see George again at the diabetes foot clinic today. He has unfortunately had a diagnosis of bladder cancer last year. He is undergoing treatment with intravesical Mitomycin and seems to be tolerating this quite well. It sounds like after he has completed this course he will have a further cystoscopy and the need for further surgery will be assessed at that point. He has also developed new foot ulceration.

The issues are as follows:

1. Ulceration right third metatarsal head. This appeared after his first cancer operation in October. It has been slowly reducing in size and appears clean today and relatively superficial. Circulation is not a concern with biphasic pulses on Doppler. He has been wearing a Darko shoe and this has been revised today by the orthotist to improve offloading so this should hopefully speed up healing.

2. Stress fracture base of left metatarsal on the right and second toe MTPJ dislocation. Orthopaedics are considering intervening surgically, however, given his ongoing cancer treatment this is on hold at present.

3. Diabetes. He reports blood glucose levels between 12 and 15 mmol/L. He says that if his sugars go any lower than this he feels hypoglycaemic. He takes Tresiba 30 units nightly. He was previously on Tirzepatide and I am not sure why this was stopped but it was maybe around the time of his cancer diagnosis. As he is not having systemic chemotherapy and seems to be tolerating intravesical Mitomycin well, I think he would benefit from restarting Tirzepatide at a dose of 2.5 mgs weekly and I would be grateful if you could prescribe this for him as per my e-form dated 5th of January 2026 . From the retinal screening record it looks like he has not attended since 2011, however, he has been attending his own optician who is happy with his eyes.

4. Cardiovascular risk. BP is good today. His last cholesterol was 6.7 mmol/L and he is currently on maximum dose Atorvastatin. He's due to have all of his diabetes screening updated as this was around a year ago and hopefully the high dose Atorvastatin might have made a difference to lipids.

Assuming that this ulceration is going to heal with ongoing pressure relief and dressings, I have not arranged ongoing MDFC follow up but he will be continued to be reviewed by the specialist podiatrists and if they feel that

further MDFC review is warranted, then he will be added back on to the clinic.

**Foot Clinic Next Review:**

Yours sincerely

Dr Lesley Hall
Consultant Diabetologist
This letter has been electronically verified and signed by the above

**PATIENT NAME:** GEORGE FINNIE
**PATIENT ADDRESS:** FLAT 0-4
1 BEDFORD STREET
GLASGOW
G5 9BD

**DOB:** 23-Jul-1965
**Patient ID/CHI:** 2307656057
**CONTACT DATE:** 05-Jan-2026

**Active Foot Ulcers**

| Location | Start Date | Causative Factors | *Grading | Infection | Dressing* |
|---|---|---|---|---|---|
| Right > Toe(s) > Dorsal/Proximal IPJ > 5th | 14-Nov-2022 | Pressure | TexI: 1A | None | P: Iodine<br>S: Adhesive island dressing |
| Right > Other - dorsal cuboid | 14-Nov-2022 | Footwear | TexI: 1A<br>TexC: 1A | None | S: Adhesive island dressing |

*Grading: TexI = Initial Texas Score, TexC = Current Texas Score, EPU = Scottish Adaptation of the European Pressure Ulcer Classification

*Dressing: P = Primary, S = Secondary, O = Outer

| Foot Summary | Right | Left |
|---|---|---|
| Amputation | 31-Aug-2012 None | 31-Aug-2012 None |
| Protective Sensation | 12-Nov-2014 Intact | 12-Nov-2014 Intact |
| Peripheral Pulses | 12-Nov-2014 Either Palpable | 12-Nov-2014 Either Palpable |

**General**

| | | | |
|---|---|---|---|
| HbA1c | 18-Aug-2025 99 mmol/mol | Cholesterol | 20-Jan-2025 6.7 mmol/L |
| Blood Pressure | 05-Jan-2026 129 / 81 mmHg | Smoking Status | 05-Jan-2026 Never smoked |
| eGFR | 15-Sep-2025 >60 ml/min | | |

**Medication (determined from primary care prescribing data received in the last 4 months)**

| | | | |
|---|---|---|---|
| Statin | 15-Dec-2025 Atorvastatin 80mg tablets | | |
| AT2 Antagonist | AT2 Not Prescribed | ACE Inhibitor | ACE Not Prescribed |

**Recommended Antibiotic Therapy**

| Start Date | Antibiotic Name | Dosage | Type | Frequency | Recommended Total Duration |
|---|---|---|---|---|---|
| Please check free text letter content above. | | | | | |

| New Pressure Management | Right | Left |
|---|---|---|
| Please check free text letter content above. | | |

| Current Pressure Management | Right | Left |
|---|---|---|
| Please check free text letter content above. | | |

**Other Actions (added at this clinic visit)**

Please check free text letter content above.

## Clinic Letter

NHS Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | 0141 201 1100 |
| Department: | Orthopaedics |
| Contact Tel: | |
| Enquiries to: | |
| Letter Date: | 23/12/2025 |
| Reference: | MAD/IH |
| Dictated Date: | 23/12/2025 |
| Transcribed Date: | 23/12/2025 |

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**Flat 0/4, 1 Bedford Street, Glasgow, G5 9BD**

Attendance: Specialty - Orthopaedics ; Clinic - SUORORR301D-SGH ACUTE FOOT FRACTURE CLINIC TUES AM
Date and Time of Appointment - 23/12/2025 09:35

**Clinical Comments:**
Diagnosis:

1) New ulcer over plantar aspect of 3rd metatarsal head.

2) Chronically dislocated 2nd metatarsophalangeal joint.

3) Healing base of 5th metatarsal fracture.

Plan: Follow-up with Foot & Ankle clinic in 3 months' time.

I met 60-year-old Mr Finnie in clinic this morning. He has previously had a right hallux amputation for a diabetic foot infection. He suffers with peripheral neuropathy and has a chronically dislocated 2nd metatarsophalangeal joint. He developed a stress fracture to the base of his 5th metatarsal shaft which is now radiologically healing. He has also been referred to the Orthotics team, for offloading footwear, however he has found this to be unhelpful.

He is currently undergoing chemotherapy for bladder cancer, he is on his 4th cycle out of 6, and reports that hopefully this will finish in the New Year. He reports that since the last clinic appointment in September he has developed a new ulcer over the base of his 3rd metatarsal head which has been reviewed by the Podiatry team in the community and has just finished a course of antibiotics. He remained systemically well with this.

On examination, he has got a well-healing ulcer on the plantar aspect of his foot, near the chronically dislocated 2nd toe. He has got minimal tenderness over the shaft of the 5th metatarsal.

I have discussed this case with Mr Lee, who has also reviewed him in person, and we have agreed that any surgical intervention while he is receiving chemotherapy would potentially be very high risk, and therefore we should wait until the New Year, once he has finished with all of his chemotherapy, before making any surgical considerations.

Mr Finnie was happy with this plan and did not have any further questions for us.

Yours sincerely,

Mohammad Abdullah Durrani

LAT3 Orthopaedics

Electronically Signed: Dr Mohammad Abdullah Durrani, Doctor

cc.

# Clinic Letter

NHS Greater Glasgow and Clyde
New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | Podiatry |
| Contact Tel: | 01475 501206 |
| Enquiries to: | Suzanne.fairley@nhs.scot |
| Letter Date: | 10/10/2025 |
| Reference: | |
| Dictated Date: | 10/10/2025 |
| Transcribed Date: | 10/10/2025 |

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**Flat 0/4, 1 Bedford Street, Glasgow, G5 9BD**

Attendance: Specialty - Podiatry; Clinic - VIGPR190-VICTORIA ACH ULCER CLINIC FRIDAY ALL DAY
Date and Time of Appointment - 10/10/2025 10:05

**Clinical Comments:**
Tier 2 Foot Protection NVH S- Patient attends complaining of new wound to right foot. Tells me he has been diagnosed with bladder cancer, he has had surgery for this but is awaiting a date to start chemotherapy. Patient is know to orthopaedics for non-healing stress fracture at the base of the 5th toe and 2nd MPJ dislocation - surgery not advisable at this time to be managed with footwear/insoles via orthotics at present. Patient is diabetic. Last Hba1c was 99 mmol/mol August 2025.

O- On examination previous right hallux amputation and left 5th toe amputation (fully healed). Plantar right 3rd/4th metatarsal head appearance of reabsorbed blister with ulceration centrally. Measuring 21mmx12mm, not probing and 100% thin layer of slough. On cleansed 100% granulating. Some mild localised erythema to plantar aspect of foot - mild soft tissue infection present. Left foot intact, 1st nail long and curling in to skin. Vascular assessment carried out (10/10/2025) All pedal pulses biphasic on doppler.

A- Consent gained. clinical photography updated via medical illustrations. Swab taken. ulcer debrided and dressed with inadine, island dressing and mefix and blue line to secure. Fitted with ML open toed darco for pressure relief. GP has already prescribed 7 days of 1 gram flucloxacillin, patient will collect today. Has seal-tight for showering.

P- Podiatry review in 1 week, requested Gorbals. If non-improving or deteriorating appoint to MDFC, not appointed today to reduce burden on patient if not required as he awaits starting chemotherapy. Refer to orthotics once healed.

E- New ulcer right foot - wifi stage 1

R- 1 week

Suzanne Fairley (podiatrist)

Electronically Signed: ,

cc. GP

## Clinic Letter

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | 0141 201 6000 |
| Department: | Urology |
| Contact Tel: | 0141 347 8213 |
| Enquiries to: | lynne.thomas@nhs.scot |
| Letter Date: | 03/10/2025 |
| Reference: | FB/LMT |
| Dictated Date: | 03/10/2025 |
| Transcribed Date: | 14/10/2025 |

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**Flat 0/4, 1 Bedford Street, Glasgow, G5 9BD**

Attendance: Specialty - Urology; Clinic - VIFBEUR0-NURSE FIONA BEATON UROLOGY FRI PM
Date and Time of Appointment - 03/10/2025 14:30

**Follow Up:** Mitomycin

**Clinical Comments:**
Diagnosis: Low grade G2 pTa transitional cell carcinoma of his bladder, classed as intermediate risk of recurrence. Treatment: For consideration of intravesical Mitomycin.

Mr Finnie attended the clinic today to discuss the results of his pathology and possible treatment options. He is aware that his pathology has come back as a low grade G2 pTa transitional cell carcinoma of his bladder, is classed as an intermediate risk of recurrence given that there was more than one tumour at diagnosis. MDT outcome suggested he would be suitable for a course of intravesical Mitomycin. We have discussed how this is administered, the potential side effects including the health and safety aspects of needing to sit to void, dousing the rim of the toilet with bleach and leaving for 15 minutes prior to flushing. He is happy to proceed with this treatment.

I have given him the BAUS information sheet on his treatment and our contact details and also information on Maggie's Centre and Fight Bladder Cancer.

While at the clinic Mr Finnie did mention that he has some lower abdominal discomfort and some dysuria. A urine sample obtained showed a large amount of glucose but no evidence of an infection. He is also complaining of constipation which may be contributing to his lower abdominal discomfort. I

have given him some dietary advice but I would be grateful if you could prescribe him an appropriate laxative for this and we will keep you updated with the outcome from his treatment.

Kind regards

Yours sincerely

Fiona Beaton

CNS in Uro-Oncology

Electronically Signed: Nurse Fiona beaton, Consultant

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | Orthopaedics |
| Contact Tel: | |
| Enquiries to: | |
| Letter Date: | 23/09/2025 |
| Reference: | AM/AF |
| Dictated Date: | 23/09/2025 |
| Transcribed Date: | 24/09/2025 |

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**Flat 0/4, 1 Bedford Street, Glasgow, G5 9BD**

Attendance: Specialty - Orthopaedics ; Clinic - SUORTR301D-SGH ACUTE FOOT FRACTURE CLINIC TUES AM
Date and Time of Appointment - 23/09/2025 09:40

**Clinical Comments:**
Diagnosis: 1) Previous hallux amputation from diabetes on the right, left 5th toe amputation

2) Stress fracture, base of 5th metatarsal and 2nd toe MTJP dislocation

Plan: Orthotics and review 3 months, x-ray right foot on arrival

This gentleman has come in today for review. Unfortunately he has had surgery on his bladder for cancer. He has an indwelling catheter at present. He is going to see Urology or Oncology on Friday to find out the next steps of the plan.

This precludes really any orthopaedic intervention at present, although he tells me his HbA1c is improving and his weight is decreasing, so I have commended him on that. He has been taking high-dose vitamin D following his review with Mr Hrycaiczuk. He should continue with that but not exceed 10 weeks, and then could go onto a maintenance dose with a multivitamin. He still has some pain and tenderness over the 5th metatarsal but is not excessively tender. The radiographs do show some healing, however when he stands he supinates the foot and this is due to a feeling of a ball under the 2nd metatarsal head. He is able to place the foot flat but does not like to do so.

I have put it to him that this is partly due to the fat pad dislocation at the 2nd MTPJ, which could be helped with either a toe amputation or a Stainsby procedure +/- DMMO, however there is not inconsiderable risk in this gentleman, who has no sensation in the foot.

Fixation of the 5th metatarsal is also a possibility, but I think it may not be required.

At present, surgery is really not advisable. I will write to Orthotics to see if they could try do something accommodating with footwear or insoles.

Yours sincerely,

Mr Alistair Macey BA (mod) Microbiology, MBChB, FRCS (Tr & Orth)

Consultant Limb Reconstruction and Foot and Ankle Surgeon

Dept of Trauma and Orthopaedics

QEUH Glasgow

Electronically Signed: Mr Alistair Macey, Consultant

cc.

## Clinic Letter

NHS
Greater Glasgow and Clyde

Gorbals Health and Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | Podiatry |
| Contact Tel: | |
| Enquiries to: | Siobhan.clarke@nhs.scot |
| Letter Date: | 17/07/2025 |
| Reference: | |
| Dictated Date: | 17/07/2025 |
| Transcribed Date: | 17/07/2025 |

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 17/07/2025 09:25

**Follow Up:** None

**Clinical Comments:**
Tier 2 FPU - Gorbals.

S - Patient attended clinic today, not wearing boot anymore was states he was advised it wasn't helping and therefore not required.

O – On examination, dressing in situ on right lateral midfoot. Low exudate. Wounds present at right plantar 5th metatarsal. Wound measures 7mm x 4mm, it is superficial and granulating. Peri-wound tissue fragile. Right foot warmer than left today. Left for 15 minutes and temperatures checked, Right foot 1.9 degrees warmer than left on average. Vascular assessment carried out previously: pulses palpable and biphasic. Previous HbA1c 91mmol/mol (20/1/25). See recent x-ray and MRI report - orthopaedics have advised that fracture is not healing and if this remains to be the case Mr Finnie will be considered for transmetatarsal amputation.

A – Verbal consent for treatment gained. Wound cleansed with tap water. Sharp debridement carried out. Wound at right dressed with island dressing, additional provided for patient to use at home. Advised to keep on and dry. Advised to use walker boot at home to protect foot, patient does not feel safe/stable using it outside.

P – Orthopaedic follow up September with possibility of trans-metatarsal amputation on right side.

E – No change to wound. WIFI 2.

R – Review in 7 days tier 2.

Siobhan Clarke

Podiatrist

Electronically Signed: ,

cc. GP

# Clinic Letter

NHS
Greater Glasgow and Clyde

Gorbals Health and Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | Podiatry |
| Contact Tel: | |
| Enquiries to: | ConorPatrick.Allan@nhs.scot |
| Letter Date: | 03/07/2025 |
| Reference: | |
| Dictated Date: | 03/07/2025 |
| Transcribed Date: | 03/07/2025 |

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 03/07/2025 09:25

**Follow Up:** None

**Clinical Comments:**
Gorbals tier 2 FPU: S - Patient attended clinic today reporting that the outside of his right foot has broken open again. Patient reported he saw the orthopaedic consultant on Tuesday who advised they will see him back in October and if the non-union fracture of the right fifth metatarsal has still not healed, they may have to perform a transmetatarsal amputation. Patient added that orthopaedics also advised to stop wearing the rebound walker boot. Type 2 diabetic.

O – On examination, wound present at plantar aspect of right fifth metatarsal. Wound measured L: 8mm x W: 22mm, superficial. Wound base 100% granulating. Minimal periwound callus. No signs of infection present. Vascular assessment found: "pulses palpable and biphasic." Left fifth toe amputation 26/3/24. Right hallux amputation via vascular 30/3/23. Previous HbA1c (27/5/25) = 101mmol/mol. MRI from 07/6/25 confirmed chronic non-united proximal fifth metatarsal shaft fracture and no osteomyelitis.

A – Consent for treatment gained. Callus reduced. Wound photographed via Scit app and dressed with Inadine and non woven island dressing.

P – Orthopaedics review scheduled for 23/9/25. Tier 2 weekly reviews now that foot has re-ulcerated. Photographs to be updated in 6 weeks.

E – New wound to right foot. WIFI score 1.

R – Review in 7 days tier 2.

Conor Allan Band 6 Podiatrist

Electronically Signed: ,

cc. GP

## Clinic Letter

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard:
Department: OPHTHALMOLOGY DEPARTMENT
Contact Tel: 0141 347 8031
Enquiries to: suzanne.mcminn@nhs.scot
Letter Date: 20/06/2025
Reference: GW/.SM
Dictated Date: 20/06/2025
Transcribed Date: 23/06/2025

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

Attendance: Specialty - Ophthalmology; Clinic - VIGWEY0-MR WILLIAMS EYE DIAB FRI PM
Date and Time of Appointment - 20/06/2025 13:30

**Clinical Comments:**

Mr Finnie has been referred to clinic today. Unfortunately he failed to attend. A further appointment will be sent.

Kind regards

Yours sincerely

Dr Graeme Williams

Consultant Ophthalmologist

Electronically Signed: Mr Graeme Williams, Consultant

cc.

# Clinic Letter

NHS Greater Glasgow and Clyde

Gorbals Health and Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | Podiatry |
| Contact Tel: | 0141 452 3160 |
| Enquiries to: | Robyn.Miller2@nhs.scot |
| Letter Date: | 01/05/2025 |
| Reference: | |
| Dictated Date: | 01/05/2025 |
| Transcribed Date: | 01/05/2025 |

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 01/05/2025 09:25

**Follow Up:** No Gp action required.

**Clinical Comments:**
TIER 2 FOOT PROTECTION CLINIC - GORBALS. S - Patient attended clinic today, reporting foot sore. O – Right foot previous hallux amputation. Medial deviation of 2nd toe continuing to progress. Discussed at MDT and options available however patient HbA1c too high. Plantar aspect of 5th metatarsal 2 wounds present (different wounds from last week). Swelling of foot causing rubbing on shoe? All superficial and granulating. Heat and erythema present. Swelling present. Some erythema has reduced from taking antibioitcs but erythema still present. Got x-ray last week - fracture through 5th metatarsal noted, awaiting official report. Hot spot at 5th metatarsal shaft. 5 degrees warmer than right foot. Left 5th toe amputated. Amputation site had healed. Patient has his own trainers today - continues to decline darco. Pulses palpable. Previous HbA1c (21/3/24 - 101mmol/mol). Patient suffering from nerve pain - on Pregabalin. Seen at MDFC recently. Left 1st medial aspect nail tight to skin. A – Wound dressed with Autramans, 365 island dressing and blue line. Spur of nail removed. Bleeding arrested with pressure. Dressed with 365 island dressing. Urgent referral to orthotics for boot. Will add patient to MDT to see if orthopaedics need to review due to fracture through 5th. Offered darco again - patient declined. P – Tier 2 review in 1 week. Await x-ray report. Await orthotics review for boot. Added to MDT. Surgical options available for 2nd toe however HbA1c currently too high (chronic problem). Patient to contact if any concerns or deteriorations. Worsening advice provided. E –Fracture through right 5th metatarsal. WIFI 1 (no TP). R – 1 week. Robyn Miller Podiatrist.

Electronically Signed: ,

cc. GP

# Clinic Letter

NHS Greater Glasgow and Clyde

Gorbals Health and Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | Podiatry |
| Contact Tel: | 0141 452 3160 |
| Enquiries to: | Robyn.Miller2@nhs.scot |
| Letter Date: | 24/04/2025 |
| Reference: | |
| Dictated Date: | 24/04/2025 |
| Transcribed Date: | 24/04/2025 |

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 24/04/2025 09:25

**Requested Out-patient Investigations:**
X-ray

**Follow Up:** No Gp action required.

**Medication Note:**
100mg BD Doxycycline for 1 week

**Clinical Comments:**
TIER 2 FOOT PROTECTION CLINIC - GORBALS. S - Patient attended clinic today, reporting was cold and shivery the other day. My foots hot. O – Right foot previous hallux amputation. Medial deviation of 2nd toe continuing to progress. Discussed at MDT and options available however patient HbA1c too high. Plantar aspect of 5th metatarsal 2 wounds present. All superficial and granulating. 5x3mm, 10x5mm, 8x4mm. Heat and erythema present. Swelling present. Clinical signs of infection localised to wound. Patient reports shivers have passed. Left 5th toe amputated. Amputation site had healed. Patient has his own trainers today. Pulses palpable. Previous HbA1c (21/3/24 - 101mmol/mol). Patient suffering from nerve pain - on Pregabalin. Seen at MDFC recently. A – No swab taken as wounds dry. Lightly debrided. Wound dressed with Autraman, 365 island dressing and blue line. Prescribed 100mg Bd Doxycycline for 1 week (Flucloxicillin makes patient feel sick). X-ray arranged to ensure no underlying bony changes. P – Tier 2 review in 1 week. To take antibiotics as discussed. X-ray. Surgical options available for 2nd toe however HbA1c currently too high (chronic problem). Patient to contact if any concerns or deteriorations. Worsening advice provided. E –New erythema, heat and swelling. WIFI 1 (no TP). R – 1 week. Robyn Miller Podiatrist.

Electronically Signed: ,

cc. GP

# Clinic Letter

NHS Greater Glasgow and Clyde

Gorbals Health and Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | Podiatry |
| Contact Tel: | 01475 501206 |
| Enquiries to: | Siobhan.clarke@nhs.scot |
| Letter Date: | 10/04/2025 |
| Reference: | |
| Dictated Date: | 10/04/2025 |
| Transcribed Date: | 10/04/2025 |

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 10/04/2025 09:25

**Clinical Comments:**
Tier 2 FPU - Gorbals.

S - Patient attended clinic today states he cancelled his last appointment because he thought he had covid.

O – On examination, no dressings in situ. Patient allowed for both feet to be checked today. Left 4th toe now intact. Wound at plantar aspect of right lateral midfoot. Open lesion measuring 13mm x 7mm. Patient wearing own shoes. Vascular assessment carried out (27/02/25): Pulses palpable, and biphasic on doppler. Previous HbA1c 91mmol/mol (20/1/25). Previous swab result: staph. A: GP prescribed 500mg flucloxacillin QDS despite having requested 1g flucloxacillin QDS, this was later corrected - patient then stopped taking the antibiotics as they were making him sick.

A – Consent for treatment gained. Wound cleansed with tap water. Minimal sharp debridement required. Right plantar wound dressed with autraman and island dressing. Advised to keep dressings on and dry until next review. Additional provided, advised if this wound is to deterioate/become badly infected that any required amputation would be furhter up ie BKA in extreme case so keeping area clean and covered is important at this point. Discussed, again, current footwear not being appropriate.

P – Tier 2 management.

E – Improvement. WIFI clinical stage 2.

R – Review in 14 days tier 2.

Siobhan Clarke

Podiatrist

Electronically Signed: ,

cc. GP

## Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | ARC Ophthalmology |
| Contact Tel: | 0141 211 1033 |
| Enquiries to: | |
| Letter Date: | 03/04/2025 |
| Reference: | GF/EHS |
| Dictated Date: | 04/04/2025 |
| Transcribed Date: | 05/04/2025 |

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

Attendance: Specialty - Ophthalmology; Clinic - GGCCEY78-ACUTE REF CENTRE THURSDAY ALL DAY
Date and Time of Appointment - 03/04/2025 10:30

**Clinical Comments:**
cc

Diagnosis:

Left acute anterior uveitis

Previous right anterior uveitis

Type 2 Diabetes Mellitus

Bilateral non centre involving diabetic macular oedema

Hypertension

Bilateral moderate diabetic retinopathy

Visual Acuity (ETDRS):

Right eye 79 letters, left eye 65 letters pinhole 70 letters

Intraocular Pressures:

Right eye 12 mmHg, left eye 12 mmHg

Treatment:

g Pred Forte 2-hourly for a week and then 6 x a day for a week, 4 x a day for a week, 3 x a day for a week, twice a day for a week and once a day for a week in the left eye

g Cyclopentolate 1% 3 x a day for a week in the left eye

Keep Diabetic Eye Clinic appointment in 4 weeks

Kind regards

Yours sincerely

Dr Glenn Fenech

ST7 Ophthalmology

Electronically Signed: Dr Glenn Fenech, Doctor

cc. i2i Optometrists
183 CROWN STREET
GLASGOW
G5 9XT

SCI-Diabetes

West and South Glasgow Diabetes Service
http://www.nhsggc.org.uk/

NHS

NHS Greater Glasgow and Clyde

| | |
|---|---|
| Consultant Diabetologist: | DR L HALL |
| Date of Clinic: | 17-Mar-2025 |
| Date Printed: | 19-Mar-2025 |
| Our Ref: | LH/AL |
| Enquiries to: | ANNE LOGAN |
| Ext. | 4516143 |
| E-mail: | anne.logan2@nhs.scot |

DR J S GORDON & PARTNERS
THE GORDON PRACTICE
NEW GORBALS
HEALTH & CARE CENTRE
2 SANDIEFIELD RD, GLASGOW
G5 9AB

Dear Doctor

**Name/Address:** GEORGE FINNIE, FLAT 0-4, 1 BEDFORD STREET, GLASGOW, G5 9BD
**Patient ID/CHI:** 2307656057
**DOB:** 23-Jul-1965

**Date of West and South Glasgow Diabetes Service Appointment (Foot Clinic):** 17-Mar-2025

**Summary:**

It was nice to see George again at the MDFC today. The issues are as follows:

1. Recurrent ulceration left fifth amputation site. Ulceration left foot arch. These appear superficial and we discussed checking his feet every day and concordance with orthotic footwear.

2. Diabetes. Many thanks for prescribing Tirzepatide for him which he is now taking along with his insulin and he is seeing Lee Anne Carson, cDSN, every few weeks with an aim of getting the diabetes back under control.

3. Cardiovascular risk. BP is perfect today although as before total cholesterol is a bit high at 6.7 mmol/L.

4. Pain at right second toe with crisp bone on x-ray. As before, we are waiting until his diabetes is well enough controlled prior to consideration of surgical intervention for this.

I have not arranged ongoing MDFC review.

**Foot Clinic Next Review:**

Yours sincerely

Dr Lesley Hall
Consultant Diabetologist

This letter has been electronically verified and signed by the above



*Headquarters:*
*NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH*

*Chairperson: Dr Lesley Thomson KC*

**PATIENT NAME:** GEORGE FINNIE
**PATIENT ADDRESS:** FLAT 0-4
1 BEDFORD STREET
GLASGOW
G5 9BD

**DOB:** 23-Jul-1965
**Patient ID/CHI:** 2307656057
**CONTACT DATE:** 17-Mar-2025

**Active Foot Ulcers**

| Location | Start Date | Causative Factors | *Grading | Infection | Dressing* |
|---|---|---|---|---|---|
| Right > Toe(s) > Dorsal/Proximal IPJ > 5th | 14-Nov-2022 | Pressure | TexI: 1A | None | P: Iodine<br>S: Adhesive island dressing |
| Right > Other - dorsal cuboid | 14-Nov-2022 | Footwear | TexI: 1A<br>TexC: 1A | None | S: Adhesive island dressing |

*Grading: TexI = Initial Texas Score, TexC = Current Texas Score, EPU = Scottish Adaptation of the European Pressure Ulcer Classification

*Dressing: P = Primary, S = Secondary, O = Outer

| Foot Summary | Right | Left |
|---|---|---|
| Amputation | 31-Aug-2012 None | 31-Aug-2012 None |
| Protective Sensation | 12-Nov-2014 Intact | 12-Nov-2014 Intact |
| Peripheral Pulses | 12-Nov-2014 Either Palpable | 12-Nov-2014 Either Palpable |

**General**

| | | | |
|---|---|---|---|
| HbA1c | 20-Jan-2025 91 mmol/mol | Cholesterol | 20-Jan-2025 6.7 mmol/L |
| Blood Pressure | 17-Mar-2025 111 / 72 mmHg | Smoking Status | 17-Mar-2025 Never smoked |
| eGFR | 06-Feb-2025 >60 ml/min | | |

**Medication (determined from primary care prescribing data received in the last 4 months)**

| | | | |
|---|---|---|---|
| Statin | 17-Mar-2025 Atorvastatin 80mg tablets | | |
| AT2 Antagonist | AT2 Not Prescribed | ACE Inhibitor | ACE Not Prescribed |

**Recommended Antibiotic Therapy**

| Start Date | Antibiotic Name | Dosage | Type | Frequency | Recommended Total Duration |
|---|---|---|---|---|---|
| Please check free text letter content above. | | | | | |

| New Pressure Management | Right | Left |
|---|---|---|
| Please check free text letter content above. | | |

| Current Pressure Management | Right | Left |
|---|---|---|
| Please check free text letter content above. | | |

| Other Actions (added at this clinic visit) |
|---|
| Please check free text letter content above. |

# Clinic Letter

NHS Greater Glasgow and Clyde

Gorbals Health and Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | Podiatry |
| Contact Tel: | 01475 501206 |
| Enquiries to: | Siobhan.clarke@nhs.scot |
| Letter Date: | 13/02/2025 |
| Reference: | |
| Dictated Date: | 13/02/2025 |
| Transcribed Date: | 13/02/2025 |

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 13/02/2025 09:25

**Medication Note:**
Soft tissue infection left 4th toe, please consider prescription of 1g flucloxacillin QDS. Thank you.

**Clinical Comments:**
Tier 2 FPU - Gorbals.

S - Patient attended clinic today states his right foot has been sore and he still wants the toe off, states his blood sugar levels are better now.

O – On examination, no dressings in situ. Right foot intact, previous right 1st amputation site remains intact, 2nd toe displaced. Left 4th toe erythematous with intact blood filled blister at nail bed - pocket of pus at left 4th dorsal interphalangeal joint. Pus drained and swabbed. Area measuring 4mm x 2mm, epithelialising/granulating. Signs of infection present, including pus, heat and erythema. Patient wearing own shoes (new), they are slip on sketchers that his daughter bought for him, non-compliant with pressure relief states he is awaiting new orthotic footwear. Vascular assessment carried out : Pulses palpable, ABPI/Toe pressure, symptoms (e.g. claudication, rest pain, nocturnal pain). Include previous vascular interventions. Previous HbA1c 91mmol/mol (20/1/25). New swab taken today. Have requested 1g flucloxacillin QDS from GP via OPCL, patient will follow up on this (not enough POM-S stock to supply today).

A – Consent for treatment gained. Photographs updated using SCIT. Wound cleansed with tap water. Sharp debridement carried out to drain pus. Wound dressed with inadine, sterile gauze, tube gauze and hypafix. Advised to keep dressings on and dry until next review. Discussed current footwear not being appropriate. Advised patient HbA1c still significantly high for any intervention to 2nd toe to be considered.

P – MDFC appointment (17/3/25) - please remind patient of this.

E – Deterioration. WIFI clinical stage 3 no toe pressures.

R – Review in 7 days tier 2.

Siobhan Clarke

Podiatrist

Electronically Signed: ,

cc. GP

SCI-Diabetes

West and South Glasgow Diabetes Service
http://www.nhsggc.org.uk/

NHS

NHS Greater Glasgow and Clyde

Consultant Diabetologist: DR L HALL
Date of Clinic: 20-Jan-2025
Date Printed: 22-Jan-2025
Our Ref: LH/AL
Enquiries to: ANNE LOGAN
Ext. 4516143
E-mail: anne.logan2@nhs.scot

DR J'S GORDON & PARTNERS
THE GORDON PRACTICE
NEW GORBALS
HEALTH & CARE CENTRE
2 SANDIEFIELD RD, GLASGOW
G5 9AB

Dear Doctor

**Name/Address:** GEORGE FINNIE, FLAT 0-4, 1 BEDFORD STREET, GLASGOW, G5 9BD
**Patient ID/CHI:** 2307656057
**DOB:** 23-Jul-1965

**Date of West and South Glasgow Diabetes Service Appointment (Foot Clinic):**20-Jan-2025

**Summary:**

It was lovely to meet George at the MDFC today. He has longstanding Type 2 with poor control despite quite a lot of input from Lee-Anne Carson, community DSN, recently. He also has a history of hypertension, cerebrovascular disease and cervical spondylosis and depression. The issues are as follows:

1. Recurrent ulceration left fifth toe amputation site. This has now healed but he is wearing his own footwear and we discussed the importance of pressure offloading to prevent future ulceration so he has spoken to Gillian our orthotist today and agreed to have some bespoke footwear.

2. Diabetes. His most recent measured HbA1c is 101 mmol/mol and I am unable to see his Libre data on Libreview. He reports BGs around 15 mmol/L and says he can't get them any lower than this. He takes Tresiba 30 units at night and Humalog 30 units with meals and I have advised him to increase all of these doses to 34 as he tells me that glucose is "high all the time". I have advised that after a few days he can increase the doses gradually by 2 units every few days until he gets his BGs mostly under 10 mmol/L.

3. Pain at right second toe with crisp bone on x-ray. This was previously discussed at the MDT in October but given his poor control the consensus was that he would need to improve his diabetes before any surgical intervention could be considered. I will copy this letter to Lee-Anne Carson so that she can let us know when he is managing to get most of his blood glucose levels below 10 and we can re-refer him to the MDT. I have updated HbA1c today.

4. Cardiovascular risk. BP is well controlled although lipids aren't particularly despite maximum dose Atorvastatin and this may be a concordance issue. He looks like he has never smoked. It does look like he has previously been on a GLP1 receptor agonist for management of his diabetes although I couldn't find a clear reason why this was stopped and certainly he has normal renal function so it would worth re adding in once weekly injectable GLP1 receptor agonist if this is available, if there have not been previous tolerance issues.

I have not arranged ongoing MDFC review.

**Foot Clinic Next Review:**

Yours sincerely

Dr Lesley Hall
Consultant Diabetologist
This letter has been electronically verified and signed by the above

CC: Lee-Anne Carson, Community Diabetes Nurse Specialist

**PATIENT NAME:** GEORGE FINNIE
**PATIENT ADDRESS:** FLAT 0-4
1 BEDFORD STREET
GLASGOW
G5 9BD

**DOB:** 23-Jul-1965
**Patient ID/CHI:** 2307656057
**CONTACT DATE:** 20-Jan-2025

**Active Foot Ulcers**

| Location | Start Date | Causative Factors | *Grading | Infection | Dressing* |
|---|---|---|---|---|---|
| Right > Toe(s) > Dorsal/Proximal IPJ > 5th | 14-Nov-2022 | Pressure | TexI: 1A | None | P: Iodine<br>S: Adhesive island dressing |
| Right > Other - dorsal cuboid | 14-Nov-2022 | Footwear | TexI: 1A<br>TexC: 1A | None | S: Adhesive island dressing |

*Grading: TexI = Initial Texas Score, TexC = Current Texas Score, EPU = Scottish Adaptation of the European Pressure Ulcer Classification

*Dressing: P = Primary, S = Secondary, O = Outer

| Foot Summary | Right | Left |
|---|---|---|
| Amputation | 31-Aug-2012 None | 31-Aug-2012 None |
| Protective Sensation | 12-Nov-2014 Intact | 12-Nov-2014 Intact |
| Peripheral Pulses | 12-Nov-2014 Either Palpable | 12-Nov-2014 Either Palpable |

**General**

| | | | |
|---|---|---|---|
| HbA1c | 20-Jan-2025 91 mmol/mol | Cholesterol | 20-Jan-2025 6.7 mmol/L |
| Blood Pressure | 20-Jan-2025 134 / 89 mmHg | Smoking Status | 30-Oct-2024 Never smoked |
| eGFR | 20-Jan-2025 >60 ml/min | | |

**Medication (determined from primary care prescribing data received in the last 4 months)**

| | | | |
|---|---|---|---|
| Statin | 20-Jan-2025 Atorvastatin 80mg tablets | | |
| AT2 Antagonist | AT2 Not Prescribed | ACE Inhibitor | ACE Not Prescribed |

**Recommended Antibiotic Therapy**

| Start Date | Antibiotic Name | Dosage | Type | Frequency | Recommended Total Duration |
|---|---|---|---|---|---|
| Please check free text letter content above. | | | | | |

| New Pressure Management | Right | Left |
|---|---|---|
| Please check free text letter content above. | | |

| Current Pressure Management | Right | Left |
|---|---|---|
| Please check free text letter content above. | | |

| Other Actions (added at this clinic visit) |
|---|
| Please check free text letter content above. |

# Clinic Letter

NHS
Greater Glasgow and Clyde

Gorbals Health and Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | Podiatry |
| Contact Tel: | 01475 501206 |
| Enquiries to: | Karen.Smith4@ggc.scot.nhs.uk |
| Letter Date: | 05/12/2024 |
| Reference: | |
| Dictated Date: | 05/12/2024 |
| Transcribed Date: | 05/12/2024 |

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 05/12/2024 09:25

**Clinical Comments:**
TIER 2 FOOT PROTECTION CLINIC - Gorbals.

S- Patient attended, complaining of skin breaking down on left foot. Not sure what caused it, I noticed it after swimming. The GP gave me antibiotics.

O- On examination, dressing in situ on left foot, low serous exudate. Left 5th toe amputated due to diabetic foot infection in March 24, treated for osteomyelitis, patient completed 5 weeks of Doxycycline. Surgical wound had healed but continues to reoccur as patient prone to picking at skin. Recurring wound at left 5th amputation site, 20mm x 10mm not probing, 100% granulating. Periwound maceration. No clinical signs of infection. Right hallux amputated (March 23), right foot intact. Pulses palpable. Previous HbA1c (21/3/24 - 101mmol/mol). Patient suffering from nerve pain - on Pregabalin. No current antibiotics. Wearing training shoes on both feet.

A- Sharp debridement. Wound dressed with inadine, large island dressing, clinifast blue line. Discussed attending MDFC and benefit of medical/orthotic input, patient agreed, appointment booked. Sealtight prescription leaflet provided as shower boot is leaking. Advice given: keep dressing on and dry.

P- Weekly review at Tier 2. MDFC 20/1/25.

E- Recurring wound at left 5th amputation site. WIFI stage: 1

R- Review 1 week.

Karen Smith, Podiatrist.

Electronically Signed: ,

cc. GP

## Clinic Letter

NHS
Greater Glasgow and Clyde

Gorbals Health and Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard:
Department: Podiatry
Contact Tel: 0141 452 3160
Enquiries to: Robyn.Miller@ggc.scot.nhs.uk
Letter Date: 19/09/2024
Reference:
Dictated Date: 19/09/2024
Transcribed Date: 19/09/2024

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 19/09/2024 09:25

**Follow Up:** No GP action required.

**Clinical Comments:**
TIER 2 FOOT PROTECTION CLINIC - GORBALS. S - Patient attended clinic today, did not mention right foot. Reports 1st toenail on left foot been bleeding and sore. O – Right foot previous hallux amputation, in tact, no erythema, swelling or heat. Patient reports it does swell at times. I have advised many times that footwear is likely a big contributing factor and uncontrolled diabetes. Patient reports it is not his footwear, despite evidence of pressure from footwear (subungael haematoma, indentations from trainers when removed). Xray nothing remarkable noted, spike of bone present possibly contributing. Formal xray report suggests 'crisp' bone. Medial deviation of 2nd toe. Left 5th toe amputated approx. 6 months ago. Amputation site had healed after reopening due to picking area. No signs of infection. Has completed 5 weeks of Doxycycline. Xray reported could be osteomyelitis. Hallux nail bed medial aspect spike of nail present, requires nail surgery to remove nail as recurrent problem. Patient has his own tight trainer on today. Pulses palpable. Previous HbA1c (21/3/24 - 101mmol/mol). Patient suffering from nerve pain - on Pregabalin. A – 365 island dressing to amputation site left foot. We discussed risks of removing nail and slow healing. Patient happy to proceed and understands it will grow back as cannot apply phenol with such high HbA1c. 1.2ml of 3% plain Scandonest administered with no issues (Batch B30077AAA, Expiry date 2025/06). Left 1st nail removed and sulci cleared. Tourniquet removed after 3 minutes. Post op bleeding. Arrested. Dressed with Autraman, sterile gauze, tube gauze and hypafix. Encouraged to sit with foot elevated. Discussed if saturated in blood NHS24 out of hours or RMC within hours. Advice: To keep on and dry. P – Patient requested to cancel MDFC due to issues getting to QEUH, discussed importance but still declined. Will seek surgical opinion on 'crisp' bone. Tier 2 review in 1 week. Patient to contact

if any concerns or deteriorations. E – Amputation site healed. Recurrent ingrown toenail removed today. WIFI 1 (no TP). R – Review in 7 days. Robyn Miller Podiatrist.

Electronically Signed: ,

cc. GP

## Clinic Letter

NHS Greater Glasgow and Clyde

Gorbals Health and Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | Podiatry Foot Protection Clinic TIER 2 QUEH |
| Contact Tel: | 0141 452 3160 |
| Enquiries to: | Zenab.Yousaf@ggc.scot.nhs.uk |
| Letter Date: | 08/08/2024 |
| Reference: | |
| Dictated Date: | 08/08/2024 |
| Transcribed Date: | 08/08/2024 |

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 08/08/2024 09:25

**Requested Out-patient Investigations:**
query OM? repeat x-ray before MDFC?

**Follow Up:** Gp- please review pain medication- currently on pregabalin. Reports continuing symptoms of neuropathic pain. MDFC booked.

**Medication Note:**
prescription issued for Doxycycline 100mg BD for 7 days. ( 5 weeks total)

**Clinical Comments:**
TIER 2 FOOT PROTECTION CLINIC - Gorbals clinic.

S - Patient attended clinic today, reports feet are sore, always painful. T2DM. PDN.

O -- On examination left 5th digit amputation 21/03/24, right hallux amp and resection 30/03/23, query hyperostosis? recent x-ray 11/06/24 reveals right hallux 'crisp' bone' to be queried further, left 5th 'may represent osteomyelitis'.

dressing removed today, patient applied himself 2 days previous, area epithelialised with area of raw skin approx. 4x6mm, 100% granulation- patient reports skin came of with old dressing. non probing and very superficial. periwound scar tissue. localised dull erythema, does not seem to be tracking.

Patient wearing own footwear as he finds these comfiest, narrow toe box trainers, unlikely adequate depth and width. not keen to try orthotic footwear again.

Pedal pulses palpable, feet warm, hair on feet, perfusion adequate.

Completed 2 week of Doxycycline as per clinician - tolerated fine, prescribed due to x-ray results. now completed 4 weeks total of Doxycycline 100mgs BDS.

Previous HbA1c (21/3/24) 101mmol/mol.

Pain likely to be Neuropathic in nature- takes pregabalin.

A – Wound cleansed with saline. dressed with autraman layered and 365island dressing. right 5th Metatarsophalangeal head callus present.Sharp debridement carried out. right hallux amputation wound healed and non probing.

Gp cc'd into OPCI to request pain relief review.

Advice given: To keep dressing dry and in situ till next appointment. To contact podiatry if any concerns.

Antibiotics prescribed: prescription issued for 7 days Doxycycline 100mgs BDS to total 5 weeks. recommended treatment 6/52 for OM.

P – MDFC last reviewed 08/23- rebooked- cancel if healed/pain reduced.

Tier 3 plan: no further tier 3 at present.

Antibiotics prescribed: prescription issued for 7 days Doxycycline 100mgs BDS to total 5 weeks.

Antibiotics planned duration/review date:15/08/24

E – amputation wound/suspect OM- no significant changes

R – Review in 7 days tier 2 Gorbals clinic.

Zenab Yousaf

Podiatrist

Electronically Signed: ,

cc. GP

## Clinic Letter

NHS Greater Glasgow and Clyde
Gorbals Health and Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard:
Department: Podiatry
Contact Tel: 0141 452 3160
Enquiries to: Robyn.Miller@ggc.scot.nhs.uk
Letter Date: 25/07/2024
Reference:
Dictated Date: 25/07/2024
Transcribed Date: 25/07/2024

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 25/07/2024 09:25

**Follow Up:** No Gp action required.

**Medication Note:**
Doxycycline 100mg BD for 14 days. ( 4 weeks total)

**Clinical Comments:**
TIER 2 FOOT PROTECTION CLINIC - GORBALS. S - Patient attended clinic today reporting foots been sore. O – Right foot previous hallux amputation, in tact, no erythema, swelling or heat. Patient reports it does swell at times. I have advised many times that footwear is likely a big contributing factor and uncontrolled diabetes. Patient reports it is not his footwear, despite evidence of pressure from footwear (subungael haematoma, indentations from trainers when removed). Xray nothing remarkable noted, spike of bone present possibly contributing. Formal xray report suggests 'crisp' bone. Left 5th toe amputated approx. 3 months ago. Amputation site now centrally healed. 2 fragile areas of granulating tissue. Some dull erythema. And tenderness on palpation. Xray report reports could be osteomyelitis. Completed 1 week of Doxycycline - tolerating fine, prescribed due to xray results. Hallux nail bed - all in tact. Patient has his own tight trainer on today. Pulses palpable. Previous HbA1c (21/3/24 - 101mmol/mol). Patient suffering from nerve pain - on Pregabalin. Right 2nd toe deviating medially. A – 365 island dressing to hallux. Wound debrided, dressed with Inadine and 365 island dressing. Advice: To keep on and dry. Prescribed: 100mg BD Doxycycline for 2 weeks (4 weeks now been prescribed). P – Will seek surgical opinion on 'crisp' bone. Tier 2 review in 2 weeks. Patient to contact if any concerns or deteriorations. E – Hallux resolved. 5th amputation site nearly healed. (wifi 1/2 - no TP). R – Review in 14 days. Robyn Miller Podiatrist.

Electronically Signed: ,

cc. GP

## Clinic Letter

NHS
Greater Glasgow and Clyde

Gorbals Health and Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard:
Department: Podiatry
Contact Tel: 0141 452 3160
Enquiries to: Robyn.Miller@ggc.scot.nhs.uk
Letter Date: 18/07/2024
Reference:
Dictated Date: 18/07/2024
Transcribed Date: 18/07/2024

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 18/07/2024 09:25

**Follow Up:** No Gp action required.

**Medication Note:**
Doxycycline 100mg BD for 14 days.

**Clinical Comments:**
TIER 2 FOOT PROTECTION CLINIC - GORBALS. S - Patient attended clinic today reporting he bumped his toe with crocs on. O – Right foot previous hallux amputation, in tact, no erythema, swelling or heat. Patient reports it does swell at times. I have advised many times that footwear is likely a big contributing factor and uncontrolled diabetes. Patient reports it is not his footwear, despite evidence of pressure from footwear (subungael haematoma, indentations from trainers when removed). Xray nothing remarkable noted, spike of bone present possibly contributing. Formal xray report suggests 'crisp' bone. Left 5th toe amputated approx. 3 months ago. Amputation site measured 15mm x 3mm, probing 0mm to soft tissue. Wound base 100% granulating. Periwound tissue healthy. Some dull erythema. And tenderness on palpation. Xray report reports could be osteomyelitis. Hallux nail looks like its been picked, ulcerated and macerated. Patient has his own tight trainer on today. Pulses palpable. Previous HbA1c (21/3/24 - 101mmol/mol). Patient suffering from nerve pain - on Pregabalin. Right 2nd toe deviating medially. A – Photography updated. Hallux and Wound dressed with Inadine and 365 island dressing. Advice: To keep on and dry. Prescribed: 100mg BD Doxycycline for 2 weeks (to be extended if tolerated). Interactions checked on BNF. P – Will seek surgical opinion on 'crisp' bone. Tier 2 review in 1 week. Patient to contact if any concerns or deteriorations. E – New area on hallux, 5th clinical signs of infection. (wifi 1/2 - no TP). R – Review in 7 days. Robyn Miller Podiatrist.

Electronically Signed: ,

cc. GP

## Clinic Letter

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | Orthopaedics |
| Contact Tel: | |
| Enquiries to: | |
| Letter Date: | 08/07/2024 |
| Reference: | SH/MS |
| Dictated Date: | 08/07/2024 |
| Transcribed Date: | 29/07/2024 |

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

Attendance: Specialty - Orthopaedics ; Clinic - VISHOR1-MR S HASSANE ORTHO MON AM
Date and Time of Appointment - 08/07/2024 09:00

**Clinical Comments:**
I have reviewed this unfortunate 59 year old right handed gentleman who has poorly controlled diabetes and his level is always above 23. The gentleman was referred to me with picture suggesting peripheral neuropathy and bilateral carpal tunnel syndrome and cubital tunnel syndrome.

He has had it for about six years but it is getting worse lately over the last year. The right is slightly worse than the left side. The gentleman had amputation of the big toe on the right side and the little toe on the left side. The symptoms on the hands affects the gentleman day and night over the entire fingers. The night symptoms are relieved by shaking the hands and putting it between pillows. He was not given any wrist splints before.

The gentleman has two broken vertebrae in his neck from about five or six years ago. The gentleman used to work as a builder for a fun fair.

On examination there is positive Tinels signs and phalens test with hypaesthesia affecting the hands mainly over the median nerve. There is no wasting of small muscles of the hand. There is altered sensation and there is positive phalens test.

Accordingly we have given the gentleman bilateral extra-large wrist splints. We are trying to contact physiotherapy to change the bilateral elbow crutches he is using to one with a Fischer handle to distribute the load over the carpal tunnel areas better. I am sending him for EMG studies. I can see that he was referred by the neurosurgeons on the 11th of January 2023 for EMG studies but the gentleman could not attend as he was unwell and he was in hospital because of the diabetic feet he has.

I am going to write back to them. He will be back to my clinic with the results of EMG studies available for further management.

Yours sincerely,

Mr Sayed Hassane

Associate Specialist in Orthopaedics

Electronically Signed: Mr Sayed Hassane, Consultant

cc.

# Clinic Letter

NHS Greater Glasgow and Clyde

Gorbals Health and Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | Podiatry |
| Contact Tel: | 0141 452 3160 |
| Enquiries to: | Robyn.Miller@ggc.scot.nhs.uk |
| Letter Date: | 30/05/2024 |
| Reference: | |
| Dictated Date: | 30/05/2024 |
| Transcribed Date: | 30/05/2024 |

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 30/05/2024 09:25

**Requested Out-patient Investigations:**
X-ray both feet

**Follow Up:** No Gp action required.

**Clinical Comments:**
TIER 2 FOOT PROTECTION CLINIC - GORBALS. S - Patient attended clinic today reporting right foot been sore and left foot at big toe nail sore. O – Right foot previous hallux amputation, in tact, no erythema, swelling or heat. Patient reports it does swell at times. Callus at right 5th plantar met head. I have advised many times that footwear is likely a big contributing factor and uncontrolled diabetes. Left 5th toe amputated approx. 2 months ago. Amputation site measured 28mm x 5mm, probing 0mm to soft tissue. Wound base 100% granulating. Periwound tissue macerated. Dull peri wound erythema (excoriated). No signs of infection. No heat present. Slight swelling around area, feels bony. Had arranged Xray but patient not been. Patient has his own tight trainer on today. Left 1st nail (old 2nd nail), ridge is digging against sulcus. All in tact. Pulses palpable. Previous HbA1c (21/3/24 - 101mmol/mol). Patient suffering from nerve pain - on Pregabalin. Swab - Staph aureus and pseudo aeruginosa. Patient has completed a course of Co-amoxiclav for 1 week. A – Cleansed with prontasan. Sharp debridement as required. Wound dressed with Activheal extra, sterile gauze, hypafix (advised I could have bandaged but footwear wont accommodate). Discussed again footwear with patient - doesn't want to wear his orthotic footwear. Discussed again option to MDFC - declined. Advice given: To keep on and dry. Redress if plaster comes off. Continue with pressure relief. X-ray for both feet to ensure no changes. P – MDFC appointment (18/4 - patient wanted this cancelled as he doesn't want to go to hospital, have offered several times to rebook but patient declines). No vascular review as per IDL. Tier 2 review in 1 week. Patient to contact if any concerns or

deteriorations. E – Improving margins, no signs of infection. (wifi 1 - no TP). R – Review in 7 days.
Robyn Miller Podiatrist.

Electronically Signed: ,

cc. GP

## Clinic Letter

NHS
Greater Glasgow and Clyde

Gorbals Health and Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | Podiatry Foot Protection Clinic TIER 2 QUEH |
| Contact Tel: | 0141 452 3160 |
| Enquiries to: | Zenab.Yousaf@ggc.scot.nhs.uk |
| Letter Date: | 16/05/2024 |
| Reference: | |
| Dictated Date: | 08/08/2024 |
| Transcribed Date: | 08/08/2024 |

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 16/05/2024 10:05

**Requested Out-patient Investigations:**
query OM? repeat x-ray before MDFC?

**Follow Up:** Gp- please review pain medication- currently on pregabalin. Reports continuing symptoms of neuropathic pain. MDFC booked.

**Medication Note:**
prescription issued for Doxycycline 100mg BD for 7 days. ( 5 weeks total)

**Clinical Comments:**
TIER 2 FOOT PROTECTION CLINIC - GORBALS. S - Patient attended clinic today reporting some green fluid on dressing and its been a bit sore. O – Didn't want right foot checked. Left 5th toe amputated approx. 2 months ago. Amputation site measured 20mm x 8mm, probing 1mm to soft tissue. Wound base 100% granulating. Periwound tissue macerated, minimal green tinge. Erythema peri wound, more pain than usual. Suspected soft tissue infection. Patient has his own tight trainer on today. Left 1st nail dried blood in sulcus from last week, all in tact. Appears as if 2nd nail growing under previous nail causing pressure. Pulses palpable. Right hallux amputated last year. Previous HbA1c (21/3/24 - 101mmol/mol). Patient suffering from nerve pain - on Pregabalin. A – Swab taken for culture and sensitivity. Cleansed with prontasan. Sharp debridement as required. Wound dressed with Activheal AG, 365 island dressing and blue. Dried blood cleared - 365 island dressing applied for protection. Advice given: To keep on and dry. Redress if plaster comes off. Continue with pressure relief. Prescribed 500/125mg Co-amoxiclav for 1 week (interaction checked - no concerns). P – MDFC appointment (18/4 - patient wanted this cancelled as he doesn't want to go to hospital, advised as improving agreed but will need to reconsider if fails to progress or deteriorates). No vascular

review as per IDL. Tier 2 review in 1 week. Patient to contact if any concerns or deteriorations. E – Improving margins, clinical signs of soft tissue infection. (wifi 1 - no TP). R – Review in 7 days. Robyn Miller Podiatrist.

Electronically Signed: ,

cc. GP

# Clinic Letter

NHS
Greater Glasgow and Clyde

Gorbals Health and Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

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|---|---|
| Main Switchboard: | |
| Department: | Podiatry |
| Contact Tel: | 0141 452 3160 |
| Enquiries to: | Robyn.Miller@ggc.scot.nhs.uk |
| Letter Date: | 18/04/2024 |
| Reference: | |
| Dictated Date: | 18/04/2024 |
| Transcribed Date: | 18/04/2024 |

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 18/04/2024 10:05

**Follow Up:** No Gp action required.

**Medication Note:**
Co-Amoxiclav 500/126mg TID for 1 week.

**Clinical Comments:**
TIER 2 FOOT PROTECTION CLINIC -- GORBALS. S - Patient attended clinic today reporting right foot fine, left foot been a bit nippy, Still taking antibiotics (patient reports he has a 6 week course of antibiotics, however IDL suggests these finished 30th March, 5 day course). Tablets are in dosset box so might explain this. O – Didn't want right foot checked. No dressing in situ. Debris in wound bed. Left 5th toe amputated 2 weeks ago. Amputation site measured 25mm x 14mm, probing 1mm to soft tissue. Wound base 60% slough, 40% granulating. Periwound tissue erythema and slight heat present. Clinical signs of soft tissue infection present. Antibiotics as inpatient, discharged on 1G Flucloxillin for 5 days. Patient wearing darco on left foot, own trainer on right foot. Pulses palpable. Right hallux amputated last year. Previous HbA1c (21/3/24 - 101mmol/mol). Patient suffering from nerve pain - on Pregabalin. A – Cleansed with prontasan. Sharp debridement as required. Wound dressed with Activheal AG, 365 island dressing and blue line. Spares given to patient (no bandaging applied this week as patient reports its coming off when using sealtight). Advice given: To keep on and dry. Redress if plaster comes off. Continue with pressure relief. Prescribed: Co-amoxiclav 500/125mg TID for 1 week (as per previous swab and bone microbiology). Patient also does not tolerate Doxycycline. Interactions checked on BNF. No issues. P – MDFC appointment (18/4 - patient wanted this cancelled as he doesn't want to go to hospital, advised as improving agreed but will need to reconsider if fails to progress or deteriorates). No vascular review as per IDL. Tier 2 review in 1

week. Patient to contact if any concerns or deteriorations. E – Clinical signs of soft tissue infection (wifi 1 - no TP). R – Review in 7 days. Robyn Miller Podiatrist.

Electronically Signed: ,

cc. GP

# Clinic Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | ARC Ophthalmology |
| Contact Tel: | 0141 211 1033 |
| Enquiries to: | |
| Letter Date: | 10/04/2024 |
| Reference: | EW/EHS |
| Dictated Date: | 10/04/2024 |
| Transcribed Date: | 14/04/2024 |

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

Attendance: Specialty - Ophthalmology; Clinic - GGCCEY56S3-ACUTE REF CENTRE WEDNESDAY ALL DAY
Date and Time of Appointment - 10/04/2024 10:15

**Clinical Comments:**

Diagnosis:

Right acute anterior uveitis, first episode

Diabetic retinopathy

Type 2 Diabetes Mellitus

Hypertension

Visual Acuity (ETDRS):

Right eye 79 letters, left eye 80 letters

Intraocular Pressures:

Right eye 13 mmHg, left eye 15 mmHg

Management Plan:

Pred Forte hourly for 2 days then 2-hourly, 6/4/3/2/1 x per day for one week each right eye

Cyclopentolate 3 x a day right eye for 3 days, not to drive while using

Review 2 weeks with bilateral dilated examination

Comments:

Mr Finnie describes a three day history of a red, painful, photophobic right eye.

On examination the right eye was extremely injected with +++ anterior chamber cells, clear cornea. On fundal examination Mr Finnie had dot and blot haemorrhages, some exudate and cotton wool spots, no new vessels seen and no signs of intermediate or posterior uveitis.

On OCT there was a small amount of non-central intraretinal fluid in both eyes appearing related to diabetic changes rather than uveitic, however, Mr Finnie declined further dilation today as driving.

Yours sincerely

Dr Elanor Watts

ST3 Ophthalmology

Electronically Signed: Dr Elanor Watts, Doctor

cc.

## Clinic Letter

NHS
Greater Glasgow and Clyde

Gorbals Health and Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | Podiatry |
| Contact Tel: | 0141 452 3160 |
| Enquiries to: | Robyn.Miller@ggc.scot.nhs.uk |
| Letter Date: | 28/03/2024 |
| Reference: | |
| Dictated Date: | 28/03/2024 |
| Transcribed Date: | 28/03/2024 |

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 28/03/2024 11:25

**Follow Up:** No Gp action required.

**Clinical Comments:**
TIER 2 FOOT PROTECTION CLINIC - GORBALS.

S - Patient attended clinic today following recent discharge from hospital.

O – On examination dressing in situ with mild levels of haemoserous exudate. left 5th toe amputated last week. Amputation site measured 35mm x 25mm, probing 1mm to soft tissue. Wound base 80% granulating/20% slough. Periwound tissue healthy. No signs of infection. Antibiotics as inpatient, discharged on 1G Flucloxillin for 5 days. Tolerating fine. Patient wearing darco on left foot, own trainer on right foot. Pulses palpable. Right hallux amputated last year. Previous HbA1c (21/3/24 - 101mmol/mol).

A – Scitt failed. Photos to be updated next week. Wound dressed with Activheal Alginate, wound pad, soff ban, k-lite and yellow line. Advice given: To keep on and dry. Continue with pressure relief. Continue with antibiotics.

P – MDFC appointment (18/4). No vascular review as per IDL. Tier 2 review in 1 week - stitch to be removed, photos to be updated. Patient to contact if any concerns or deteriorations.

E – New surgical wound. WIFI 1 (no TP).

R – Review in 7 days. Robyn Miller Podiatrist.

Electronically Signed: ,

cc. GP

## Clinic Letter

NHS
Greater Glasgow and Clyde

Gorbals Health and Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dr. CW McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | Podiatry |
| Contact Tel: | 0141 452 3160 |
| Enquiries to: | Robyn.Miller@ggc.scot.nhs.uk |
| Letter Date: | 14/03/2024 |
| Reference: | |
| Dictated Date: | 14/03/2024 |
| Transcribed Date: | 14/03/2024 |

Dear Dr. CW McCrossan,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 14/03/2024 09:25

**Requested Out-patient Investigations:**
Swab for culture and sensitivity Xray

**Follow Up:** No Gp action required.

**Medication Note:**
100mg BD Doxycycline for 1 week prescribed today

**Clinical Comments:**
TIER 2 FOOT PROTECTION CLINIC - GORBALS. S - Patient attended clinic today reporting toes been sore and leaking. O – Right foot hallux amputation March 2023 - fully healed. Reports it was leaking onto sock, no open skin today. No exudate on socks. Left foot wound present on 5th toe medial aspect of toe has clinical signs of infection, skin degloving. Erythema and dactylitis. Query osteomyelitis. Signs of infection localised to toe. No depth to wound. Left 1st nail due to be taken off today under LA however due to infection at left 5th we agreed to leave it until stable. Today it was escared over and no signs of infection present. Patient now wearing own trainers - got orthotic shoes but currently is not wearing. Own footwear causing trauma to left 5th toe both aspects. Pulses palpable. Biphasic on dopplar. Diabetes poorly controlled - June 2023 - 97mmol.mol. Recently seen at vascular - thought pain is mechanical. Possible nerve pain due to poorly controlled diabetes. A – Swab taken for culture and sensitivity. Photography updated. Debrided and cleansed. Dressed with Inadine, sterile gauze, tube gauze and hypafix. 365 island dressing applied to hallux. Fitted with ML darco - encouraged to wear. MDFC booked. Advised to keep dressing on and dry. Contact if any concerns or deteriorations. Prescribed 100mg Bd Doxycycline for 1 week. X-ray arranged. P – MDFC booked for 18/4 Tier 2 1 week. Patient to attend for Xray. Discussed

deteriorating signs of infection. To call NHS24 if noted. TNA without phenol for left hallux will be required once 5th stable. Encouraged to wear pressure relief. E – Clinical signs of infection at left 5th, query osteomyelitis. WIFI - Clinical stage 3, no TP. R – 1 week review. Robyn Miller Podiatrist

Electronically Signed: ,

cc. GP

# Clinic Letter

NHS Greater Glasgow and Clyde

Gorbals Health and Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dr. LM McIntyre
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

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|---|---|
| Main Switchboard: | |
| Department: | Podiatry |
| Contact Tel: | 0141 452 3160 |
| Enquiries to: | Robyn.Miller@ggc.scot.nhs.uk |
| Letter Date: | 14/12/2023 |
| Reference: | |
| Dictated Date: | 14/12/2023 |
| Transcribed Date: | 14/12/2023 |

Dear Dr. LM McIntyre,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 14/12/2023 09:25

**Follow Up:** May benefit from nerve pain killers

**Clinical Comments:**
TIER 2 FOOT PROTECTION CLINIC - GORBALS. S - Patient attended clinic today reporting foot is sore. Doctor wants to see me today about it. O – Right foot hallux amputation March 2023 - fully healed. Right foot lateral malleolus ulcer present, 8x1mm, 100% granulating. No signs of infection. Right 2nd nail avulsed. Nail bed in tact. No signs of infection. Left foot all in tact. Pulses palpable. Biphasic on dopplar. Diabetes poorly controlled - June 2023 - 97mmol.mol. Patient wearing own trainers. Awaiting orthotic footwear - orthotics appointment has been rebooked. Recently seen at vascular - thought pain is mechanical. Possible nerve pain due to poorly controlled diabetes. A – Wound dressed with Autraman and 365 island dressing. Advised to keep dressing on and dry. Contact if any concerns or deteriorations. P – Vascular review recently - no follow up currently required. No MDFC input currently required. Tier 2 review in 1 week, suitable for tier 1 - no capacity. E – Static. R – 1 weeks review. Robyn Miller Podiatrist

Electronically Signed: ,

cc. GP

## Clinic Letter

NHS
Greater Glasgow and Clyde

Gorbals Health and Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dr. LM McIntyre
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | Podiatry |
| Contact Tel: | 01475 501206 |
| Enquiries to: | ConorPatrick.Allan@ggc.scot.nhs.uk |
| Letter Date: | 07/09/2023 |
| Reference: | |
| Dictated Date: | 07/09/2023 |
| Transcribed Date: | 07/09/2023 |

Dear Dr. LM McIntyre,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 07/09/2023 10:45

**Follow Up:** None

**Clinical Comments:**
Gorbals tier 2 FPU: S - George attended clinic today complaining of his right foot and leg being sore. George added that he received a phone call this morning regarding a new appointment for vascular next week.

O – On examination, post-op hallux amputation wound present on right foot. Wound measured L: 7mm x W: 5mm, probing 5m to soft tissue. Wound base 100% hypergranulating. Shard of bone removed from wound. No sample pots available to send to microbiology. Mild localised dusky erythema. Appears to be mor indicative of vascular complications than infection. Left foot intact with callus at medial aspect of left fifth proximal interphalangeal joint. Vascular assessment carried out 17/8/23: posterior tibial pulses palpable and strong, left dorsalis pedis palpable and right dorsalis pedis non-palpable. On doppler assessment all pedal pulse points byphasic. No ischaemic symptoms described. Previous hallux amputation March 2023. Most recent CTA 31/03/23 identified no significant macrovascular disease. Previous HbA1c 12/6/23) = 97mmol/mol. George explained that he has been struggling lately to get his blood sugar levels down showing his results on his phone.

A – Consent for treatment gained. Callus reduced. Bone removed from wound bed. Wound dressed with Aquacel Ag+ and non woven island dressing. Advised George to attend for x-ray prior to vascular appointment next week. Spare non woven island dressings given to patient, to change

every 1-2 days. Contacted George after he left clinic to advised George to remove Aquacel Ag+ dressing next time he is changing non woven island dressing, as not to interfere with x-ray.

P – Vascular appointment scheduled for 13/9/23. X-ray to be carried out before attending this appointment. Tier 2 appointment in two weeks.

E – Chronic non-healing amputation wound. Piece of bone removed from wound today. X-ray pending and will be reviewed by vascular next week.

R – Review in 6 days tier 3 (vascular), 2 week tier 2.

Conor Allan Band 6 Podiatrist

Electronically Signed: ,

cc. GP

SCI-Diabetes

West and South Glasgow Diabetes Service
http://www.nhsggc.org.uk/

NHS

NHS Greater Glasgow and Clyde

| | |
|---|---|
| Consultant Diabetologist: | DR G JONES |
| Date of Clinic: | 17-Aug-2023 |
| Date Printed: | 31-Aug-2023 |
| Our Ref: | GJ/DG |
| Enquiries to: | DEBRA GOODFELLOW |
| Ext. | 4516141 |
| E-mail: | debra.goodfellow@ggc.scot.nhs.uk |

DR J S GORDON & PARTNERS
THE GORDON PRACTICE
NEW GORBALS
HEALTH & CARE CENTRE
2 SANDIEFIELD RD, GLASGOW
G5 9AB

Dear Doctor

**Name/Address:** GEORGE FINNIE, FLAT 0-4, 1 BEDFORD STREET, GLASGOW, G5 9BD
**Patient ID/CHI:** 2307656057
**DOB:** 23-Jul-1965
**Date of West and South Glasgow Diabetes Service Appointment:** 17-Aug-2023

Please find a clinic summary sheet attached.

**Summary:**

I was delighted to meet Mr Finnie at the Multi Disciplinary Foot Clinic today.

He has had a right hallux amputation which is healing well bar a small area of granulation which is recalcitrant. He had been due to see Vascular Surgical colleagues with regards this but did not get the appointment. I think it is worth them seeing him as they may wish to explore the wound track to remove any bone spur that might be causing the hyper granulation.

He continues to get support with regards to his diabetes and is otherwise well and I have not arranged to see him again at the multi disciplinary foot clinic.

**cc: Vascular Surgery, Mr Wesley Stuart**

**Dear Wesley**

**This man was due to attend you but didn't get the appointment and would be grateful if you could reappoint him.**

**Next review:**

Yours sincerely



*Headquarters:*
*NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH*

*Chairperson: John Brown CBE*

Greg Jones
Consultant Physician
This letter has been electronically verified and signed by the above

CC: Dr Wesley Stuart Vascular Consultant QEUH



*Headquarters:*
*NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH*

*Chairperson: John Brown CBE*

**PATIENT NAME:** GEORGE FINNIE
**PATIENT ADDRESS:** FLAT 0-4
1 BEDFORD STREET
GLASGOW
G5 9BD

**DOB:** 23-Jul-1965
**Patient ID/CHI:** 2307656057
**CONTACT DATE:** 17-Aug-2023

* Items with this indicator were not recorded during this clinic visit and represent the latest data available in SCI-Diabetes.

**GENERAL**

| Measure | Value | Date | Measure | Value | Date |
|---|---|---|---|---|---|
| HbA1c * | 97 mmol/mol | 12-Jun-2023 | Diabetes Type * | Type 2 Diabetes Mellitus | 02-Feb-2007 |
| Weight * | 108 kg | 12-Jan-2023 | Duration of Diabetes * | 16 Years 6 Months | |
| BMI * | 34.5 kg/m2 | 12-Jan-2023 | Problems with Hypoglycaemia Awareness * | None | 19-Jan-2017 |
| BP * | 131 / 81 | 01-Nov-2022 | Gold Score * | | |
| Erectile Dysfunction | Yes - Not Problematic | 16-Sep-2013 | Smoking Status * | Never smoked | 11-Aug-2022 |

**BIOCHEMISTRY**

| Measure | Value | Date | Measure | Value | Date |
|---|---|---|---|---|---|
| Creatinine * | 87 µmol/L | 12-Jun-2023 | Cholesterol * | 6.5 mmol/L | 12-Jun-2023 |
| Alb/Creat Ratio * | 1 mg/mmol | 04-Apr-2022 | HDL Cholesterol * | 0.9 mmol/L | 12-Jun-2023 |
| eGFR * | >60 ml/min | 12-Jun-2023 | Triglycerides * | 3.1 mmol/L | 12-Jun-2023 |
| T4/Free T4 * | 13.3 pmol/L | 12-Jun-2023 | TSH * | 1.28 mU/L | 12-Jun-2023 |
| ALP(Alkaline Phosphatase) * | 82 | 12-Jun-2023 | AST * | 16 | 12-Jun-2023 |
| ALT * | 10 | 12-Jun-2023 | Bilirubin * | 11 | 12-Jun-2023 |

**Last Successful Eye Screening**

Screening Date: 26-Jul-2011 Screening Outcome: Rescreening in 12 months (Fundus Photography)

| DRS Results | Right | Left |
|---|---|---|
| Retinopathy: | No Retinopathy | No Retinopathy |

**FEET**

| | | |
|---|---|---|
| Foot Risk Category * | Active Foot Disease | 23-Mar-2023 |

**MEDICAL HISTORY (HEALTH ISSUES)**

Please check free text letter content above.

**PREVIOUSLY PRESCRIBED GLYCAEMIC MEDICATION**

| Medication | Dose/Frequency | Quantity/Preparation | Date |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Metformin 1g modified-release tablets | 1 TAB TWICE A DAY WITH MEA | 56 tablet | 25-Aug-2023 |
| Empagliflozin 10mg tablets | 1 TABLET ONCE DAILY FOR DI | 28 tablet | 25-Aug-2023 |

**UNCHANGED CURRENT MEDICATION**

| Medication | Dose | Change Date |
|---|---|---|
| Atorvastatin 80mg tablets | Night: 80mg | 24-Oct-2018 |
| Dulaglutide 1.5mg/0.5ml solution for injection pre-filled... | Breakfast: Saturday | 27-Apr-2023 |
| EMPAGLIFLOZIN 10mg tablets | Breakfast: 10mg | 24-Oct-2018 |
| Humalog KwikPen 200units/ml solution for injection 3ml pre-filled pen (Eli Lilly and Company Ltd) | Breakfast: 30 units<br>Lunch: 30 units<br>Evening Meal: 30 units | 14-Jul-2023 |
| Metformin 1g modified-release tablets | Breakfast: 1g<br>Evening Meal: 1g | 21-Mar-2019 |
| TRESIBA FLEXTOUCH 200iu/mL pen | Night: 38 units | 14-Jul-2023 |

**RECOMMENDED, ACCEPTED, CHANGED, STOPPED AND NEW CURRENT MEDICATION**

Please check free text letter content above.

**ADVICE GIVEN**

Please check free text letter content above.

| | |
|---|---|
| Diabetes Education Record: | |



*Headquarters:*
*NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH*

*Chairperson: John Brown CBE*

# Clinic Letter

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. LM McIntyre
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard:
Department: Cardiology
Contact Tel: 0141 451 6130
Enquiries to: antoinette.wylie@ggc.scot.nhs.uk
Letter Date: 06/07/2023
Reference: RC/AW
Dictated Date: 07/07/2023
Transcribed Date: 19/07/2023

Dear Dr. LM McIntyre,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

Attendance: Specialty - Cardiology; Clinic - VIRCCA8S1-DR CAMPBELL CARDIO THURS PM
Date and Time of Appointment - 06/07/2023 13:00

**Clinical Comments:**
The above patient did not attend clinic today. I see he had previously not attended Dr Adam's clinic. I have not reappointed the patient.

Yours sincerely,

Dr Ross Campbell

Consultant Cardiologist

Electronically Signed: ,

cc.

SCI-Diabetes

West and South Glasgow Diabetes Service
http://www.nhsggc.org.uk/

NHS

NHS Greater Glasgow and Clyde

| | |
|---|---|
| Consultant Diabetologist: | DR B KENNON |
| Date of Clinic: | 12-Jun-2023 |
| Date Printed: | 21-Jun-2023 |
| Our Ref: | BK/EN |
| Enquiries to: | EMMA NAIRNE |
| Ext. | 4516189 |
| E-mail: | emma.naime@ggc.scot.nhs.uk |

DR J S GORDON & PARTNERS
THE GORDON PRACTICE
NEW GORBALS
HEALTH & CARE CENTRE
2 SANDIEFIELD RD, GLASGOW
G5 9AB

Dear Doctor

**Name/Address:** GEORGE FINNIE, FLAT 0-4, 1 BEDFORD STREET, GLASGOW, G5 9BD
**Patient ID/CHI:** 2307656057
**DOB:** 23-Jul-1965

**Date of West and South Glasgow Diabetes Service Appointment (Foot Clinic):** 12-Jun-2023

**Summary:**

I reviewed Mr Finnie at the diabetes foot clinic on the 12th of June 2023. The following issues were addressed:

**1. Wound post right hallux amputation 30/3/23**

Mr Finnie is now approximately 10 weeks post surgery. His wound has healed although the distal aspect still probes the 12mm. It was slightly warm and red. I am concerned that there might be some low grade infection here and therefore I've updated his inflammatory bloods and suggested that we give him 2 weeks of oral doxycycline 100mg BD to try and settle things down and I'll also arrange a plain x-ray just to make sure that there's no progressive underlying bony changes. He was provided with worsening advice and knows to seek urgent medical review should there be in any deterioration in the interim. He's also been advised to wear his pressure reliving orthosis at all times.

**2. Glycaemic control**

His recent HbA1c was high at 80mmol/mol. This is despite being on a basal bolus regime of tresiba, Humalog as well as GLP-1 SGLT2 inhibitor and metformin. I understand he's due to start Libre 2 in the near future and has got ongoing support from Sister Carson community DSN. He is aware of the importance of trying to optimise his glycaemic control in terms of improving wound healing etc.

**3. Cardiovascular risk**

He obviously has established vascular disease. He continues on his polypharmacy as before, which includes high dose statin, beta blocker, anti-platelets.

I've arranged to keep him under review at the diabetes foot clinic and as such we'll see him back in 6 weeks time, albeit he'll have ongoing community podiatry in the interim.

**Foot Clinic Next Review:**

Yours sincerely

Prof Brian Kennon
Consultant Diabetologist
This letter has been electronically verified and signed by the above



*Headquarters:*
*NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH*

*Chairperson: John Brown CBE*

**PATIENT NAME:** GEORGE FINNIE
**PATIENT ADDRESS:** FLAT 0-4
1 BEDFORD STREET
GLASGOW
G5 9BD

**DOB:** 23-Jul-1965
**Patient ID/CHI:** 2307656057
**CONTACT DATE:** 12-Jun-2023

| Active Foot Ulcers | | | | | |
|---|---|---|---|---|---|
| **Location** | **Start Date** | **Causative Factors** | ***Grading** | **Infection** | **Dressing*** |
| Right > Toe(s) > Dorsal/Proximal IPJ > 5th | 14-Nov-2022 | Pressure | TexI: 1A | None | P: Iodine<br>S: Adhesive island dressing |
| Right > Other - dorsal cuboid | 14-Nov-2022 | Footwear | TexI: 1A<br>TexC: 1A | None | S: Adhesive island dressing |

*Grading: TexI = Initial Texas Score, TexC = Current Texas Score, EPU = Scottish Adaptation of the European Pressure Ulcer Classification

*Dressing: P = Primary, S = Secondary, O = Outer

| Foot Summary | Right | Left |
|---|---|---|
| Amputation | 31-Aug-2012 None | 31-Aug-2012 None |
| Protective Sensation | 12-Nov-2014 Present | 12-Nov-2014 Present |
| Peripheral Pulses | 12-Nov-2014 Either Palpable | 12-Nov-2014 Either Palpable |

| General | | | |
|---|---|---|---|
| HbA1c | 12-Jun-2023 97 mmol/mol | Cholesterol | 12-Jun-2023 6.5 mmol/L |
| Blood Pressure | 01-Nov-2022 131 / 81 mmHg | Smoking Status | 11-Aug-2022 Never smoked |
| eGFR | 12-Jun-2023 >60 ml/min | | |

| Medication (determined from primary care prescribing data received in the last 4 months) | | | |
|---|---|---|---|
| Statin | 23-May-2023 Atorvastatin 80mg tablets | | |
| AT2 Antagonist | AT2 Not Prescribed | ACE Inhibitor | ACE Not Prescribed |

| Recommended Antibiotic Therapy | | | | | |
|---|---|---|---|---|---|
| **Start Date** | **Antibiotic Name** | **Dosage** | **Type** | **Frequency** | **Recommended Total Duration** |
| Please check free text letter content above. | | | | | |

| New Pressure Management | Right | Left |
|---|---|---|
| Please check free text letter content above. | | |

| Current Pressure Management | Right | Left |
|---|---|---|
| Please check free text letter content above. | | |

| Other Actions (added at this clinic visit) |
|---|
| Please check free text letter content above. |

# Clinic Letter

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: Podiatry
Contact Tel: 01412011720
Enquiries to:

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Letter Date: 05/04/2023
Reference:
Dictated Date: 05/04/2023
Transcribed Date: 05/04/2023

Dear Dr. WA Best,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Podiatry; Clinic - SUSD10R16-SOUTH POD DOM 10 WEDNESDAY
Date and Time of Appointment - 05/04/2023 16:00

**Requested Out-patient Investigations:**
none

**Follow Up:** dn and podiatry

**Medication Note:**
none

**Clinical Comments:**
s- it could've been my leg. the doctors gave me antibiotics. im moving house any day.

o- right 1st amputation 30/3/23. gp has prescribed 500mg flucloxacillin qds for 7 days on 28/3/23. wound is 3x15x25mm 90% granulation 10% slough. no sos infection. march 2023 ct shows no pvd. march 2023 xray shows no osteomyelitis. last hba1c march 2023-88mmol/mol. last photo march 2023. patient wears a darco.

a- prontosan soak, sharp debridement. dressed with cutimed sorbac packed into cavity left my 1st met, wound pad soffban klite and comfifast. patient advised to rest with foot elevated to reduce swelling. worsening advice given. patient advised to contact cDSN leigh-ann carson regards diabetes control.

p- clinic appointment in future. escalate to mdfc or vascular if any issues. change contact details if patient as moved house by next appointment. asked DN to change dressing 3/4 days.

e- new surgical wound.

r- 1/52

kerrie barrie

Electronically Signed: ,

cc. GP

# Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: Podiatry
Contact Tel: 01412011720
Enquiries to: ConorPatrick.Allan@ggc.scot.nhs.uk

Letter Date: 30/03/2023
Reference:
Dictated Date: 30/03/2023
Transcribed Date: 30/03/2023

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dear Dr. WA Best,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Podiatry; Clinic - SUY4FR178-PODIATRIST FOOT PROTECTION UNIT THURSDAY
Date and Time of Appointment - 30/03/2023 10:05

**Follow Up:** None

**Clinical Comments:**
QEUH tier 2 FPU (reviewed with podiatry colleague Suzanne Fairley): S - Patient attended clinic today with complaints of a painful right first toe with pain travelling proximally up his leg. Patient reports having feeling cold and shivery since last week despite taking antibiotics. Type 2 IDDM.

O – On examination, dressing in situ at right hallux. Wound present on medial aspect of right first interphalangeal joint. Wound base 100% necrotic. Periwound callus present. Tracking erythema, heat and swelling present. Symptoms of systemic infection. Vascular assessment carried out today: only posterior tibial pulse palpable. Right posterior tibial pulse monophasic and rapid on Doppler. Right dorsalis pedis pulse not detected on Doppler. Previous HbA1c (26/5/23): 96mmol/mol. Patient on day 3 of Flucloxacillin 500mg QDS course.

A – Consent for treatment gained. Callus debrided. Photographs taken of wound via Scit app. Wound dressed with Inadine, sterile gauze, tube gauze and Hypafix. Fitted with ML DARCO. Contacted vascular on-call regarding patient feeling systemically unwell with tissue loss and vascular symptoms. Vascular advised to inform patient to head to Surgical Assessment Unit of QEUH as soon as possible for assessment. Informed patient of this, who stated he will head straight over after podiatry appointment.

P – To be reviewed by on-call vascular today. Have made appointment for next week at tier 2 level. This can be cancelled if patient is admitted.

E – Deteriorating wound requiring on-call vascular review.

R - Onward to vascular.

Electronically Signed: ,

cc. GP

# Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: General Surgery
Contact Tel: 0141 451 6023
Enquiries to: sharon.martin4@ggc.scot.nhs.uk

Letter Date: 17/02/2023
Reference: JP/STM
Dictated Date: 17/02/2023
Transcribed Date: 01/03/2023

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dear Dr. WA Best,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - General Surgery; Clinic - SUJPGSI-MR J PARK GENERAL SURGERY EXTRA CLINIC
Date and Time of Appointment - 17/02/2023 09:00

**Follow Up:** qFIT, outpatient colonoscopy

**Clinical Comments:**
**RECOMMENDATIONS FOR GP:**
**Please prescribe Fybogel 1 sachet daily**

Thank you for referring this 57 year old gentleman to the Colorectal Clinic. He presents with what he says is a several month history of altered bowel habit with abdominal pain, however I do note that he had a referral in April 2021 where he defaulted from clinic appointments. He does not seem to be aware of those appointments. He had been vetted straight to colonoscopy however again he does not appear to be aware of any attempts to contact him for this.

He complains of crampy abdominal pain which tends to be worse before he needs to go to the toilet. Over the past year or so he has found that he is going to the toilet far less and will only have a large constipated bowel motion maybe once a week, passing loose watery fluid the rest of the week. He denies any significant amount of blood but occasionally sees some on wiping. He has had a few episodes where he is passing mucous like material. He tells me he has lost a considerable amount of weight but on probing this does seem to be over a few years rather than a rapid weight loss.

He is Type 2 diabetic on insulin as well as other medications and has had a possible MI at the end of last year. He has no significant family history. He is a non smoker and drinks no alcohol. He does seem to have a reasonable diet and does concentrate on eating plenty of fibre however it is quite

clear he does not drink a lot of water instead substituting this for Coke Zero. He thinks he probably drinks about 2 litres of water over the course of a week.

On examination his abdomen is soft and non tender throughout with no masses. Rectal examination was unremarkable.

I note bloods at the end of November were satisfactory with no evidence of anaemia. QFIT was checked at the time of his initial referral in 2021 which was negative.

I have suggested that he should take Fybogel and that he should try and concentrate on drinking less fizzy juice and drinking more water on a daily basis. I do think he merits a colonoscopy and I have re-requested this again today. In the meantime I have also requested a qFIT be sent to him to help prioritise his colonoscopy.

Yours sincerely

Mr James Park

PhD FRCS Glasg General Surgery

Consultant Colorectal and General Surgeon

Honorary Senior Clinical Lecturer

Queen Elizabeth University Hospital

Electronically Signed: Mr Jamie Park, Consultant

cc.

## Clinic Letter

NHS Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: General Surgery
Contact Tel: 0141 451 6023
Enquiries to: sharon.martin4@ggc.scot.nhs.uk

Letter Date: 17/02/2023
Reference: JP/STM
Dictated Date: 17/02/2023
Transcribed Date: 01/03/2023

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dear Dr. WA Best,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - General Surgery; Clinic - SUJPGSI-MR J PARK GENERAL SURGERY EXTRA CLINIC
Date and Time of Appointment - 17/02/2023 09:00

**Follow Up:** qFIT, outpatient colonoscopy

**Clinical Comments:**
**RECOMMENDATIONS FOR GP:**
**Please prescribe Fybogel 1 sachet daily**

Thank you for referring this 57 year old gentleman to the Colorectal Clinic. He presents with what he says is a several month history of altered bowel habit with abdominal pain, however I do note that he had a referral in April 2021 where he defaulted from clinic appointments. He does not seem to be aware of those appointments. He had been vetted straight to colonoscopy however again he does not appear to be aware of any attempts to contact him for this.

He complains of crampy abdominal pain which tends to be worse before he needs to go to the toilet. Over the past year or so he has found that he is going to the toilet far less and will only have a large constipated bowel motion maybe once a week, passing loose watery fluid the rest of the week. He denies any significant amount of blood but occasionally sees some on wiping. He has had a few episodes where he is passing mucous like material. He tells me he has lost a considerable amount of weight but on probing this does seem to be over a few years rather than a rapid weight loss.

He is Type 2 diabetic on insulin as well as other medications and has had a possible MI at the end of last year. He has no significant family history. He is a non smoker and drinks no alcohol. He does seem to have a reasonable diet and does concentrate on eating plenty of fibre however it is quite

clear he does not drink a lot of water instead substituting this for Coke Zero. He thinks he probably drinks about 2 litres of water over the course of a week.

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I have suggested that he should take Fybogel and that he should try and concentrate on drinking less fizzy juice and drinking more water on a daily basis. I do think he merits a colonoscopy and I have re-requested this again today. In the meantime I have also requested a qFIT be sent to him to help prioritise his colonoscopy.

Yours sincerely

Mr James Park

PhD FRCS Glasg General Surgery

Consultant Colorectal and General Surgeon

Honorary Senior Clinical Lecturer

Queen Elizabeth University Hospital

Electronically Signed: Mr Jamie Park, Consultant

cc.

SCI-Diabetes

Queen Elizabeth University Hospital
Diabetes Centre
Southern General Hospital
1345 Govan Road
G51 4TF
t: 0141 201 1100
http://www.nhsggc.org.uk/

NHS
NHS Greater Glasgow and Clyde

Consultant Diabetologist: Dr G Jones
Date of Clinic: 05-Jan-2023
Date Printed: 09-Jan-2023
Our Ref: GJ/DG
Enquiries to: Debra Goodfellow
Ext. 4516141
E-mail: debra.goodfellow@ggc.scot.nhs.uk

DR J S GORDON & PARTNERS
THE GORDON PRACTICE
NEW GORBALS
HEALTH & CARE CENTRE
2 SANDIEFIELD RD, GLASGOW
G5 9AB

Dear Doctor

**Name/Address:** GEORGE FINNIE, FLAT 9C, 305 CALEDONIA RD, GLASGOW, G5 0JQ
**Patient ID/CHI:** 2307656057
**DOB:** 23-Jul-1965

**Date of Queen Elizabeth University Hospital Appointment (Foot Clinic):**05-Jan-2023

**Summary:**

I met with Mr Finnie at the multi-disciplinary foot clinic today. Mr Finnie has a number of lesions over the dorsum of his left foot and his left shin. These are atypical of diabetic foot ulceration and do seem quite similar to cases of dermatitis artefacta that I have seen previously.

Certainly, the ulcer on the dorsum of his foot will be rubbing on his trainers around the laces, which are clearly tight-fitting. We discussed the need to change his footwear, but Mr Finnie has stated that he is unable to wear anything other than the trainers he has on. It was explained that we could supply him with suitable footwear, but he is unwilling to try this. He does not have any dressings on and appears to be poorly concordant with dressings in the community.

Mr Finnie said it was impossible to shower whilst wearing dressings or footwear. We tried to explain to him how to have a shower whilst wearing a dressing on his foot. Mr Finnie at this stage got angry (directing his anger at our podiatrist) and left the consultation. I have not arranged for us to see Mr Finnie for a return review at the multi-disciplinary foot clinic as I don't think he is willing to accept any of our advice at present, but we would be more than happy to rearrange an appointment to see him again if he would find this useful.

**Foot Clinic Next Review:**

Yours sincerely

Dr Greg Jones
Consultant Diabetologist
This letter has been electronically verified and signed by the above



*Headquarters:*
*NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH*

*Chairperson: John Brown CBE*

**PATIENT NAME:** GEORGE FINNIE
**PATIENT ADDRESS:** FLAT 9C
305 CALEDONIA RD
GLASGOW
G5 0JQ

**DOB:** 23-Jul-1965
**Patient ID/CHI:** 2307656057
**CONTACT DATE:** 05-Jan-2023

| Active Foot Ulcers | | | | | |
|---|---|---|---|---|---|
| **Location** | **Start Date** | **Causative Factors** | ***Grading** | **Infection** | **Dressing*** |
| Right > Toe(s) > Dorsal/Proximal IPJ > 5th | 14-Nov-2022 | Pressure | TexI: 1A | None | P: Iodine<br>S: Adhesive island dressing |
| Right > Other - dorsal cuboid | 14-Nov-2022 | Footwear | TexI: 1A<br>TexC: 1A | None | S: Adhesive island dressing |

*Grading: TexI = Initial Texas Score, TexC = Current Texas Score, EPU = Scottish Adaptation of the European Pressure Ulcer Classification

*Dressing: P = Primary, S = Secondary, O = Outer

| Foot Summary | Right | Left |
|---|---|---|
| Amputation | 31-Aug-2012 None | 31-Aug-2012 None |
| Protective Sensation | 12-Nov-2014 Present | 12-Nov-2014 Present |
| Peripheral Pulses | 12-Nov-2014 Either Palpable | 12-Nov-2014 Either Palpable |

| General | | | |
|---|---|---|---|
| HbA1c | 26-May-2022 96 mmol/mol | Cholesterol | 23-Nov-2022 5.9 mmol/L |
| Blood Pressure | 01-Nov-2022 131 / 81 mmHg | Smoking Status | 11-Aug-2022 Never smoked |
| eGFR | 23-Nov-2022 >60 ml/min | | |

| Medication (determined from primary care prescribing data received in the last 4 months) | | | |
|---|---|---|---|
| Statin | 23-Dec-2022 Atorvastatin 80mg tablets | | |
| AT2 Antagonist | AT2 Not Prescribed | ACE Inhibitor | ACE Not Prescribed |

| Recommended Antibiotic Therapy | | | | | |
|---|---|---|---|---|---|
| **Start Date** | **Antibiotic Name** | **Dosage** | **Type** | **Frequency** | **Recommended Total Duration** |
| Please check free text letter content above. | | | | | |

| New Pressure Management | Right | Left |
|---|---|---|
| Please check free text letter content above. | | |

| Current Pressure Management | Right | Left |
|---|---|---|
| Please check free text letter content above. | | |

| Other Actions (added at this clinic visit) |
|---|
| Please check free text letter content above. |

# Clinic Letter

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Podiatry
0141 201 1720
Robyn.Miller@ggc.scot.nhs.uk

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 23/12/2022
Reference:
Dictated Date: 23/12/2022
Transcribed Date: 23/12/2022

Dear Dr. WA Best,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Podiatry; Clinic - VIGPR190-VICTORIA ACH ULCER CLINIC FRIDAY ALL DAY
Date and Time of Appointment - 23/12/2022 09:25

**Requested Out-patient Investigations:**
none

**Follow Up:** No Gp action required.

**Medication Note:**
none

**Clinical Comments:**
NVH Tier 2. S- Patient reports hes sore. Antibiotics make him feel sick. O - Taking Flucloxicillin as per ECS. Patient reports he has more antibiotics waiting for him at GP? Difficult historian. Poorly controlled diabetes. Last Hba1c was 96 mmol/mol. Non-compliant with pressure relief. On examination no dressing in place. Left foot 3rd toe small pocket or pus at medial aspect of nail plate. No signs of infection. Right foot dorsal/lateral aspect ulceration present. Measuring 15x13mm. 50% granulating, 50% slough. No depth. Debris in wound bed. Erythema settled from skin pen line. Patient has similar appearance ulceration over his hands. Right 5th toe remains intact. Vascular assessment carried out at last review - no concerns. A- Wound cleansed and debrided today. Spike of nail removed from left 3rd medial border (patient picks nails) Dressed with Inadine, sterile gauze, tube gauze and hypfix. Right foo Dressed with inadine and large island dressing. Refusing to wear pressure relief or orthotic shoes. Continues in own trainers. Worsening advice given - advised if any erythema spreading passed line drawn or he starts to feel systemically unwell e.g. feverish/ shivery then he must attend A&E immediately. P- Podiatry to review in 1 week. MDFC in place -

patient wishes he doesn't need to go, explained importance. Finish course of antibiotics. E- IGTN left 3rd, wound to right foot improving. R- 1 week. Robyn Miller Podiatrist.

Electronically Signed: ,

cc. GP

# Clinic Letter

NHS
Greater Glasgow and Clyde

Castlemilk Health Centre
Dougrie Drive
Glasgow
G45 9AW
Main Switchboard: 0414 531 8500
Department: Podiatry
Contact Tel: 0141 531 8547
Enquiries to: Suzanne.fairley@ggc.scot.nhs.uk
Letter Date: 19/12/2022
Reference:
Dictated Date: 19/12/2022
Transcribed Date: 19/12/2022

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dear Dr. WA Best,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Podiatry; Clinic - CMUPR112-CASTLEMILK ULCER CLINIC MONDAY
Date and Time of Appointment - 19/12/2022 11:25

**Requested Out-patient Investigations:**
none

**Medication Note:**
none

**Clinical Comments:**
Tier 2 Castlemilk S- Patient reports feeling generally well today, has a sore head but otherwise he is ok. Reports foot is looking worse. Has missed last 2 podiatry appointments. Poorly controlled diabetes. Last Hba1c was 96 mmol/mol. Non-compliant with pressure relief.

O- On examination no dressing in place. Left foot 3rd toe small pocket or pus at medial aspect of nail plate. No clinical signs of infection present here. Right foot dorsal/lateral aspect ulceration present. Measuring 16mmx15mm. 50% granulating, 30% slough and 20% well adhered necrosis, no depth. Patient has similar appearance ulceration over his hands. Increased erythema around ulcer site with heat. Clinical signs of soft tissue infection present. Right 5th toe remains intact. Vascular assessment carried out at last review - no concerns.

A- Wound cleansed and debrided today. Consent gained and clinical photography updated. Swab taken for culture and sensitivity. Line drawn around erythema. Dressed with inadine and large island dressing. Refusing to wear pressure relief or orthotic shoes. Continues in own trainers. Worsening advice given - advised if any erythema spreading passed line drawn or he starts to feel systemically unwell e.g. feverish/shivery then he must attend A&E immediately. GP contacted and 1 gram of flucloxacillin requested.

P- Podiatry to review on Friday before Festive break. Tried to arrange MDFC for Thursday but patient refused as he has another appointment. Commence antibiotics and await swab result. Refusing to wear darco. MDFC arranged for 05/01.

E- New soft tissue infection present

R- 4 days

Suzanne Miller (band 6 podiatrist)

Electronically Signed: ,

cc. GP

# Clinic Letter

NHS
Greater Glasgow and Clyde

Castlemilk Health Centre
Dougrie Drive
Glasgow
G45 9AW
0414 531 8500

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard:
Department: Podiatry
Contact Tel: 0141 531 8547
Enquiries to: Suzanne.Miller2@ggc.scot.nhs.uk
Letter Date: 28/11/2022
Reference:
Dictated Date: 28/11/2022
Transcribed Date: 28/11/2022

Dear Dr. WA Best,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Podiatry; Clinic - CMUPR112-CASTLEMILK ULCER CLINIC MONDAY
Date and Time of Appointment - 28/11/2022 10:45

**Requested Out-patient Investigations:**
none

**Medication Note:**
none

**Clinical Comments:**
Castlemilk Tier 2 S- Foot has been sore. Wearing orthotics shoes today but advises he doesn't like the way they look. Type 2 diabetic. Last Hba1c was 96 mmol/mol. Poor compliance.

O- On examination left foot intact. Right foot 5th toe dorsal aspect 10mmx10mm superficial granulating ulcer present. Dorsal aspect of right foot dry 100% dry necrotic eschar measuring 25mmx15mm. Surrounding chronic erythema. No clinical signs of infection present today. Possibly from friction? patient admits to not always wearing orthotics shoes and wears own slippers around the home. Both feet warm with hair growth. Right DP biphasic all PT and left DP and PT triphasic. Toe pressure right 1st toe 110 mmhg.

A- Right 5th toe dressed with inadine and island dressing. Right foot dorsal aspect large dry island dressing applied. Spare given for patient to change as required. Encouraged to wear darco sandal for pressure relief and to prevent rubbing. Was provided this last week. Clinical photography updated today

P- Weekly podiatry review. If non-improving then make MDFC appointment

E- Happy with treatment plan

R- 1 week

Suzanne Miller (band 6 podiatrist)

Electronically Signed: ,

cc. GP

## Clinic Letter

NHS
Greater Glasgow and Clyde

Castlemilk Health Centre
Dougrie Drive
Glasgow
G45 9AW
0414 531 8500

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | Podiatry |
| Contact Tel: | 0141 531 8547 |
| Enquiries to: | kirstin.palmer@ggc.scot.nhs.uk |
| Letter Date: | 21/11/2022 |
| Reference: | |
| Dictated Date: | 21/11/2022 |
| Transcribed Date: | 21/11/2022 |

Dear Dr. WA Best,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Podiatry; Clinic - CMUPR112-CASTLEMILK ULCER CLINIC MONDAY
Date and Time of Appointment - 21/11/2022 10:45

**Requested Out-patient Investigations:**
none

**Follow Up:** Patient require appointment with practice nurse for left lower leg wounds please.

**Medication Note:**
none

**Clinical Comments:**
Castlemilk Tier 2

S - Patient attended today reporting that his right foot can be painful at times. He was unable to get through to his practice to arrange an appointment with the nurse for breakdown on his left leg. George is still waiting on the sealtight bag for showering.

O- Patient is type 2 diabetic (last HbA1C - 96 mmol/mol, May 2022), was provided with orthopaedic footwear in September 2022.

- Wound 1: superficial ulcer present at right 5th toe, dorsal aspect, approx. 10mm x 7mm, 100% granulation.

- Wound 2: superficial ulcer on dorsal aspect of right foot at site of cuboid - approx. 18mm x 15mm with central dry scab and granulating outer ring. Right lower lateral leg - large area of superficial

breakdown - mix of dry eschars and granulating tissues. Reduced localised erythema. No signs of infection.

A - Patient consent given for treatment. All sites cleansed with prontasan. Right foot ulcers dressed with videne, inadine. Sterile gauze, large island dressings applied to dorsum of foot. Island dressing, semi compressed felt crescent, tubegauze and hypafix to right 5th toe. Videne, inadine, 2x large sterile island dressings to leg and blue line to secure. Spare island dressings provided. George to check with pharmacist re sealtight.

P- Keep dressings dry and intact until review, wear pressure relief footwear on right and orthopaedic on left. I will contact practice nurse regarding dressing appointment for left leg.

E - Right dorsal wound larger/ toe improving.

R - 1 week review.

Kirstin Palmer - Podiatrist

Electronically Signed: ,

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde

Castlemilk Health Centre
Dougrie Drive
Glasgow
G45 9AW
0414 531 8500

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard: 0414 531 8500
Department: Podiatry
Contact Tel: 0141 531 8547
Enquiries to: kirstin.palmer@ggc.scot.nhs.uk
Letter Date: 14/11/2022
Reference:
Dictated Date: 14/11/2022
Transcribed Date: 14/11/2022

Dear Dr. WA Best,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Podiatry; Clinic - CMUPR112-CASTLEMILK ULCER CLINIC MONDAY
Date and Time of Appointment - 14/11/2022 11:25

**Requested Out-patient Investigations:**
none

**Follow Up:** - sealtight prescription required - short leg for right and long leg for left.

**Medication Note:**
none

**Clinical Comments:**
Castlemilk Tier 2

S - Patient attended today complaining of breakdown at his right small toe and the top of his foot. In addition, he had a bite on his left leg recently which is not healing. He stated that he missed his last appointments as he was in hospital having treatment relating to his heart and neck.

O- Patient is type 2 diabetic (last HbA1C - 96 mmol/mol, May 2022), was provided with orthopaedic footwear in September 2022, but does not like the look of them. Wearing Reebok lace up trainers today which are too narrow for his foot shape.

- Wound 1: superficial ulcer present at right 5th toe, dorsal aspect, approx. 15mm x 12mm, 100% granulation.

- Wound 2: superficial ulcer on dorsal aspect of right foot at site of cuboid - approx. 8mm x 1mm with central dry scab and granulating outer ring. Right lower lateral leg - large superficial breakdown - mix of dry eschar, granulating tissue and adhered slough with localised erythema. No signs of infection.

A - Patient consent given for treatment. All sites cleansed with prontasan. Right foot ulcers dressed with videne, inadine. 2 x sterile island dressings applied to dorsum of foot. Sterile gauze, tubegauze and hypafix to right 5th toe. Videne, inadine, 2x large sterile island dressings to leg. Spares provided. Advised to make an appointment with practice nurse to have this dressed. Sealtight prescription given for short leg (right) and long leg ( left). Discussed at length with George the importance of wearing his orthopaedic shoes which are accommodative of his foot shape versus the narrow trainers that he wears today. He was provided with a darco shoe - strongly advised to wear this whilst ulcers are being treated. Sci-diabetes updated.

P- Keep dressings dry and intact until review, wear pressure relief footwear on right and orthopaedic.

E - New wound.

R - 1 week review.

Kirstin Palmer - Podiatrist

Electronically Signed: ,

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde
New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 30/09/2022
Reference:
Dictated Date:
Transcribed Date:

Dear Dr. WA Best,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Orthotics; Clinic - VIO1RF0-ORTHOTIST VIC 1 DIAB F/W FRIDAY PM
Date and Time of Appointment - 30/09/2022 14:00

**Clinical Comments:**
Clinical Working Diagnosis: diabetes, right 5th toe ulceration- slight scab over this area today.

Summary: Fitted orthotic footwear, advices to contact podiatry due to previous failed to attend if he requires further input. Revie on request. Discharged.

Active Problems: Patient attended New Victoria Hospital for fitting of orthotic footwear.

Patient's presenting complaint- Patient reports he has missed a few podiatry appointments however will contact them after the weekend to arrange to be seen.

Patient agreed to treatment pathway.

Patient assessment. Slight scabbing over right lateral 5ht toe- patient reports he had bashed his toes. No other change since last appointment.

Patient goals: To reduce pain to increase activity- are to reduce pain/ improve function

Clinical goals/analysis: To fit him with footwear that fit his feet and provide some protection from further breakdown.

Treatment Plan: Footwear of optimal length width and depth and fitted optimally with 2x3mm inlays. Once fitted patient reported footwear to be comfort and roomy at forefoot. Wear, care and break in advice issued. Prescribed leaflet issued.

Timeframes: footwear will be required long term.

Patient to be reviewed when required/ in 12 weeks time.

Outcomes: Diabetic foot risk and Stratification Triage (DFRST)- high risk.

Discharge: Patient will be discharged at the end of the episode once goals have been met.

This patient has now finished their episode of care with the Orthotic Service. If you need to contact the Orthotist regarding this episode of care you can do so via our helpline on 0141 211 1459.

The discharge summary is as follows:

ACTION REQUIRED BY GP: None

Clinical Presentation: diabetes, right 5th toe ulceration- slight scab over this area today, patient to contact podiatry for further review.

Management to Date and Outcome: Patient supplied with accommodative footwear.

Reason For Discharge: End of episode of care.

Guidance on Re Referral: Patient advised that they can get in contact within 12 weeks for review if there are any problems, out with 12 weeks of this discharge the episode of care will be closed. Patient advised on how to self-refer for new episode of care.

Discharge Information given to patient: Self-referral process and contact number supplied.

Electronically Signed: ,

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: Neurosurgery
Contact Tel: 0141 201 2020
Enquiries to: Janice.Lafferty@ggc.scot.nhs.uk

Letter Date: 15/09/2022
Reference: CB/JL
Dictated Date: 15/09/2022
Transcribed Date: 15/09/2022

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dear Dr. WA Best,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Neurosurgery; Clinic - SGCBNS7-MR BARRETT NEUROSURGERY THUR AM
Date and Time of Appointment - 15/09/2022 10:45

**Requested Out-patient Investigations:**
Neurophysiology

**Follow Up:** Patient to call when neurophysiology has been carried out.

**Clinical Comments:**
I reviewed this 57 year-old gentleman in clinic today. Mr Finnie has a significant C4/5 disc prolapse with initially left upper limb pain but now bilateral upper limb pain. He has radiculopathy rather than myelopathy and we have considered surgery in the past.

He has a number of medical comorbidities: he is on Clopidogrel and has very poorly controlled diabetes. I had previously organised upper limb neurophysiology to try and assess for peripheral neuropathy but these investigations did not happen due to the COVID 19 pandemic.

I have been through the option of a C4/5 anterior cervical discectomy and fusion with Mr Finnie today. He understands that there is a small risk of paralysis and he is not sure at present if he wishes to embark on surgery. In any regard, before we did undertake surgery, it would be very important to know the extent of his peripheral neuropathy. I have therefore requested the neurophysiology and will review him with the results.

Yours sincerely

**Mr Chris Barrett**

**Consultant Neurosurgeon**

Electronically Signed: Mr Christopher Barrett, Consultant

cc.

Jo Chambers
Extended Scope Practitioner
6th Floor
INS

Mr George Finnie
FLAT 9C
305 Caledonia Road
Glasgow
Lanarkshire
G5 0JQ

# Clinic Letter

NHS
Greater Glasgow and Clyde

Gorbals Health and Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | Podiatry |
| Contact Tel: | 0141 201 5000 |
| Enquiries to: | Robyn.Miller@ggc.scot.nhs.uk |
| Letter Date: | 25/08/2022 |
| Reference: | |
| Dictated Date: | 25/08/2022 |
| Transcribed Date: | 25/08/2022 |

Dear Dr. WA Best,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 25/08/2022 09:25

**Requested Out-patient Investigations:**
none

**Follow Up:** none

**Medication Note:**
none

**Clinical Comments:**
Gorbals tier 2. S- Patient reports foot is still sore. O- On examination right 5th toe remains mildly swollen and red. Skin excoriated and fragile, raw. area granulating. No signs of worsening infection, remains well. Ulceration at lower leg dry but remains open, no signs of infection. No dressings in place today. Sock fluff in wounds. A- Wound cleansed with prontosan. right 5th Dressed with autraman, sterile gauze, tube gauze and mefix to secure. To be appointed for orthotics for fitting of shoes. No further MDFC arranged. Re-refer if deteriorating P- Weekly podiatry review until healed. Await fitting of shoes. Encouraged to redress if dressing falls off. E- overall no changes. R - 1 week. Robyn Miller Podiatrist.

Electronically Signed: ,

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde

Gorbals Health and Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

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| Main Switchboard: | |
| Department: | Podiatry |
| Contact Tel: | 0141 201 5000 |
| Enquiries to: | Robyn.Miller@ggc.scot.nhs.uk |
| Letter Date: | 25/08/2022 |
| Reference: | |
| Dictated Date: | 25/08/2022 |
| Transcribed Date: | 25/08/2022 |

Dear Dr. WA Best,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 25/08/2022 09:25

**Requested Out-patient Investigations:**
none

**Follow Up:** none

**Medication Note:**
none

**Clinical Comments:**
Gorbals tier 2. S- Patient reports foot is still sore. O- On examination right 5th toe remains mildly swollen and red. Skin excoriated and fragile, raw. area granulating. No signs of worsening infection, remains well. Ulceration at lower leg dry but remains open, no signs of infection. No dressings in place today. Sock fluff in wounds. A- Wound cleansed with prontosan. right 5th Dressed with autraman, sterile gauze, tube gauze and mefix to secure. To be appointed for orthotics for fitting of shoes. No further MDFC arranged. Re-refer if deteriorating P- Weekly podiatry review until healed. Await fitting of shoes. Encouraged to redress if dressing falls off. E- overall no changes. R - 1 week. Robyn Miller Podiatrist.

Electronically Signed: ,

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde

Gorbals Health and Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | Podiatry |
| Contact Tel: | 0141 201 5000 |
| Enquiries to: | Robyn.Miller@ggc.scot.nhs.uk |
| Letter Date: | 25/08/2022 |
| Reference: | |
| Dictated Date: | 25/08/2022 |
| Transcribed Date: | 25/08/2022 |

Dear Dr. WA Best,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 25/08/2022 09:25

**Requested Out-patient Investigations:**
none

**Follow Up:** none

**Medication Note:**
none

**Clinical Comments:**
Gorbals tier 2. S- Patient reports foot is still sore. O- On examination right 5th toe remains mildly swollen and red. Skin excoriated and fragile, raw. area granulating. No signs of worsening infection, remains well. Ulceration at lower leg dry but remains open, no signs of infection. No dressings in place today. Sock fluff in wounds. A- Wound cleansed with prontosan. right 5th Dressed with autraman, sterile gauze, tube gauze and mefix to secure. To be appointed for orthotics for fitting of shoes. No further MDFC arranged. Re-refer if deteriorating P- Weekly podiatry review until healed. Await fitting of shoes. Encouraged to redress if dressing falls off. E- overall no changes. R - 1 week. Robyn Miller Podiatrist.

Electronically Signed: ,

cc.

## Clinic Letter

NHS
Greater Glasgow and Clyde

Gorbals Health and Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard:
Department: Podiatry
Contact Tel: 0141 201 5000
Enquiries to: Robyn.Miller@ggc.scot.nhs.uk
Letter Date: 18/08/2022
Reference:
Dictated Date: 18/08/2022
Transcribed Date: 18/08/2022

Dear Dr. WA Best,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 18/08/2022 09:25

**Requested Out-patient Investigations:**
none

**Follow Up:** none

**Medication Note:**
none

**Clinical Comments:**
Gorbals tier 2. S- Patient reports foot is still sore. O- On examination right 5th toe remains mildly swollen and red. Skin excoriated and fragile, raw. Small shallow 100% granulating ulcer measuring 5mmx5mm at apex. No clinical signs of infection present. Ulceration at lower leg dry but remains open, no signs of infection. No dressings in place today. A- Wound cleansed with prontosan. right 5th Dressed with autraman, sterile gauze, tube gauze and mefix to secure. large 365 island dressing applied to lower leg. To be appointed for orthotics for fitting of shoes. No further MDFC arranged. Re-refer if deteriorating P- Weekly podiatry review until healed. Await fitting of shoes. E- overall no changes. R - 1 week. Robyn Miller Podiatrist.

Electronically Signed: ,

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde

Gorbals Health and Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | Podiatry |
| Contact Tel: | 0141 201 5000 |
| Enquiries to: | Robyn.Miller@ggc.scot.nhs.uk |
| Letter Date: | 18/08/2022 |
| Reference: | |
| Dictated Date: | 18/08/2022 |
| Transcribed Date: | 18/08/2022 |

Dear Dr. WA Best,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 18/08/2022 09:25

**Requested Out-patient Investigations:**
none

**Follow Up:** none

**Medication Note:**
none

**Clinical Comments:**
Gorbals tier 2. S- Patient reports foot is still sore. O- On examination right 5th toe remains mildly swollen and red. Skin excoriated and fragile, raw. Small shallow 100% granulating ulcer measuring 5mmx5mm at apex. No clinical signs of infection present. Ulceration at lower leg dry but remains open, no signs of infection. No dressings in place today. A- Wound cleansed with prontosan. right 5th Dressed with autraman, sterile gauze, tube gauze and mefix to secure. large 365 island dressing applied to lower leg. To be appointed for orthotics for fitting of shoes. No further MDFC arranged. Re-refer if deteriorating P- Weekly podiatry review until healed. Await fitting of shoes. E- overall no changes. R - 1 week. Robyn Miller Podiatrist.

Electronically Signed: ,

cc.

SCI-Diabetes

Queen Elizabeth University Hospital
Diabetes Centre
Southern General Hospital
1345 Govan Road
G51 4TF
t: 0141 201 1100
http://www.nhsggc.org.uk/

NHS Greater Glasgow and Clyde

| | |
|---|---|
| Consultant Diabetologist: | Dr H E Hopkinson |
| Date of Clinic: | 11-Aug-2022 |
| Date Printed: | 16-Aug-2022 |
| Our Ref: | HEH/SS |
| Enquiries to: | Susan Savage |
| Ext. | 4516155 |
| E-mail: | susan.savage@ggc.scot.nhs.uk |

DR J S GORDON & PARTNERS
THE GORDON PRACTICE
NEW GORBALS
HEALTH & CARE CENTRE
2 SANDIEFIELD RD, GLASGOW
G5 9AB

Dear Doctor

**Name/Address:** GEORGE FINNIE, FLAT 9C, 305 CALEDONIA RD, GLASGOW, G5 0JQ
**Patient ID/CHI:** 2307656057
**DOB:** 23-Jul-1965

**Date of Queen Elizabeth University Hospital Appointment (Foot Clinic):**11-Aug-2022

**Summary:**

Diagnosis:

1. Recent osteomyelitis right fifth toe now fully treated
2. Ongoing redness from footwear pressure right fifth toe
3. Painful peripheral neuropathy
4. Suboptimally managed Type 2 diabetes (lack of concordance)

Mr Finnie was at the Multidisciplinary Diabetic Foot Clinic for review. His wounds have healed. He has ongoing pain in the feet and describes difficulties in accessing his repeat prescriptions. We discussed the fact that he doesn't "need to have an argument" with the GP receptionist regarding repeat prescriptions, but in fact could simply leave a message on the repeat prescription line to get this resolved. He is vague about what medication he is taking for his diabetes and is not keen to discuss his diabetes management with me.

His main concern is the pain in his feet. I have explained that the first thing to do is to get his repeat prescriptions sorted out so that he can continue with the drugs that help manage his painful neuropathy. I think there is a significant contribution from footwear pressure. He is in high street trainers which I think are too narrow, particularly for his right foot. I have asked him to discuss his footwear with our orthotist today and if he is willing to consider wearing a pair of bespoke shoes then she will go ahead and make them for him.

I have not arranged to see him again in the Multidisciplinary Diabetic Foot Clinic. There is a helpful letter from Dr Ghouri in the Type 2 service on file regarding his diabetes management longer term.

**Foot Clinic Next Review:**

Yours sincerely

Dr Helen Hopkinson
Consultant Physician
This letter has been electronically verified and signed by the above



*Headquarters:*
*NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH*

*Chairperson: John Brown CBE*

**PATIENT NAME:** GEORGE FINNIE
**PATIENT ADDRESS:** FLAT 9C
305 CALEDONIA RD
GLASGOW
G5 0JQ

**DOB:** 23-Jul-1965
**Patient ID/CHI:** 2307656057
**CONTACT DATE:** 11-Aug-2022

| Active Foot Ulcers | | | | | |
|---|---|---|---|---|---|
| **Location** | **Start Date** | **Causative Factors** | ***Grading** | **Infection** | **Dressing*** |
| Please check free text letter content above. | | | | | |

*Grading: TexI = Initial Texas Score, TexC = Current Texas Score, EPU = Scottish Adaptation of the European Pressure Ulcer Classification

*Dressing: P = Primary, S = Secondary, O = Outer

| Foot Summary | Right | Left |
|---|---|---|
| Amputation | 31-Aug-2012 None | 31-Aug-2012 None |
| Protective Sensation | 12-Nov-2014 Present | 12-Nov-2014 Present |
| Peripheral Pulses | 12-Nov-2014 Either Palpable | 12-Nov-2014 Either Palpable |

| General | | | |
|---|---|---|---|
| HbA1c | 26-May-2022 96 mmol/mol | Cholesterol | 29-Oct-2021 6 mmol/L |
| Blood Pressure | 11-Aug-2022 117 / 75 mmHg | Smoking Status | 11-Aug-2022 Never smoked |
| eGFR | 20-Jun-2022 >60 ml/min | | |

| Medication (determined from primary care prescribing data received in the last 4 months) | | | |
|---|---|---|---|
| Statin | 20-Jul-2022 Atorvastatin 80mg tablets | | |
| AT2 Antagonist | AT2 Not Prescribed | ACE Inhibitor | ACE Not Prescribed |

| Recommended Antibiotic Therapy | | | | | |
|---|---|---|---|---|---|
| **Start Date** | **Antibiotic Name** | **Dosage** | **Type** | **Frequency** | **Recommended Total Duration** |
| Please check free text letter content above. | | | | | |

| New Pressure Management | Right | Left |
|---|---|---|
| Please check free text letter content above. | | |

| Current Pressure Management | Right | Left |
|---|---|---|
| Please check free text letter content above. | | |

| Other Actions (added at this clinic visit) |
|---|
| Please check free text letter content above. |



*Headquarters:*
*NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH*

*Chairperson: John Brown CBE*

# Clinic Letter

NHS
Greater Glasgow and Clyde

Gorbals Health and Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard:
Department: Podiatry
Contact Tel: 0141 201 5000
Enquiries to: Robyn.Miller@ggc.scot.nhs.uk
Letter Date: 21/07/2022
Reference:
Dictated Date: 21/07/2022
Transcribed Date: 21/07/2022

Dear Dr. WA Best,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 21/07/2022 09:25

**Requested Out-patient Investigations:**
none

**Follow Up:** none

**Medication Note:**
none

**Clinical Comments:**
S-Phone call from Dr McIvenney upstairs, George attended after attending hospital over the weekend with rigors and a bad infection. G.P advises wound had deteriorated, has started him on new course of antibiotics and asked if Podiatry could see him today as he has no dressings currently.

O-On examination right 5th digit still swollen with some breaks in the skin, appearance of grazing and scratches, all less than 1mmx1mm, 100% granulating. Right lateral malleoli similar 20x30mm area of scratched excoriated skin with small 1mmx1mm wound, 100% granulating. No clinical signs of spreading infection evident today. George feeling well today.

A-Cleaned all cuts, dressed with Videne, Inadine, dry island dressings, tubegauze tape and bandagewrapped as George advises his dressing shave been coming off quite easily.

P-Due for FP review tomorrow at 9:25, advised George to still attend for this appointment.

E-Deterioration and infection over the weekend, worsening advice given.

R-1 day

Kevin Campbell

Podiatrist

| | |
|---|---|
| | Gorbals Tier 2. S - I got seen yesterday so my right foot doesn't need dressed. Im on antibiotics again, they make me feel sick. O - Left foot 1st medial border resolved. 4/5 ID space resolved. Ulceration to left lower leg, undressed, sloughy, some dull peri wound erythema. Denying any signs of systemic infection. Wearing own footwear. A - verbal consent gained. Right foot left dressed due to patient request. Left leg ulcer cleansed with prontasan, debris removed. dressed with Inadine and 365 island dressing. Spares given. P - reivew in 1 week. Contact if any concerns. Avoid picking or scratching. MDFC review in 2 weeks. E - overall no changes. R - 1 week tier 2 review. Robyn Miller Podiatrist. |

Electronically Signed:,

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde

Gorbals Health and Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard:
Department: Podiatry
Contact Tel: 0141 201 5000
Enquiries to: Kevin.Campbell3@ggc.scot.nhs.uk
Letter Date: 21/07/2022
Reference:
Dictated Date: 20/07/2022
Transcribed Date: 20/07/2022

Dear Dr. WA Best,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 21/07/2022 09:25

**Requested Out-patient Investigations:**
none

**Follow Up:** none

**Medication Note:**
none

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S-Phone call from Dr McIvenney upstairs, George attended after attending hospital over the weekend with rigors and a bad infection. G.P advises wound had deteriorated, has started him on new course of antibiotics and asked if Podiatry could see him today as he has no dressings currently.

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E-Deterioration and infection over the weekend, worsening advice given.

R-1 day

Kevin Campbell

Podiatrist

Electronically Signed: ,

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde

Gorbals Health and Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | Podiatry |
| Contact Tel: | 0141 201 5000 |
| Enquiries to: | |
| Letter Date: | 14/07/2022 |
| Reference: | |
| Dictated Date: | 14/07/2022 |
| Transcribed Date: | 14/07/2022 |

Dear Dr. WA Best,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 14/07/2022 09:25

**Requested Out-patient Investigations:**
none

**Follow Up:** none

**Medication Note:**
none

**Clinical Comments:**
Gorbals Tier 2. S - my feet are a mess. I stood on a bit of glass and I cant get it out. I don't want anymore antibiotics, they make me feel sick. O - Left foot patient been picking toenail at 1st medial border, dried blood present. No signs of infection. Left 5h in ID space skin fragile, similar appearance to right 5th. Right 5th remains red and swollen. No heat or other indicators of infection. Feeling systemically well. Skin scraping results not back yet. Ulceration to right lateral lower leg. Superficial, 80% granulating, 20% slough. No signs of infection. All wounds had no dressings on arrival today. Wearing own footwear. A - verbal consent gained. All cleansed and debrided as required. Left 1st medial sulcus cleared - in tact. Lower leg 365 island dressing applied, both 5th dressed with inadine, 365 island dressing, tube gauze and tape. P - reivew in 1 week. Contact if any concerns. Avoid picking or scratching. MDFC review in 3 weeks. E - overall no changes. R - 1 week tier 2 review. Robyn Miller Podiatrist.

Electronically Signed:

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | 0141 201 1100 |
| Department: | Podiatry |
| Contact Tel: | 0141 201 5000 |
| Enquiries to: | |
| Letter Date: | 23/06/2022 |
| Reference: | |
| Dictated Date: | 23/06/2022 |
| Transcribed Date: | 23/06/2022 |

Dear Dr. WA Best,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 23/06/2022 10:05

**Requested Out-patient Investigations:**
none

**Follow Up:** none

**Medication Note:**
none

**Clinical Comments:**
s- im going through socks at a rate.

o- right 5th toe evidence of trauma with several superficial granulating breaks in skin. no dressing on. toe and lateral aspect of foot appear hot. right posterior lateral malleoli superficial granulating wound. no dressing on. xray may 2022 states healing fracture of distal phalanx. patient is under OPAT taking co-timoxazole. patient tells me he feels well. last hba1c may 2022-96mmol/mol. patient appears to think his diabetes medication doesn't work. last photo june 2022. last mdfc may 2022. patient tells me darco is in the car. he has seal tight.

a- wounds cleansed with prontosan. leg dressed with videne and island dressing. toe with videne, sterile gauze tg and mefix. advised to keep dressing on and dry. advised to contact DSN to manage blood sugar. worsening advice given.

p- weekly review. next appointment at NVH for second opinion and ongoing management plan.

e-ongoing inflammation in right foot?

r- 1/52

kerrie barrie

Electronically Signed: ,

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard:
Department: Podiatry Foot Protection Team
Contact Tel: 0141 201 5000
Enquiries to: ewan.wilson3@ggc.scot.nhs.uk
Letter Date: 09/06/2022
Reference:
Dictated Date: 09/06/2022
Transcribed Date: 09/06/2022

Dear Dr. WA Best,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 09/06/2022 08:45

**Follow Up:** no gp action required.

**Clinical Comments:**
Gorbals tier 2 clinic

S - Patient attended for review, reports struggling to tolerate antibiotics.

Feeling nauseous, has not been physically sick but describing symptoms of acid reflux.

O - O/e left foot intact, 5th toe dorsal callous.

Right foot no dressings in situ.

Right posterior-lateral leg ulcer, ulcer 30mm x 22mm, wound base dry and adhered eschar with debris/cat hairs in wound 70%, granulating 30%.

Right 5th metatarso-phalangeal joint lateral at base of digit fissue like wound, base 100% granulating and measures 20mm x 5mm, no depth on probing.

Right 5th toe fragile/macerated tissue around digit with several breaks in skin.

Erythema and swelling remains around 5th MTPJ, not tracking proximally from this area. 5th toe swollen.

A - Wounds soaked with prontasan.

Debirded both wounds and periwounds.

Right 5th toe dressed with inadine, sterile gauze, tubegauze, hypafix.

Right lateral/posterior ankle urgoclean and sterile gauze, hypafix, blueline to secure.

Advised to keep dressings on, dry and intact.

SOS advice given, if any deterioration, spreading infection etc to contact clinic, if concerned contact 111 or A&E.

Photos uploaded using SCIT app.

P - Currently under OPAT - on 6 week course of co-trimoxazole.

OPAT review 10/6/22.

No further MDFC booked at this stage, consider re-booking if no improvement.

E - Wounds static, poor concordance with offloading footwear and dressings.

R - 1 week tier 2

Ewan Wilson (Band 6 Podiatrist)

Electronically Signed: ,

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde

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G51 4TF
0141 201 1100

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | 0141 201 1100 |
| Department: | Podiatry Foot Protection Team |
| Contact Tel: | 0141 201 5000 |
| Enquiries to: | Robyn.Miller@ggc.scot.nhs.uk |
| Letter Date: | 02/06/2022 |
| Reference: | |
| Dictated Date: | 02/06/2022 |
| Transcribed Date: | 02/06/2022 |

Dear Dr. WA Best,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 02/06/2022 11:25

**Follow Up:** no gp action required.

**Clinical Comments:**
Gorbals tier 2. S - No complaints. O - no dressing in situ. Wearing own footwear, been given darco shoes. Right lateral lower leg ulceration with peri wound erythema, no heat or other indicators of infection. Area measures 30x25mm, sock fluff and cat hairs present in wound. 50% granulating, 50% shallow slough, Superficial. Left 5th toe ulceration proximal to toe at lateral aspect measuring 20x6mm, again debris in wound. Granulating. Toe oedematous. Tissues fragile on whole toe, appears to have been picked. Attending OPAT. Antibiotics not making patient feel great. A -v verbal consent gained. wounds cleansed and debrided to remove debris. Right 5th dressed with Atruaman, sterile gauze, tube gauze and hypafix. Just proximal autraman and 365 island dressing applied. Lateral leg wound dressed with Atruaman and 365 island dressing. Discussed importance of keep dressings on and dry and avoiding picking. P - encouraged to wear darcos, to keep on and dry. To continue with opat. Review in 1 week. To contact before if any concerns. E - overall no changes. heavy debris present in wound beds. R - 1 week. Robyn Miller Podiatrist.

Electronically Signed: ,

cc.

SCI-Diabetes

Queen Elizabeth University Hospital
Diabetes Centre
Southern General Hospital
1345 Govan Road
G51 4TF
t: 0141 201 1100
http://www.nhsggc.org.uk/

NHS Greater Glasgow and Clyde

Consultant Diabetologist: Dr H E Hopkinson
Date of Clinic: 26-May-2022
Date Printed: 31-May-2022
Our Ref: HEH/SS
Enquiries to: Susan Savage
Ext. 4516155
E-mail: susan.savage@ggc.scot.nhs.uk

DR J S GORDON & PARTNERS
THE GORDON PRACTICE
NEW GORBALS
HEALTH & CARE CENTRE
2 SANDIEFIELD RD, GLASGOW
G5 9AB

Dear Doctor

**Name/Address:** GEORGE FINNIE, FLAT 9C, 305 CALEDONIA RD, GLASGOW, G5 0JQ
**Patient ID/CHI:** 2307656057
**DOB:** 23-Jul-1965

**Date of Queen Elizabeth University Hospital Appointment (Foot Clinic):**26-May-2022

**Summary:**

Diagnoses:

Type 2 diabetes, poor concordance with therapy (patient believes insulin doesn't work).

Cellulitis at right 5th toe and metatarsal head after trauma.

Intolerance of oral flucloxacillin, doxycycline and co-amoxiclav, all of which recently caused vomiting.

OPAT treatment arranged for Monday, 30.5.22.

I met Mr Finnie in the multidisciplinary diabetic foot clinic. He banged his right 5th toe a number of weeks ago and he broke the distal phalanx with an ulcer at the nailbed that has allowed infection in. I am pleased to report that today's x-ray shows no evidence of ongoing osteomyelitis and the distal phalanx has solidified. There is still cellulitis of the toe and around the 5th metatarsal head with some loss of skin integrity, but no deep ulceration. He is adamant that he won't consider any further oral antibiotics, as they have all made him vomit. I discussed intravenous outpatient antibiotics with him and he is keen to give this a go. The OPAT team have kindly arranged to see him on Monday to take this forward. The podiatrists and orthotists will keep him under review. From the point of view of his diabetes, I have urged him to make contact again with Lee-Anne Carson, diabetes specialist nurse in the community. He freely admits he is not taking any insulin at the moment, because he doesn't believe it works. We had a conversation along the lines of insulin needs to be finely tuned to the individual patient and that maybe a little bit of work on this with Lee-Anne would be helpful. I have left the ball in his court to contact Lee-Anne.

cc

Sister L-A Carson
Community Diabetes Specialist Nurse
Elderpark Clinic
20 Arklet Road
Glasgow
G51 3XR

**Foot Clinic Next Review:**

Yours sincerely

Dr H E Hopkinson
Consultant Diabetologist
This letter has been electronically verified and signed by the above



*Headquarters:*
*NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH*

*Chairperson: John Brown CBE*

**PATIENT NAME:** GEORGE FINNIE
**PATIENT ADDRESS:** FLAT 9C
305 CALEDONIA RD
GLASGOW
G5 0JQ

**DOB:** 23-Jul-1965
**Patient ID/CHI:** 2307656057
**CONTACT DATE:** 26-May-2022

| Active Foot Ulcers | | | | | |
|---|---|---|---|---|---|
| **Location** | **Start Date** | **Causative Factors** | ***Grading** | **Infection** | **Dressing*** |
| Please check free text letter content above. | | | | | |

*Grading: TexI = Initial Texas Score, TexC = Current Texas Score, EPU = Scottish Adaptation of the European Pressure Ulcer Classification

*Dressing: P = Primary, S = Secondary, O = Outer

| Foot Summary | Right | Left |
|---|---|---|
| Amputation | 31-Aug-2012 None | 31-Aug-2012 None |
| Protective Sensation | 12-Nov-2014 Present | 12-Nov-2014 Present |
| Peripheral Pulses | 12-Nov-2014 Either Palpable | 12-Nov-2014 Either Palpable |

| General | | | |
|---|---|---|---|
| HbA1c | 26-May-2022 96 mmol/mol | Cholesterol | 29-Oct-2021 6 mmol/L |
| Blood Pressure | 26-May-2022 131 / 84 mmHg | Smoking Status | 26-May-2022 Never smoked |
| eGFR | 30-May-2022 >60 ml/min | | |

| Medication (determined from primary care prescribing data received in the last 4 months) | | | |
|---|---|---|---|
| Statin | 20-May-2022 Atorvastatin 80mg tablets | | |
| AT2 Antagonist | AT2 Not Prescribed | ACE Inhibitor | ACE Not Prescribed |

| Recommended Antibiotic Therapy | | | | | |
|---|---|---|---|---|---|
| **Start Date** | **Antibiotic Name** | **Dosage** | **Type** | **Frequency** | **Recommended Total Duration** |
| Please check free text letter content above. | | | | | |

| New Pressure Management | Right | Left |
|---|---|---|
| Please check free text letter content above. | | |

| Current Pressure Management | Right | Left |
|---|---|---|
| Please check free text letter content above. | | |

| Other Actions (added at this clinic visit) |
|---|
| Please check free text letter content above. |



*Headquarters:*
*NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH*

*Chairperson: John Brown CBE*

## Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | 0141 201 1100 |
| Department: | Podiatry Foot Protection Team |
| Contact Tel: | 0141 201 5000 |
| Enquiries to: | Karen.Smith4@ggc.scot.nhs.uk |
| Letter Date: | 28/04/2022 |
| Reference: | |
| Dictated Date: | 28/04/2022 |
| Transcribed Date: | 28/04/2022 |

Dear Dr. WA Best,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 28/04/2022 09:25

**Clinical Comments:**
Gorbals Tier 2 clinic

S- Patient attended, no complaints. I banged my foot off my table at the weekend, it was bleeding and sore. Patient feeling well.

O- On examination, no dressing in situ, ulceration on medial aspect of right 5th toe, 18mm x 8mm, 100% granulation tissue, not probing, periwound tissue macerated, toe remains sausage shape. Skin across right 5th toe fragile. No clinical signs of infection. Left foot intact. Patient has previously completed 6 week course of antibiotics for suspected osteomyelitis (Doxycycline, course completed end of March), follow up x-ray carried out on 4/4/22, awaiting report.

A- Wound debrided, dressed with inadine, sterile gauze, tubegauze and mefix. Patient wearing boots today as driving but wears DARCO shoe at other times. Gave worsening advice.

P- Patient to keep dressing on and dry, use shower boot. Ensure DARCO shoe is worn at all times other than when driving. MDFC review 26/5/22. Await x-ray results.

E- Static wound.

R- Review 1 week.

Karen Smith, Podiatrist.

Electronically Signed: ,

cc.

## Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard: 0141 201 1100
Department:: Podiatry
Contact Tel: 0141 201 5000
Enquiries to: Robyn.Miller@ggc.scot.nhs.uk
Letter Date: 21/04/2022
Reference:
Dictated Date: 21/04/2022
Transcribed Date: 21/04/2022

Dear Dr. WA Best,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 21/04/2022 10:45

**Follow Up:** no gp action required.

**Clinical Comments:**
10x5mm 100% granulating.

Dried blood at right 1st medial border of nail

Gorbals tier 2. S - no complaints. O - when asked about antibiotics patient reports he no longer wishes to take antibiotics as they were making him sick, he was on 3 at the same time. Own shoes on, not complying with pressure relief advice. Refused left foot to be checked. Right foot no dressing in situ. Right 1st medial border of the nail dried blood in corner, denies picking the nail despite evidence of picking. Sulcus clear of spikes of nail. No signs of infection. Right 5th toe ulcer at dorsal medial aspect of toe, ulcer measuring 10x5mm, 100% granulating, superficial, no signs of infection. Again denies picking but evidence of picked skin all over toe. Clinical picture today improved from photographs taken 2 weeks ago. A - verbal consent gained. 365 island dressing applied to right 1st hallux. Inadine, 365 island dressing, tube gauze and hypafix applied to left 5th. Highlighted importance of redressing if plaster comes off - spares given. Discussion around possible interactions between antibiotics. P - to keep on and dry, patient to redress if plaster comes off. Tier 2 review in 1 week, patient to contact before if any concerns. E - improving. R - 1 week. Robyn Miller Podiatrist.

Electronically Signed: ,

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard: 0141 201 1100
Department: Neurosurgery
Contact Tel: 0141 201 2026
Enquiries to: subbia.mohammed@gcc.scot.nhs.uk
Letter Date: 19/04/2022
Reference: JC/SM
Dictated Date: 19/04/2022
Transcribed Date: 20/04/2022

Dear Dr. WA Best,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Neurosurgery; Clinic - SGJFNS4-ESP JO CHAMBERS TUESDAY PM
Date and Time of Appointment - 19/04/2022 16:30

**Requested Out-patient Investigations:**
MRI

**Clinical Comments:**
Thank you for your referral of this 56 year old gentleman who was appointed to the extended scope physiotherapy practitioner neurosurgical clinic today on behalf of Mr Barrett, Consultant Neurosurgeon. Telephone consultation was undertaken for initial assessment.

As you are aware, Mr Finnie has had long standing problems with left sided neck and arm pain and was last seen within the department in November of 2019 and was referred for further investigations, but unfortunately due to the COVID pandemic, Mr Finnie failed to attend for his appointments and investigations.

On speaking to him today, he continues to experience left sided neck and shoulder pain to the elbow, occasionally into the forearm and palmar aspect of the left hand. He describes pins and needles and numbness in to all fingers of the left hand. He has minimum right sided symptoms on to the shoulder and scapular area. These symptoms are long-standing but have been worse over the past few years and he informs me that approximately 2 months ago he was involved in an RTA and was rear ended and has noted an increase in his pain since that time. Pain is constant in nature but variable in intensity and neck pain is predominantly over arm pain.

Pain is aggravated with movements into left rotation, prolonged periods of sitting, supine lying and when turning in bed. There is nothing in particular that helps to alleviate his symptoms.

Mr Finnie denies any visual disturbance, there is no speech or swallowing problems, but he has difficulties with fine motor skills due to lack of sensation in his left hand and he is dropping things with his left hand despite being right handed. He has a positive cough and sneeze producing neck pain due to jerky movements. He has normal bladder function but is constipated and at present he is using 1 elbow crutch to help with his mobility due to an ongoing infection in his left foot. He does not describe any other gait or balance disturbance.

Past medical history includes hypertension, previous CVA, depression, angina and diabetes. At present he is taking Metformin, Lansoprazole, Co-Codamol, Atorvastatin, Pregabalin, Duloxetine, Clopidogrel, Empagliflozin, Trazodone and Bisoprolol. He has not undergone any other conservative management such as physiotherapy. His last MRI scan of cervical spine was undertaken in 2017.

Mr Finnie lives alone but needs his daughters assistance with heavier household chores. He has a disability car, but feels that he is not using this much as present. He has no specific hobbies.

In the first instance I have opted to repeat the MRI scan to gain up to date imaging. Mr Finnie informs me that he is very claustrophobic, and therefore I suggested that he discuss this with yourself once in receipt of his MRI appointment to see if there are any medications that he can take specifically on the day to help him tolerate the investigation. Mr Finnie will be reviewed in clinic face to face once scan results are available.

Yours sincerely,

Ms Jo Chambers

Advanced Physiotherapy Practitioner (Neurosurgery)

Electronically Signed: Physiotherapist Joanne Chambers, Physiotherapist

cc.

SCI-Diabetes

Queen Elizabeth University Hospital
Diabetes Centre
Southern General Hospital
1345 Govan Road
G51 4TF
t: 0141 201 1100
http://www.nhsggc.org.uk/

NHS Greater Glasgow and Clyde

Consultant Diabetologist: Dr L Hall
Date of Clinic: 04-Apr-2022
Date Printed: 08-Apr-2022
Our Ref: LH/AL
Enquiries to: Anne Logan
Ext. 4516143
E-mail: anne.logan@ggc.scot.nhs.uk

DR J S GORDON & PARTNERS
THE GORDON PRACTICE
NEW GORBALS
HEALTH & CARE CENTRE
2 SANDIEFIELD RD, GLASGOW
G5 9AB

Dear Doctor

**Name/Address:** GEORGE FINNIE, FLAT 9C, 305 CALEDONIA RD, GLASGOW, G5 0JQ
**Patient ID/CHI:** 2307656057
**DOB:** 23-Jul-1965

**Date of Queen Elizabeth University Hospital Appointment (Foot Clinic):**04-Apr-2022

**Summary:**

I saw this 56 year old gentleman today at the multidisciplinary foot clinic. The following issues were discussed:

1. UoT 1a right fifth toe ulcers. Mr Finnie has just completed 6 weeks of oral Doxycycline. His repeat bloods show a CRP of 5 and a white cell count of 8.0. Unfortunately he did not have his wound dressed today on his way into clinic and there were some skin changes associated with friction and trauma. There was however no clinical evidence of active infection. His fifth toe did still look quite sausage shaped and we wanted to update his x-ray to see if there were any delayed changes that might suggest osteomyelitis but that does not appear to be the case today on review of his x-ray though we will await the formal report. His foot was dressed and he was advised to continue wearing his Darco shoes and also to continue attending his community podiatry appointments for dressings.

2. Glycaemic control. HbA1c in February was 109. Mr Finnie admits to not being on any of his anti-hyperglycaemics since at least August of last year. He should have been on 150 units of Humalog three times a day and 200 units of Tresiba as well as Dulaglutide 1.5 mgs weekly and Empagliflozin 10 mgs, Metformin 1 gram bd. He tells me that his blood sugars are often in the 20s to 30s and often unrecordably high. We have gone over again today the risks of untreated diabetes including him developing HHS and the associated mortality with that, the risks that this poses to his foot potentially leading to amputation and the risks of cardiovascular disease as well. He has an appointment with psychiatry later on this week and also has contact with the DSN so he is going to take time to reflect on this and if he is willing to engage with us with regards to his diabetes management, then we can hopefully get the ball rolling.

3. Cardiovascular risk. Mr Finnie is on secondary prevention following a previous stroke. He is however not taking his Clopidogrel, Bisoprolol or Atorvastatin. His blood pressure today was 129/89.

I will arrange to see him back at the multidisciplinary foot clinic in around 8 weeks' time to reassess the situation and see where we are.

**Foot Clinic Next Review:**

Yours sincerely

Dr Catherine Russell
ST6
This letter has been electronically verified and signed by the above



*Headquarters:*
*NHS Greater Glasgow and Clyde Corporate HQ, J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH*

*Chairperson: John Brown CBE*

**PATIENT NAME:** GEORGE FINNIE
**PATIENT ADDRESS:** FLAT 9C
305 CALEDONIA RD
GLASGOW
G5 0JQ

**DOB:** 23-Jul-1965
**Patient ID/CHI:** 2307656057
**CONTACT DATE:** 04-Apr-2022

| Active Foot Ulcers | | | | | |
|---|---|---|---|---|---|
| **Location** | **Start Date** | **Causative Factors** | ***Grading** | **Infection** | **Dressing*** |
| Please check free text letter content above. | | | | | |

*Grading: TexI = Initial Texas Score, TexC = Current Texas Score, EPU = Scottish Adaptation of the European Pressure Ulcer Classification

*Dressing: P = Primary, S = Secondary, O = Outer

| Foot Summary | Right | Left |
|---|---|---|
| Amputation | 31-Aug-2012 None | 31-Aug-2012 None |
| Protective Sensation | 12-Nov-2014 Present | 12-Nov-2014 Present |
| Peripheral Pulses | 12-Nov-2014 Either Palpable | 12-Nov-2014 Either Palpable |

| General | | | |
|---|---|---|---|
| HbA1c | 07-Feb-2022 109 mmol/mol | Cholesterol | 29-Oct-2021 6 mmol/L |
| Blood Pressure | 04-Apr-2022 122 / 89 mmHg | Smoking Status | 04-Apr-2022 Never smoked |
| eGFR | 04-Apr-2022 >60 ml/min | | |

| Medication (determined from primary care prescribing data received in the last 4 months) | | | |
|---|---|---|---|
| Statin | 25-Mar-2022 Atorvastatin 80mg tablets | | |
| AT2 Antagonist | AT2 Not Prescribed | ACE Inhibitor | ACE Not Prescribed |

| Recommended Antibiotic Therapy | | | | | |
|---|---|---|---|---|---|
| **Start Date** | **Antibiotic Name** | **Dosage** | **Type** | **Frequency** | **Recommended Total Duration** |
| Please check free text letter content above. | | | | | |

| New Pressure Management | Right | Left |
|---|---|---|
| Please check free text letter content above. | | |

| Current Pressure Management | Right | Left |
|---|---|---|
| Please check free text letter content above. | | |

| Other Actions (added at this clinic visit) |
|---|
| Please check free text letter content above. |

# Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | 0141 201 1100 |
| Department: | Castlemilk Tier 2 clinic |
| Contact Tel: | 01475 501206 |
| Enquiries to: | Suzanne.Miller2@ggc.scot.nhs.uk |
| Letter Date: | 14/03/2022 |
| Reference: | |
| Dictated Date: | 14/03/2022 |
| Transcribed Date: | 14/03/2022 |

Dear Dr. WA Best,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Podiatry; Clinic - CMUPR112-CASTLEMILK ULCER CLINIC MONDAY
Date and Time of Appointment - 14/03/2022 13:00

**Follow Up:** Podiatry MDFC 04/04

**Clinical Comments:**
Tier 2 Castlemilk S- Patient reports he has had bad nausea and vomiting since last weekend. He contacted his GP who advised Mr Finnie to stop all antibiotics. Mr Finnie tells me he has decided not to take any of his medication including his insulin. He reports his symptoms are improving and the last time he vomited was last night.

O- On examination left foot intact. Right foot 5th toe remains red and swollen with skin peeling there is 2x small shallow 100% granulating ulcers at medial sulcus and lateral border of the foot. There was again no dressing in place today. Patient was wearing own walking boots today as he is driving but advises he wears his darco at all other times and manages well with this. Has seal-tight for showering.

A- Wound cleansed with prontosan. Visible debris in wound bed. Loose tissue debrided. Toe redressed with videne, inadine, sterile gauze, tube gauze and mefix to secure. Spare dressings provided for patient to redress if required. I spoke with GP receptionist who tells me there is no mention in the notes of patient to stop his antibiotics. He was provided with an anti-sickness tablet. Discussed with patient GP - they did not advise patient to stop his antibiotics and have advised he continues with doxycycline and to contact practice if he feels his nausea/vomiting is getting worse and they will switch to clindamycin. Attempted to contact patient to advise him but no answer on his phone. GP also reports he is unsure if nausea/vomiting is connected to antibiotics as he has had episodes of this in the past.

P- Swab next visit. Re-start antibiotics. Will request patient brings box with him next week so I can see what he is taking.

E- Patient believes he was advised to stop all antibiotics. Tells me he has stopped all medication

R- 1 week Castlemilk. MDFC rebooked for 04/04.

Suzanne Miller (band 6 podiatrist)

Electronically Signed: ,

cc. GP

## Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. M McLaughlin
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | Castlemilk Tier 2 clinic |
| Contact Tel: | 01475 501206 |
| Enquiries to: | Suzanne.Miller2@ggc.scot.nhs.uk |
| Letter Date: | 14/02/2022 |
| Reference: | |
| Dictated Date: | 14/02/2022 |
| Transcribed Date: | 14/02/2022 |

Dear Dr. M McLaughlin,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Podiatry; Clinic - CMUPR112-CASTLEMILK ULCER CLINIC MONDAY
Date and Time of Appointment - 14/02/2022 09:25

**Follow Up:** MDFC at QEUH On the 14/03/22 AB requested from GP. Patient referred to have imaging carried out for the right 5th toe suspected osteomyelitis

**Clinical Comments:**
Tier 2 Castlemilk S- Patient reports not attending his appointments as he was feeling low. Reports shooting pains in both feet and wee toe has been bleeding a lot. Patient was sent for x-ray 06/01 at last appointment but did not attend for this - no note of any x-ray on Pacs. Asked patient but he couldn't be 100% sure he did attend. Had 1 gram flucloxacillin on 06/01 for 7 days. Reports feeling well today get occasions were he feels shivery but this comes and goes and has been going on for a while now.

O- On examination 100% granulating shallow fissure measuring 20mmx2mm in the skin at the base of the right 5th toe. Toe remains swollen and red but not extending on the dorsum of the foot with some heat locally. Small granulating wound dorsum of 5th toe measuring 3mmx2mm. No wounds probing to bone. Dried blood and sock debris sticking to toe.

A- Consent gained. Some callus debrided. Wound cleansed with prontosan. Redressed with inadine, wound pad cut to size (no gauze available), tube gauze and mefix to secure. X-ray request sent to query osteomyelitis as patient did not attend previously. Advises he is unable to attend today but will tomorrow at New Victoria Hospital. Antibiotics requested via GP practice and advised of suspicions of bone infection. He is aware to pick these up asap. Fitted with large darco for pressure relief today. Worsening advice given - advised if any spreading redness, swelling, heat or if feeling systemically unwell then to contact NHS 24/A&E immediately. Podiatry contact number provided if any concerns.

P- Will request antibiotics via GP practice. X-ray requested querying osteomyelitis. MDFC booked 14/03. Present at MDT if required once x-ray has been undertaken

E- New area of ulceration - has not attended appointments since 06/01.

R- 1 week Castlemilk

Suzanne Miller (band 6 podiatrist)

Electronically Signed: ,

cc. GP

# Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. M McLaughlin
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard: 0141 201 1100
Department: Gorbals HC tier 2 clinic
Contact Tel: 0141 347 8909
Enquiries to: monica.houston@ggc.scot.nhs.uk
Letter Date: 06/01/2022
Reference:
Dictated Date: 06/01/2022
Transcribed Date: 06/01/2022

Dear Dr. M McLaughlin,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Podiatry; Clinic - GBUPR178-GORBALS ULCER CLINIC THURSDAY
Date and Time of Appointment - 06/01/2022 08:45

**Follow Up:** MDFC at QEUH On the 3/2/2022 AB requested from GP ,swab taken and sent to microbiology , patient referred to have imaging carried out for the right 5th toe suspected osteomyelitis

**Clinical Comments:**
S- patient complains of today: patient attended saying that he has had this wound since November and that his daughter has been dressing the area since then . He said that he was feeling feverish yesterday .He had said that he had taken something for this and that it had settled down .The patient was feeling systemically feeling well today .advised that if this occurs again or with any spreading of the tracking beyond the right 5th toe base ,them to attend A and E or dial 111 .

O- on examination I found today: right 5th toe is swollen ,sausage in shape with hyperaemia extending down to the webbing .avulsed nail with no puncture wound seen .macerated tissue at the medial aspect of the sulci. suspected osteomyelitis

A- treatment actioned today medical photography consent given for the right toe to be photographed advised for the patient to attend the NVH x-ray dept as I was referring him for imaging of the right the toe as suspected osteomyelitis .area swab also and swab sent to microbiology .no darko med surg present at Gorbals HC today, therefore advised the patient to use an old pair of trainers in the house and cut a whole out in the area to allow the right 5th toe to be free from pressure . contacted the GP practice with regard to the need for AB to be prescribed and concern over the tracking infection at the right 5th toe area . seal tight leaflet given patient to hand this into GP .patient booked into MDFC at the QEUH on the 3/2 /2022, the NVH on the 11/2/2022

P - Treatment plan discussed today:To keep dressing on and dry. to have darko med surg fitted when the patient attends the NVH on the 11/2/2022To monitor and contact if any problems. worsening syymptoms given and advised to attend A and E or dial 111

E- Evaluate: 5 days

R- Review: Monica Houston Podiatrist

Electronically Signed: ,

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. M McLaughlin
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard:
Department: Podiatry
Contact Tel: 01415777784
Enquiries to: ConorPatrick.Allan@ggc.scot.nhs.uk
Letter Date: 05/01/2022
Reference:
Dictated Date: 05/01/2022
Transcribed Date: 05/01/2022

Dear Dr. M McLaughlin,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Podiatry; Clinic - ETP2R156-GENERAL PODIATRY 2 WEDNESDAY
Date and Time of Appointment - 05/01/2022 14:45

**Follow Up:** None

**Clinical Comments:**
Emergency telephone triage: S - Patient explained that the nail on his right fifth toenail has came off and there is a hole in the nail bed with pus coming from it. Patient added that he can hardly walk due to the pain and is also being woke up when in bed at night due to pain in feet.

O - Description of left fifth nail avulsion with ulceration present on nail bed. Patient described a smell coming from the area with exudate also being released and surrounding skin being red.

A - Referred to south quadrant foot protection team due to description of ulceration.

P - Treatment plan to be initiated at appointment.

E - First contact via telephone.

R - Foot protection within 2 working days.

Conor Allan Band 5 Podiatrist

Electronically Signed: ,

cc.

# Clinic Letter

This version supersedes letter dated 01 Nov 2021

NHS
Greater Glasgow and Clyde
New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. M McLaughlin
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | |
| Contact Tel: | 0141 347 8775 |
| Enquiries to: | |
| Letter Date: | 29/10/2021 |
| Reference: | IS/CMcM |
| Dictated Date: | 29/10/2021 |
| Transcribed Date: | 29/10/2021 |

Dear Dr. M McLaughlin,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Geriatric Medicine; Clinic - VIISGE9-DR SHAH GERI FRIDAY AM
Date and Time of Appointment - 29/10/2021 09:30

**Clinical Comments:**

**Telephone Assessment**

I undertook a Stroke Clinic telephone consultation, today, with this 56 year old gentleman. He gives a history of sharp headaches and neck pain. His symptoms seem to be worse with head movement. He also complains of intermittent right arm weakness. There is no history of visual or speech disturbance. He does have a history of cervical spondylosis and poorly controlled diabetes. His recent blood glucose was 14 and cholesterol was 6.0. He is a non-smoker and does not drink alcohol. He is currently not driving.

I have arranged an urgent CT brain scan to further investigate his symptoms. He was not keen for an MRI scan due to claustrophobia. I will also arrange an ECG and blood pressure check. His is already on Clopidogrel 75mgs once daily and Atorvastatin 80mgs nocte. I would be grateful if you could continue to monitor his diabetes and I will be back in touch with the results of his investigations.

Yours sincerely

Dr Imtiaz Shah

Consultant Stroke Physician

Electronically Signed: ,

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. M McLaughlin
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | Cardiology |
| Contact Tel: | 0141 451 6120 |
| Enquiries to: | louise.kinnear@ggc.scot.nhs.uk |
| Letter Date: | 08/07/2021 |
| Reference: | JA/LK |
| Dictated Date: | 08/07/2021 |
| Transcribed Date: | 12/07/2021 |

Dear Dr. M McLaughlin,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Cardiology; Clinic - VIJACA7-DR ADAMS CARDIOLOGY THURS AM
Date and Time of Appointment - 08/07/2021 08:45

**Clinical Comments:**
You referred this gentleman to the cardiology outpatient clinic with regards to chest pain. Unfortunately he did not attend the appointment and at present, in view of our very long waiting lists, I have not reappointed him. He obviously has very significant problems with poor diabetes control and I note that he has also recently not attended some surgical appointments.

If this gentleman continues to have chest pain and still wisesh to be seen at a cardiology clinic then please let me know and I will send him a further appointment.

Yours sincerely

Dr J. Adams

Consultant Cardiologist

Electronically Signed: Dr Jacqueline Adams, Consultant

cc.

## Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: General Surgery
Contact Tel: 0141 211 3456
Enquiries to: Fiona.Dorrall@ggc.scot.nhs.uk

Letter Date: 14/06/2021
Reference: ARB/AC
Dictated Date: 17/06/2021
Transcribed Date: 29/06/2021

Dr. M McLaughlin
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dear Dr. M McLaughlin,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - General Surgery; Clinic - SUFHGS1-NURSE F HOUTMEYERS MON AM
Date and Time of Appointment - 14/06/2021 09:30

**Clinical Comments:**
Thank you for your letter dated 25 May enquiring about a colonoscopy appointment for this gentleman. I note from your letter that Mr Finnie continues to have bowel symptoms and is losing weight.

I have tried to contact Mr Finnie by telephone to discuss his symptoms but unfortunately have not been able to do so. At present, we are still prioritising our referrals on the basis of the qFIT. As the qFIT test was negative, this means that the priority is a category four.

I will continue to try to contact Mr Finnie via telephone to discuss his ongoing symptoms and possibly expediting the scope if required.

Many thanks.

Yours sincerely

Sister Fiona Houtmeyers

Colorectal Nurse Endoscopist

Electronically Signed: Nurse Fiona Houtmeyers, Consultant

cc. Mr George Finnie
Flat 9C
305 Caledonia Road
Glasgow
G5 0JQ

# Clinic Letter

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
Main Switchboard: 0141 201 6000
Department: Stroke Medicine
Contact Tel: 0141-201-2501
Enquiries to: marie.maciver@ggc.scot.nhs.uk

Dr. J Simpson
Drs Gordon best & mcintyre
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Letter Date: 23/03/2020
Reference: NH/MMACI
Dictated Date: 23/03/2020
Transcribed Date: 23/03/2020

Dear Dr. J Simpson,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Geriatric Medicine; Clinic - VINHGE1-DR HUGHES STROKE MON AM
Date and Time of Appointment - 23/03/2020 09:00

**Follow Up:** Discharged from clinic.

**Medication Note:**
As per letter

**Clinical Comments:**

Problems:
1. Transient neurological symptoms last September, nature unclear.
2. Previous headache and left arm neurological symptoms labelled as TIA though not certain.
3. Previous TIA clinic attendances with left arm symptoms felt secondary to cervical myelopathy.
4. Diabetes with very poor control (HbA1C 126).
5. Hypertension.

Medications:

The patient didn't have an up to date list but thinks he is taking the following:
- Clopidogrel 75mg
- Atorvastatin 80mg
- Metformin 1g bd
- Empagliflozin 10mg bd
- Insulin
- Pregabalin 150mg bd
- Co-Codamol prn
- Lansoprazole 15mg

- Amitriptyline
- Bisoprolol 2.5mg

Your patient is 54 and doesn't drive. I did a telephone consultation with him today. He had initially been referred in September with neurological symptoms but failed to attend a couple of clinic appointments. He was re-referred in January. Unfortunately he can't remember the specifics of the episode from September. As best he could recall, however, he developed a tingling feeling across the entire bottom half of his lip (i.e. right and left sides), a funny feeling in his left arm distally (his hand and up to his elbow) and an abnormal sensation down the front of his left thigh and the back of his left calf though sparing the rest of his leg. His daughter felt that his speech was slow during this episode. He checked his blood sugar at the time and it was high, which is the usual finding when he checks it. It doesn't sound like he suffers with hypos (though a previous TIA clinic felt he probably did have one at that time). He estimates this episode lasted around 10 minutes. He has persistent, intermittent problems in his left arm from his neck which are static. He has had no other transient neurological episodes that might fit with TIA.

Looking back over previous tests, both CT and MRI have repeatedly shown some non-specific white matter changes which would fit with small vessel disease. The last MRI was from 2017. There are no areas of more focal ischaemic damage. Carotid doppler from 2017 showed no significant atheroma though was a difficult study. He has been in sinus rhythm on 2 ECGs from 2019. He tells me that compliance with medications is good.

It is possible this was a right hemisphere lacunar pattern TIA though the distribution of symptoms wouldn't be classical for this. I am conscious, however, that he can't really recall things clearly. With his multiple vascular risks and small vessel disease changes radiologically, a further small vessel TIA wouldn't be a surprise. He has had previous reassuring investigations of his large arteries. There would be no indication to re-visit this now - it is unlikely we would find any significant interval change from before and, even if we did, he wouldn't be considered for endarterectomy 6 months after the event. By the same token I wouldn't be inclined to go chasing any possible cardiogenic embolic sources as this wouldn't really fit the pattern even if this was TIA - and, to be clear I have told him that we can't be sure.

He is already on good secondary prevention. The only suggestion I made to him was to buy a home blood pressure machine and check some readings. We should have a zero tolerance approach to blood pressure treatment for him if it is running on the high side. I don't think we need to see him in person at clinic and I haven't arranged any investigations or follow-up.

Yours sincerely

***Dr Niall Hughes***

***Consultant in Stroke Medicine***

Electronically Signed: Dr Niall Hughes, Consultant

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. J Simpson
Drs Gordon best & mcintyre
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | 0141 201 1100 |
| Department: | Neurosurgery |
| Contact Tel: | 0141 201 2020 |
| Enquiries to: | |
| Letter Date: | 14/11/2019 |
| Reference: | CB/LR |
| Dictated Date: | 14/11/2019 |
| Transcribed Date: | 18/11/2019 |

Dear Dr. J Simpson,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Neurosurgery; Clinic - SGCBNS7-MR BARRETT NEUROSURGERY THUR AM
Date and Time of Appointment - 14/11/2019 10:45

**Requested Out-patient Investigations:**
MRI scan

**Follow Up:** Neurosurgical Clinic - January 2020

**Clinical Comments:**

I reviewed Mr Finnie at the clinic today. This gentleman has neck and mainly left upper limb pain which travels all the way to the hand with paraesthesia involving all the fingers. He also has some right upper limb pain.

A previous MRI scan had shown a left-sided C4/5 disc prolapse and some right-sided disc bulging at C5/6.

When I last saw Mr Finnie, I had organised an up to date MRI scan and indeed some upper limb neurophysiology (he has poorly controlled diabetes). Unfortunately he was unable to attend for these investigations due to his diabetic problems.

I have re-requested these investigations and I will review him with the results.

Yours Sincerely

**Mr C Barrett**

**Consultant Neurosurgeon**

Electronically Signed: Mr Christopher Barrett, Consultant

cc.

## Clinic Letter

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. J Simpson
Drs Gordon best & mcintyre
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

| | |
|---|---|
| Main Switchboard: | |
| Department: | Cerebrovascular Clinic |
| Contact Tel: | 0141-201-2501 |
| Enquiries to: | marie.maciver@ggc.scot.nhs.uk |
| Letter Date: | 11/11/2019 |
| Reference: | MW/MMACI |
| Dictated Date: | 11/11/2019 |
| Transcribed Date: | 12/11/2019 |

Dear Dr. J Simpson,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**FLAT 9C, 305 CALEDONIA RD, Glasgow, Lanarkshire, G5 0JQ**

Attendance: Specialty - Geriatric Medicine; Clinic - VIMWGE2-PROF WALTERS GERI MONDAY PM CLINIC
Date and Time of Appointment - 11/11/2019 13:20

**Clinical Comments:**

Mr Finnie did not attend the Cerebrovascular Clinic today for his new patient appointment. We will send him one further appointment.

Many thanks

Yours sincerely

***Matthew Walters***

***Professor of Clinical Pharmacology, Honorary Consultant Physician***

Electronically Signed: Prof. Matthew Walters, Consultant

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde
New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

Dr. J Simpson
Drs Gordon best & mcintyre
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

| | |
|---|---|
| Main Switchboard: | |
| Department: | Cardiology |
| Contact Tel: | 0141 451 6128 |
| Enquiries to: | Dr Murphy's Secretary |
| Letter Date: | 16/01/2019 |
| Reference: | BPM/YF |
| Dictated Date: | 16/01/2019 |
| Transcribed Date: | 17/01/2019 |

Dear Dr. J Simpson,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**65 CRUACHAN ROAD, RUTHERGLEN, Glasgow, Lanarkshire, G73 5HH**

Attendance: Specialty - Cardiology; Clinic - VIBMCA5-DR MURPHY CARD WED AM
Date and Time of Appointment - 16/01/2019 09:15

**Follow Up:** Dr Murphy's clinic: 3 months

**Clinical Comments:**
Mr Finnie failed to attend his cardiology clinic appointment today. One further appointment will be sent.

Kind regards

Yours sincerely

Dr Brian P Murphy

Consultant Cardiologist

Electronically Signed: Dr Brian Murphy, Consultant

cc.

# Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. J Simpson
Drs Gordon best & mcintyre
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

| | |
|---|---|
| Main Switchboard: | |
| Department: | Neurosurgery |
| Contact Tel: | 0141 201 2020 |
| Enquiries to: | Janice.Lafferty@ggc.scot.nhs.uk |
| Letter Date: | 01/11/2018 |
| Reference: | CB/JL |
| Dictated Date: | 01/11/2018 |
| Transcribed Date: | 05/11/2018 |

Dear Dr. J Simpson,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**65 CRUACHAN ROAD, RUTHERGLEN, Glasgow, Lanarkshire, G73 5HH**

Attendance: Specialty - Neurosurgery; Clinic - SGCBNS7-MR BARRETT NEUROSURGERY THUR AM
Date and Time of Appointment - 01/11/2018 11:30

**Requested Out-patient Investigations:**
NCS

**Follow Up:** OPD With results

**Clinical Comments:**
I reviewed Mr Finnie once more in clinic. This gentleman has a background history of type 2 diabetes and previous stroke with symptoms in the left upper limb.

He has neck pain and both right upper and left upper limb pain. He had features in keeping with a left C5 radiculopathy and had a left C4/5 disc prolapse and also a degree of right sided disc prolapse at the C5/6 level. At the time of the last clinic appointment in March I organised an up to date scan but unfortunately Mr Finnie could not have this as he was ill with his diabetes at that time.

He clearly still has ongoing symptoms in the upper limbs but on speaking to him today I do wonder whether he could have some neuropathy related to his diabetes and I will also request (in addition to the MRI scan) some upper limb nerve conduction studies. I will review Mr Finnie with the results but unfortunately there can be a long wait for out patient appointments.

Yours sincerely

**Mr Chris Barrett**

**Consultant Neurosurgeon**

Electronically Signed: Mr Christopher Barrett, Consultant

cc. Mr G Finnie
65 Cruachan Road
RUTHERGLEN
Glasgow
G73 5HH

## Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. RJ McGonigle
Drs Gordon best & mcintyre
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Main Switchboard: 0141 201 1100
Department: Neurosurgery
Contact Tel: 0141 201 2020
Enquiries to: Janice.lafferty@ggc.scot.nhs.uk
Letter Date: 08/03/2018
Reference: CB/LR
Dictated Date: 08/03/2018
Transcribed Date: 12/03/2018

Dear Dr. RJ McGonigle,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**65 Cruachan Road, Rutherglen, Glasgow, Lanarkshire, G73 5HH**

Attendance: Specialty - Neurosurgery; Clinic - SGCBNS7-MR BARRETT NEUROSURGERY THUR AM
Date and Time of Appointment - 08/03/2018 11:30

**Requested Out-patient Investigations:**
Cervical MRI scan

**Follow Up:** Review in clinic once imaging has been performed

**Clinical Comments:**

I reviewed Mr Finnie once more in the clinic. Mr Finnie presented with features in keeping with a left C5 radiculopathy and had a left C5/6 disc prolapse against a background of cervical canal stenosis. He has a significant past history of Type II diabetes and a previous stroke involving the left side of the body. He is on a number of medications including Clopidogrel, Aspirin and Metformin. He has also been on insulin for the last 3 years. We initially managed things conservatively.

He continues to have left upper limb pain in a C5 distribution which is 4/10 at worst. Interestingly he now has new pain in the right C6 distribution which he did not have previously. One wonders therefore whether he has a right-sided C5/6 disc prolapse. As this is a new feature, I have organised an up to date MRI scan and I will review him again with the result sin the clinic.

If we were required to undertake surgery, the risks would include infection, bleeding, hoarseness, difficulty swallowing and a small but not zero risk of paralysis, perhaps 1in 500 cases. The surgery would be aimed at dealing with arm symptoms and not neck pain.

I will review Mr Finnie with the results of the MRI scan in due course.

Yours Sincerely

**Mr C Barrett**
**Consultant Neurosurgeon**

Electronically Signed: Mr Christopher Barrett, Consultant

cc:

Mr G Finnie
65 Cruachan Road
RUTHERGLEN
Glasgow
G73 5HH

# Clinic Letter

NHS
Greater Glasgow and Clyde
New Victoria Hospital
Grange Road
Glasgow
G42 9LF
Main Switchboard: 0141 201 6000
Department:
Contact Tel: 0141 347 8775
Enquiries to:

Dr. RJ McGonigle
Drs Gordon best & mcintyre
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Letter Date: 14/09/2017
Reference: PB/CMcM
Dictated Date: 15/09/2017
Transcribed Date: 21/09/2017

Dear Dr. RJ McGonigle,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**65 Cruachan Road, Rutherglen, Glasgow, Lanarkshire, G73 5HH**

Attendance: Specialty - Geriatric Medicine; Clinic - VIPBGE8-DR BIRSCHEL TIA THUR PM
Date and Time of Appointment - 14/09/2017 13:30

**Clinical Comments:**
**Date of Event**
15.08.17

**Diagnosis**
Likely hypoglycaemic episode
Cervical nerve root entrapment
Type II diabetes
Hypertension

**Current Medication**
Clopidogrel 75mgs daily
Atorvastatin 80mgs daily
Gabapentin 300mgs tds
Atenolol 25mgs bd
Empagliflozin 10mgs daily
Metformin 1g bd
Amitriptyline 25mgs nocte
Mirtazapine 30mgs daily
Co-codamol prn
Insulin tds

**Proposed Change to Medication**
Nil

**Medical Follow Up**
Nil - discharged from TIA Clinic

**Assessment**
I reviewed Mr Finnie in the TIA Clinic, on Thursday 14th September 2017 at the New Victoria Hospital. He had attended the TIA Clinic at the end of 2016 with intermittent pain and tingling in his left hand, which was felt ultimately to be due to cervical nerve root compression. At that time he was evaluated by the Neuro Surgical Team in early 2017 and it was felt that he did not require operative treatment as his symptoms had only been present for three to four months without significant neuro-compromise. Indeed, since that time his left arm symptoms have improved.

He was referred after an episode in August 2017. He had been out most of the day and mentioned that his blood sugars had been low during all of the day (around 4 mmol/l during most of the day). He had collected his daughter from football practice, and on arriving home had felt somewhat sweaty and clammy when first getting out of the car. He is unsure whether this was like his 'typical hypo'. He walked in to the house, sat in a chair and felt generally unwell for around five minutes. Around five minutes later, he then felt some tingling on the right side of his face and also felt he was unable to move his right arm. He then developed paraesthesia affecting his right arm and leg and felt that his right arm and leg were a also a little weak. During this time, he felt sleepy and appeared drowsy according to his wife, who felt that he was also somewhat vague and appeared sweaty, clammy and pale. Within 10 minutes he began to come around, was feeling better and was able to mobilise though had developed a right sided headache at this time and his vision was blurred 'like looking through a shadow'. There were no migrainous visual features. He felt that his right arm weakness persisted for several hours after recovering. Unfortunately, he did not check his blood sugar at home.

His past medical history is as listed above. He is described as having a possible stroke in 2015, although on looking at the admission at that time this was after he presented with a frontal headache with some numbness in his left arm and a CT brain scan at that time was normal. His diabetic control is variable. He is normally independent, living with his wife, does not drive himself and does not work at present.

On examination, today, he looked well. Pulse was regular at 89bpm. Blood pressure was 110/85. Heart sounds were normal. BMI was 41. Neurological examination was normal.

**Investigations**
12 lead ECG showed sinus rhythm. Carotid Doppler showed minimal atheroma bilaterally. CT brain scan was unremarkable ( unchanged since 2015 ).

**Outcome/Advice to Patient**
His presentation was more in keeping with a hypoglycaemic episode rather than an acute stroke or TIA. His blood sugar levels had been low during most of the day. At the time of the episode he was drowsy, pale and clammy, which had preceded his right sided symptoms. The symptoms then settled spontaneously. His brain imaging is unremarkable and carotid imaging showed minimal carotid atheroma. He is already on secondary prevention for previous vascular disease.

I do not feel that he requires any further investigations. Obviously, control of his diabetes is of the most importance.

I am pleased to say that he does not need to come back to the TIA Clinic.

Kind regards

Dr Phil Birschel
Consultant Stroke Physician

Electronically Signed: Dr Philip Birschel, Consultant

cc.

## Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. RJ McGonigle
Drs Gordon best & mcintyre
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

| | |
|---|---|
| Main Switchboard: | |
| Department: | Neurosurgery |
| Contact Tel: | 0141 201 2020 |
| Enquiries to: | Janice Lafferty |
| Letter Date: | 25/05/2017 |
| Reference: | CB/JL |
| Dictated Date: | 25/05/2017 |
| Transcribed Date: | 25/05/2017 |

Dear Dr. RJ McGonigle,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**65 Cruachan Road, Rutherglen, Glasgow, Lanarkshire, G73 5HH**

Attendance: Specialty - Neurosurgery; Clinic - SGCBNS7-MR BARRETT NEUROSURGERY THUR AM
Date and Time of Appointment - 25/05/2017 10:30

**Follow Up:** OPD September 2017

**Clinical Comments:**
I reviewed Mr Finnie in clinic today. This gentleman is 51 years old. He is right hand dominant. Previously he worked as a janitor but he has not worked for the last 5 years, initially due to redundancy and thereafter due to ill health.

He was diagnosed with type 2 diabetes in 2008. He has been on insulin for the last three years and he also takes Metformin. In 2015 he had a stroke affecting the left upper limb. He was in hospital for 5 days and gradually over time the limb function improved but this has not entirely recovered. He is not hypertensive but he is on treatment for cholesterol. Other medications include Clopidogrel, Aspirin, Metformin, and an antidepressant. He has no known drug allergies.

Mr Finnie presents with neck pain which can be as bad as 8 out of 10 and left upper limb pain that radiates to the elbow that can be as bad as 9 out of 10 on the visual analogue scale. The arm pain has been present for the last 3 to 4 months. He can occasionally have symptoms that travel all the way to the fingers with pins and needles and numbness. He has no right upper limb pain, he has normal fine motor function, his balance is not particularly impaired and he has normal bladder and bowel function other than urinary urgency.

On examination he was Romberg's negative. He had a good range of cervical spine movement, there was normal tone and reasonable power in both upper limbs; the reflexes were difficult to elicit and Hoffman's jerks were negative. There was no obvious sensory deficit and Tinel's tests were also negative.

Mr Finnie has had an MRI scan of the cervical spine: this shows degenerative cervical spine changes with a C4/5 disc osteophyte (worse on the left) causing bilateral foraminal stenosis and also a C5/6 disc osteophyte (perhaps worse on the right) again causing bilateral foraminal stenosis. I think it is the C4/5 abnormality which is likely to be the causative problem here.

I have explained the scan findings to Mr Finnie. He has upper limb pain due to cervical nerve root compression and while surgery is certainly feasible, as he has only had the pain for 3 or 4 months there is a reasonable prospect that his symptoms will improve over time with conservative management. Surgery would involve an anterior cervical discectomy and fusion which tends to be very good for arm pain but carries a small (but not zero) risk of spinal cord damage leading to paralysis, perhaps 1 in 500 cases. Mr Finnie wishes to be conservatively managed for the time being. I would suggest that a small dose of Gabapentin may be useful if this has not already been tried. I plan to see him back in clinic around 4 months.

Yours sincerely

**Mr C Barrett**

**Consultant Neurosurgeon**

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Yours sincerely

**Mr C Barrett**

**Consultant Neurosurgeon**

Electronically Signed: Mr Christopher Barrett, Consultant

cc. Mr George Finnie
65 Cruachan Road
Rutherglen
Glasgow
G73 5HH

# Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. RJ McGonigle
Drs Gordon best & mcintyre
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

| | |
|---|---|
| Main Switchboard: | 0141 201 1100 |
| Department: | Neurosurgery |
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| Enquiries to: | Janice Lafferty |
| Letter Date: | 25/05/2017 |
| Reference: | CB/JL |
| Dictated Date: | 25/05/2017 |
| Transcribed Date: | 25/05/2017 |

Dear Dr. RJ McGonigle,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**65 Cruachan Road, Rutherglen, Glasgow, Lanarkshire, G73 5HH**

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Date and Time of Appointment - 25/05/2017 10:30

**Follow Up:** OPD September 2017

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Yours sincerely

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**Consultant Neurosurgeon**

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Yours sincerely

**Mr C Barrett**

**Consultant Neurosurgeon**

Electronically Signed: Mr Christopher Barrett, Consultant

cc. Mr George Finnie
65 Cruachan Road
Rutherglen
Glasgow
G73 5HH

# Clinic Letter

NHS
Greater Glasgow and Clyde
New Victoria Hospital
Grange Road
Glasgow
G42 9LF
Main Switchboard: 0141 201 6000
Department:
Contact Tel: 0141 347 8775
Enquiries to:

Dr. RJ McGonigle
Drs Gordon best & mcintyre
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Letter Date: 29/11/2016
Reference: IS/CMcM
Dictated Date: 30/11/2016
Transcribed Date: 01/12/2016

Dear Dr. RJ McGonigle,

**George Finnie; D.O.B: 23 Jul 1965; CHI: 2307656057**
**65 Cruachan Road, RUTHERGLEN, Glasgow, Lanarkshire, G73 5HH**

Attendance: Specialty - Geriatric Medicine; Clinic - VIISGE4-DR SHAH STROKE TUES PM
Date and Time of Appointment - 29/11/2016 13:30

**Clinical Comments:**
**Driving Advice**
Non driver

**Medical Follow Up**
Outpatient MRI Brain & Cervical spine

**Assessment**
I reviewed this 51 year old gentleman at my Stroke Clinic on Tuesday 29th November 2016. He has been complaining of intermittent left arm paraesthesia which lasts for up to five minutes. This mainly affects the outer aspect of his left arm and can occur on a daily basis. He has also been complaining of some left sided neck pain. He does have occasional blurred vision but no speech disturbance. He has poorly controlled diabetes and stated that his average BM is around 18. He is a non smoker and does not drink alcohol. He lives with his partner and is fully independent. He does not drive.

On examination today his pulse was in sinus rhythm at 90bpm. Blood pressure was 123/82. Limb power was normal. He did not have any sensory loss affecting his left arm. He is already on Clopidogrel and Atorvastatin.

**Outcome/Advice to Patient**
Due to the localised and intermittent nature of his symptoms, this could be due to a peripheral nerve problem. I have requested a repeat MRI brain scan and also MRI cervical spine. I would be grateful if you could continue to monitor his diabetes in the community. I will be in touch once I have the result of his MRI scans.

Yours sincerely

Dr Imtiaz Shah
Consultant Stroke Physician

Electronically Signed: Dr Imtiaz Shah, Consultant

cc.

DEPARTMENT OF CARDIOLOGY

E-mail: Norma.McMeekin@sgh.scot.nhs.uk
Tel: 0141 201 5398

Victoria Infirmary
Langside Road
Glasgow
G42 9TY

JA/JR
Clinic: 28/04/11
Typed: 10/05/11

DR WILMA WA BEST
GORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

cc: X-Ray Booking Office, Golden Jubilee

Dear Dr Best

GEORGE FINNIE DOB: 23/07/65 (SG99572084) CHI: 2307656057
65 CRUACHAN ROAD, RUTHERGLEN GLASGOW, G73 5HH

I reviewed this gentleman in clinic today. I was disappointed to hear that his chest pain is ongoing and was not helped by the Omeprazole. He describes having chest pains every couple of days. These are either central or left-sided and sharp in nature. They are helped by GTN. At times he can feel quesy with the pain and short of breath but only on exertion. There appears to be no aggravating or relieving factors and the pain can happen at any time, such as watching TV, chatting to his neighbour or on exertion. He does not suffer from indigestion. He is anxious as his father had heart problems resulting in bypass surgery and suffered similar pains. He has a sister with a heart murmur, he is a non-smoker and diabetic, curently tablet controlled. A chest x-ray in November 2010 was reported as normal.

On examination he is an overweight gentleman, had a regular pulse at 72 bpm, heart sounds were 1+11+0, chest was clear and there was no ankle oedema. Although this pain does not sound cardiac in nature we have decided to proceed with CT coronary angiogram, which will be performed at the Golden Jubilee. In preperation for this test I would be grateful if you could prescribe Atenolol 25mg twice daily. This can be discontinued following the investigation. He also requires his renal function to be checked for this investigation but he tells me he is going to the surgery for his diabetic blood tests today, so will have them done there. I can see his last results in November 2010 were normal. I have not arranged follow-up at present but we will await the outcome of his investigation to consider whether follow-up is required at the Cardiology Clinic or whether he can be discharged.

Yours sincerely

ALISON HONAN
CT1

DEPARTMENT OF CARDIOLOGY

E-mail: Norma.McMeekin@sgh.scot.nhs.uk
Tel: 0141 201 5398

Victoria Infirmary
Langside Road
Glasgow
G42 9TY

JA/EP
Clinic: 23/12/10
Typed: 10/01/11

DR WILMA WA BEST
GORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

Dear Dr Best

GEORGE FINNIE DOB: 23/07/65 (SG99572084) CHI: 2307656057
65 CRUACHAN ROAD, RUTHERGLEN GLASGOW, G73 5HH

I reviewed this 45-year-old man at Dr Adams' Clinic today.

He was admitted in November 2010 with central chest pain and ECG and troponin at this time were both completely normal. Given that he had had similar episodes of chest pain in the past he was investigated with a 24-hour tape and exercise tolerance test, both of which were also normal.

The pain that he describes is central, radiating to the left side of the chest and sometimes up to his throat. It can make him feel short of breath and can also make him dizzy. The pain can come on at rest or on minimal exertion. It usually lasts seconds to minutes and is self-limiting. He also has a GTN spray and sometimes uses this when he has chest pain.

On examination heart rate was 80 bpm regular, heart sounds pure, chest clear and no ankle oedema.

I think given that he has been investigated recently that this pain does not sound cardiac in nature, but rather that it is due to reflux disease. Therefore I have given him a prescription for Omeprazole 20mg to see if this helps.

We will review him again at clinic in 3 months and if, at this time, his chest pain continues we may consider further investigations of his heart.

Yours sincerely

DR HEATHER McCALLUM
GP ST1

ORTHOPAEDIC DEPARTMENT
VICTORIA INFIRMARY
LANGSIDE ROAD
GLASGOW G42 9TY

Direct Line: 0141 201 5186
Fax: 0141 201 5082
Enquiries to: Mr Dreghorn's Secretary

CRD/AK /SG99572084
CHI NUMBER: 2307656057

Fracture Clinic: 15/03/10
Date Dictated: 15/03/10
Date Typed: 16/03/10

DR BEST
GORBALS HEALTH CENTRE
GLASGOW
5 0BQ

Dear Dr Best,

GEORGE FINNIE DOB: 23/07/65 (SG99572084)
65 CRUACHAN ROAD, RUTHERGLEN, GLASGOW, G73 5HH

George was reviewed at the Fracture clinic today two weeks following a fall onto his outstretched hand. He had clinical features of a scaphoid fracture and, once again today, has tenderness over the radial side of the wrist, maximum in the anatomical snuffbox. I have had a good look at his x-rays today and I can see no convincing evidence of any bony injury or any loss of alignment of his wrist but in view of his symptoms I have arranged for him to have an MRI scan of the right wrist in case there is a occult scaphoid fracture of underlying ligamentous injury and he will be reviewed once the MRI has been carried out.

Yours sincerely,

C. R. Dreghorn
Consultant Orthopaedic Surgeon

NHS Greater Glasgow & Clyde
Rapid Access Chest Pain Service

Dr. Wilma Best
Gorbals Health Centre
45 Pine Place
G5 0BQ

Printed on: 22/01/2013

Dear Dr. Wilma Best,

**Re: MR GEORGE FINNIE (CHI 2307656057). 65 Cruachan Road Rutherglen Lanarkshire G73 5HH**

Your patient was seen at the Rapid Access Chest Pain Clinic on 22/01/2013 at The Victoria Infirmary.

**Presenting History**

There was no presenting history details given.

**Presenting Notes** He presented with a few months history of a localised sharp central chest pain radiating across his chest and to his back. It is precipitated by exertion and rest and is not relieved by anything (GTN spray makes no difference to the symptoms). It happens every day lasting from a few minutes to 1 hour.

**Relevant Past Medical History**

Type II Diabetes, hypertension and hypercholesterolaemia.
His father had CHD at <55 years of age.
prev DU

**Investigations**

**ECG**
Heart Rate: 62 (bpm)
Sinus rhythm.
Normal conduction.
Non Ischaemic.

**ETT**
ETT Done.
Protocol: Bruce.
No angina during exercise.
Ex. Time: 09:00.
Negative.

Reason(s) for Stopping
Fatigue

**Clinical Findings**

**BP (mmHg)** 104/75

**Smoking Status** Never Smoked

**Diagnosis and Recomendations**

**Outcome:** Symptoms and test results indicate that ischaemic heart disease is unlikely
**Anti-anginals:** Not required
**Secondary prevention:** Not required
**Risk Factor Management:** Please manage cholesterol and blood pressure in line with GGC Guidelines. Consider smoking cessation, physical activity levels, alcohol consumption and weight management
**No OP review:** No Op review or further investigations required but if you have further concerns please consider referral to cardiology out-patients.
**Additional discharge comments:** I have reassured him that this is unlikely to be angina pain and to contact yourself if the symptoms persist. It is recommended that he is commenced on a PPI to see if this makes any difference to the symptoms.
In view of this I have cancelled his out patient appointment with Dr Adams.
Advice given.

Yours Sincerely,

Helena Lannigan
Chest Pain Nurse Practitioner
Rapid Access Chest Pain Service

# Final Discharge Letter

NHS
Greater Glasgow and Clyde

Victoria Infirmary Glasgow
Langside Road
Glasgow
G42 9TY

Main Switchboard: 0141 201 6000
Department: Respiratory Medicine
Contact Tel: SECRETARY NO. 0141 201 5357
Enquiries to: david.anderson@ggc.scot.nhs.uk
Letter Date: 05/03/2015
Reference: DA/SB
Dictated Date: 04/03/2015
Transcribed Date: 04/03/2015

Dr. WA Best
Drs Gordon best & mcintyre
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Dear Dr. WA Best,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**65A CRUACHAN RD, RUTHERGLEN, Glasgow, Lanarkshire, G73 5HH**

Admission: Specialty - General Medicine; Ward - VIC Ward 17 - General Medicine
Consultant - Dr Robert Boulton-Jones; Date of Admission - 18/01/2015
Date of Discharge - 21/01/2015; Discharged to - Private Residence - living with relatives or friends

**Clinical Comments:**
Subsequent to the above patient's recent admission to the medical wards I have reviewed his casenotes, imaging and electronic results and I have nothing to add to initial correspondence.

If you have any questions please do not hesitate to contact me.

Yours sincerely

**Dr David Anderson**

**Consultant Physician in Respiratory Medicine**

Electronically Signed: Dr David Anderson ANDDA, Consultant

cc.

CHI: 2307656057
Typed by: KLG

Victoria Infirmary
Langside Road
Glasgow
G42 9TY

Department: Medical

Dictated on: 6th December 2010

Direct telephone no: 0141 201 5912

R Best
GORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

Dear Dr Best

GEORGE FINNIE DOB: 23/07/65 Unit No: SG99572084
65 CRUACHAN ROAD, RUTHERGLEN, GLASGOW, G73 5HH

Admission Date: 23/11/10
Discharge Date: 23/11/10
Diagnosis: 1. Diverticulitis
2. Hypercholesterolaemia
3. Obesity

This 45 year old gentleman was admitted with a history of chest pain, tight in character and lasting for 10-15 minutes. It was not relieved with GTN. He was well at the time of post ward round. He has a strong history of ischaemic heart disease.

On examination he was obese but the rest of examination was unremarkable. ECG, chest x ray and blood results were all normal. Troponin was negative. He has previously been seen by Dr Adam's team in May and had an Exercise Tolerance Test which was found to be normal.

He was advised to continue with his current medication and I will send a copy of this letter to Dr Adams to see if she would like to review him for further cardiovascular investigations.

Yours sincerely

Dr S Sarwar
Consultant Physician and Gastroenterologist

GEORGE FINNIE
23/07/65

c.c. Dr Jacqueline Adams
Consultant Cardiologist.
The Victoria Infirmary

CHI: 2307656057
Typed by: CM

Victoria Infirmary
Langside Road
Glasgow
G42 9TY

Department: Medical
Direct Telephone No: 0141 201 5391
Dictated: 27/08/10

DR WILMA WA BEST
GORBALS HEALTH CENTRE
GLASGOW
G5 0BQ

Dear Dr Best

GEORGE FINNIE DOB: 23/07/65 Unit No: SG99572084
65 CRUACHAN ROAD, RUTHERGLEN, GLASGOW, G73 5HH

| | |
|---|---|
| Admission Date: | |
| Discharge Date: | 11/08/10 |
| Consultant: | DR JOHN LARKIN |
| Diagnoses: | Type II Diabetes Mellitus<br>Chronic neck pain<br>Negative ETT<br>Vasovagal Episodes |
| Drugs on Discharge: | Gliclazide 80mg bd, Atorvastatin 10mg nocte, Metformin 1g bd, Lisinopril 2.5mg od, Aspirin 75mg od |
| Follow up: | 24 hour tape |

This gentleman was reviewed in the Medical Assessment Unit following an episode of light-headedness following venipuncture at your practice. He is a 45 year old gentleman with Type II Diabetes who suffers from chronic fatigue and polyuria suggestive of optimal diabetes control. He stated that his BM's usually run over 10.

He attended your practice with chronic neck pain and appears to have been prescribed Trimethoprim, although the reason for this was unclear. He had some bloods taken and then five minutes after venipuncture he felt nauseous and lightheaded and sweaty. He tells us his blood pressure was taken after lying down and it was elevated and I note from the G.P. letter that it was also documented to him having a fast pulse, although there was no information with regards to this. He recovered over a space of 10 minutes and felt well. He wished to go home from Medical Receiving.

I note he had an ETT two weeks ago for intermittent chest pain, but these do not sound typical of angina, they are not precipitated by exertion, have no radiation to the shoulder, arm or jaw and with no autonomic symptoms.

GEORGE FINNIE
23/07/65

Examination was unremarkable with normal pulse and blood pressure. His ECG was normal and I felt that his symptoms were likely presyncopal following venipuncture. His inflammatory markers were normal and he had no urine symptoms and I left it to his discretion as to whether or not he wanted to complete the course of antibiotics that he was prescribed in the practice. As his pulse was described as "fast" following this episode on the GP letter, I will arrange a 24 hour tape, but given that he has a normal ETT which precipitated no arrhythmia or ischaemia, I think it unlikely that this would be secondary to an arrhythmia, but given his Type II Diabetes, I will complete his investigations. A copy of the report will be send to yourselves.

Yours sincerely

Dr Abigail Belsham
SpR in General Medicine

c.c. Cardiology Department, Victoria Infirmary

**Generic general letter:**

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Main Switchboard: 0141 201 1100
Department: Vascular Surgery
Contact Tel: 0141 451 5944
Enquiries to: moyra.harris@ggc.scot.nhs.uk
Letter Date: 08/08/2023
Reference: WPS/mh
Dictated Date: 27/07/2023
Transcribed Date: 28/07/2023

Dr LM McIntyre
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dear Dr McIntyre,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

This gentleman had undergone a right hallux amputation under the vascular team. According to the IDL there was no further appointment required, however he was sent an appointment to the Hot Clinic on the 19th of July. He did not attend this clinic today. I note that he has not attended a podiatry appointment as well.

He is due to attend podiatry today (27th July). If he attends and the outcome looks positive we will leave things at that. If there appear to be any issues we will get in contact and invite him to a further appointment.

Yours sincerely

W P Stuart MD FRCS

Consultant Vascular Surgeon

Electronically Signed: Mr Wesley Stuart, Consultant

cc.

# Immediate Discharge Letter

NHS Greater Glasgow and Clyde

**Highly Sensitive: No**
**Consent for Sharing Withheld: No**

COLIN MCCROSSANThe Gordon Practice,New Gorbals Health & Care Centre,2 Sandiefield Road, Glasgow, G5 9AB

Main Switchboard:
Date of Completion: 26-Mar-2024

Dear COLIN MCCROSSAN,

| Name | CHI | DoB | Address |
|---|---|---|---|
| **George Finnie** | **2307656057** | **23-Jul-1965** | **FLAT 0-4, 1 BEDFORD STREET, GLASGOW, G5 9BD** |

| Admitted | Type | Discharged | Destination |
|---|---|---|---|
| 21-Mar-2024 17:24 | IP | 22-Mar-2024 | |

| Specialty | Consultant | Ward | Telephone |
|---|---|---|---|
| Vascular Surgery | Brittenden | QEUH Ward 11D Vascular/General Medicine | |

| Primary Diagnosis |
|---|
| There is no data to display. |

| Secondary Diagnosis |
|---|
| There is no data to display. |

| Significant Operations / Procedures: |
|---|
| There is no data to display. |

**Last Discharge Review:** Chinaza Chukwujekwu (8001269 - FY1 Doctor ) on 25 Mar 2024 10:53

**Discharge Medication:**

| Active Drug Name | Route | Dose | Disp | Reason | Further Details | ECS | Since Admission |
|---|---|---|---|---|---|---|---|
| .Compliance Aid - Dosette | Route unspecified | Burns Pharmacy 10 Braemar Rd · 0141 634 2750 | | | | | Amended |
| Atorvastatin 80mg tablets 28 tablet | oral | TAKE ONE DAILY FOR CHOLESTEROL Instalments: dispense weekly, | Yes | | **Dispensing Details:** 7x80mg | Y | |
| Bisoprolol 2.5mg tablets 28 tablet | oral | 1 TABLET DAILY FOR HEART Instalments: Dispense Weekly, | Yes | | **Dispensing Details:** 7x2.5mg | Y | |
| Clopidogrel 75mg tablets 28 tablet | oral | 1 TABLET(S) DAILY Instalments: dispense weekly, | Yes | | **Dispensing Details:** 7x75mg | Y | |
| Co-codamol 30mg/500mg tablets 224 tablet | oral | when required TAKE ONE OR TWO UP TO FOUR TIMES A DAY.CONTAINS PARACETAMOL, DO NOT TAKE ALONGSIDE OTHER PARACETAMOL CONTAINING PRODUCTS. MAX OF 8 IN 24 HOURS Instalments: dispense weekly, | No | Patient's own drugs at home | | Y | Amended |
| Duloxetine 30mg gastro-resistant capsules 28 capsule | oral | TAKE ONE CAPSULE DAILY FOR NEUROPATHIC PAINS Instalments: Dispense Weekly, | Yes | | **Dispensing Details:** 7x30mg | Y | |
| Flucloxacillin 500mg capsules | oral | 2 capsules four times daily , Fixed Period 5 Day(s) from 25 Mar 2024 | Yes | | **Dispensing Details:** 40x500mg | | Added |
| Humalog KwikPen 200units/ml solution for injection 3ml pr... 5 pre-filled disposable injection | subcutaneous | AS PER DIABETIC CLINIC | No | Patient's own drugs at home | **Drug Details:** Three times a day as per BMs as directed | Y | Amended |
| Isosorbide mononitrate 10mg tablets | oral | 1 tablet twice daily , morn, lunch | Yes | | **Dispensing Details:** 14x10mg | | |
| Lactulose 3.1-3.7g/5ml oral solution | oral | 10 mL twice daily | No | Patient's own drugs at home | | | Added |

| Active Drug Name | Route | Dose | Disp | Reason | Further Details | ECS | Since Admission |
|---|---|---|---|---|---|---|---|
| Lansoprazole 15mg gastro-resistant capsules 28 capsule | oral | 1 CAP DAILY Instalments: dispense weekly, | Yes | | **Dispensing Details:** 7x15mg | Y | |
| Metformin 1g modified-release tablets 56 tablet | oral | 1 TAB TWICE A DAY WITH MEALS Instalments: dispense weekly Notes for patient: Please make an appointment for review. Thank you, | Yes | | **Dispensing Details:** 28x500mg **Drug Details:** morning and tea | Y | Amended |
| Metronidazole 400mg tablets | oral | 1 tablet three times daily , Fixed Period 5 Day(s) from 25 Mar 2024 | Yes | | **Dispensing Details:** 15x400mg | | Added |
| Pregabalin 150mg capsules 56 capsule | oral | 1 capsule once daily in the morning | Yes | | **Dispensing Details:** 7x100mg 7x50mg **Drug Details:** Please supply 7 (seven) 100mg capsules * 7 (seven) 50mg capsules | Y | Amended |
| Pregabalin 300mg capsules | oral | 1 capsule once daily at night | Yes | | **Dispensing Details:** 7x300mg **Drug Details:** Supply 7 (seven) capsules for discharge | | Added Amended |
| Trazodone 50mg capsules 86 capsule | oral | 2 capsules once daily at night | Yes | | **Dispensing Details:** 14x50mg | Y | |
| Tresiba FlexTouch 200units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) | subcutaneous | as directed, patient confirms still taking | No | Patient's own drugs at home | **Drug Details:** Once daily in the morning as directed | | Amended |

*"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.*

| Dispensing Comments |
|---|
| Disp-S.Calderwood 25/3/24<br>Checked by Cheryl Cusiter 25/3/24 |

**Withheld Medication:**

| Date | Withheld Drug Name | Route | Dose | Note | Withheld Reason |
|---|---|---|---|---|---|
| 2024-03-25 | Dulaglutide 1.5mg/0.5ml solution for injection pre-filled... 4 pre-filled disposable injection | subcutaneous | AS DIRECTED BY DSN, weekly | | Patient denies receiving medication. For review at Diabetes appointment |
| 2024-03-25 | Empagliflozin 10mg tablets 28 tablet | oral | 1 TABLET ONCE DAILY FOR DIABETES Instalments: Dispense Weekly, | | Please restart in one week |

**Stopped Medication:**

| Date | Stopped Drug Name | Route | Dose | Note | Stopped Reason |
|---|---|---|---|---|---|
| There is no data to display. | | | | | |

| Reason for Admission and Presenting Complaints | Admission Category |
|---|---|
| No data available | No data available |

| | |
|---|---|
| **Clinical Comments:** | Dear doctor,<br><br>Mr Finnie had amputation of his left 5th toe for a diabetic foot infection. Pedal pulses were present and he is fit for discharge. Follow-up with be with community podiatry and he will complete a course of antibiotics.<br><br>Kind regards,<br><br>Matthew Hinckley<br>ST5 Vascular Surgery |
| **Discharge Comments:** | |
| **Follow Up:** | No<br>Community podiatry |
| **Results Awaited:** | No |
| **Pharmacist Comments:** | |

| | |
|---|---|
| **Final Discharge Letter to Follow:** | No. |

Yours sincerely,

Matthew HINCKLEY

**Prescription Review**
Medications reviewed by pharmacist: Sara Boussouara (Pharmacist)
Checked by: Cheryl CUSITER (Pharmacy Technician)
Discharged by: Irena LUPINOS (staff nurse)

# Immediate Discharge Letter

NHS Greater Glasgow and Clyde

**Highly Sensitive: No**
**Consent for Sharing Withheld: No**

WILMA BESTThe Gordon Practice,New Gorbals Health & Care Centre,2 Sandiefield Road, Glasgow, G5 9AB

Main Switchboard:
Date of Completion: 02-Apr-2023

Dear WILMA BEST,

| Name | CHI | DoB | Address |
|---|---|---|---|
| George Finnie | 2307656057 | 23-Jul-1965 | FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ |

| Admitted | Type | Discharged | Destination |
|---|---|---|---|
| 30-Mar-2023 17:43 | IP | 02-Apr-2023 | |

| Specialty | Consultant | Ward | Telephone |
|---|---|---|---|
| Vascular Surgery | Yapanis | QEUH Ward 11A Vascular Surgery | |

| Primary Diagnosis |
|---|
| There is no data to display. |

| Secondary Diagnosis |
|---|
| There is no data to display. |

| Significant Operations / Procedures: |
|---|
| There is no data to display. |

**Last Discharge Review:** Katy Crisp (7947393 - FY1 Intake August 2022) on 02 Apr 2023 09:59

**Discharge Medication:**

| Active Drug Name | Route | Dose | Disp | Reason | Further Details | ECS | Since Admission |
|---|---|---|---|---|---|---|---|
| .Compliance Aid - Dosette | Route unspecified | as per patient | No | Patient's own supply | **Dispensing Details:** POS | | Added |
| Atorvastatin 80mg tablets 28 tablet | oral | TAKE ONE DAILY FOR CHOLESTEROL Instalments: dispense weekly, | No | Patient's own supply | **Dispensing Details:** POS | Y | |
| Bisoprolol 2.5mg tablets 28 tablet | oral | 1 TABLET DAILY FOR HEART Instalments: Dispense Weekly, | No | Patient's own supply | **Dispensing Details:** POS | Y | |
| Clopidogrel 75mg tablets 28 tablet | oral | 1 TABLET(S) DAILY Instalments: dispense weekly, | No | Patient's own supply | **Dispensing Details:** POS | Y | |
| Co-codamol 30mg/500mg tablets 224 tablet | oral | TAKE ONE OR TWO UP TO FOUR TIMES A DAY.CONTAINS PARACETAMOL, DO NOT TAKE ALONGSIDE OTHER PARACETAMOL CONTAINING PRODUCTS: MAX OF 8 IN 24 HOURS Instalments: dispense weekly, | No | Patient's own supply | **Dispensing Details:** POS | Y | |
| Dulaglutide 1.5mg/0.5ml solution for injection pre-filled... 4 pre-filled disposable injection | subcutaneous | AS DIRECTED BY DSN, weekly | No | Patient's own supply | **Dispensing Details:** POS | Y | Amended |
| Duloxetine 30mg gastro-resistant capsules 28 capsule | oral | TAKE ONE CAPSULE DAILY FOR NEUROPATHIC PAINS Instalments: Dispense Weekly, | No | Patient's own supply | **Dispensing Details:** POS | Y | |
| Empagliflozin 10mg tablets 28 tablet | oral | 1 TABLET ONCE DAILY FOR DIABETES Instalments: Dispense Weekly, | No | Patient's own supply | **Dispensing Details:** POS | Y | |
| Humalog KwikPen 200units/ml solution for injection 3ml pr... 5 pre-filled disposable injection | subcutaneous | AS PER DIABETIC CLINIC, | No | Patient's own supply | **Dispensing Details:** POS | Y | |

| Active Drug Name | Route | Dose | Disp | Reason | Further Details | ECS | Since Admission |
|---|---|---|---|---|---|---|---|
| Isosorbide mononitrate 10mg tablets | oral | 1 tablet twice daily , morn, lunch | Yes | | **Dispensing Details:** 56 Tablets | | Added Amended |
| Lansoprazole 15mg gastro-resistant capsules 28 capsule | oral | 1 CAP DAILY Instalments: dispense weekly, | No | Patient's own supply | **Dispensing Details:** POS | Y | |
| Metformin 1g modified-release tablets 56 tablet | oral | 1 TAB TWICE A DAY WITH MEALS Instalments: dispense weekly Notes for patient: Please make an appointment for review. Thank you, | No | Patient's own supply | **Dispensing Details:** POS | Y | |
| Pregabalin 150mg capsules 56 capsule | oral | ONE CAPSULE TWICE A DAY FOR NEUROPATHIC PAIN Instalments: Dispense 14 capsules weekly, | No | Patient's own supply | **Dispensing Details:** POS | Y | |
| Trazodone 50mg capsules 86 capsule | oral | 2 capsules once daily at night | No | Patient's own supply | **Dispensing Details:** POS | Y | Amended |
| Tresiba FlexTouch 200units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) | subcutaneous | as directed, patient confirms still taking | No | Patient's own supply | **Dispensing Details:** POS | | Added |

*"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.*

| Dispensing Comments |
|---|
| Labelled by; Irsa Pari 02/04/2023<br>Dispensed by; Nicola. G 02/04/2023<br>Checked KMorgan 2/4/23 |

**Withheld Medication:**

| Date | Withheld Drug Name | Route | Dose | Note | Withheld Reason |
|---|---|---|---|---|---|
| There is no data to display. | | | | | |

**Stopped Medication:**

| Date | Stopped Drug Name | Route | Dose | Note | Stopped Reason |
|---|---|---|---|---|---|
| There is no data to display. | | | | | |

| Reason for Admission and Presenting Complaints | Admission Category |
|---|---|
| No data available | No data available |

| | |
|---|---|
| **Clinical Comments:** | Dear Doctor,<br><br>George Finnie was admitted to QEUH Vascular with a diabetic foot amputation and underwent amputation of his right hallux on 30/3/23. He had a CTa done during his admission which showed no signs of peripheral vascular disease.<br><br>He was discharged home with podiatry follow-up.<br><br>Many thanks,<br>Ward 11A |
| **Discharge Comments:** | |
| **Follow Up:** | Yes<br>Podiatry at the QE |
| **Results Awaited:** | No |
| **Pharmacist Comments:** | |
| **Final Discharge Letter to Follow:** | Yes |

Yours sincerely,

Katy CRISP

**Prescription Review**
Medications reviewed by pharmacist: Kate Morgan (Pharmacist)
Checked by: Kate MORGAN (Pharmacist)
Discharged by: Carla MCDOWALL (staff nurse )

Finnie George CHI: 2307656057

# Immediate Discharge Letter

NHS Greater Glasgow and Clyde

**Highly Sensitive: No Consent for Sharing Withheld: No**

Victoria Infirmary Glasgow
Langside Road
Glasgow
G42 9TY
Main Switchboard: 0141 201 6000
Date of Completion: 21/01/2015

Dr. WA Best
Drs Gordon best & mcintyre
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Dear Dr WA Best,

| Name | CHI | DoB | Address |
|---|---|---|---|
| George Finnie | 2307656057 | 23/07/1965 | 65A CRUACHAN RD<br>Glasgow<br><br>G73 5HH |

| Admitted | Type | Discharged | Destination |
|---|---|---|---|
| 18/01/2015 17:03 | In Patient | 21/01/2015 | |

| Specialty | Consultant | Ward | Telephone |
|---|---|---|---|
| General Medicine | Dr Robert Boulton-Jones | VIC Ward 17 - General Medicine | 0141 201 5067 |

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

| Diagnosis | Site | Side |
|---|---|---|

| Date | Procedures/Interventions/Operations |
|---|---|

**Clinical Comments:** Dear Doctor,

Mr Finnie attended A&E at the victoria infirmary on 18/01/15 due to frontal headache and left arm weakness and numbness. Symptoms are slowly resolving but he still had left hand numbness 36 hours after symptoms started.

On examination his obs were stble, apyrexial. Cardiovascular, respiratory, and GI examinations were unremarkable. Cranial nerves intact, no field defect. Neurological examination normal other than reduced left lower limb 1st web space sensation. ECG showed sinus tachycardia. Bloods and CXR NAD. CTB shows high signal areas suggestive of cerebrovascular disease but reassuringly no acute ischaemia. The stroke team have advised due to these results and his medical history to ensure he is on a statin and anti-platelet long-term. No further stoke input is required.

This patient has remained well and is now fit for discharge back to your care. No follow-up is required as his symptoms have completely resolved. He has been strated on secondary prevention.

Kind regards,

**Treatments:** None recorded.

**Follow-up arranged:** None required

**Planned Outpatient Investigations:** None required

**Final Discharge letter to follow:** yes

**Medication Info:**

**Allergies:** No Allergy

**Height:** cm **Weight:** kg

**Discharge Medication:**

| Medicine | Route | Dose | UOM | Frequency | Duration | Pharmacy Comment |
|---|---|---|---|---|---|---|
| Atenolol Tablet | Oral | 25 | mg | TWICE a day | No duration defined | |
| Atorvastatin Tablets | Oral | 80 | mg | ONCE a Day | No duration defined | |
| Clopidogrel Tablets | Oral | 75 | mg | ONCE a Day | No duration defined | |
| Humulin M3 Kwikpen Pre-filled pen ( Biphasic Isophane Insulin ) | Injected | 0 | units | As Directed | No duration defined | pos |
| Metformin Hydrochloride Tablets | Oral | 1000 | mg | TWICE a day | No duration defined | With meals. **Modified Release tablets please** |
| Omeprazole Capsules | Oral | 20 | mg | ONCE a Day | No duration defined | |
| Other medicine (see pharmacy comment for medicine name) | N/A | 10 | mg | ONCE a Day | No duration defined | dapagliflozin |
| Other medicine (see pharmacy comment for medicine name) | N/A | 0 | No Unit of Measure | No Frequency Defined | No duration defined | OneTouch Verio testing strips. Not from pharmacy. |
| Sertraline Tablets | Oral | 100 | mg | ONCE a Day | No duration defined | |

**Medication compliance aid:** Dosette Box - Burn's Chemist, Cathkin. 634 2750

**Discontinued Medication:**

| Drug Name | Dose | UOM | Reason |
|---|---|---|---|

Yours sincerely,
Dr Stephanie Walker
Doctor

**Prescription Review**
Medications Reviewed by Pharmacist: Colette Kavanagh, Pharmacist
Dispensed Medications Checked by Pharmacy: Marie Fraser, Technician
Nurse discharging patient: Arleen McDonald, Nurse

**Letter to Patient: Results**

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

George Finnie
FLAT 0-4
1 BEDFORD STREET
Glasgow
G5 9BD

Main Switchboard: 0141 201 1100
Department: Endocrinology
Contact Tel: 0141 451 6143
Enquiries to: Anne.Logan2@nhs.scot
Letter Date: 24/01/2025
Reference: LH/AL
Dictated Date: 21/01/2025
Transcribed Date: 23/01/2025

Dear Mr Finnie,

It was lovely to meet you at the foot clinic yesterday. I now have your blood test results which show that the diabetes levels are quite high with an HbA1c of 91 which is in keeping with your blood glucose levels being around 15 and we discussed ways to improve this, namely increasing all of your insulin doses to 34 and every few days if you are still having high blood glucose readings, you can increase your insulin by 2 units onto each injection.

I see that you have also been on medication in the past which is an injection but not insulin which can help with diabetes and I am not sure why this was stopped but it is also something which could potentially be tried again in addition to your current treatment.

Lee-Anne Carson will be in touch with you as well and she will let us know when your HbA1c is at a safe level to consider surgery and this is usually 69 mmol/mol- your HbA1c yesterday was 91 which is down actually from 101 in March so at least it is going in the right direction.

Your cholesterol was quite high and you are prescribed the maximum dose of Atorvastatin so it is important that you take this regularly. Your liver, thyroid and kidney blood tests were normal which is reassuring.

Hopefully with regular increases in your insulin doses you should be able to get your blood glucose levels mostly under 10 and at that stage we can recheck your HbA1c and rediscuss you with the surgical team to see whether they would consider intervention to improve the pain in your foot.

Best wishes.

Yours sincerely

Dr Lesley Hall

Consultant Diabetologist

cc

Lee-Anne Carson

Community Diabetes Nurse Specialist

PS

Many thanks for your input with George. It also looks like he was previously on a GLP1 receptor agonist and I don't know why this was stopped but there would obviously be an option to re-add this back in if there isn't a clear reason not too.

Electronically Signed: Dr Lesley Hall, Consultant

cc. Dr C W McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow,G5 9AB

**Letter to Patient: Results**

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

George Finnie
FLAT 0-4
1 BEDFORD STREET
Glasgow
G5 9BD

Main Switchboard: 0141 201 1100
Department: Endocrinology
Contact Tel: 0141 451 6143
Enquiries to: Anne.Logan2@nhs.scot
Letter Date: 24/01/2025
Reference: LH/AL
Dictated Date: 21/01/2025
Transcribed Date: 23/01/2025

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Best wishes.

Yours sincerely

Dr Lesley Hall

Consultant Diabetologist

cc

Lee-Anne Carson

Community Diabetes Nurse Specialist

PS

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Electronically Signed: Dr Lesley Hall, Consultant

cc. Dr C W McCrossan
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow,G5 9AB

**Letter to Patient: Results**

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

George Finnie
FLAT 0-4
1 BEDFORD STREET
Glasgow
G5 9BD

Main Switchboard: 0141 201 1100
Department: Diabetes
Contact Tel: 0141 451 6189
Enquiries to: emma.nairne@ggc.scot.nhs.uk
Letter Date: 14/06/2023
Reference: BK/EM
Dictated Date: 13/06/2023
Transcribed Date: 13/06/2023

Dear Mr Finnie,

The results of your recent bloods show that your overall diabetes blood test was very high with an HbA1c of 97mmol/mol. Hopefully with ongoing input from the diabetes team and by increasing your insulin you'll be able to get this under better control.

I'm pleased to say that your inflammatory markers looking for signs of infection were normal, which is obviously reassuring.

The other thing to point out is that your cholesterol level was on the high side. This is surprising given you're on high dose atorvastatin. On the assumption that you have been taking it regularly then I think there would be a case for adding in another cholesterol lowering agent. If you haven't been taking it regularly then I would try and encourage you to do so, as this is an important factor in trying to reduce future risk of vascular related issues.

will send a copy this letter to your own doctor for completeness.

Yours sincerely

**Prof Brian Kennon**

Consultant in Diabetes & Endocrinology

Electronically Signed: Dr Brian Kennon, Consultant

cc. Dr McIntyre
The Gordon Practice
New Gorbals Health & Care Centre

2 Sandiefield Road
Glasgow
G5 9AB

**Letter to Patient:**

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF

George Finnie
FLAT 0-4
1 BEDFORD STREET
Glasgow
G5 9BD

Main Switchboard: 0141 201 6000
Department: General Surgery
Contact Tel: 0141 451 6023
Enquiries to: sharon.martin4@ggc.scot.nhs.uk
Letter Date: 26/04/2023
Reference: JP/STM
Dictated Date: 14/04/2023
Transcribed Date: 21/04/2023

Dear Mr Finnie,

hank you for returning your stool sample. I am pleased to say there was no evidence of any blood within this specimen which is reassuring. Nonetheless we will arrange for you to undergo the colonoscopy as previously discussed.

Yours sincerely

Mr James Park

PhD FRCS Glasg General Surgery

Consultant Colorectal and General Surgeon

Honorary Senior Clinical Lecturer

Queen Elizabeth University Hospital

Electronically Signed: Mr Jamie Park, Consultant

cc. Dr WA Best
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

NHS
Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde
South Sector Outpatient Endoscopy Services
New Victoria Hospital.

Contact Number: 0141 347 8310.

Date 14-2-2023

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

2307656057
FINNIE M
George 23/07/1965
FLAT 9C
305 Caledonia Road
Glasgow, Lanarkshire
G5 0JQ

Dear Sir / Madam,

It would appear from our records that:

(✓) You have not responded to our recent letters inviting you to arrange an appointment.

( ) You have indicated that you no longer require an appointment.

( ) You were scheduled for an appointment today having confirmed this appointment, but you did not attend.

**We assume that you no longer need or wish this appointment. We have removed your name from the waiting list and have contacted your GP and /or Referrer of this action.**

**A copy of this letter will be available on your electronic records.**

This is in line with NHS Greater Glasgow and Clyde's "Did Not Attend Policy": see below.

If you did not receive notification about the invitation please contact the number above.

Yours sincerely,

Admin Staff

Referral Management Centre South

http://www.nhsggc.org.uk/our-performance/quality/our-quality-commitment/patients-rights-responsibilities/treatment-time-guarantee/

NHS
Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde
South Sector Outpatient Endoscopy Services
New Victoria Hospital.

Contact Number: 0141 347 8310.

Date 14.2.2023

Dear Sir / Madam,

2307656057
FINNIE M
George 23/07/1965
FLAT 9C
305 Caledonia Road
Glasgow, Lanarkshire
G5 0JQ

It would appear from our records that:

(✓) You have not responded to our recent letters inviting you to arrange an appointment.

( ) You have indicated that you no longer require an appointment.

( ) You were scheduled for an appointment today having confirmed this appointment, but you did not attend.

**We assume that you no longer need or wish this appointment. We have removed your name from the waiting list and have contacted your GP and /or Referrer of this action.**

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If you did not receive notification about the invitation please contact the number above.

Yours sincerely,

Admin Staff

Referral Management Centre South

http://www.nhsggc.org.uk/our-performance/quality/our-quality-commitment/patients-rights-responsibilities/treatment-time-guarantee/

NHS
Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde
South Sector Outpatient Endoscopy Services
New Victoria Hospital.

Contact Number: 0141 347 8310.

Date 14-2-2023

Dr. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

2307656057
FINNIE M
George 23/07/1965
FLAT 9C
305 Caledonia Road
Glasgow, Lanarkshire
G5 0JQ

Dear Sir / Madam,

It would appear from our records that:

(✓) You have not responded to our recent letters inviting you to arrange an appointment.

( ) You have indicated that you no longer require an appointment.

( ) You were scheduled for an appointment today having confirmed this appointment, but you did not attend.

**We assume that you no longer need or wish this appointment. We have removed your name from the waiting list and have contacted your GP and /or Referrer of this action.**

**A copy of this letter will be available on your electronic records.**

This is in line with NHS Greater Glasgow and Clyde's "Did Not Attend Policy": see below.

If you did not receive notification about the invitation please contact the number above.

Yours sincerely,

Admin Staff

Referral Management Centre South

http://www.nhsggc.org.uk/our-performance/quality/our-quality-commitment/patients-rights-responsibilities/treatment-time-guarantee/

NHS
Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde
South Sector Outpatient Endoscopy Services
New Victoria Hospital.

Contact Number: 0141 347 8310.

Date 14.2.2023

Dear Sir / Madam,

2307656057
FINNIE M
George 23/07/1965
FLAT 9C
305 Caledonia Road
Glasgow, Lanarkshire
G5 0JQ

It would appear from our records that:

(✓) You have not responded to our recent letters inviting you to arrange an appointment.

( ) You have indicated that you no longer require an appointment.

( ) You were scheduled for an appointment today having confirmed this appointment, but you did not attend.

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Yours sincerely,

Admin Staff

Referral Management Centre South

http://www.nhsggc.org.uk/our-performance/quality/our-quality-commitment/patients-rights-responsibilities/treatment-time-guarantee/

**Letter to Patient:**

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF

Main Switchboard: 0141 201 6000
Department: General Surgery
Contact Tel: 0141 451 6055
Enquiries to: angela.hussain@ggc.scot.nhs.uk
Letter Date: 21/02/2023
Reference: BG/DM
Dictated Date: 31/01/2023
Transcribed Date: 15/02/2023

George Finnie
FLAT 9C
305 Caledonia Road
Glasgow
Lanarkshire
G5 0JQ

Dear Finnie,

Thank you for accepting my call today where I spoke to you on behalf of our Colorectal consultants. Your GP had referred you to the Colorectal Service with PR mucus and a change in your bowel habit towards constipation.

On discussion today you report that this mucus has stopped, that you experienced one episode of clear mucus PR. You report no rectal bleeding. You tell me that over the last year your bowel habit has changed towards constipation where your bowels move only one a week. However your normal bowel habit was once a day every day, normally soft formed stool that was easy to pass. You do report some unintentional weight loss. I can see from Portal that you have lost 3kg between August 2022 and July 2021. You report that your appetite is reduced and this is due to abdominal pain. You report no family history of any colorectal disease and you do participate in the bowel screening programme. You do report abdominal discomfort which you describe to be central abdominal and this has been going on for several months. You tell me that when you went to your GP and they examined your stomach you found this terribly uncomfortable. You do not associate this change to your bowel habit to any change to lifestyle, diet or medication. You tell me that you have recently participated in the bowel screening programme and this was negative. Unfortunately I cannot see a qFIT on our system and I have encouraged you to resubmit a qFIT.

In the meantime I shall organise an outpatient colonoscopy and escalate this should your qFIT be elevated. Because of your ongoing abdominal pain I shall ask one of our Colorectal consultants to see you at Clinic to review your abdomen. You are in agreement with this plan. I shall keep your GP up to date with your progress.

Yours Sincerely,

Sister Bridget Gallagher

Colorectal Nurse Specialist

Electronically Signed: Nurse Bridget Gallagher1, Consultant

cc. WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

**Letter to Patient:**

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

George Finnie
FLAT 9C
305 Caledonia Road
Glasgow
Lanarkshire
G5 0JQ

Main Switchboard: 0141 201 1100
Department: Neurosurgery
Contact Tel: 0141 201 2026
Enquiries to: subbia.mohammed@gcc.scot.nhs.uk
Letter Date: 01/09/2022
Reference: JC/SM
Dictated Date: 29/08/2022
Transcribed Date: 30/08/2022

Dear Mr Finnie,

have recently received the results of your updated MRI scan. It does show some progression of the bulge of the disc in your neck compared to your last scan in 2016. This is likely to be the cause of your symptoms. I have had the opportunity to discuss these results with Mr Barrett, your consultant, who has requested that I organise a clinic appointment directly with himself. You will therefore receive a further clinic appointment and this will be to see Mr Barrett directly.

Yours sincerely,

Ms Jo Chambers

Advanced Physiotherapy Practitioner (Neurosurgery)

Electronically Signed: Physiotherapist Joanne Chambers, Physiotherapist

cc. Dr Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

**Letter to Patient:**

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF

George Finnie
FLAT 9C
305 Caledonia Road
Glasgow
Lanarkshire
G5 0JQ

| | |
|---|---|
| Main Switchboard: | 0141 201 6000 |
| Department: | Stroke Team |
| Contact Tel: | 0141 347 8775 |
| Enquiries to: | Carolanne McMahon |
| Letter Date: | 11/01/2022 |
| Reference: | IS/CMcM |
| Dictated Date: | 07/01/2022 |
| Transcribed Date: | 10/01/2022 |

Dear Mr Finnie ,

I hope that you are doing well. I had arranged a CT brain scan after your recent telephone appointment at my TIA Clinic. My Secretary had been unable to contact you to arrange the scan and you have not attended for your CT scan appointment. If you are still agreeable for further investigation, then I would be grateful if you could contact my Secretary, on 0141 347 8775, to rebook the CT scan appointment.

Yours sincerely

Dr Imtiaz Shah

Consultant Stroke Physician

Electronically Signed: Dr Imtiaz Shah, Consultant

cc. **********
Dr M McLaughlin
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

NHS
Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde
South Sector Outpatient Endoscopy Services
New Victoria Hospital.

Contact Number: 0141 347 8310.

Date: 25/6/21

Dear Sir/Madam

2307656057
FINNIE
George 23/07/19

Dr. M McLaughlin
New Gorbals Health & Care Centr
2 Sandiefield Road
Glasgow
G5 9AB

It would appear from our records that:

( ) You have not responded to our recent letters inviting you to arrange an appointment.

( ) You have indicated that you no longer require an appointment.

( ) You were scheduled for an appointment today having confirmed this appointment, but you did not attend.

**We assume that you no longer need or wish this appointment. We have removed your name from the waiting list and have contacted your GP and /or Referrer of this action.**

**A copy of this letter will be available on your electronic records.**

This is in line with NHS Greater Glasgow and Clyde's "Did Not Attend Policy": see below.

If you did not receive notification about the invitation please contact the number above.

Yours sincerely,

Admin Staff

Referral Management Centre South

http://www.nhsggc.org.uk/our-performance/quality/our-quality-commitment/patients-rights-responsibilities/treatment-time-guarantee/

NHS
Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde
South Sector Outpatient Endoscopy Services
New Victoria Hospital.

Contact Number: 0141 347 8310.

Date: 23/6/21

Dear Sir/Madam

2307656057
M FINNIE
i5 George
23/07/196

It would appear from our records that:

(✓) You have not responded to our recent letters inviting you to arrange an appointment.

( ) You have indicated that you no longer require an appointment.

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If you did not receive notification about the invitation please contact the number above.

Yours sincerely,

Admin Staff

Referral Management Centre South

http://www.nhsggc.org.uk/our-performance/quality/our-quality-commitment/patients-rights-responsibilities/treatment-time-guarantee/

**Letter to Patient:**

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

George Finnie
FLAT 9C
305 Caledonia Road
Glasgow
Lanarkshire
G5 0JQ

| | |
|---|---|
| Main Switchboard: | 0141 201 1100 |
| Department: | General Surgery |
| Contact Tel: | 0141 211 3456 |
| Enquiries to: | fiona.dorrall@ggc.scot.nhs.uk |
| Letter Date: | 15/07/2021 |
| Reference: | SQ/CH |
| Dictated Date: | 23/06/2021 |
| Transcribed Date: | 02/07/2021 |

Dear Mr Finnie,

You were due to be seen at our Nurse-Led Rectal Bleeding Clinic today 23 June 2021.

This is now the second appointment that you have failed to attend and I can only assume that your symptoms have now settled and you no longer wish to be seen. If this is an oversight on our part and you would like to be seen please contact the Queen Elizabeth University Hospital on 0141 201 1100 and ask for general surgery outpatient appointments and we would be more than happy to re-arrange this for you.

Many thanks

Yours sincerely

Nurse Stephanie Quinn

Colorectal Nurse Practitioner

Electronically Signed: Nurse Stephanie Quinn, Consultant

cc. Dr McLaughlin
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

**Letter to Patient: COVID 19**

NHS Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

George Finnie
FLAT 9C
305 Caledonia Road
Glasgow
Lanarkshire
G5 0JQ

| | |
|---|---|
| Main Switchboard: | 0141 201 1100 |
| Department: | NEUROSCIENCES & OMFS |
| Contact Tel: | 0141 201 2203 |
| Enquiries to: | WAITING LIST TEAM |
| Letter Date: | 06/11/2020 |
| Reference: | WLT/COVID |
| Dictated Date: | 06/11/2020 |
| Transcribed Date: | 06/11/2020 |

Dear Mr George Finnie,

JPDATE ON NHS GGC HOSPITAL SERVICES

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

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

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

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

The safety and wellbeing of patients and staff remains our top priority. To ensure the most clinically urgent patients are being seen first, all referrals into services and entries on waiting lists are being carefully reviewed by a consultant or senior nurse.

We are also making changes to the way we provide services. You may be offered a telephone or a video appointment or we may write to you and your GP with advice you can follow. Face-to-face appointments at a hospital will only be offered when the clinician has considered it essential. At this time services may be offered in a limited number of hospitals. This means that you may be asked to attend any hospital in the NHS Greater Glasgow and Clyde area.

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

Kind regards

Neurosciences & Oral and Maxillofacial Department

You can contact us between the hours of 08:45 – 17:00 Monday – Friday, excluding public holidays.

Electronically Signed: ,

cc.

**Letter to Patient: covid19**

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: NEUROSCIENCES & OMFS
Contact Tel: 0141 201 2203
Enquiries to: WAITING LIST TEAM
Letter Date: 18/09/2020
Reference: WLT/COVID
Dictated Date: 18/09/2020
Transcribed Date: 18/09/2020

George Finnie
FLAT 9C
305 Caledonia Road
Glasgow
Lanarkshire
G5 0JQ

Dear Mr Finnie,

UPDATE ON NHS GGC HOSPITAL SERVICES

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

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

Kind regards

Neurosciences & Oral and Maxillofacial Department

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Electronically Signed: ,

cc.

**Letter to Patient: covid19**

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

George Finnie
FLAT 9C
305 Caledonia Road
Glasgow
Lanarkshire
G5 0JQ

| | |
|---|---|
| Main Switchboard: | 0141 201 1100 |
| Department: | NEUROSCIENCES & OMFS |
| Contact Tel: | 0141 201 2203 |
| Enquiries to: | WAITING LIST TEAM |
| Letter Date: | 11/09/2020 |
| Reference: | WLT/COVID |
| Dictated Date: | 11/09/2020 |
| Transcribed Date: | 11/09/2020 |

Dear Mr Finnie,

UPDATE ON NHS GGC HOSPITAL SERVICES

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

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

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

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

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

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

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

Kind regards

Neurosurgery & Oral and Maxillofacial Department

Tel: 0141 201 2203

You can contact us between the hours of 08:45-17:00 Monday – Friday, excluding public holidays.

Electronically Signed: ,

cc.

NHS
Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde
South Sector Outpatient Endoscopy Services
New Victoria Hospital.

Contact Number: 0141 347 8310.

Date: 9/11/17

Dear Sir/Madam

2307656057
FINNIE M
George 23/07/1965
65 CRUACHAN ROAD
RUTHERGLEN
Glasgow, Lanarkshire
G73 5HH

Dr. J Simpson
Drs Gordon best & mcintyre
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

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(✓) You have indicated that you no longer require an appointment.

( ) You were scheduled for an appointment today having confirmed this appointment, but you did not attend.

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**A copy of this letter will be available on your electronic records.**

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If you did not receive notification about the invitation please contact the number above.

Yours sincerely,

Admin Staff

Referral Management Centre South

http://www.nhsggc.org.uk/our-performance/quality/our-quality-commitment/patients-rights-responsibilities/treatment-time-guarantee/

NHS
Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde
South Sector Outpatient Endoscopy Services
New Victoria Hospital.

Contact Number: 0141 347 8310.

Date: 9/11/18

Dear Sir/Madam

2307656057
FINNIE M
George 23/07/1965
65 CRUACHAN ROAD
RUTHERGLEN
Glasgow, Lanarkshire
G73 5HH

It would appear from our records that:

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Yours sincerely,

Admin Staff

Referral Management Centre South

http://www.nhsggc.org.uk/our-performance/quality/our-quality-commitment/patients-rights-responsibilities/treatment-time-guarantee/

**Letter to Patient:**

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

George Finnie
65 Cruachan Road
Rutherglen
Glasgow
Lanarkshire
G73 5HH

| | |
|---|---|
| Main Switchboard: | |
| Department: | Diabetes & Endocrinology |
| Contact Tel: | 0141 451 6169 |
| Enquiries to: | Secretary |
| Letter Date: | 04/08/2017 |
| Reference: | HH/CW |
| Dictated Date: | 28/07/2017 |
| Transcribed Date: | 02/08/2017 |

Dear Mr Finnie,

I have heard back from the Weight Management Team that you failed to opt-in to an appointment with them. I think this is a real shame because as we discussed when we met in the clinic earlier in the year, the main thing that you need to target for your health is reducing your weight. There are lots of different ways that the Weight Management Team can offer you support in this.

If there is a specific reason why you are unable to attend, or you don't believe that you received the opt-in instructions, please either let myself or Lee-Anne Carson (diabetes nurse) know so that we can contact the Weight Management Team and ask them to give you another chance.

Best wishes.

Yours sincerely,

Dr Helen Hopkinson

Consultant Physician

Electronically Signed: Dr Helen Hopkinson, Consultant

cc. Lee-Anne Carson
Community DSN
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Dr R McGonigle
Drs Gordon, Best & McIntyre
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

**Letter to Patient:**

NHS
Greater Glasgow and Clyde
New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

George Finnie
65A Cruachan Road
RUTHERGLEN
Glasgow
Lanarkshire
G73 5HH

| | |
|---|---|
| Main Switchboard: | |
| Department: | Stroke Team |
| Contact Tel: | 0141 347 8775 |
| Enquiries to: | Carolanne McMahon |
| Letter Date: | 08/11/2016 |
| Reference: | IS/CMcM |
| Dictated Date: | 08/11/2016 |
| Transcribed Date: | 08/11/2016 |

Dear Mr Finnie,

I am writing to you following a letter I have received from your GP, Dr McGonigle, asking us to make a further appointment for you at the Stroke Clinic following two previous missed appointments by yourself. Dr McGonigle had advised you had missed the previous appointments due to us having the incorrect home address for you.

My Secretary has been trying to contact you on the contact numbers we have available for you and has left numerous voicemails asking you to make contact to discuss your referral further. The address we have on the hospital system for you is the same address your GP has provided for us. Therefore, we would like to clarify with you directly that the address we have on file for you is correct before any further appointments are sent to you.

I would be grateful if you could contact my Secretary on the telephone number above to confirm your contact details are correct and also to confirm you are willing to attend the Stroke Clinic. My Secretary will be able to confirm a new appointment date with you when you call.

I have copied this letter to your GP for their information.

Yours sincerely

Dr Imtiaz Shah
Consultant Stroke Physician

CC Dr Robert McGonigle, Gorbals Health Centre, 45 Pine Place, Glasgow, G5 0BQ

Electronically Signed: ,

cc.

NHS Greater Glasgow

**REFERRAL TO SOUTH & WEST DIABETES FOOT MDT**

Send completed form to DiabSouthMDT@ggc.scot.nhs.uk - areas highlighted in red must be completed.

| | | | | | |
|---|---|---|---|---|---|
| **First name** | George | **Surname** | Finnie | **Referring hospital/Ward** | QEUH<br>In community: Gorbals Clinic |
| CHI: 2307656057 | | | | **Referring Clinician** | Nancy Kelleher |
| | | | | **Clinician presenting case** | Nancy Kelleher |
| | | | | **Date of Referral** | 31/08/23 |
| | | | | **Date of MDT** | **05/09/23** |

| | |
|---|---|
| **Reason for referral (tick all that apply): Vascular X Orthopaedic ID Renal ☐ Diabetes Orthotic Podiatry ☐ Plastics ☐ Other ☐ please state .....** | |
| **Clinical Question(s) to be considered by the MDT** | Is vascular review re-arrangement appropriate? |

| **Brief summary of the case (please include relevant PHx such as previous surgery etc)** |
|---|
| Right hallux amputation and metatarsal resection 30/03/23. Discussed at MDT 11/07/23 and patient was appointed to vascular HOT clinic for review 19/07 due to suspected hyperostosis complicating wound healing. Patient DNA. Vascular letter advised if issue continues patient should have further appointment. Patient has been reviewed again in podiatry service. Wound remains significantly painful and patient struggling to walk. No change in wound dimensions and continues to probe 5mm close to bone. |

| **Results** | |
|---|---|
| Vascular imaging | Yes Details CTA March 2023 Conclusion "No macrovascular cause for clinical problem" |
| Pulses present (Pedal/Popliteal/Femoral/Side) | Result Bilateral PT Pulses palpable. |
| Doppler findings and level (mono/bi/triphasic) | Result All byphasic on Doppler |
| eGFR | Yes X No ☐ Result 03 July 23 >60ml/min |
| HbA1c | Yes X☐ No ☐ Result 97mmol/mol (12 June 2023). |
| Cholesterol | Yes No Result 4.4 March 2023 |

| MDT Outcome | |
|---|---|

Reviewed by diabetic foot MDT.

Discussed on 1107, reviewed by HOT in 1907 however DNA and stopped engaging with podiatry at that stage. Picked up again at podiatry of late locally and no change in presentation. Concerns regarding OM.

Hot clinic follow up will be arranged, Xray will be arranged to ascertain the degree of any infection.

Already sent to WP Stuart this week MR Meldrum will add to hot clinic this week.

**MDT letter:**

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000
Diabetes
0141 451 6149
DiabSouthMDT@ggc.scot.nhs.uk

Dr McLaughlin
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 16/03/2021
Reference: NG/ASH
Dictated Date: 12/03/2021
Transcribed Date: 16/03/2021

Dear Dr McLaughlin,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**FLAT 9C, 305 Caledonia Road, Glasgow, Lanarkshire, G5 0JQ**

This gentleman was discussed at the multidisciplinary meeting in my clinic this morning. Lee-Anne Carson and Tony Doherty, our DSN colleagues, were also present. This patient is well-known to Lee-Anne and potentially is supposed to be on 500 units of insulin a day, including 200 units of Tresiba. If his Tresiba dose is correct then this would mean that based on the means of preparation he would be needing 3 - 4 boxes of Tresiba every month, i.e. 9 - 11 pens every month. Reviewing his dispensing data, from what we have access to from SCI Diabetes, it transpires he is definitely not getting the boxes at this frequency - he got something in February, he had something in November, and something in February last year. Lee-Anne Carson tells me that when he was questioned about taking it he got quite defensive and abusive and hung up on her. He said he had been stockpiling. Clearly if he is stockpiling we are unable to see this to confirm this.

Therefore, the question arises: Firstly, is he actually taking any of his insulin or some of his insulin? We need to know how much he is taking. Secondly, is he getting it from other pharmacies or through some other means? Thirdly, are there cognitive or psychological/ psychiatric issues that are underlying which contribute to his management of his diabetes or indeed his behaviour towards Lee-Anne?

I would be extremely grateful if as much information could be gathered, verified/clarified, and shared back with us. Particularly if you are able to confirm with the pharmacy his prescription goes to how frequently his insulin is being dispensed.

If there are clear discrepancies or concerns about things, then we need to know about this so we can decide how we can decide how to take things forward accordingly in terms of offering follow up from our side. Whether this is in the form of face to face appointment or a telephone appointment, or a domiciliary appointment with the DSN, again without the information requested above it is very difficult to make a decision.

If in the end there are no cognitive or psychological issues and this gentleman has full capacity to make his own decisions and is choosing not to engage with the service then referral back to ourselves is not going to solve any problems. If he is choosing not to engage he is truly choosing to take his diabetes into his own hands and has to take the risks associated with that in terms of high blood sugar and low blood sugar and the consequences that can leave, including fatal hypoglycaemia.

He is on dulaglutide 1.5 mg once weekly, and again it is not clear whether he is taking this or not. If he is indeed taking this on a weekly basis then there is scope for this dose to go up to 3 mg in the first instance which I hope will at least reduce the need for the amount of insulin he needs and also help with weight loss and make him more sensitive to any insulin he takes. This can also go up to 4.5 mg in a few months' time depending on how the HbA1c is responding. If it is not responding the dose can go up.

I will not be offering an actual appointment until I have further information back from your side so that I can decide how to take this forward accordingly.

If, when you are reviewing him, if you can be clear to him and find out if A) he is willing to engage and B) that if we do get in contact that he participates in a way that allows us to help him as much as we can with his diabetes. If he is not willing to do this then a referral back to us is not going to achieve anything.

If we do end up offering him appointments and he DNA's three appointments consecutively or does not take calls then we will be discharging him back to your care if we ever get to that stage.

Yours Sincerely,

Dr Nazim Ghouri

Consultant Physician

Electronically Signed: Dr Nazim Ghouri, Consultant

cc. Lee-Anne Carson
Community Diabetes Specialist Nurse
Elder Park Clinic
20 Arklet Road
Glasgow
G51 3XR

**Case No** 6778076 **Case Active** 22/10/2022 10:07 **Case Type**Direct Referral ED

**Patient** George Finnie **Sex** M **D.O.B** 23/07/1965 **Age** 57 years

**Current Address**
Flat 9/C 305 Caledonia Road
Glasgow

G5 0JQ

**Home Address (if currently not at home)**

**Current Phone:** 07555 093796 **Home Phone:** **CHI:** 2307656057

**Case Origin** **Callers Name** George **Callers Tel:**

**Own Doctor** Best,Wilma A(331)
**Surgery** The Gordon Practice

**NHS24 Received By**Mhari Glen (Call Taker SI) () **NHS24 Triage Start**10:08
**NHS24 Triage By** Mhari Glen (Call Taker SI) () **NHS24 Triage End** 10:36
**NHS24 Reported Condition** **NHS24 Outcome** AEP
RETURN CALLER. CHEST PAIN AND LEFT HAND TINGLING - A FEW MINUTES

**NHS24 Recorded Allergies** **NHS24 Recorded Medications** **NHS24 Recorded Medical History**

NHS24 Clinical Summary
Clinical summary created by: Mhari Glen (Call Taker SI) () [22/10/2022 10:41:42]
Reason for call: RETURN CALLER. CHEST PAIN AND LEFT HAND TINGLING - A FEW MINUTESConfirmed Symptom(s):
Breathing much faster than normal
Breathing is causing concern

Symptom(s) not found:
No fever
No chest pain front or back
Is able to speak in their normal complete sentences

Risk Factor(s):
No travel outside Europe in last 21 days or to an affected country

Call Detail(s):

Clinical supervisor: CS R SJIUTH
22:10:2022 10:08:19 GLENM.. CLEAR LIQIUD FROM BACK PASSAGE 2/7. CONTACTED GP 1/7, ADVISED WOULD GET A CALL BUT NEVER GOT A CALL BACK... STATES NO CHEST PAIN DURING CALL. BREATHING CAUSING CONCERN WHEN WALKING... HX OF TYPE 2 DIABETES ON INSULIN.. DESCRIBES CLEAR JELLY FROM BOWELS, SCARED TO PASS WIND INCASE OF INCONTINENCE. SORE ABDO. NOT MOVING BOWELS.. D/W CS RENJINI SUJITH - CHEST PAIN YESTERDAY FOLLOWED BY HEAVINESS IN LEFT ARM. TRIED GTN. PAIN LASTED ONLY 2 MINS. TODAY CALLED IN WITH PASSING WATER THROUGH RECTUM. CONSTIPATED FOR 1/52 +... LOWER ABDO PAIN. SOB ON EXERTION. CURRENT BM 25 - STATES HIGH AND UNCONTROLLED. NO CHEST PAIN TODAY. PT WISHING TO ATTEND QUEEN ELIZABETH UNIVERSITY HOSPITAL. WSG+.. OUTCOME - A/E ASAP / 1HR.. PT TO ATTEND QUEEN ELIZABETH UNIVERSITY HOSPITAL A/E..
Outcome: Patient advised to go to A&E

**NHS24 Disposition**
Accident & Emergency (ASAP)
**NHS24 NUrse Comments**

**Reported Condition** **Received By** **Received**

**TAS Assessment** **Assessed By** **TAS Assess Start**
**TAS Assess End**

**Case No** 6778076 **Case Active** 22/10/2022 10:07 **Case Type**Direct Referral ED

**Consultation** **Consult By** **Consult Start**
**Consult End**

**Examination Details** **Clinical Codes**

**Diagnosis**

**Treatment**

**Prescriptions**

**Follow-up(s)**

*Regional Department of*
*Clinical Neurophysiology*

**Queen Elizabeth University Hospital**
**1345 Govan Road**
**Glasgow**
**G51 4TF**

**Appointments Team: 0141 347 8347**

16th January 2023
CB/CHI: 2307656057

Mr Chris Barrett
Consultant Neurosurgeon
Neurosurgery
QEUH

Dear Mr Barrett,

**GEORGE FINNIE DOB: 23/07/1965**
**FLAT 9C, 305 CALEDONIA ROAD, GLASGOW, LANARKSHIRE, G5 0JQ**

The above patient failed to attend an appointment for nerve conduction studies on 11th January 2023.

No further appointment has been arranged and they have been removed from the waiting list. Please re-refer if tests are still required.

**This is in line with NHS Greater Glasgow and Clyde Did Not Attend Policy.**

Yours sincerely

Appointments

Copy to:

Mr George Finnie
Flat 9C, 305 Caledonia Road
Glasgow
Lanarkshire
G5 0JQ

Dr WA Best
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

*Regional Department of*
*Clinical Neurophysiology*

**Queen Elizabeth University Hospital**
**1345 Govan Road**
**Glasgow**
**G51 4TF**

**Direct Line 0141 347 8347**

3rd September 2020

Mr C Barrett
Consultant Neurosurgeon
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dear Mr Barrett,

**Re: George Finnie, DOB: 23/07/1965, CHI: 2307656057**
**Flat 9C, 305 Caledonia Road, Glasgow, G5 0JQ**

The above patient failed to attend their appointment for nerve conduction studies on 25TH August 2020 @ 13:55.

No further appointment has been arranged and they have been removed from the waiting list. Please re-refer if tests are still required.

**This is in line with NHS Greater Glasgow and Clyde Did Not Attend Policy.**

Yours sincerely

Appointments

CC

Dr J Simpson
Drs Gordon, Best & McIntyre
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

George Finnie
Flat 9C, 305 Caledonia Road
Glasgow
G5 0JQ

***Regional Department of***
***Clinical Neurophysiology***

**Queen Elizabeth University Hospital**
**1345 Govan Road**
**Glasgow**
**G51 4TF**

**Direct Line 0141 201 2203/2204**

4th February 2019 – AM

Mr Chris Barrett
Consultant Neurosurgeon
Queen Elizabeth University Hospital
1345 Govan Road
GLASGOW
G51 4TF

Dear Mr Barrett

**Re: Mr George Finnie, CHI: 2307656057**
**Address: 65 Cruachan Road, Rutherglen, Glasgow, G73 5HH**

You referred the above patient for an outpatient appointment at the Neurophysiology Clinic.

Your patient has not responded to our two recent letters inviting them to arrange an appointment.

**We therefore assume that your patient no longer needs this appointment. We have removed their name from the waiting list. This is in line with NHS Greater Glasgow and Clyde Did Not Attend Policy.**

If you still wish your patient to be seen, we will require a new referral.

Yours sincerely

Appointments
Copy to:

| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|---|---|---|---|---|
| | | | | |

# REFERRAL LETTER
MEDICAL IN CONFIDENCE

**Attachments**
Ophthalmology - 1RCTEJX08PKLB8H8_GF_LE_00
Ophthalmology - 1RCTEJX08PKLB8BA_GF_RE_00

**Additional Support Needs:**
**No known ASN requirements**

**REFERRAL TO**

| | | |
|---|---|---|
| Ophthalmology - Retina Diabetic<br>GGC General (optom use only) | — | **Consultant / receiving practitioner** and/or **specialty clinic** |
| New Victoria Hospital<br>55 Grange Road<br>Glasgow<br>G42 9LF | — | **Hospital** and **hospital address**<br>Hospital location code.<br>G306H<br>Email address<br>- |

**Urgency of referral** Routine
**Date of referral** 03-Mar-2026 **Date sent** 03-Mar-2026

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | FINNIE |
| **Forename(s)** | GEORGE |
| Title | Mr |
| Sex | Male |
| **Date of birth** | 23-Jul-1965 |
| CHI no. | 2307656057 |
| **Area of Residence** | - |
| Reference: | - |

**Patient's address**

FLAT 0-4
1 BEDFORD STREET
GLASGOW
G5 9BD

Contact number(s)

Voice: 07555093796

**** Patient does consent to send past medical history and drug history via SCI Gateway to the Hospital indicated ****

*101039244463F*

Unique Care Pathway Number: 101039244463F

**REFERRING HCP DETAILS**

| | |
|---|---|
| **HCP Name** | KHALILKHAN |
| HCP code | 0131860 |
| HCP Position | - |
| Organisation name | i2i Optometrists |
| Location code | - |

**Organisation address**

183 Crown street
Glasgow
G5 9XT

Contact number(s)

Voice: 0141 429 4290

**OPTOMETRY INFORMATION**

| **Diagnosis** | - | **Treatment Instigated** | - | **Treatment** | - |
|---|---|---|---|---|---|

| **Right** | **Ocular Examination - External/Internal** | **Left** |
|---|---|---|
| Please find comments below under **Administrative information.** | Please find comments below under **Administrative information.** | |

| | |
|---|---|
| | |

**Applanation Tonometry** R 14 mmhg L 15 mmhg **RAPD** No **Fields Attached** No

**Time** 11: 30 **Applanation** No

| Vision | Sph | Cyl | Axis | Prism | VA | PH VA | Add | NVA | Test Date |
|---|---|---|---|---|---|---|---|---|---|
| R | +3.50 | +0.75 | 170 | ---- | 6/7.5 | niph | 2.50 | N8 | 03-Mar-2026 |
| L | +1.75 | +1.00 | 155 | ---- | 6/12 | nipg | 2.50 | N10 | |
| | | | | | | | | **Images Attached** | Yes |

**CLINICAL INFORMATION**

**History of presenting complaint**
**Presenting complaint**
Description: Optometrist Direct Referral

**Reason for referral**
Care type requested: Out Patient
Expected outcome: Not Specified

**Past medical history**

**Current medication** (Active Repeat medication issued within the last 12 months)
No current medications recorded

**Recent medication** (Any medication issued within last 90 days not shown above)
No recent medications recorded

**Blood Pressure**
No Blood Pressures Recorded

**Body Measurements**
No Body Measurements Recorded

**Clinical warnings**

**Additional Support Needs**
No known ASN requirements

**Additional relevant information**
**Administrative information**
Patient History and Details:Reduced vision LE past 3/12. Upon examination. extensive Diabetic retinopathy was noted, exudates near fovea RE. please arrange for OCT to assess for diabetic maculopathy as no recent DRS conducted according to patient. I would be grateful if patient could also be added on for annual DRS. patient thinks his last screening was in 2022?

GH: dmt2 - diagnosed early 1990s - Poor control - under investigation by GP, stroke - 2010 - LHS affected, multiple TIAs since.
Hypertension, High Cholesterol, broken neck - poor recovery.
Bilateral toe amputation.
bladder cancer - diagnosed 09/2025 - tx 09/2025, has been having chemo since 11/2025.

OH: HES: AAU RE 04/2024 - Tx c drops - all clear, no glauc, DRS - last appt 2022 @ QEUH - all clear - No recent appt
HES: AAU LE 04/2025 @ GGH - tx c drops.
HES: QEUH end of 04/2025 for OCT? did not proceed with assessment as px was driving - no other appt arranged? No recent appt

Meds: metformin, insulin, BP meds, statins, anti depressant, painkillers - Morphine, chemotherapy @ QEUH.
Comment Right:External: all clear
Lens: Mild NS
Internal: extensive background diabetic retinopathy. exudates / haemhoragging near fovea
Comment Left:External: all clear
Lens: Mild NS + PSCC
Internal: extensive background diabetic retinopathy.
Previous Attendance at Hospital Eye Service?:Yes
If Yes, Location:GGC
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient consent:Yes

Ophthalmology - 1RCTEJX08PKLB8H8_GF
LE_00
Ophthalmology - 1RCTEJX08PKLB8BA_GF
RE_00

**Signature** of referring doctor (or other professional) **Date**

| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|---|---|---|---|---|
| | | | | |

| | **REFERRAL LETTER** MEDICAL IN CONFIDENCE | **Attachments** |
|---|---|---|

**Additional Support Needs:**
**No known ASN requirements**

**REFERRAL TO**

| | | |
|---|---|---|
| Orthotics<br>NPC General – ACUTE STAFF ONLY | —— | **Consultant / receiving practitioner** and/or **specialty clinic** |
| West Glasgow<br>1053 Great Western Road<br>Glasgow<br>G12 0YN | —— | **Hospital** and **hospital address**<br>Hospital location code.<br>G516H<br>Email address<br>- |

**Urgency of referral** Routine
**Date of referral** 11-Nov-2025 **Date sent** 11-Nov-2025

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | Finnie |
| **Forename(s)** | George |
| Title | Mr |
| Sex | Male |
| **Date of birth** | 23-Jul-1965 |
| CHI no. | 2307656057 |
| **Area of Residence** | - |

**Patient's address**

Flat 0/4
1 Bedford Street
Glasgow
G5 9BD

Contact number(s)

Voice: 07555 093796
Voice: 07555093796

*1010382028499*

Unique Care Pathway Number: 1010382028499

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | CW McCrossan | | |
| GMC code | - | GP code | - |
| Practice name | - | | |
| Practice code | - | | |

**Practice address**

Contact number(s)

-

**REFERRING HCP DETAILS**

| | |
|---|---|
| **HCP Name** | AlistairMacey |
| HCP code | 7277322 |
| HCP Position | - |
| Organisation name | Trauma and Orthopaedic Surgery Acute South Sector |
| Location code | G158G |

**Organisation address**

SCI Gateway Virtual Location

Contact number(s)

-

**CLINICAL INFORMATION**

**History of presenting complaint**

**Presenting complaint**

Description: Referral for offloading

Comment: I would be grateful if you might see this gentleman with regard to offloading his forefoot where he has 2nd metatarsal overload. He is supinating his foot and overloading his 5th metatarsal, all related to a 1st ray amputation for diabetes. Currently he is undergoing treatment for bladder cancer. Surgery is out of the question and it would be great if there were any conservative measures that you may be able to effect to help him.

Yours sincerely,
Mr Alistair Macey BA (mod) Microbiology, MBChB, FRCS (Tr & Orth)
Consultant Limb Reconstruction and Foot and Ankle Surgeon
Dept of Trauma and Orthopaedics
QEUH Glasgow

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Treat

**Past medical history**

**Current medication** (Active Repeat medication issued within the last 12 months)

No current medications recorded

**Recent medication** (Any medication issued within last 90 days not shown above)

No recent medications recorded

**Blood Pressure**

No Blood Pressures Recorded

**Body Measurements**

No Body Measurements Recorded

**Clinical warnings**

**Additional Support Needs**

No known ASN requirements

**Additional relevant information**

**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Consultant

Electronic Attachment Present:No

**Signature** of referring doctor (or other professional) **Date**

| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|---|---|---|---|---|
| | | | | |

| | **REFERRAL LETTER** MEDICAL IN CONFIDENCE | **Attachments** |
|---|---|---|

**Additional Support Needs:**
**No known ASN requirements**

**REFERRAL TO**

| | | |
|---|---|---|
| South West Glasgow Podiatry<br>GGC General Referral | —— | **Consultant / receiving practitioner** and/or **specialty clinic** |
| GGC Podiatry<br>NHS Greater Glasgow & Clyde | —— | **Hospital** and **hospital address**<br>Hospital location code.<br>G025G<br>Email address<br>- |

**Urgency of referral** Urgent
**Date of referral** 09-Oct-2025 **Date sent** 09-Oct-2025

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | FINNIE |
| **Forename(s)** | GEORGE |
| Title | MR |
| Sex | Male |
| **Date of birth** | 23-Jul-1965 |
| CHI no. | 2307656057 |
| **Area of Residence** | - |

**Patient's address**

FLAT 0-4
1 BEDFORD STREET
GLASGOW
G5 9BD

Contact number(s)

Voice: 07555 093796
E-mail: georgefinnie13@gmail.com

*101037889637R* | Unique Care Pathway Number: 101037889637R

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Colin Mccrossan | | |
| GMC code | 6103261 | GP code | 08966 |
| Practice name | Dr Gordon & Partners | | |
| Practice code | 49604 | | |

**Practice address**

GORBALS HEALTH AND CARE CENTRE
2 SANDIEFIELD ROAD
GLASGOW
G5 9AB

Contact number(s)

Voice: 01412015100

**REFERRING GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Colin McCrossan | | |
| GMC code | 6103261 | GP code | 08966 |
| Practice name | The Gordon Practice (49604) | | |
| Practice code | 49604 | | |

**Practice address**

New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Contact number(s)

Voice: 0141 201 5100

**CLINICAL INFORMATION**

**History of presenting complaint**

**Presenting complaint**

Description: foot ulcer, diabetic

Comment: Dear PODIATRY,
Mr Finnie has contacted the practice saying he can't get through to your team. He is diabetic and is concerned about a foot ulcer.

We would be grateful if you could get in touch with him re review. I have issued flucloxacillin so he has a prescription.

Kind regards, Dr Catherine Norton Locum GP

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

**Past medical history**

**Pre-existing conditions** (High & medium priority - all)

| Description | Comment | Modifier | Date of onset | Date recorded |
|---|---|---|---|---|
| Malignant neoplasm of urinary bladder | - | First ever | 02-Oct-2025 | 02-Oct-2025 |
| Essential hypertension | - | - | 23-Mar-2020 | 23-Mar-2020 |
| Stroke and cerebrovascular accident unspecified | [TRUNCATED]States last Friday (23rd August) was with daughter, started off with some tingling in lips and speech reported as slightly slurred, then had numbness in left arm and leg. Thought was anot | - | 04-Sep-2019 | 04-Sep-2019 |
| Cervical spinal stenosis | in a lot of pain weighing up pro/ cons operation 1 in 500 change of paralysis | - | 22-May-2018 | 22-May-2018 |
| [X]Depressive episode | Agree fluoxetine | First ever | 01-Dec-2017 | 01-Dec-2017 |
| [X]Depressive episode | [TRUNCATED]No improvement with increased dose of Fluoxertine, still having suicidal ideation, states sister has taken insulin away from him at times as worried he may overdose. Has considered this a | Continuing | 06-Oct-2014 | 06-Oct-2014 |
| [X]Depressive episode | - | Continuing | 03-Dec-2012 | 03-Dec-2012 |
| [X]Depressive episode | - | Continuing | 20-Jul-2012 | 20-Jul-2012 |
| [X]Depressive episode | - | First ever | 30-May-2012 | 30-May-2012 |
| [X]Depressive episode | - | Continuing | 11-Mar-2011 | 11-Mar-2011 |
| [X]Depressive episode | - | First ever | 02-Oct-2009 | 02-Oct-2009 |
| Type 2 diabetes mellitus | random sugar 13.9 - symptomatic - thirst and urinary frequency. | - | 02-Feb-2007 | 02-Feb-2007 |

**Past procedures** (High and medium priority - all)

| Description | Comment | Date performed | Date recorded |
|---|---|---|---|
| Amputation of toe | right foot | 02-Apr-2023 | 02-Apr-2023 |

**Family conditions** (All priorities)

| Description | Comment | Date of Onset |
|---|---|---|
| [V]Family history of ischaemic heart disease | DAD | 01-Nov-2007 |
| FH: CVA/stroke | Read code of condition: Cerebrovascular disease [G6...00]. | 29-Mar-2007 |
| No family history diabetes | Read code of condition: Diabetes mellitus [C10..00]. | 29-Mar-2007 |
| FH: Ischaemic heart dis. >60 | START_DATE=19990419 | 27-Apr-1999 |

**Current medication** (Active Repeat medication issued within the last 12 months)

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|
| Paracetamol 500mg tablets | 224 | tablet | 2 FOUR TIMES A DAY FOR FOR PAIN | - | 09-Oct-2025 | 09-Oct-2025 |
| Trazodone 50mg capsules | 56 | capsule | TWO TO BE TAKEN AT NIGHT FOR [more] | - | 09-Nov-2018 | 15-Sep-2025 |
| Flexicare F4 drainable night drainage bag 00-1200 2litre (Flexicare Medical Ltd) | 10 | device | SUPLIED BY RAPIDCARE | - | 24-Sep-2025 | 24-Sep-2025 |
| Flexicare sterile leg bag 00-1502 500ml bag, short tube (Flexicare Medical Ltd) | 10 | device | SUPPLIED BY RAPIDCARE | - | 24-Sep-2025 | 24-Sep-2025 |
| Empagliflozin 10mg tablets | 28 | tablet | 1 TABLET DAILY FOR DIABETES | - | 20-Jan-2017 | 15-Sep-2025 |
| Isosorbide mononitrate 10mg tablets | 56 | tablet | 1 TABLET TWICE A DAY | - | 03-Apr-2023 | 15-Sep-2025 |
| Atorvastatin 80mg tablets | 28 | tablet | ONE TABLET DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 15-Sep-2025 |
| Duloxetine 60mg gastro-resistant capsules | 28 | capsule | ONCE DAILY FOR NEUROPATHIC F [more] | - | 23-Sep-2024 | 15-Sep-2025 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 15-Sep-2025 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 15-Sep-2025 |
| Clopidogrel 75mg tablets | 28 | tablet | 1 TABLET(S) DAILY | - | 23-Jan-2015 | 15-Sep-2025 |
| Pregabalin 300mg capsules | 28 | capsule | TAKE ONE CAPSULE AT NIGHT (AL[more] | - | 08-Feb-2024 | 15-Sep-2025 |
| Pregabalin 150mg capsules | 28 | capsule | TAKE ONE CAPSULE IN THE MORNI[more] | - | 08-Feb-2024 | 15-Sep-2025 |
| FreeStyle Libre 2 Plus Sensor (Abbott Laboratories Ltd) | 4 | kit | ONE SENSOR EVERY 2 WEEKS AS D[more] | - | 04-Apr-2025 | 04-Apr-2025 |
| Humalog KwikPen 100units/ml solution for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) | 5 | pre-filled disposable injection | AS PER DIABETIC CLINIC | - | 17-Feb-2025 | 17-Feb-2025 |
| Bisoprolol 2.5mg tablets | 28 | tablet | 1 TABLET DAILY FOR HEART | - | 17-Aug-2018 | 15-Sep-2025 |

**Recent medication** (Any medication issued within last 90 days not shown above)

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|
| Prochlorperazine 5mg tablets | 84 | tablet | 5-10MG AS REQUIRED FOR NAUSEA[more] | - | 09-Oct-2025 | 09-Oct-2025 |
| Flucloxacillin 500mg capsules | 56 | capsule | 2 CAPSULE FOUR TIMES A DAY FO [more] | - | 09-Oct-2025 | 09-Oct-2025 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Senna 7.5mg tablets | 60 | tablet | 2 TABLETS AT NIGHT FOR CONSTI[more] | - | 07-Oct-2025 | 07-Oct-2025 |
| Trimethoprim 200mg tablets | 14 | tablet | 1 TABLET TWICE A DAY FOR URIN[more] | - | 17-Sep-2025 | 17-Sep-2025 |
| Instillagel gel (CliniMed Ltd) | 60 | ml | ONE APPLICATION WHEN REQUIRED | - | 16-Sep-2025 | 16-Sep-2025 |
| Trazodone 50mg capsules | 56 | capsule | TWO TO BE TAKEN AT NIGHT FOR [more] | - | 09-Nov-2018 | 15-Sep-2025 |
| Tramadol 50mg capsules | 30 | capsule | ONE TO TWO CAPSULES AT NIGH [more] | - | 15-Sep-2025 | 15-Sep-2025 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 15-Sep-2025 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 15-Sep-2025 |
| Clopidogrel 75mg tablets | 28 | tablet | 1 TABLET(S) DAILY | - | 23-Jan-2015 | 15-Sep-2025 |
| Atorvastatin 80mg tablets | 28 | tablet | ONE TABLET DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 15-Sep-2025 |
| Duloxetine 60mg gastro-resistant capsules | 28 | capsule | ONCE DAILY FOR NEUROPATHIC F [more] | - | 23-Sep-2024 | 15-Sep-2025 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 15-Sep-2025 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 15-Sep-2025 |
| Trazodone 50mg capsules | 56 | capsule | TWO TO BE TAKEN AT NIGHT FOR [more] | - | 09-Nov-2018 | 12-Aug-2025 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 12-Aug-2025 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 12-Aug-2025 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 22-Jul-2025 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 22-Jul-2025 |
| Empagliflozin 10mg tablets | 28 | tablet | 1 TABLET DAILY FOR DIABETES | - | 20-Jan-2017 | 15-Sep-2025 |
| Isosorbide mononitrate 10mg tablets | 56 | tablet | 1 TABLET TWICE A DAY | - | 03-Apr-2023 | 15-Sep-2025 |
| Atorvastatin 80mg tablets | 28 | tablet | ONE TABLET DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 12-Aug-2025 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 16-Jun-2025 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 16-Jun-2025 |
| Ibuprofen 5% gel | 100 | gram | APPLY THREE TIMES DAILY TO TH[more] | - | 09-May-2025 | 09-May-2025 |
| Doxycycline 100mg capsules | 14 | capsule | 100MG TWICE A DAY DAILY , [more] | - | 24-Apr-2025 | 24-Apr-2025 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 16-May-2025 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 16-May-2025 |
| Trazodone 50mg capsules | 56 | capsule | TWO TO BE TAKEN AT NIGHT FOR [more] | - | 09-Nov-2018 | 22-Jul-2025 |
| Pregabalin 300mg capsules | 28 | capsule | TAKE ONE CAPSULE AT NIGHT (AL[more] | - | 08-Feb-2024 | 12-Aug-2025 |
| | 28 | capsule | | - | 08-Feb-2024 | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Pregabalin 150mg capsules | | | TAKE ONE CAPSULE IN THE MORNI[more] | | | 12-Aug-2025 |
| Atorvastatin 80mg tablets | 28 | tablet | ONE TABLET DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 16-May-2025 |
| Co-codamol 30mg/500mg tablets | 224 | tablet | TAKE ONE OR TWO UP TO FOUR TI[more] | - | 22-Jun-2022 | 12-Aug-2025 |
| Isosorbide mononitrate 10mg tablets | 56 | tablet | 1 TABLET TWICE A DAY | - | 03-Apr-2023 | 16-May-2025 |
| Duloxetine 60mg gastro-resistant capsules | 28 | capsule | ONCE DAILY FOR NEUROPATHIC F [more] | - | 23-Sep-2024 | 12-Aug-2025 |
| Clopidogrel 75mg tablets | 28 | tablet | 1 TABLET(S) DAILY | - | 23-Jan-2015 | 15-Sep-2025 |
| Empagliflozin 10mg tablets | 28 | tablet | 1 TABLET DAILY FOR DIABETES | - | 20-Jan-2017 | 16-May-2025 |

**Blood Pressure**

| Date Recorded | Systolic | Diastolic |
|---|---|---|
| 17-Mar-2025 | 111 | 72 |
| 20-Jan-2025 | 134 | 89 |
| 20-Jan-2025 | 134 | 89 |

**Body Measurements**

| Date Recorded | Height | Weight | BMI |
|---|---|---|---|
| 12-Jan-2023 | 1.77 | 108 | 34.4 |
| 11-Aug-2022 | 1.77 | 110.6 | 35.3 |
| 17-Jun-2021 | 1.77 | 113 | 36 |

**Lifestyle Risks and Alerts / Examinations and Investigations**

| Description/Question | Result/Comment | Date |
|---|---|---|
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 17-Mar-2025 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 30-Oct-2024 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 11-Aug-2022 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 07-Jul-2022 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 26-May-2022 |
| Teetotaller: | Drinking status on eventdate: Life teetotaler. | 13-Feb-2020 |
| Teetotaller: | Drinking status on eventdate: Life teetotaler. | 04-Mar-2019 |
| Teetotaller: | Drinking status on eventdate: Life teetotaler. | 13-Feb-2018 |
| Alcohol intake within recommended sensible limits: | Drinking status on eventdate: Current drinker. | 12-Nov-2014 |
| Drinks rarely: | Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0. | 12-Nov-2014 |
| GPPAQ physical activity index: active: | Walking but limited by neck pain | 19-Feb-2020 |
| Exercise grading: | Type of exercise: Gentle. | 13-Feb-2020 |
| GPPAQ physical activity index: active: | | 14-Mar-2019 |
| Exercise grading: | Type of exercise: Gentle. NOTES: walks. | 04-Mar-2019 |
| Exercise grading: | Type of exercise: Vigorous. | 13-Feb-2018 |

**Clinical warnings**

**Allergies**

| Description | Comment | Date recorded |
|---|---|---|
| H/O: drug allergy | Drug code for allergy: Doxycycline 100mg capsules, Reaction type: Allergy, Read code for reaction: Vomiting [1992.00], Certainty of allergy: Likely, Severity of allergy: Moderate. | 16-Jun-2023 |

**Additional Support Needs**

No known ASN requirements

**Additional relevant information**

**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Locum

Electronic Attachment Present:No

**Signature** of referring doctor (or other professional) **Date**

**Referral letter: Referral**

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: Orthopaedics
Contact Tel:
Enquiries to:

Department of Orthotics
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

Letter Date: 11/11/2025
Reference: AM/AF
Dictated Date: 23/09/2025
Transcribed Date: 24/09/2025

Dear Colleagues,

**George, Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**Flat 0/4, 1 Bedford Street, Glasgow, G5 9BD**

I would be grateful if you might see this gentleman with regard to offloading his forefoot where he has 2nd metatarsal overload. He is supinating his foot and overloading his 5th metatarsal, all related to a 1st ray amputation for diabetes. Currently he is undergoing treatment for bladder cancer. Surgery is out of the question and it would be great if there were any conservative measures that you may be able to effect to help him.

Yours sincerely,

Mr Alistair Macey BA (mod) Microbiology, MBChB, FRCS (Tr & Orth)

Consultant Limb Reconstruction and Foot and Ankle Surgeon

Dept of Trauma and Orthopaedics

QEUH Glasgow

Electronically Signed: Mr Alistair Macey, Consultant

cc.

**Referral letter:**

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Orthopaedic Foot and Ankle Clinic, ESP Podiatrists, Orthopaedic Dept.

Main Switchboard: 0141 201 1100
Department: Podiatry
Contact Tel: 0141 452 3160
Enquiries to: Robyn.Miller2@nhs.scot
Letter Date: 01/05/2025
Reference:
Dictated Date: 01/05/2025
Transcribed Date: 01/05/2025

Dear Orthopaedics,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

Dear Orthopaedics:

Please can you review this patient ...

Document reason for referral – Fracture to right 5th metatarsal.

Describe patient history of complaint – new acute. Thought infection as around wound area. Wound might be from swelling and foot rubbing against shoe. Confirmed fracture on X-ray. Awaiting official report.

Document medical history – diabetic, neuropathic. Previous amp of right 1st and left 5th. + deviation of 2nd toe right foot (Been discussed at MDT and MDFC, suggested no surgery until Hba1c reduced)

Describe clinical findings and vascular status – No vascular deficit. Erythema heat and swelling to right lateral border. Reports pain on walking. Doesnt wear darcos Had insoles and orthopaedic shoes and wont wear. Referred to orthotics for walker boot (appt 2/5).

Describe how this affects the patient - patient doesnt work, sore when walking.

Document treatments – failed and successful

Yours sincerely

Electronically Signed:,

cc.

| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|---|---|---|---|---|
| | | | | |

| | **REFERRAL LETTER** MEDICAL IN CONFIDENCE | **Attachments** |
|---|---|---|

**Additional Support Needs:**
**No known ASN requirements**

**REFERRAL TO**

| | | |
|---|---|---|
| Urology<br>GGC Urology USOC | —— | **Consultant / receiving practitioner** and/or **specialty clinic** |
| New Victoria Hospital<br>55 Grange Road<br>Glasgow<br>G42 9LF | —— | **Hospital** and **hospital address**<br>Hospital location code.<br>G306H<br>Email address |

**Urgency of referral** Urgent - Suspected Cancer
**Date of referral** 24-Apr-2025 **Date sent** 24-Apr-2025

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | FINNIE |
| **Forename(s)** | GEORGE |
| Title | MR |
| Sex | Male |
| **Date of birth** | 23-Jul-1965 |
| CHI no. | 2307656057 |
| **Area of Residence** | |

**Patient's address**

FLAT 0-4
1 BEDFORD STREET
GLASGOW
G5 9BD

Contact number(s)

Voice: 07555 093796
E-mail: georgefinnie13@gmail.com

*101036271056L* Unique Care Pathway Number: 101036271056L

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Colin Mccrossan | | |
| GMC code | 6103261 | GP code | 08966 |
| Practice name | Dr Gordon & Partners | | |
| Practice code | 49604 | | |

**Practice address**

GORBALS HEALTH AND CARE CENTRE
2 SANDIEFIELD ROAD
GLASGOW
G5 9AB

Contact number(s)

Voice: 01412015100

**REFERRING GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Joseph Simpson | | |
| GMC code | 6151198 | GP code | 01783 |
| Practice name | The Gordon Practice (49604) | | |
| Practice code | 49604 | | |

**Practice address**

New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Contact number(s)

Voice: 0141 201 5100

**CLINICAL INFORMATION**

**History of presenting complaint**

**Presenting complaint**

Description: Haematuria

Comment: This gentleman reports an episode of frank haematuria. He states that he was passing urine, and felt a sudden blockage and pressure, followed by passing a clot and subsequent amount of fresh red blood. He had no other urinary symptoms, and his urinalysis has shown no evidence of infection.

On review I can see that he had an episode of microscopic haematuria in 2022, but apart from an ultrasound scan of the renal tract he was not assessed by urology. He has known poorly controlled diabetes and is on Empagliflozin.

Given the frank haematuria with no evidence of infection, I would be grateful if he could be seen to assess his bladder.

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Investigate

**Past medical history**

**Pre-existing conditions** (High & medium priority - all)

| Description | Comment | Modifier | Date of onset | Date recorded |
|---|---|---|---|---|
| Essential hypertension | - | - | 23-Mar-2020 | 23-Mar-2020 |
| Stroke and cerebrovascular accident unspecified | [TRUNCATED]States last Friday (23rd August) was with daughter, started off with some tingling in lips and speech reported as slightly slurred, then had numbness in left arm and leg. Thought was anot | - | 04-Sep-2019 | 04-Sep-2019 |
| Cervical spinal stenosis | in a lot of pain weighing up pro/ cons operation 1 in 500 change of paralysis | - | 22-May-2018 | 22-May-2018 |
| [X]Depressive episode | Agree fluoxetine | First ever | 01-Dec-2017 | 01-Dec-2017 |
| [X]Depressive episode | [TRUNCATED]No improvement with increased dose of Fluoxertine, still having suicidal ideation, states sister has taken insulin away from him at times as worried he may overdose. Has considered this a | Continuing | 06-Oct-2014 | 06-Oct-2014 |
| [X]Depressive episode | - | Continuing | 03-Dec-2012 | 03-Dec-2012 |
| [X]Depressive episode | - | Continuing | 20-Jul-2012 | 20-Jul-2012 |
| [X]Depressive episode | - | First ever | 30-May-2012 | 30-May-2012 |
| [X]Depressive episode | - | Continuing | 11-Mar-2011 | 11-Mar-2011 |
| [X]Depressive episode | - | First ever | 02-Oct-2009 | 02-Oct-2009 |
| Type 2 diabetes mellitus | random sugar 13.9 - symptomatic - thirst and urinary frequency. | - | 02-Feb-2007 | 02-Feb-2007 |

**Past procedures** (High and medium priority - all)

| Description | Comment | Date performed | Date recorded |
|---|---|---|---|
| Amputation of toe | right foot | 02-Apr-2023 | 02-Apr-2023 |

**Family conditions** (All priorities)

| Description | Comment | Date of Onset |
|---|---|---|
| [V]Family history of ischaemic heart disease | DAD | 01-Nov-2007 |
| FH: CVA/stroke | Read code of condition: Cerebrovascular disease [G6...00]. | 29-Mar-2007 |
| No family history diabetes | Read code of condition: Diabetes mellitus [C10..00]. | 29-Mar-2007 |
| FH: Ischaemic heart dis. >60 | START_DATE=19990419 | 27-Apr-1999 |

**Current medication** (Active Repeat medication issued within the last 12 months)

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 14-Apr-2025 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 14-Apr-2025 |
| FreeStyle Libre 2 Plus Sensor (Abbott Laboratories Ltd) | 4 | kit | ONE SENSOR EVERY 2 WEEKS AS D[more] | - | 04-Apr-2025 | 04-Apr-2025 |
| Trazodone 50mg capsules | 56 | capsule | TWO TO BE TAKEN AT NIGHT FOR [more] | - | 09-Nov-2018 | 14-Apr-2025 |
| Pregabalin 300mg capsules | 28 | capsule | TAKE ONE CAPSULE AT NIGHT (AL[more] | - | 08-Feb-2024 | 14-Apr-2025 |
| Pregabalin 150mg capsules | 28 | capsule | TAKE ONE CAPSULE IN THE MORNI[more] | - | 08-Feb-2024 | 14-Apr-2025 |
| Humalog KwikPen 100units/ml solution for injection 3ml pre-filled pens (Eli Lilly and Company Ltd) | 5 | pre-filled disposable injection | AS PER DIABETIC CLINIC | - | 17-Feb-2025 | 17-Feb-2025 |
| Atorvastatin 80mg tablets | 28 | tablet | ONE TABLET DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 14-Apr-2025 |
| Bisoprolol 2.5mg tablets | 28 | tablet | 1 TABLET DAILY FOR HEART | - | 17-Aug-2018 | 14-Apr-2025 |
| Co-codamol 30mg/500mg tablets | 224 | tablet | TAKE ONE OR TWO UP TO FOUR TI[more] | - | 22-Jun-2022 | 14-Apr-2025 |
| Isosorbide mononitrate 10mg tablets | 56 | tablet | 1 TABLET TWICE A DAY | - | 03-Apr-2023 | 14-Apr-2025 |
| Duloxetine 60mg gastro-resistant capsules | 28 | capsule | ONCE DAILY FOR NEUROPATHIC F [more] | - | 23-Sep-2024 | 14-Apr-2025 |
| Clopidogrel 75mg tablets | 28 | tablet | 1 TABLET(S) DAILY | - | 23-Jan-2015 | 14-Apr-2025 |
| Empagliflozin 10mg tablets | 28 | tablet | 1 TABLET DAILY FOR DIABETES | - | 20-Jan-2017 | 14-Apr-2025 |

**Recent medication** (Any medication issued within last 90 days not shown above)

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|
| Doxycycline 100mg capsules | 14 | capsule | 100MG TWICE A DAY DAILY , [more] | - | 24-Apr-2025 | 24-Apr-2025 |
| Cyclopentolate 1% eye drops | 5 | ml | 3 TIMES DAY FOR A WEEK IN THE [more] | - | 03-Apr-2025 | 03-Apr-2025 |
| Pred Forte 1% eye drops (AbbVie Ltd) | 10 | ml | 2 HOURLY FOR A WEEK AND THEN [more] | - | 03-Apr-2025 | 03-Apr-2025 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 14-Apr-2025 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 14-Apr-2025 |
| Movelat gel (Thornton & Ross Ltd) | 125 | gram | APPLY UP TO FOUR TIMES DAILY | - | 13-Mar-2025 | 13-Mar-2025 |
| | 1 | device | AS DIRECTED | - | 28-Feb-2025 | 28-Feb-2025 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Seal-Tight limb protector foot/ankle CV27105 (Autono-Med Ltd) | | | | | | |
| Ibuprofen 5% gel | 100 | gram | APPLY THREE TIMES DAILY TO TH[more] | - | 25-Feb-2025 | 25-Feb-2025 |
| Tirzepatide 2.5mg/0.6ml solution for injection 2.4ml pre-filled disposable devices | 4 | pre-filled disposable injection | USE ONCE WEEKLY AS DIRECTED B [more] | - | 17-Feb-2025 | 17-Feb-2025 |
| Flucloxacillin 500mg capsules | 56 | capsule | 2 CAPSULE FOUR TIMES A DAY FO [more] | - | 17-Feb-2025 | 17-Feb-2025 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 17-Mar-2025 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 17-Mar-2025 |
| Flucloxacillin 500mg capsules | 28 | capsule | 1 CAPSULE FOUR TIMES A DAY | - | 13-Feb-2025 | 13-Feb-2025 |
| Tirzepatide 2.5mg/0.6ml solution for injection 2.4ml pre-filled disposable devices | 4 | pre-filled disposable injection | ONCE WEEKLY AS PER DIABETIC C [more] | - | 23-Jan-2025 | 23-Jan-2025 |
| Lansoprazole 30mg gastro-resistant capsules | 28 | capsule | 1 DAILY TO REDUCE ACID FOR FO[more] | - | 23-Jan-2025 | 23-Jan-2025 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 14-Feb-2025 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 14-Feb-2025 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 20-Jan-2025 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 20-Jan-2025 |
| FreeStyle Libre 2 Sensor (Abbott Laboratories Ltd) | 4 | kit | ONE SENSOR EVERY 2 WEEKS AS D[more] | - | 20-Dec-2024 | 03-Mar-2025 |
| Flucloxacillin 500mg capsules | 28 | capsule | 1 CAPSULE FOUR TIMES A DAY | - | 02-Dec-2024 | 02-Dec-2024 |
| Trazodone 50mg capsules | 56 | capsule | TWO TO BE TAKEN AT NIGHT FOR [more] | - | 09-Nov-2018 | 17-Mar-2025 |
| Atorvastatin 80mg tablets | 28 | tablet | ONE TABLET DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 12-Feb-2025 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 06-Dec-2024 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 06-Dec-2024 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 11-Nov-2024 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 11-Nov-2024 |
| Trazodone 50mg capsules | 86 | capsule | 1 CAPSULE AT NIGHT FOR 1 WEEK[more] | - | 09-Nov-2018 | 11-Nov-2024 |
| Pregabalin 300mg capsules | 28 | capsule | TAKE ONE CAPSULE AT NIGHT (AL[more] | - | 08-Feb-2024 | 14-Feb-2025 |
| Pregabalin 150mg capsules | 28 | capsule | | - | 08-Feb-2024 | 14-Feb-2025 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | TAKE ONE CAPSULE IN THE MORNI[more] | | | |
| Atorvastatin 80mg tablets | 28 | tablet | ONE TABLET DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 11-Nov-2024 |
| Isosorbide mononitrate 10mg tablets | 56 | tablet | 1 TABLET TWICE A DAY | - | 03-Apr-2023 | 11-Nov-2024 |
| Bisoprolol 2.5mg tablets | 28 | tablet | 1 TABLET DAILY FOR HEART | - | 17-Aug-2018 | 12-Feb-2025 |
| Co-codamol 30mg/500mg tablets | 224 | tablet | TAKE ONE OR TWO UP TO FOUR TI[more] | - | 22-Jun-2022 | 20-Jan-2025 |

**Blood Pressure**

| Date Recorded | Systolic | Diastolic |
|---|---|---|
| 17-Mar-2025 | 111 | 72 |
| 20-Jan-2025 | 134 | 89 |
| 20-Jan-2025 | 134 | 89 |

**Body Measurements**

| Date Recorded | Height | Weight | BMI |
|---|---|---|---|
| 12-Jan-2023 | 1.77 | 108 | 34.4 |
| 11-Aug-2022 | 1.77 | 110.6 | 35.3 |
| 17-Jun-2021 | 1.77 | 113 | 36 |

**Lifestyle Risks and Alerts / Examinations and Investigations**

| Description/Question | Result/Comment | Date |
|---|---|---|
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 17-Mar-2025 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 30-Oct-2024 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 11-Aug-2022 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 07-Jul-2022 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 26-May-2022 |
| Teetotaller: | Drinking status on eventdate: Life teetotaler. | 13-Feb-2020 |
| Teetotaller: | Drinking status on eventdate: Life teetotaler. | 04-Mar-2019 |
| Teetotaller: | Drinking status on eventdate: Life teetotaler. | 13-Feb-2018 |
| Alcohol intake within recommended sensible limits: | Drinking status on eventdate: Current drinker. | 12-Nov-2014 |
| Drinks rarely: | Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0. | 12-Nov-2014 |
| GPPAQ physical activity index: active: | Walking but limited by neck pain | 19-Feb-2020 |
| Exercise grading: | Type of exercise: Gentle. | 13-Feb-2020 |
| GPPAQ physical activity index: active: | | 14-Mar-2019 |
| Exercise grading: | Type of exercise: Gentle. NOTES: walks. | 04-Mar-2019 |
| Exercise grading: | Type of exercise: Vigorous. | 13-Feb-2018 |

**Clinical warnings**

**Allergies**

| Description | Comment | Date recorded |
|---|---|---|
| H/O: drug allergy | Drug code for allergy: Doxycycline 100mg capsules, Reaction type: Allergy, Read code for reaction: Vomiting [1992.00], Certainty of allergy: Likely, Severity of allergy: Moderate. | 16-Jun-2023 |

**Additional Support Needs**

No known ASN requirements

**Additional relevant information**

**Administrative information**

Aged 45 and over and have unexplained visible haematuria without UTI:Yes

For Bladder and Kidney - Recent UEs::Yes

eGFR:>60

Complete:true

Is patient aware they are being referred under a suspicion of cancer pathway?:Yes

Performance Status::1 - Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

**Signature** of referring doctor (or other professional) **Date**

| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|---|---|---|---|---|
| | | | | |

# REFERRAL LETTER
MEDICAL IN CONFIDENCE

**Attachments**

**Additional Support Needs:**
**No known ASN requirements**

**REFERRAL TO**

| | | |
|---|---|---|
| Ophthalmology - Retina Diabetic<br>GGC General (optom use only) | — | **Consultant / receiving practitioner** and/or **specialty clinic** |
| New Victoria Hospital<br>55 Grange Road<br>Glasgow<br>G42 9LF | — | **Hospital** and **hospital address**<br>Hospital location code.<br>G306H<br>Email address<br>- |

**Urgency of referral** Urgent
**Date of referral** 04-Feb-2025 **Date sent** 04-Feb-2025

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | FINNIE |
| **Forename(s)** | GEORGE |
| Title | Mr |
| Sex | Male |
| **Date of birth** | 23-Jul-1965 |
| CHI no. | 2307656057 |
| **Area of Residence** | - |
| Reference: | - |

**Patient's address**

FLAT 0-4
1 BEDFORD STREET
GLASGOW
G5 9BD

Contact number(s)
-

**** Patient does consent to send past medical history and drug history via SCI Gateway to the Hospital indicated ****

*101035491680E* | Unique Care Pathway Number: 101035491680E

**REFERRING HCP DETAILS**

| | |
|---|---|
| **HCP Name** | KHALILKHAN |
| HCP code | 0131860 |
| HCP Position | - |
| Organisation name | i2i Optometrists |
| Location code | - |

**Organisation address**

183 Crown street
Glasgow
G5 9XT

Contact number(s)
Voice: 0141 429 4290

**OPTOMETRY INFORMATION**

| **Diagnosis** | - | **Treatment Instigated** | - | **Treatment** | - |
|---|---|---|---|---|---|

| **Right** | **Ocular Examination - External/Internal** | **Left** |
|---|---|---|
| Please find comments below under **Administrative information.** | | Please find comments below under **Administrative information.** |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Applanation Tonometry** | **R** 13 mmhg | **L** 14 mmhg | **RAPD** No | | **Fields Attached** No | | | | |
| **Time** 09: 14 | **Applanation** No | | | | | | | | |

| Vision | Sph | Cyl | Axis | Prism | VA | PH VA | Add | NVA | Test Date |
|---|---|---|---|---|---|---|---|---|---|
| R | +2.75 | +0.75 | 180 | ---- | 6/6-2 | niph | 2.50 | N6 | 04-Feb-2025 |
| L | +1.75 | +0.50 | 165 | ---- | 6/9-1 | niph | 2.50 | N8 | |
| | | | | | | | | **Images Attached** | Yes |

**CLINICAL INFORMATION**

**History of presenting complaint**
**Presenting complaint**
Description: Optometrist Direct Referral

**Reason for referral**
Care type requested: Out Patient
Expected outcome: Not Specified

**Past medical history**

**Current medication** (Active Repeat medication issued within the last 12 months)
No current medications recorded

**Recent medication** (Any medication issued within last 90 days not shown above)
No recent medications recorded

**Blood Pressure**
No Blood Pressures Recorded

**Body Measurements**
No Body Measurements Recorded

**Clinical warnings**

**Additional Support Needs**
No known ASN requirements

**Additional relevant information**
**Administrative information**
Patient History and Details:Px attended c/o reduced vision L>R past 2/12. Upon examination, blot haemhoragging was noted in LE @ Macula & Severe background DR R+L. patient is a longstanding diabetic with no recent DRS. please arrange for further assessment. many thanks.

GH: dmt2 - diagnosed early 1990s - Poor control - under investigation by GP, stroke - 2010 - LHS affected, multiple TIAs since.
Hypertension, High Cholesterol, broken neck - poor recovery, Bilateral toe amputation.
Meds: metformin, insulin, BP meds, statins, anti depressant, painkillers, names unknown.
OH: HES: AAU RE 04/2024 - Tx c drops - all clear, no glauc, DRS - last appt 2022 @ QEUH - all clear - No recent appt
Comment Right:External: all clear
Lens: Mild NS
internal: severe background DR - dot blot haemorrhaging + exudates
Comment Left:External: all clear
Lens: Mild NS
internal: severe background DR - dot blot haemorrhaging + exudates. blot haemorrhage @ Macula
Previous Attendance at Hospital Eye Service?:Yes
If Yes, Location:GGC
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient consent:Yes

**Signature** of referring doctor (or other professional) **Date**

| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|---|---|---|---|---|
| | | | | |

| | **REFERRAL LETTER** MEDICAL IN CONFIDENCE | **Attachments** |
|---|---|---|

**Additional Support Needs:**
**No known ASN requirements**

**REFERRAL TO**

| | | |
|---|---|---|
| Medical<br>GGC Acute Med Patient Info | —— | **Consultant / receiving practitioner** and/or **specialty clinic** |
| Acute Assessment - Supplementary Information<br>SCI Gateway Virtual Location code | —— | **Hospital** and **hospital address**<br>Hospital location code.<br>G135G<br>Email address |

**Urgency of referral** Routine
**Date of referral** 01-Oct-2024 **Date sent** 01-Oct-2024

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | FINNIE |
| **Forename(s)** | GEORGE |
| Title | MR |
| Sex | Male |
| **Date of birth** | 23-Jul-1965 |
| CHI no. | 2307656057 |
| **Area of Residence** | |

**Patient's address**

FLAT 0-4
1 BEDFORD STREET
GLASGOW
G5 9BD

Contact number(s)

Voice: 07555 093796
E-mail: georgefinnie13@gmail.com

*101034353064T* | Unique Care Pathway Number: 101034353064T

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Colin Mccrossan | | |
| GMC code | 6103261 | GP code | 08966 |
| Practice name | Dr Gordon & Partners | | |
| Practice code | 49604 | | |

**Practice address**

GORBALS HEALTH AND CARE CENTRE
2 SANDIEFIELD ROAD
GLASGOW
G5 9AB

Contact number(s)

Voice: 01412015100

**REFERRING GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Lisa McIntyre | | |
| GMC code | 4440729 | GP code | 09601 |
| Practice name | The Gordon Practice (49604) | | |
| Practice code | 49604 | | |

**Practice address**

New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Contact number(s)

Voice: 0141 201 5100

**CLINICAL INFORMATION**

**History of presenting complaint**

**Presenting complaint**

Description: exclude cardiac c/ pain

Comment: Mr Finnie has a Hx of diabetes and CVA
been experiencing cough and yellow sputum and right c/ pain which sounds like URTI. However he is getting new left arm numbness intermittantly past couple of month which has been there in the main form Sunday and is present just now. No c/ pain or tightness or muscular neck pain
OE PR 119 hs normal
chest clear
Imp exclude cardiac c/ pain
also has URTI

Yours sincerely
Dr L McIntyre

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

**Past medical history**

**Pre-existing conditions** (High & medium priority - all)

| Description | Comment | Modifier | Date of onset | Date recorded |
|---|---|---|---|---|
| Essential hypertension | - | - | 23-Mar-2020 | 23-Mar-2020 |
| Stroke and cerebrovascular accident unspecified | [TRUNCATED]States last Friday (23rd August) was with daughter, started off with some tingling in lips and speech reported as slightly slurred, then had numbness in left arm and leg. Thought was anot | - | 04-Sep-2019 | 04-Sep-2019 |
| Cervical spinal stenosis | in a lot of pain weighing up pro/ cons operation 1 in 500 change of paralysis | - | 22-May-2018 | 22-May-2018 |
| [X]Depressive episode | Agree fluoxetine | First ever | 01-Dec-2017 | 01-Dec-2017 |
| [X]Depressive episode | [TRUNCATED]No improvement with increased dose of Fluoxertine, still having suicidal ideation, states sister has taken insulin away from him at times as worried he may overdose. Has considered this a | Continuing | 06-Oct-2014 | 06-Oct-2014 |
| [X]Depressive episode | - | Continuing | 03-Dec-2012 | 03-Dec-2012 |
| [X]Depressive episode | - | Continuing | 20-Jul-2012 | 20-Jul-2012 |
| [X]Depressive episode | - | First ever | 30-May-2012 | 30-May-2012 |
| [X]Depressive episode | - | Continuing | 11-Mar-2011 | 11-Mar-2011 |
| [X]Depressive episode | - | First ever | 02-Oct-2009 | 02-Oct-2009 |
| Type 2 diabetes mellitus | random sugar 13.9 - symptomatic - thirst and urinary frequency. | - | 02-Feb-2007 | 02-Feb-2007 |

**Past procedures** (High and medium priority - all)

| Description | Comment | Date performed | Date recorded |
|---|---|---|---|
| Amputation of toe | right foot | 02-Apr-2023 | 02-Apr-2023 |

**Family conditions** (All priorities)

| Description | Comment | Date of Onset |
|---|---|---|
| [V]Family history of ischaemic heart disease | DAD | 01-Nov-2007 |
| FH: CVA/stroke | Read code of condition: Cerebrovascular disease [G6...00]. | 29-Mar-2007 |
| No family history diabetes | Read code of condition: Diabetes mellitus [C10..00]. | 29-Mar-2007 |
| FH: Ischaemic heart dis. >60 | START_DATE=19990419 | 27-Apr-1999 |

**Current medication** (Active Repeat medication issued within the last 12 months)

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|
| Duloxetine 60mg gastro-resistant capsules | 28 | capsule | ONCE DAILY FOR NEUROPATHIC F [more] | - | 23-Sep-2024 | 23-Sep-2024 |
| Trazodone 50mg capsules | 86 | capsule | 1 CAPSULE AT NIGHT FOR 1 WEEK[more] | - | 09-Nov-2018 | 18-Sep-2024 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 18-Sep-2024 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 18-Sep-2024 |
| Clopidogrel 75mg tablets | 28 | tablet | 1 TABLET(S) DAILY | - | 23-Jan-2015 | 18-Sep-2024 |
| Pregabalin 150mg capsules | 28 | capsule | TAKE ONE CAPSULE IN THE MORNI[more] | - | 08-Feb-2024 | 18-Sep-2024 |
| Pregabalin 300mg capsules | 28 | capsule | TAKE ONE CAPSULE AT NIGHT (AL[more] | - | 08-Feb-2024 | 18-Sep-2024 |
| Atorvastatin 80mg tablets | 28 | tablet | ONE TABLET DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 18-Sep-2024 |
| Empagliflozin 10mg tablets | 28 | tablet | 1 TABLET DAILY FOR DIABETES | - | 20-Jan-2017 | 18-Sep-2024 |
| Isosorbide mononitrate 10mg tablets | 56 | tablet | 1 TABLET TWICE A DAY | - | 03-Apr-2023 | 18-Sep-2024 |
| Lift Glucose Shot liquid lemon & lime (BBI Healthcare Ltd) | 60 | ml | USE AS DIRECTED BY DIABETES NURSE | - | 18-Apr-2024 | 18-Apr-2024 |
| FreeStyle Libre 2 Sensor (Abbott Laboratories Ltd) | 4 | kit | AS DIRECTED BY DIABETES TEAM | - | 12-Jun-2023 | 26-Aug-2024 |
| Tresiba FlexTouch 200units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) | 3 | pre-filled disposable injection | TAKE AS DIRECTED BY DIABETIC CLINIC | - | 27-Mar-2019 | 08-Feb-2024 |
| Bisoprolol 2.5mg tablets | 28 | tablet | 1 TABLET DAILY FOR HEART | - | 17-Aug-2018 | 18-Sep-2024 |
| Co-codamol 30mg/500mg tablets | 224 | tablet | TAKE ONE OR TWO UP TO FOUR TI[more] | - | 22-Jun-2022 | 18-Sep-2024 |

**Recent medication** (Any medication issued within last 90 days not shown above)

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|
| Doxycycline 100mg capsules | 6 | capsule | two caps day one then one CA[more] | - | 01-Oct-2024 | 01-Oct-2024 |
| Ibuprofen 5% gel | 100 | gram | APPLY THREE TIMES DAILY TO TH[more] | - | 23-Sep-2024 | 23-Sep-2024 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 18-Sep-2024 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 18-Sep-2024 |
| Duloxetine 30mg gastro-resistant capsules | 28 | capsule | TAKE ONE CAPSULE DAILY FOR NE[more] | - | 19-Aug-2024 | 18-Sep-2024 |
| Doxycycline 100mg capsules | 14 | capsule | 100MG TWICE A DAY FOR 7 DAYS [more] | - | 08-Aug-2024 | 08-Aug-2024 |
| | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Lansoprazole 15mg gastro-resistant capsules | | | | | | 16-Aug-2024 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 16-Aug-2024 |
| Peptac liquid peppermint (Teva UK Ltd) | 500 | ml | 10 ML AFTER MEALS AND AT BEDTIME | - | 04-Jul-2024 | 04-Jul-2024 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 04-Jul-2024 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 04-Jul-2024 |
| Atorvastatin 80mg tablets | 28 | tablet | ONE TABLET DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 16-Aug-2024 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 24-May-2024 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 24-May-2024 |
| Doxycycline 100mg capsules | 14 | capsule | 100MG BD FOR 7 DAYS. SUPPLIED [more] | - | 16-May-2024 | 16-May-2024 |
| Duloxetine 30mg gastro-resistant capsules | 28 | capsule | TAKE ONE CAPSULE DAILY FOR NE[more] | - | 27-Aug-2020 | 04-Jul-2024 |
| Atorvastatin 80mg tablets | 28 | tablet | TAKE ONE DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 02-May-2024 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 02-May-2024 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 02-May-2024 |
| Pregabalin 150mg capsules | 28 | capsule | TAKE ONE CAPSULE IN THE MORNI[more] | - | 08-Feb-2024 | 16-Aug-2024 |
| Pregabalin 300mg capsules | 28 | capsule | TAKE ONE CAPSULE AT NIGHT (AL[more] | - | 08-Feb-2024 | 16-Aug-2024 |
| Trazodone 50mg capsules | 86 | capsule | 1 CAPSULE AT NIGHT FOR 1 WEEK[more] | - | 09-Nov-2018 | 18-Sep-2024 |
| Isosorbide mononitrate 10mg tablets | 56 | tablet | 1 TABLET TWICE A DAY | - | 03-Apr-2023 | 02-May-2024 |
| Clopidogrel 75mg tablets | 28 | tablet | 1 TABLET(S) DAILY | - | 23-Jan-2015 | 18-Sep-2024 |
| Empagliflozin 10mg tablets | 28 | tablet | 1 TABLET ONCE DAILY FOR DIABETES | - | 20-Jan-2017 | 02-May-2024 |

**Blood Pressure**

| Date Recorded | Systolic | Diastolic |
|---|---|---|
| 01-Oct-2024 | 117 | 84 |
| 01-Nov-2022 | 131 | 81 |
| 11-Aug-2022 | 117 | 75 |

**Body Measurements**

| Date Recorded | Height | Weight | BMI |
|---|---|---|---|
| 12-Jan-2023 | 1.77 | 108 | 34.4 |
| 11-Aug-2022 | 1.77 | 110.6 | 35.3 |
| 17-Jun-2021 | 1.77 | 113 | 36 |

**Lifestyle Risks and Alerts / Examinations and Investigations**

| Description/Question | Result/Comment | Date |
|---|---|---|

| | | |
|---|---|---|
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 11-Aug-2022 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 07-Jul-2022 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 26-May-2022 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 04-Apr-2022 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 09-Aug-2021 |
| Teetotaller: | Drinking status on eventdate: Life teetotaler. | 13-Feb-2020 |
| Teetotaller: | Drinking status on eventdate: Life teetotaler. | 04-Mar-2019 |
| Teetotaller: | Drinking status on eventdate: Life teetotaler. | 13-Feb-2018 |
| Alcohol intake within recommended sensible limits: | Drinking status on eventdate: Current drinker. | 12-Nov-2014 |
| Drinks rarely: | Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0. | 12-Nov-2014 |
| GPPAQ physical activity index: active: | Walking but limited by neck pain | 19-Feb-2020 |
| Exercise grading: | Type of exercise: Gentle. | 13-Feb-2020 |
| GPPAQ physical activity index: active: | | 14-Mar-2019 |
| Exercise grading: | Type of exercise: Gentle. NOTES: walks. | 04-Mar-2019 |
| Exercise grading: | Type of exercise: Vigorous. | 13-Feb-2018 |

**Clinical warnings**

**Allergies**

| Description | Comment | Date recorded |
|---|---|---|
| H/O: drug allergy | Drug code for allergy: Doxycycline 100mg capsules, Reaction type: Allergy, Read code for reaction: Vomiting [1992.00], Certainty of allergy: Likely, Severity of allergy: Moderate. | 16-Jun-2023 |

**Additional Support Needs**

No known ASN requirements

**Additional relevant information**

**Administrative information**

Contact with patient today:Face to Face

Route of Travel:Private

Respiratory Rate:14

Sp02:98

Temperature:36.7

Pulse:118

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

**Signature** of referring doctor (or other professional) **Date**

| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|---|---|---|---|---|
| | | | | |

# REFERRAL LETTER
## MEDICAL IN CONFIDENCE

**Attachments**

**Additional Support Needs:**
**No known ASN requirements**

**REFERRAL TO**

Medical
GGC Acute Med Patient Info

**Consultant / receiving practitioner and/or specialty clinic**

Acute Assessment - Supplementary Information
SCI Gateway Virtual Location code

**Hospital and hospital address**
Hospital location code.
G135G
Email address

**Urgency of referral** Routine
**Date of referral** 16-Sep-2024 **Date sent** 16-Sep-2024

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | FINNIE |
| **Forename(s)** | GEORGE |
| Title | MR |
| Sex | Male |
| **Date of birth** | 23-Jul-1965 |
| CHI no. | 2307656057 |
| **Area of Residence** | |

**Patient's address**

FLAT 0-4
1 BEDFORD STREET
GLASGOW
G5 9BD

Contact number(s)

Voice: 07555 093796
E-mail: georgefinnie13@gmail.com

*101034213807M*

Unique Care Pathway Number: 101034213807M

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Colin Mccrossan | | |
| GMC code | 6103261 | GP code | 08966 |
| Practice name | Dr Gordon & Partners | | |
| Practice code | 49604 | | |

**Practice address**

GORBALS HEALTH AND CARE CENTRE
2 SANDIEFIELD ROAD
GLASGOW
G5 9AB

Contact number(s)

Voice: 01412015100

**REFERRING GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Harriet Passman | | |
| GMC code | 7490679 | GP code | 00205 |
| Practice name | The Gordon Practice (49604) | | |
| Practice code | 49604 | | |

**Practice address**

New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Contact number(s)

Voice: 0141 201 5100

**CLINICAL INFORMATION**

**History of presenting complaint**

**Presenting complaint**

Description: cough, haemopytsis, chest pain

Comment: Many thanks for assessing this 59 year old, 5 days of cough, blood in spit this morning, right lower pleuritic chest pain. OE sats 99% HR 117 temp 37

likely LRTI but need to rule out VTE.

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

**Past medical history**

**Pre-existing conditions** (High & medium priority - all)

| Description | Comment | Modifier | Date of onset | Date recorded |
|---|---|---|---|---|
| Essential hypertension | - | - | 23-Mar-2020 | 23-Mar-2020 |
| Stroke and cerebrovascular accident unspecified | [TRUNCATED]States last Friday (23rd August) was with daughter, started off with some tingling in lips and speech reported as slightly slurred, then had numbness in left arm and leg. Thought was anot | - | 04-Sep-2019 | 04-Sep-2019 |
| Cervical spinal stenosis | in a lot of pain weighing up pro/ cons operation 1 in 500 change of paralysis | - | 22-May-2018 | 22-May-2018 |
| [X]Depressive episode | Agree fluoxetine | First ever | 01-Dec-2017 | 01-Dec-2017 |
| [X]Depressive episode | [TRUNCATED]No improvement with increased dose of Fluoxertine, still having suicidal ideation, states sister has taken insulin away from him at times as worried he may overdose. Has considered this a | Continuing | 06-Oct-2014 | 06-Oct-2014 |
| [X]Depressive episode | - | Continuing | 03-Dec-2012 | 03-Dec-2012 |
| [X]Depressive episode | - | Continuing | 20-Jul-2012 | 20-Jul-2012 |
| [X]Depressive episode | - | First ever | 30-May-2012 | 30-May-2012 |
| [X]Depressive episode | - | Continuing | 11-Mar-2011 | 11-Mar-2011 |
| [X]Depressive episode | - | First ever | 02-Oct-2009 | 02-Oct-2009 |
| Type 2 diabetes mellitus | random sugar 13.9 - symptomatic - thirst and urinary frequency. | - | 02-Feb-2007 | 02-Feb-2007 |

**Past procedures** (High and medium priority - all)

| Description | Comment | Date performed | Date recorded |
|---|---|---|---|
| Amputation of toe | right foot | 02-Apr-2023 | 02-Apr-2023 |

**Family conditions** (All priorities)

| Description | Comment | Date of Onset |
|---|---|---|
| [V]Family history of ischaemic heart disease | DAD | 01-Nov-2007 |
| FH: CVA/stroke | Read code of condition: Cerebrovascular disease [G6...00]. | 29-Mar-2007 |
| No family history diabetes | Read code of condition: Diabetes mellitus [C10..00]. | 29-Mar-2007 |
| FH: Ischaemic heart dis. >60 | START_DATE=19990419 | 27-Apr-1999 |

**Current medication** (Active Repeat medication issued within the last 12 months)

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| Pregabalin 150mg capsules | 28 | capsule | TAKE ONE CAPSULE IN THE MORNI[more] | - | 08-Feb-2024 | 16-Aug-2024 |
| Pregabalin 300mg capsules | 28 | capsule | TAKE ONE CAPSULE AT NIGHT (AL[more] | - | 08-Feb-2024 | 16-Aug-2024 |
| Atorvastatin 80mg tablets | 28 | tablet | ONE TABLET DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 16-Aug-2024 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 16-Aug-2024 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 16-Aug-2024 |
| Duloxetine 30mg gastro-resistant capsules | 28 | capsule | TAKE ONE CAPSULE DAILY FOR NE[more] | - | 19-Aug-2024 | 19-Aug-2024 |
| Empagliflozin 10mg tablets | 28 | tablet | 1 TABLET DAILY FOR DIABETES | - | 20-Jan-2017 | 16-Aug-2024 |
| Isosorbide mononitrate 10mg tablets | 56 | tablet | 1 TABLET TWICE A DAY | - | 03-Apr-2023 | 16-Aug-2024 |
| Lift Glucose Shot liquid lemon & lime (BBI Healthcare Ltd) | 60 | ml | USE AS DIRECTED BY DIABETES NURSE | - | 18-Apr-2024 | 18-Apr-2024 |
| FreeStyle Libre 2 Sensor (Abbott Laboratories Ltd) | 4 | kit | AS DIRECTED BY DIABETES TEAM | - | 12-Jun-2023 | 26-Aug-2024 |
| Tresiba FlexTouch 200units/ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd) | 3 | pre-filled disposable injection | TAKE AS DIRECTED BY DIABETIC CLINIC | - | 27-Mar-2019 | 08-Feb-2024 |
| Trazodone 50mg capsules | 86 | capsule | 1 CAPSULE AT NIGHT FOR 1 WEEK[more] | - | 09-Nov-2018 | 16-Aug-2024 |
| Bisoprolol 2.5mg tablets | 28 | tablet | 1 TABLET DAILY FOR HEART | - | 17-Aug-2018 | 16-Aug-2024 |
| Co-codamol 30mg/500mg tablets | 224 | tablet | TAKE ONE OR TWO UP TO FOUR TI[more] | - | 22-Jun-2022 | 16-Aug-2024 |
| Clopidogrel 75mg tablets | 28 | tablet | 1 TABLET(S) DAILY | - | 23-Jan-2015 | 16-Aug-2024 |

**Recent medication** (Any medication issued within last 90 days not shown above)

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|
| Doxycycline 100mg capsules | 14 | capsule | 100MG TWICE A DAY FOR 7 DAYS [more] | - | 08-Aug-2024 | 08-Aug-2024 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 16-Aug-2024 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 16-Aug-2024 |
| Peptac liquid peppermint (Teva UK Ltd) | 500 | ml | 10 ML AFTER MEALS AND AT BEDTIME | - | 04-Jul-2024 | 04-Jul-2024 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 04-Jul-2024 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 04-Jul-2024 |
| Atorvastatin 80mg tablets | 28 | tablet | ONE TABLET DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 16-Aug-2024 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 24-May-2024 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 24-May-2024 |
| Doxycycline 100mg capsules | 14 | capsule | 100MG BD FOR 7 DAYS. SUPPLIED [more] | - | 16-May-2024 | 16-May-2024 |
| Duloxetine 30mg gastro-resistant capsules | 28 | capsule | TAKE ONE CAPSULE DAILY FOR NE[more] | - | 27-Aug-2020 | 04-Jul-2024 |
| Atorvastatin 80mg tablets | 28 | tablet | TAKE ONE DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 02-May-2024 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 02-May-2024 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 02-May-2024 |
| Pregabalin 150mg capsules | 28 | capsule | TAKE ONE CAPSULE IN THE MORNI[more] | - | 08-Feb-2024 | 16-Aug-2024 |
| Pregabalin 300mg capsules | 28 | capsule | TAKE ONE CAPSULE AT NIGHT (AL[more] | - | 08-Feb-2024 | 16-Aug-2024 |
| Isosorbide mononitrate 10mg tablets | 56 | tablet | 1 TABLET TWICE A DAY | - | 03-Apr-2023 | 02-May-2024 |
| Empagliflozin 10mg tablets | 28 | tablet | 1 TABLET ONCE DAILY FOR DIABETES | - | 20-Jan-2017 | 02-May-2024 |
| FreeStyle Libre 2 Sensor (Abbott Laboratories Ltd) | 4 | kit | AS DIRECTED BY DIABETES TEAM | - | 12-Jun-2023 | 15-Apr-2024 |

**Blood Pressure**

| Date Recorded | Systolic | Diastolic |
|---|---|---|
| 01-Nov-2022 | 131 | 81 |
| 11-Aug-2022 | 117 | 75 |
| 11-Aug-2022 | 117 | 75 |

**Body Measurements**

| Date Recorded | Height | Weight | BMI |
|---|---|---|---|
| 12-Jan-2023 | 1.77 | 108 | 34.4 |
| 11-Aug-2022 | 1.77 | 110.6 | 35.3 |
| 17-Jun-2021 | 1.77 | 113 | 36 |

**Lifestyle Risks and Alerts / Examinations and Investigations**

| Description/Question | Result/Comment | Date |
|---|---|---|
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 11-Aug-2022 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 07-Jul-2022 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 26-May-2022 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 04-Apr-2022 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 09-Aug-2021 |
| Teetotaller: | Drinking status on eventdate: Life teetotaler. | 13-Feb-2020 |
| Teetotaller: | Drinking status on eventdate: Life teetotaler. | 04-Mar-2019 |
| Teetotaller: | Drinking status on eventdate: Life teetotaler. | 13-Feb-2018 |
| Alcohol intake within recommended sensible limits: | Drinking status on eventdate: Current drinker. | 12-Nov-2014 |

| | | |
|---|---|---|
| Drinks rarely: | Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0. | 12-Nov-2014 |
| GPPAQ physical activity index: active: | Walking but limited by neck pain | 19-Feb-2020 |
| Exercise grading: | Type of exercise: Gentle. | 13-Feb-2020 |
| GPPAQ physical activity index: active: | | 14-Mar-2019 |
| Exercise grading: | Type of exercise: Gentle. NOTES: walks. | 04-Mar-2019 |
| Exercise grading: | Type of exercise: Vigorous. | 13-Feb-2018 |

**Clinical warnings**

**Allergies**

| Description | Comment | Date recorded |
|---|---|---|
| H/O: drug allergy | Drug code for allergy: Doxycycline 100mg capsules, Reaction type: Allergy, Read code for reaction: Vomiting [1992.00], Certainty of allergy: Likely, Severity of allergy: Moderate. | 16-Jun-2023 |

**Additional Support Needs**

No known ASN requirements

**Additional relevant information**

**Administrative information**

Contact with patient today:Face to Face

Route of Travel:Private

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

**Signature** of referring doctor (or other professional) **Date**

| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|---|---|---|---|---|
| | | | | |

# REFERRAL LETTER
MEDICAL IN CONFIDENCE

**Attachments**

**Additional Support Needs:**
**No known ASN requirements**

**REFERRAL TO**

| | | |
|---|---|---|
| Neurophysiology EMG NCS<br>NPC General – ACUTE STAFF ONLY | —— | **Consultant / receiving practitioner** and/or **specialty clinic** |
| Queen Elizabeth University Hospital<br>1345 Govan Road<br>Glasgow<br>G51 4TF | —— | **Hospital** and **hospital address**<br>Hospital location code.<br>G405H<br>Email address<br>- |

**Urgency of referral** Routine
**Date of referral** 05-Aug-2024 **Date sent** 05-Aug-2024

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | Finnie |
| **Forename(s)** | George |
| Title | Mr |
| Sex | Male |
| **Date of birth** | 23-Jul-1965 |
| CHI no. | 2307656057 |
| **Area of Residence** | - |

**Patient's address**

FLAT 0-4
1 BEDFORD STREET
GLASGOW
G5 9BD

Contact number(s)

Voice: 07555093796

*101033816164T* | Unique Care Pathway Number: 101033816164T

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. C.W. McCrossan | | |
| GMC code | - | GP code | - |
| Practice name | The Gordon Practice New Gorbals H&CC<br>2 Sandiefield Rd, Glasgow G5 9AB | | |
| Practice code | - | | |

**Practice address**

Contact number(s)

-

**REFERRING HCP DETAILS**

| | |
|---|---|
| **HCP Name** | SayedHassane |
| HCP code | 4751324 |
| HCP Position | Consultant Orthopaedic Surgeon |
| Organisation name | Trauma and Orthopaedic Surgery Acute South Sector |
| Location code | G158G |

**Organisation address**

SCI Gateway.Virtual Location

Contact number(s)

-

**CLINICAL INFORMATION**

**History of presenting complaint**
**Presenting complaint**

Description: Bilateral carpal tunnel syndrome and cubital tunnel syndrome with peripheral neuropathy

Comment: I would be grateful if you could kindly re-arrange EMG studies for this nice unfortunate 59 year old gentleman who has poorly controlled diabetes and his glucose level is always above 23. He has had amputation of the right big toe and amputation of the outer digits of the left foot with a history of toe broken cervical vertebrae which could not be treated surgically considering his diabetic level and general condition.
The gentleman was referred to us with a history of bilateral carpal tunnel syndrome and cubital tunnel syndrome and apparently with peripheral neuropathy. He has had these symptoms for about five to six years but are getting worse over the last year. It wakes him at night. He was not given any wrist splints before and he is using bilateral elbow crutches.
I have supplied him with an extra-large wrist splint today to be used at night on and off during the daytime and I am trying to arrange Fischer handle elbow crutches to distribute the load better over the carpal tunnel areas.
The gentleman has a positive Tinel's sign and Phalen's test with altered sensation along the cords of the median nerves bilaterally. It is worth mentioning that the right side is worse than the left side.
There is no wasting of thenar eminence.
I would appreciate if you could kindly arrange EMG studies and the gentleman will be back to my clinic with the results available.
Yours sincerely,
Mr Sayed Hassane
Associate Specialist in Orthopaedics

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Investigate

**Past medical history**

**Current medication** (Active Repeat medication issued within the last 12 months)

No current medications recorded

**Recent medication** (Any medication issued within last 90 days not shown above)

No recent medications recorded

**Blood Pressure**

No Blood Pressures Recorded

**Body Measurements**

No Body Measurements Recorded

**Clinical warnings**

**Additional Support Needs**

No known ASN requirements

**Additional relevant information**
**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Consultant

Electronic Attachment Present:No

**Signature** of referring doctor (or other professional) **Date**

**Referral letter:**

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
Main Switchboard: 0141 201 6000
Department: Orthopaedics
Contact Tel: 0141 201 0754
Enquiries to: Secretary

Neurophysiology Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Letter Date: 05/08/2024
Reference: SH/MS
Dictated Date: 08/07/2024
Transcribed Date: 29/07/2024

Dear Colleagues ,

**George Finnie; D.O.B: 23/07/1965; CHI: 2307656057**
**FLAT 0-4, 1 BEDFORD STREET, Glasgow, G5 9BD**

I would be grateful if you could kindly re-arrange EMG studies for this nice unfortunate 59 year old gentleman who has poorly controlled diabetes and his glucose level is always above 23. He has had amputation of the right big toe and amputation of the outer digits of the left foot with a history of toe broken cervical vertebrae which could not be treated surgically considering his diabetic level and general condition.

The gentleman was referred to us with a history of **bilateral carpal tunnel syndrome and cubital tunnel syndrome and apparently with peripheral neuropathy.** He has had these symptoms for about five to six years but are getting worse over the last year. It wakes him at night. He was not given any wrist splints before and he is using bilateral elbow crutches.

I have supplied him with an extra-large wrist splint today to be used at night on and off during the daytime and I am trying to arrange Fischer handle elbow crutches to distribute the load better over the carpal tunnel areas.

The gentleman has a positive Tinel's sign and Phalen's test with altered sensation along the cords of the median nerves bilaterally. It is worth mentioning that the right side is worse than the left side. There is no wasting of thenar eminence.

I would appreciate if you could kindly arrange EMG studies and the gentleman will be back to my clinic with the results available.

Yours sincerely,

Mr Sayed Hassane

Associate Specialist in Orthopaedics

Electronically Signed: Mr Sayed Hassane, Consultant

cc.

| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|---|---|---|---|---|
| | | | | |

| | **REFERRAL LETTER** MEDICAL IN CONFIDENCE | **Attachments** Anaesthetics - 01112023 Back To Referrer Letter 961814 |
|---|---|---|

**Additional Support Needs:**
**No known ASN requirements**

**REFERRAL TO**

| | | |
|---|---|---|
| Anaesthetics - Pain Clinic<br>GGC Chronic Pain | | **Consultant / receiving practitioner** and/or **specialty clinic** |
| New Victoria Hospital<br>55 Grange Road<br>Glasgow<br>G42 9LF | | **Hospital** and **hospital address**<br>Hospital location code.<br>G306H<br>Email address<br>- |

**Urgency of referral** Routine
**Date of referral** 06-Nov-2023 **Date sent** 06-Nov-2023

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | FINNIE |
| **Forename(s)** | GEORGE |
| Title | MR |
| Sex | Male |
| **Date of birth** | 23-Jul-1965 |
| CHI no. | 2307656057 |
| **Area of Residence** | - |

**Patient's address**

FLAT 0-4
1 BEDFORD STREET
GLASGOW
G5 9BD

Contact number(s)

Voice: 07555 093796

*101031262039S* | Unique Care Pathway Number: 101031262039S

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Colin Mccrossan | | |
| GMC code | 6103261 | GP code | 08966 |
| Practice name | Dr Gordon & Partners | | |
| Practice code | 49604 | | |

**Practice address**

GORBALS HEALTH AND CARE CENTRE
2 SANDIEFIELD ROAD
GLASGOW
G5 9AB

Contact number(s)

Voice: 01412015100

**REFERRING GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Joseph Simpson | | |
| GMC code | 6151198 | GP code | 01783 |
| Practice name | The Gordon Practice (49604) | | |
| Practice code | 49604 | | |

**Practice address**

New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Contact number(s)

Voice: 0141 201 5100

**CLINICAL INFORMATION**

**History of presenting complaint**

**Presenting complaint**

Description: Chronic Neuropathic Pain

Comment: I referred this gentleman due to his ongoing chronic neuropathic pains, related to both Cervical Spondylosis and poorly controlled diabetes. I received the attached "back to referrer" letter which I can't really understand. I don't really see how the sudden death of his sister would preclude him being seen to assist with his longstanding chronic pain. The last sentence didn't make any sense at all, but I assume it is asking whether or not he would engage in a pain management approach, and I think he should at least be offered the opportunity.

If you are refusing this referral, please could you be clearer as to the reason for it, as this letter was ambiguous at best.

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Treat

**Past medical history**

**Pre-existing conditions** (High & medium priority - all)

| Description | Comment | Modifier | Date of onset | Date recorded |
|---|---|---|---|---|
| Essential hypertension | - | - | 23-Mar-2020 | 23-Mar-2020 |
| Stroke and cerebrovascular accident unspecified | [TRUNCATED]States last Friday (23rd August) was with daughter, started off with some tingling in lips and speech reported as slightly slurred, then had numbness in left arm and leg. Thought was anot | - | 04-Sep-2019 | 04-Sep-2019 |
| Cervical spinal stenosis | in a lot of pain weighing up pro/ cons operation 1 in 500 change of paralysis | - | 22-May-2018 | 22-May-2018 |
| [X]Depressive episode | Agree fluoxetine | First ever | 01-Dec-2017 | 01-Dec-2017 |
| [X]Depressive episode | [TRUNCATED]No improvement with increased dose of Fluoxertine, still having suicidal ideation, states sister has taken insulin away from him at times as worried he may overdose. Has considered this a | Continuing | 06-Oct-2014 | 06-Oct-2014 |
| [X]Depressive episode | - | Continuing | 03-Dec-2012 | 03-Dec-2012 |
| [X]Depressive episode | - | Continuing | 20-Jul-2012 | 20-Jul-2012 |
| [X]Depressive episode | - | First ever | 30-May-2012 | 30-May-2012 |
| [X]Depressive episode | - | Continuing | 11-Mar-2011 | 11-Mar-2011 |
| [X]Depressive episode | - | First ever | 02-Oct-2009 | 02-Oct-2009 |
| Type 2 diabetes mellitus | random sugar 13.9 - symptomatic - thirst and urinary frequency. | - | 02-Feb-2007 | 02-Feb-2007 |

**Past procedures** (High and medium priority - all)

| Description | Comment | Date performed | Date recorded |
|---|---|---|---|
| Amputation of toe | right foot | 02-Apr-2023 | 02-Apr-2023 |

**Family conditions** (All priorities)

| Description | Comment | Date of Onset |
|---|---|---|
| [V]Family history of ischaemic heart disease | DAD | 01-Nov-2007 |
| FH: CVA/stroke | Read code of condition: Cerebrovascular disease [G6...00]. | 29-Mar-2007 |
| No family history diabetes | Read code of condition: Diabetes mellitus [C10..00]. | 29-Mar-2007 |
| FH: Ischaemic heart dis. >60 | START_DATE=19990419 | 27-Apr-1999 |

**Current medication** (Active Repeat medication issued within the last 12 months)

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|
| Pregabalin 150mg capsules | 56 | capsule | ONE CAPSULE TWICE A DAY FOR N[more] | - | 01-Apr-2020 | 19-Sep-2023 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 18-Sep-2023 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 18-Sep-2023 |
| Isosorbide mononitrate 10mg tablets | 56 | tablet | 1 TABLET TWICE A DAY | - | 03-Apr-2023 | 18-Sep-2023 |
| Atorvastatin 80mg tablets | 28 | tablet | TAKE ONE DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 18-Sep-2023 |
| Duloxetine 30mg gastro-resistant capsules | 28 | capsule | TAKE ONE CAPSULE DAILY FOR NE[more] | - | 27-Aug-2020 | 18-Sep-2023 |
| Trazodone 50mg capsules | 86 | capsule | 1 CAPSULE AT NIGHT FOR 1 WEEK[more] | - | 09-Nov-2018 | 18-Sep-2023 |
| Empagliflozin 10mg tablets | 28 | tablet | 1 TABLET ONCE DAILY FOR DIABETES | - | 20-Jan-2017 | 18-Sep-2023 |
| Clopidogrel 75mg tablets | 28 | tablet | 1 TABLET(S) DAILY | - | 23-Jan-2015 | 18-Sep-2023 |
| FreeStyle Libre 2 Sensor (Abbott Laboratories Ltd) | 4 | kit | AS DIRECTED BY DIABETES TEAM | - | 12-Jun-2023 | 25-Jul-2023 |
| Fybogel Orange 3.5g effervescent granules sachets SF (Reckitt Benckiser Healthcare (UK) Ltd) | 60 | sachet | 1 SACHET TWICE A DAY AS PER C [more] | - | 06-Mar-2023 | 06-Mar-2023 |
| Bisoprolol 2.5mg tablets | 28 | tablet | 1 TABLET DAILY FOR HEART | - | 17-Aug-2018 | 18-Sep-2023 |
| Co-codamol 30mg/500mg tablets | 224 | tablet | TAKE ONE OR TWO UP TO FOUR TI [more] | - | 22-Jun-2022 | 18-Sep-2023 |

**Recent medication** (Any medication issued within last 90 days not shown above)

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|
| Hydrocortisone 1% / Clotrimazole 1% cream | 30 | gram | APPLY TWICE DAILY TO FORESKIN[more] | - | 19-Oct-2023 | 19-Oct-2023 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 18-Sep-2023 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 18-Sep-2023 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 25-Aug-2023 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 25-Aug-2023 |
| Atorvastatin 80mg tablets | 28 | tablet | TAKE ONE DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 25-Aug-2023 |
| Pregabalin 150mg capsules | 56 | capsule | ONE CAPSULE TWICE A DAY FOR N[more] | - | 01-Apr-2020 | 25-Aug-2023 |
| Atorvastatin 80mg tablets | 28 | tablet | TAKE ONE DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 20-Jul-2023 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 20-Jul-2023 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 20-Jul-2023 |
| Trimethoprim 200mg tablets | 28 | tablet | 1 TABLET(S) TWICE A DAY FOR 14 DAYS | - | 16-Jun-2023 | 16-Jun-2023 |
| Ibuprofen 5% gel | 100 | gram | | - | 16-Jun-2023 | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | APPLY THREE TIMES DAILY TO HANDS | | | 16-Jun-2023 |
| Amoxicillin 500mg capsules | 42 | capsule | 1 CAPSULE THREE TIMES A DAY F[more] | - | 16-Jun-2023 | 16-Jun-2023 |
| Epaderm cream (Molnlycke Health Care Ltd) | 500 | gram | ONE APPLICATION TWICE DAILY | - | 16-Jun-2023 | 16-Jun-2023 |
| FreeStyle Libre 2 Sensor (Abbott Laboratories Ltd) | 1 | kit | AS DIRECTED BY DIABETES TEAM | - | 12-Jun-2023 | 12-Jun-2023 |
| Duloxetine 30mg gastro-resistant capsules | 28 | capsule | TAKE ONE CAPSULE DAILY FOR NE[more] | - | 27-Aug-2020 | 20-Jul-2023 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 22-Jun-2023 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 22-Jun-2023 |
| Atorvastatin 80mg tablets | 28 | tablet | TAKE ONE DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 22-Jun-2023 |
| Atorvastatin 80mg tablets | 28 | tablet | TAKE ONE DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 23-May-2023 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 23-May-2023 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 23-May-2023 |
| Isosorbide mononitrate 10mg tablets | 56 | tablet | 1 TABLET TWICE A DAY | - | 03-Apr-2023 | 25-Aug-2023 |
| Pregabalin 150mg capsules | 56 | capsule | ONE CAPSULE TWICE A DAY FOR N[more] | - | 01-Apr-2020 | 23-May-2023 |
| Trazodone 50mg capsules | 86 | capsule | 1 CAPSULE AT NIGHT FOR 1 WEEK[more] | - | 09-Nov-2018 | 22-Jun-2023 |
| Empagliflozin 10mg tablets | 28 | tablet | 1 TABLET ONCE DAILY FOR DIABETES | - | 20-Jan-2017 | 22-Jun-2023 |
| Clopidogrel 75mg tablets | 28 | tablet | 1 TABLET(S) DAILY | - | 23-Jan-2015 | 22-Jun-2023 |

**Blood Pressure**

| Date Recorded | Systolic | Diastolic |
|---|---|---|
| 01-Nov-2022 | 131 | 81 |
| 11-Aug-2022 | 117 | 75 |
| 11-Aug-2022 | 117 | 75 |

**Body Measurements**

| Date Recorded | Height | Weight | BMI |
|---|---|---|---|
| 12-Jan-2023 | 1.77 | 108 | 34.4 |
| 11-Aug-2022 | 1.77 | 110.6 | 35.3 |
| 17-Jun-2021 | 1.77 | 113 | 36 |

**Lifestyle Risks and Alerts / Examinations and Investigations**

| Description/Question | Result/Comment | Date |
|---|---|---|
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 11-Aug-2022 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 07-Jul-2022 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 26-May-2022 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 04-Apr-2022 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 09-Aug-2021 |
| Teetotaller: | Drinking status on eventdate: Life teetotaler. | 13-Feb-2020 |
| Teetotaller: | Drinking status on eventdate: Life teetotaler. | |

| | | |
|---|---|---|
| | | 04-Mar-2019 |
| Teetotaller: | Drinking status on eventdate: Life teetotaler. | 13-Feb-2018 |
| Alcohol intake within recommended sensible limits: | Drinking status on eventdate: Current drinker. | 12-Nov-2014 |
| Drinks rarely: | Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0. | 12-Nov-2014 |
| GPPAQ physical activity index: active: | Walking but limited by neck pain | 19-Feb-2020 |
| Exercise grading: | Type of exercise: Gentle. | 13-Feb-2020 |
| GPPAQ physical activity index: active: | | 14-Mar-2019 |
| Exercise grading: | Type of exercise: Gentle. NOTES: walks. | 04-Mar-2019 |
| Exercise grading: | Type of exercise: Vigorous. | 13-Feb-2018 |

**Clinical warnings**

**Allergies**

| Description | Comment | Date recorded |
|---|---|---|
| H/O: drug allergy | Drug code for allergy: Doxycycline 100mg capsules, Reaction type: Allergy, Read code for reaction: Vomiting [1992.00], Certainty of allergy: Likely, Severity of allergy: Moderate. | 16-Jun-2023 |

**Additional Support Needs**

No known ASN requirements

**Additional relevant information**

**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:Yes

Anaesthetics - 01112023 Back To Referrer Letter 961814

**Signature** of referring doctor (or other professional) **Date**

Anaesthetic - Pain Clinic
Grange Road
Glasgow
G42 9LF

01/11/2023

Dr J Simpson
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dear Dr J Simpson

**Patient Name: George Finnie**
**CHI Number: 2307656057**
**Referral Date: 19/10/2023**

Thank you for your referral. On this occasion I am unable to offer a consultation to your patient.

Please see the following reasons.

( ) Please refer to the referral guidance directory for referral criteria for this service.

https://www.nhsggc.scot/hospitals-services/services-a-to-z/referral-guidelines/

( ) Insufficient clinical information to allow specialty to triage this referral.

*Enter free text here*

( x) Other

Thank you for referring the above named patient to the chronic pain service.
We have discussed this referral at the MDT vetting session and reviewed all clinical records including EMIS. We note he has an active EMIS record due to suicidal ideation and recently patient had contacted CMHT distressed due to the sudden death of his sister.

If re referring please let us know if this patient would be able to and the patient is looking to engage in a supported self management approach to managing pain.

Yours sincerely

Nurse Rosemary Keenan

User ID Rosemary Keenan

SCGC Opwl Rem Ref Hosp Req V1

| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|---|---|---|---|---|
| | | | | |

| | **REFERRAL LETTER** MEDICAL IN CONFIDENCE | **Attachments** |
|---|---|---|

**Additional Support Needs:**
**No known ASN requirements**

**REFERRAL TO**

| | | |
|---|---|---|
| Trauma & Orthopaedic - Wrist & Hand<br>GGC General Referral | —— | **Consultant / receiving practitioner** and/or **specialty clinic** |
| New Victoria Hospital<br>55 Grange Road<br>Glasgow<br>G42 9LF | —— | **Hospital** and **hospital address**<br>Hospital location code.<br>G306H<br>Email address |

**Urgency of referral** Routine
**Date of referral** 20-Oct-2023 **Date sent** 20-Oct-2023

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | FINNIE |
| **Forename(s)** | GEORGE |
| Title | MR |
| Sex | Male |
| **Date of birth** | 23-Jul-1965 |
| CHI no. | 2307656057 |
| **Area of Residence** | |

**Patient's address**

FLAT 0-4
1 BEDFORD STREET
GLASGOW
G5 9BD

Contact number(s)

Voice: 07555 093796

*101031111521B* Unique Care Pathway Number: 101031111521B

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Colin Mccrossan | | |
| GMC code | 6103261 | GP code | 08966 |
| Practice name | Dr Gordon & Partners | | |
| Practice code | 49604 | | |

**Practice address**

GORBALS HEALTH AND CARE CENTRE
2 SANDIEFIELD ROAD
GLASGOW
G5 9AB

Contact number(s)

Voice: 01412015100

**REFERRING GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Joseph Simpson | | |
| GMC code | 6151198 | GP code | 01783 |
| Practice name | The Gordon Practice (49604) | | |
| Practice code | 49604 | | |

**Practice address**

New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Contact number(s)

Voice: 0141 201 5100

**CLINICAL INFORMATION**

**History of presenting complaint**

**Presenting complaint**

Description: Carpal Tunnel Syndrome

Comment: This gentleman, with known poorly controlled diabetes and peripheral neuropathy, has had pains in both of his hands for several months. On examination today he had positive Tinel's and Phalen's signs bilaterally, suggestive of bilateral carpal tunnel syndrome. I would appreciate if he could be seen with a view to release.

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Treat

**Past medical history**

**Pre-existing conditions** (High & medium priority - all)

| Description | Comment | Modifier | Date of onset | Date recorded |
|---|---|---|---|---|
| Essential hypertension | - | - | 23-Mar-2020 | 23-Mar-2020 |
| Stroke and cerebrovascular accident unspecified | [TRUNCATED]States last Friday (23rd August) was with daughter, started off with some tingling in lips and speech reported as slightly slurred, then had numbness in left arm and leg. Thought was anot | - | 04-Sep-2019 | 04-Sep-2019 |
| Cervical spinal stenosis | in a lot of pain weighing up pro/ cons operation 1 in 500 change of paralysis | - | 22-May-2018 | 22-May-2018 |
| [X]Depressive episode | Agree fluoxetine | First ever | 01-Dec-2017 | 01-Dec-2017 |
| [X]Depressive episode | [TRUNCATED]No improvement with increased dose of Fluoxertine, still having suicidal ideation, states sister has taken insulin away from him at times as worried he may overdose. Has considered this a | Continuing | 06-Oct-2014 | 06-Oct-2014 |
| [X]Depressive episode | - | Continuing | 03-Dec-2012 | 03-Dec-2012 |
| [X]Depressive episode | - | Continuing | 20-Jul-2012 | 20-Jul-2012 |
| [X]Depressive episode | - | First ever | 30-May-2012 | 30-May-2012 |
| [X]Depressive episode | - | Continuing | 11-Mar-2011 | 11-Mar-2011 |
| [X]Depressive episode | - | First ever | 02-Oct-2009 | 02-Oct-2009 |
| Type 2 diabetes mellitus | random sugar 13.9 - symptomatic - thirst and urinary frequency. | - | 02-Feb-2007 | 02-Feb-2007 |

**Past procedures** (High and medium priority - all)

| Description | Comment | Date performed | Date recorded |
|---|---|---|---|
| Amputation of toe | right foot | 02-Apr-2023 | 02-Apr-2023 |

**Family conditions** (All priorities)

| Description | Comment | Date of Onset |
|---|---|---|
| [V]Family history of ischaemic heart disease | DAD | 01-Nov-2007 |
| FH: CVA/stroke | Read code of condition: Cerebrovascular disease [G6...00]. | 29-Mar-2007 |
| No family history diabetes | Read code of condition: Diabetes mellitus [C10..00]. | 29-Mar-2007 |
| FH: Ischaemic heart dis. >60 | START_DATE=19990419 | 27-Apr-1999 |

**Current medication** (Active Repeat medication issued within the last 12 months)

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|
| Pregabalin 150mg capsules | 56 | capsule | | - | 01-Apr-2020 | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | ONE CAPSULE TWICE A DAY FOR N[more] | | | 19-Sep-2023 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 18-Sep-2023 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 18-Sep-2023 |
| Isosorbide mononitrate 10mg tablets | 56 | tablet | 1 TABLET TWICE A DAY | - | 03-Apr-2023 | 18-Sep-2023 |
| Atorvastatin 80mg tablets | 28 | tablet | TAKE ONE DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 18-Sep-2023 |
| Duloxetine 30mg gastro-resistant capsules | 28 | capsule | TAKE ONE CAPSULE DAILY FOR NE[more] | - | 27-Aug-2020 | 18-Sep-2023 |
| Trazodone 50mg capsules | 86 | capsule | 1 CAPSULE AT NIGHT FOR 1 WEEK[more] | - | 09-Nov-2018 | 18-Sep-2023 |
| Empagliflozin 10mg tablets | 28 | tablet | 1 TABLET ONCE DAILY FOR DIABETES | - | 20-Jan-2017 | 18-Sep-2023 |
| Clopidogrel 75mg tablets | 28 | tablet | 1 TABLET(S) DAILY | - | 23-Jan-2015 | 18-Sep-2023 |
| FreeStyle Libre 2 Sensor (Abbott Laboratories Ltd) | 4 | kit | AS DIRECTED BY DIABETES TEAM | - | 12-Jun-2023 | 25-Jul-2023 |
| Fybogel Orange 3.5g effervescent granules sachets SF (Reckitt Benckiser Healthcare (UK) Ltd) | 60 | sachet | 1 SACHET TWICE A DAY AS PER C [more] | - | 06-Mar-2023 | 06-Mar-2023 |
| Bisoprolol 2.5mg tablets | 28 | tablet | 1 TABLET DAILY FOR HEART | - | 17-Aug-2018 | 18-Sep-2023 |
| Co-codamol 30mg/500mg tablets | 224 | tablet | TAKE ONE OR TWO UP TO FOUR TI [more] | - | 22-Jun-2022 | 18-Sep-2023 |

**Recent medication** (Any medication issued within last 90 days not shown above)

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|
| Hydrocortisone 1% / Clotrimazole 1% cream | 30 | gram | APPLY TWICE DAILY TO FORESKIN[more] | - | 19-Oct-2023 | 19-Oct-2023 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 18-Sep-2023 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 18-Sep-2023 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 25-Aug-2023 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 25-Aug-2023 |
| Atorvastatin 80mg tablets | 28 | tablet | TAKE ONE DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 25-Aug-2023 |
| Pregabalin 150mg capsules | 56 | capsule | ONE CAPSULE TWICE A DAY FOR N[more] | - | 01-Apr-2020 | 25-Aug-2023 |
| Atorvastatin 80mg tablets | 28 | tablet | TAKE ONE DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 20-Jul-2023 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 20-Jul-2023 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 20-Jul-2023 |
| Trimethoprim 200mg tablets | 28 | tablet | 1 TABLET(S) TWICE A DAY FOR 14 DAYS | - | 16-Jun-2023 | 16-Jun-2023 |
| Ibuprofen 5% gel | 100 | gram | APPLY THREE TIMES DAILY TO HANDS | - | 16-Jun-2023 | 16-Jun-2023 |
| Amoxicillin 500mg capsules | 42 | capsule | 1 CAPSULE THREE TIMES A DAY F[more] | - | 16-Jun-2023 | 16-Jun-2023 |
| | 500 | gram | | - | 16-Jun-2023 | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Epaderm cream (Molnlycke Health Care Ltd) | | | ONE APPLICATION TWICE DAILY | | | 16-Jun-2023 |
| FreeStyle Libre 2 Sensor (Abbott Laboratories Ltd) | 1 | kit | AS DIRECTED BY DIABETES TEAM | - | 12-Jun-2023 | 12-Jun-2023 |
| Duloxetine 30mg gastro-resistant capsules | 28 | capsule | TAKE ONE CAPSULE DAILY FOR NE[more] | - | 27-Aug-2020 | 20-Jul-2023 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 22-Jun-2023 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 22-Jun-2023 |
| Atorvastatin 80mg tablets | 28 | tablet | TAKE ONE DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 22-Jun-2023 |
| Atorvastatin 80mg tablets | 28 | tablet | TAKE ONE DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 23-May-2023 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 23-May-2023 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 23-May-2023 |
| Isosorbide mononitrate 10mg tablets | 56 | tablet | 1 TABLET TWICE A DAY | - | 03-Apr-2023 | 25-Aug-2023 |
| Pregabalin 150mg capsules | 56 | capsule | ONE CAPSULE TWICE A DAY FOR N[more] | - | 01-Apr-2020 | 23-May-2023 |
| Trazodone 50mg capsules | 86 | capsule | 1 CAPSULE AT NIGHT FOR 1 WEEK[more] | - | 09-Nov-2018 | 22-Jun-2023 |
| Empagliflozin 10mg tablets | 28 | tablet | 1 TABLET ONCE DAILY FOR DIABETES | - | 20-Jan-2017 | 22-Jun-2023 |
| Clopidogrel 75mg tablets | 28 | tablet | 1 TABLET(S) DAILY | - | 23-Jan-2015 | 22-Jun-2023 |

**Blood Pressure**

| Date Recorded | Systolic | Diastolic |
|---|---|---|
| 01-Nov-2022 | 131 | 81 |
| 11-Aug-2022 | 117 | 75 |
| 11-Aug-2022 | 117 | 75 |

**Body Measurements**

| Date Recorded | Height | Weight | BMI |
|---|---|---|---|
| 12-Jan-2023 | 1.77 | 108 | 34.4 |
| 11-Aug-2022 | 1.77 | 110.6 | 35.3 |
| 17-Jun-2021 | 1.77 | 113 | 36 |

**Lifestyle Risks and Alerts / Examinations and Investigations**

| Description/Question | Result/Comment | Date |
|---|---|---|
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 11-Aug-2022 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 07-Jul-2022 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 26-May-2022 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 04-Apr-2022 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 09-Aug-2021 |
| Teetotaller: | Drinking status on eventdate: Life teetotaler. | 13-Feb-2020 |
| Teetotaller: | Drinking status on eventdate: Life teetotaler. | 04-Mar-2019 |
| Teetotaller: | Drinking status on eventdate: Life teetotaler. | 13-Feb-2018 |
| | Drinking status on eventdate: Current drinker. | |

| | | |
|---|---|---|
| Alcohol intake within recommended sensible limits: | | 12-Nov-2014 |
| Drinks rarely: | Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0. | 12-Nov-2014 |
| GPPAQ physical activity index: active: | Walking but limited by neck pain | 19-Feb-2020 |
| Exercise grading: | Type of exercise: Gentle. | 13-Feb-2020 |
| GPPAQ physical activity index: active: | | 14-Mar-2019 |
| Exercise grading: | Type of exercise: Gentle. NOTES: walks. | 04-Mar-2019 |
| Exercise grading: | Type of exercise: Vigorous. | 13-Feb-2018 |

**Clinical warnings**

**Allergies**

| Description | Comment | Date recorded |
|---|---|---|
| H/O: drug allergy | Drug code for allergy: Doxycycline 100mg capsules, Reaction type: Allergy, Read code for reaction: Vomiting [1992.00], Certainty of allergy: Likely, Severity of allergy: Moderate. | 16-Jun-2023 |

**Additional Support Needs**

No known ASN requirements

**Additional relevant information**

**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

**Signature** of referring doctor (or other professional) **Date**

Neurology - General
1345 Govan Road
Glasgow
G51 4TF

19/10/2023

Dr J Simpson
The Gordon Practice
New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Dear Dr J Simpson

**Patient Name: George Finnie**
**CHI Number: 2307656057**
**Referral Date: 19/10/2023**

Thank you for your referral. On this occasion I am unable to offer a consultation to your patient.

Please see the following reasons.

( ) Please refer to the referral guidance directory for referral criteria for this service.

https://www.nhsggc.scot/hospitals-services/services-a-to-z/referral-guidelines/

( ) Insufficient clinical information to allow specialty to triage this referral.

*Enter free text here*

( ) Other

*Thank you for your letter.*

*Neurology do not assess or manage nerve entrapment syndromes.*

*Please refer to Trauma and Orthopaedics Wrist and Hand service if you suspect CTS.*

*Thanks for your help.*

Yours sincerely

Dr Saif Razvi

User ID Saif Razvi

SCGC Opwl Rem Ref Hosp Req V1

| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|---|---|---|---|---|
| | | | | |

| | **REFERRAL LETTER** MEDICAL IN CONFIDENCE | **Attachments** |
|---|---|---|

**Additional Support Needs:**
**No known ASN requirements**

**REFERRAL TO**

| | | |
|---|---|---|
| Anaesthetics - Pain Clinic<br>GGC Chronic Pain | —— | **Consultant / receiving practitioner** and/or **specialty clinic** |
| New Victoria Hospital<br>55 Grange Road<br>Glasgow<br>G42 9LF | —— | **Hospital** and **hospital address**<br>Hospital location code.<br>G306H<br>Email address<br>- |

**Urgency of referral** Routine
**Date of referral** 19-Oct-2023 **Date sent** 19-Oct-2023

**PATIENT DETAILS**

| | |
|---|---|
| **Surname** | FINNIE |
| **Forename(s)** | GEORGE |
| Title | MR |
| Sex | Male |
| **Date of birth** | 23-Jul-1965 |
| CHI no. | 2307656057 |
| **Area of Residence** | - |

**Patient's address**

FLAT 0-4
1 BEDFORD STREET
GLASGOW
G5 9BD

Contact number(s)

Voice: 07555 093796

*101031103989H* Unique Care Pathway Number: 101031103989H

**REGISTERED GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr Colin Mccrossan | | |
| GMC code | 6103261 | GP code | 08966 |
| Practice name | Dr Gordon & Partners | | |
| Practice code | 49604 | | |

**Practice address**

GORBALS HEALTH AND CARE CENTRE
2 SANDIEFIELD ROAD
GLASGOW
G5 9AB

Contact number(s)

Voice: 01412015100

**REFERRING GP DETAILS**

| | | | |
|---|---|---|---|
| **Name** | Dr. Joseph Simpson | | |
| GMC code | 6151198 | GP code | 01783 |
| Practice name | The Gordon Practice (49604) | | |
| Practice code | 49604 | | |

**Practice address**

New Gorbals Health & Care Centre
2 Sandiefield Road
Glasgow
G5 9AB

Contact number(s)

Voice: 0141 201 5100

**CLINICAL INFORMATION**

**History of presenting complaint**

**Presenting complaint**

Description: Diabetic Neuropathy

Comment: This gentleman has known poorly controlled diabetes, cervical spondylosis, and peripheral diabetic neuropathy. He has recently had a right sided toe amputation, and is having ongoing problems with pain globally. He is on multiple medications to manage this, and he is aware that his poorly controlled diabetes is likely to be exacerbating most of his peripheral neuropathy symptoms. He has a loss of sensation in his right foot due to diabetic neuropathy, as well as bilateral carpal tunnel syndrome for which I have referred him to the neurology department. He is currently on Duloxetine, co-codamol, Pregabalin for his pain, but despite this is still having significant distress.

Unfortunately I think this gentleman's pain has now become malignant and is not likely to settle with simple analgesia. Obviously improving his diabetic control will go away to alleviate some of his neuropathy symptoms, but I think I am more holistic approach to his pain management would be beneficial to him.

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Treat

**Past medical history**

**Pre-existing conditions** (High & medium priority - all)

| Description | Comment | Modifier | Date of onset | Date recorded |
|---|---|---|---|---|
| Essential hypertension | - | - | 23-Mar-2020 | 23-Mar-2020 |
| Stroke and cerebrovascular accident unspecified | [TRUNCATED]States last Friday (23rd August) was with daughter, started off with some tingling in lips and speech reported as slightly slurred, then had numbness in left arm and leg. Thought was anot | - | 04-Sep-2019 | 04-Sep-2019 |
| Cervical spinal stenosis | in a lot of pain weighing up pro/ cons operation 1 in 500 change of paralysis | - | 22-May-2018 | 22-May-2018 |
| [X]Depressive episode | Agree fluoxetine | First ever | 01-Dec-2017 | 01-Dec-2017 |
| [X]Depressive episode | [TRUNCATED]No improvement with increased dose of Fluoxertine, still having suicidal ideation, states sister has taken insulin away from him at times as worried he may overdose. Has considered this a | Continuing | 06-Oct-2014 | 06-Oct-2014 |
| [X]Depressive episode | - | Continuing | 03-Dec-2012 | 03-Dec-2012 |
| [X]Depressive episode | - | Continuing | 20-Jul-2012 | 20-Jul-2012 |
| [X]Depressive episode | - | First ever | 30-May-2012 | 30-May-2012 |
| [X]Depressive episode | - | Continuing | 11-Mar-2011 | 11-Mar-2011 |
| [X]Depressive episode | - | First ever | 02-Oct-2009 | 02-Oct-2009 |
| Type 2 diabetes mellitus | random sugar 13.9 - symptomatic - thirst and urinary frequency. | - | 02-Feb-2007 | 02-Feb-2007 |

**Past procedures** (High and medium priority - all)

| Description | Comment | Date performed | Date recorded |
|---|---|---|---|
| Amputation of toe | right foot | 02-Apr-2023 | 02-Apr-2023 |

**Family conditions** (All priorities)

| Description | Comment | Date of Onset |
|---|---|---|
| [V]Family history of ischaemic heart disease | DAD | 01-Nov-2007 |
| No family history diabetes | Read code of condition: Diabetes mellitus [C10..00]. | 29-Mar-2007 |
| FH: CVA/stroke | Read code of condition: Cerebrovascular disease [G6...00]. | 29-Mar-2007 |
| FH: Ischaemic heart dis. >60 | START_DATE=19990419 | 27-Apr-1999 |

**Current medication** (Active Repeat medication issued within the last 12 months)

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|
| Pregabalin 150mg capsules | 56 | capsule | ONE CAPSULE TWICE A DAY FOR N[more] | - | 01-Apr-2020 | 19-Sep-2023 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 18-Sep-2023 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 18-Sep-2023 |
| Atorvastatin 80mg tablets | 28 | tablet | TAKE ONE DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 18-Sep-2023 |
| Isosorbide mononitrate 10mg tablets | 56 | tablet | 1 TABLET TWICE A DAY | - | 03-Apr-2023 | 18-Sep-2023 |
| Duloxetine 30mg gastro-resistant capsules | 28 | capsule | TAKE ONE CAPSULE DAILY FOR NE[more] | - | 27-Aug-2020 | 18-Sep-2023 |
| Clopidogrel 75mg tablets | 28 | tablet | 1 TABLET(S) DAILY | - | 23-Jan-2015 | 18-Sep-2023 |
| Empagliflozin 10mg tablets | 28 | tablet | 1 TABLET ONCE DAILY FOR DIABETES | - | 20-Jan-2017 | 18-Sep-2023 |
| Trazodone 50mg capsules | 86 | capsule | 1 CAPSULE AT NIGHT FOR 1 WEEK[more] | - | 09-Nov-2018 | 18-Sep-2023 |
| FreeStyle Libre 2 Sensor (Abbott Laboratories Ltd) | 4 | kit | AS DIRECTED BY DIABETES TEAM | - | 12-Jun-2023 | 25-Jul-2023 |
| Fybogel Orange 3.5g effervescent granules sachets SF (Reckitt Benckiser Healthcare (UK) Ltd) | 60 | sachet | 1 SACHET TWICE A DAY AS PER C [more] | - | 06-Mar-2023 | 06-Mar-2023 |
| Bisoprolol 2.5mg tablets | 28 | tablet | 1 TABLET DAILY FOR HEART | - | 17-Aug-2018 | 18-Sep-2023 |
| Co-codamol 30mg/500mg tablets | 224 | tablet | TAKE ONE OR TWO UP TO FOUR TI [more] | - | 22-Jun-2022 | 18-Sep-2023 |

**Recent medication** (Any medication issued within last 90 days not shown above)

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|
| Hydrocortisone 1% / Clotrimazole 1% cream | 30 | gram | APPLY TWICE DAILY TO FORESKIN[more] | - | 19-Oct-2023 | 19-Oct-2023 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 18-Sep-2023 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 18-Sep-2023 |
| Atorvastatin 80mg tablets | 28 | tablet | TAKE ONE DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 25-Aug-2023 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 25-Aug-2023 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 25-Aug-2023 |
| Pregabalin 150mg capsules | 56 | capsule | ONE CAPSULE TWICE A DAY FOR N[more] | - | 01-Apr-2020 | 25-Aug-2023 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 20-Jul-2023 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 20-Jul-2023 |
| Atorvastatin 80mg tablets | 28 | tablet | TAKE ONE DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 20-Jul-2023 |
| | 500 | gram | | - | 16-Jun-2023 | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Epaderm cream (Molnlycke Health Care Ltd) | | | ONE APPLICATION TWICE DAILY | | | 16-Jun-2023 |
| Amoxicillin 500mg capsules | 42 | capsule | 1 CAPSULE THREE TIMES A DAY F[more] | - | 16-Jun-2023 | 16-Jun-2023 |
| Ibuprofen 5% gel | 100 | gram | APPLY THREE TIMES DAILY TO HANDS | - | 16-Jun-2023 | 16-Jun-2023 |
| Trimethoprim 200mg tablets | 28 | tablet | 1 TABLET(S) TWICE A DAY FOR 14 DAYS | - | 16-Jun-2023 | 16-Jun-2023 |
| FreeStyle Libre 2 Sensor (Abbott Laboratories Ltd) | 1 | kit | AS DIRECTED BY DIABETES TEAM | - | 12-Jun-2023 | 12-Jun-2023 |
| Duloxetine 30mg gastro-resistant capsules | 28 | capsule | TAKE ONE CAPSULE DAILY FOR NE[more] | - | 27-Aug-2020 | 20-Jul-2023 |
| Atorvastatin 80mg tablets | 28 | tablet | TAKE ONE DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 23-May-2023 |
| Atorvastatin 80mg tablets | 28 | tablet | TAKE ONE DAILY FOR CHOLESTEROL | - | 08-Nov-2010 | 22-Jun-2023 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 22-Jun-2023 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 22-Jun-2023 |
| Metformin 1g modified-release tablets | 56 | tablet | 1 TAB TWICE A DAY WITH MEALS | - | 17-Sep-2010 | 23-May-2023 |
| Lansoprazole 15mg gastro-resistant capsules | 28 | capsule | 1 CAP DAILY | - | 05-Oct-2016 | 23-May-2023 |
| Isosorbide mononitrate 10mg tablets | 56 | tablet | 1 TABLET TWICE A DAY | - | 03-Apr-2023 | 25-Aug-2023 |
| Pregabalin 150mg capsules | 56 | capsule | ONE CAPSULE TWICE A DAY FOR N[more] | - | 01-Apr-2020 | 23-May-2023 |
| Trazodone 50mg capsules | 86 | capsule | 1 CAPSULE AT NIGHT FOR 1 WEEK[more] | - | 09-Nov-2018 | 22-Jun-2023 |
| Clopidogrel 75mg tablets | 28 | tablet | 1 TABLET(S) DAILY | - | 23-Jan-2015 | 22-Jun-2023 |
| Empagliflozin 10mg tablets | 28 | tablet | 1 TABLET ONCE DAILY FOR DIABETES | - | 20-Jan-2017 | 22-Jun-2023 |

**Blood Pressure**

| Date Recorded | Systolic | Diastolic |
|---|---|---|
| 01-Nov-2022 | 131 | 81 |
| 11-Aug-2022 | 117 | 75 |
| 11-Aug-2022 | 117 | 75 |
| 07-Jul-2022 | 136 | 87 |
| 26-May-2022 | 131 | 84 |

**Body Measurements**

| Date Recorded | Height | Weight | BMI |
|---|---|---|---|
| 12-Jan-2023 | 1.77 | 108 | 34.4 |
| 11-Aug-2022 | 1.77 | 110.6 | 35.3 |
| 17-Jun-2021 | 1.77 | 113 | 36 |
| 18-Sep-2020 | 1.77 | 118 | 37.6 |
| 13-Feb-2020 | 1.77 | 117 | 37.3 |

**Lifestyle Risks and Alerts / Examinations and Investigations**

| Description/Question | Result/Comment | Date |
|---|---|---|
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 11-Aug-2022 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 07-Jul-2022 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 26-May-2022 |
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 04-Apr-2022 |

| | | |
|---|---|---|
| Never smoked tobacco: | Smoking status on date of event: Never smoked. | 09-Aug-2021 |
| Teetotaller: | Drinking status on eventdate: Life teetotaler. | 13-Feb-2020 |
| Teetotaller: | Drinking status on eventdate: Life teetotaler. | 04-Mar-2019 |
| Teetotaller: | Drinking status on eventdate: Life teetotaler. | 13-Feb-2018 |
| Drinks rarely: | Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0. | 12-Nov-2014 |
| Stopped drinking alcohol: | Drinking status on eventdate: Ex-drinker. | 12-Nov-2014 |
| GPPAQ physical activity index: active: | Walking but limited by neck pain | 19-Feb-2020 |
| Exercise grading: | Type of exercise: Gentle. | 13-Feb-2020 |
| GPPAQ physical activity index: active: | | 14-Mar-2019 |
| Exercise grading: | Type of exercise: Gentle. NOTES: walks. | 04-Mar-2019 |
| Exercise grading: | Type of exercise: Vigorous. | 13-Feb-2018 |

**Clinical warnings**

**Allergies**

| Description | Comment | Date recorded |
|---|---|---|
| H/O: drug allergy | Drug code for allergy: Doxycycline 100mg capsules, Reaction type: Allergy, Read code for reaction: Vomiting [1992.00], Certainty of allergy: Likely, Severity of allergy: Moderate. | 16-Jun-2023 |

**Additional Support Needs**

No known ASN requirements

**Additional relevant information**

**Administrative information**

Primary reason for referral:Pain Management Programme
Amitriptyline or other TCA (previous pain medication trial):Yes
Codeine (previous pain medication trial):Yes
Dihydrocodeine (previous pain medication trial):Yes
Duloxetine (previous pain medication trial):Yes
Gabapentin (previous pain medication trial):Yes
Pregabalin (previous pain medication trial):Yes
Depression:Yes
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

**Signature** of referring doctor (or other professional) **Date**