Mr Thomas Murphy
Patient Record

Mr Thomas Murphy		**NHS Number: 498 109 2806**	
Date of Birth	20 May 1968 00:00 (58 y)	Gender	Male
Place of Birth	Glasgow		
Marital Status	Married/civil partner	Ethnic Origin	British or mixed British - ethnic category 2001 census
Language	Main spoken language English (XaG5t)	English Speaker	Unknown

Contact Details

Current Home Address	3 Town Hall Chambers, 49 King Street Wakefield W Yorkshire WF1 2SN	03 Jun 2026 -
Mobile Tel.	07751963544	
Previous Home Address	14 Mallard Mews South Elmsall Pontefract W Yorkshire WF9 2SF	23 Jan 2020 - 03 Jun 2026
Email	thomas1968murphy@gmail.com	

11 Jul 2023	Next Of Kin	Unknown	

Name	KIM SHARP
Address	14 Mallard Mews South Elmsall Pontefract WF9 2SF
Additional Information	Next Of Kin

Registration Details

Registration Date	26 Nov 2019	Date of Removal	
PDS Registered Practice	The Grange Medical Centre (NHS West Yorkshire Icb - 03r) (01977 610009)	Usual Branch	The Grange Medical Centre (01977 610009)
Registered GP	Dr James Johnston	Home GP	
Usual GP	Dr James Johnston	HA	Wakefield
Registration Type	GMS	Medical Records	Records here
Dispensing	N	Pharmacy	

Attendance Record	**Last 12 Months (Total)**				
Appointments	2 (31)		Attendance	2 (30)	100% (96%)
Visits	0 (0)	0% (0%)	DNAs	0 (1)	0% (3%)

Journal

	Surgery: Unknown Staff Member Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

South West Yorkshire Partnership Nhs Foundation Trust Mental Health - RIO Client ID: 1170597 (Primary PAS ID) at SWYFT - Inpatients Trust

	Surgery: Unknown Staff Member Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

White British - ethnic category 2001 census (XaQEa)

	Surgery: Unknown Staff Member Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

NHS Number Status: Trace/Verification required
White British - ethnic category 2001 census (XaQEa)

01 Jan 1900	Surgery: Unknown Staff Member Entered at: SWYFT - Wakefield Mental Health Community	Entered: 22 Aug 2023 15:21

Current Home Address: 14 Mallard Mews, South Elmsall, Pontefract WF9 2SF

01 Jan 1900	Automatically updated from PAS interface: Unknown Staff Member Entered at: Mid Yorkshire Hospitals	Entered: 03 Jul 2023 07:18

Current Home Address: 14 Mallard Mews, South Elmsall, Pontefract WF9 2SF

01 Jan 1900	Surgery: Unknown Staff Member Entered at: SWYFT - Wakefield Mental Health Community	Entered: 14 Aug 2023 11:37

Previous Home Address: 14 Mallard Mews, South Elmsall, Pontefract WF9 2SF

01 Jan 1900	Surgery: Unknown Staff Member Entered at: Wakefield Primary	Entered: 21 Aug 2023 13:37

	Care MH Practitioner Team	

Current Home Address: 14 Mallard Mews, South Elmsall, Pontefract WF9 2SF

20 May 1968	Surgery: Unknown Staff Member Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Preferred name: Mr Thomas Murphy

20 Jun 1968	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Date records held from (9R8..) - First

22 Oct 1973	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Fasciotomy foot (7H35B)
First
bilateral plantar fasciotomy
Fasciotomy foot (7H35B) - First
bilateral plantar fasciotomy

09 Jan 1974	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Tonsillectomy and adenoidectomy (75306) - First
Tonsillectomy and adenoidectomy (75306) - First

1977	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Nocturnal enuresis (X008B) - First
Nocturnal enuresis (X008B) - First

Dec 1982	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

[X]Intentional self poisoning/exposure to noxious substances (XE22d)
First
Original text: [X]Deliberate drug overdose / other poisoning
[X]Intentional self poisoning/exposure to noxious substances (XE22d) - First
Original text: [X]Deliberate drug overdose / other poisoning

07 Dec 1982	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Psychiatric observation (8A21.) - First

1983	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Social problem (13Z8.)
First
special school

Nov 1985	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

In prison (XE0pK) - First

1988	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Gastroscopy NEC (X20Ta) - NAD

1997	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme	Entered: 21 Mar 2017 13:02

Minor: History of substance misuse (XaMyB) - Amphetamine, heroin 1997 and 1999

21 Mar 1997	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

History of amphetamine misuse (XaMf5)
First
Original text: H/O amphetamine misuse
History of amphetamine misuse (XaMf5) - First
Original text: H/O amphetamine misuse

May 1997	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Harmful substance use (Xa1bX)
First
Original text: Nondependent abuse of drugs
Harmful substance use (Xa1bX) - First

Original text: Nondependent abuse of drugs

1999	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Transfer-degraded record entry (XaLGM)
Substance misuse of Heroin
Original text: Substance misuse of Heroin
Substance misuse of Heroin - Substance misuse of Heroin
Original text: Substance misuse of Heroin

12 Jan 1999	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Closed fracture shaft of tibia (S3320)
First
left
Closed fracture shaft of tibia (S3320) - First
left

31 Aug 2001	Surgery: Unknown Staff Member Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

GP: RP Gupta Newland Surgery, Ended on 04 Jun 2015

31 Aug 2001	Surgery: Unknown Staff Member Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

GP: RP Gupta Newland Surgery, Ended on 04 Jun 2015

01 Jul 2003	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Computed tomography (567..)
Original text: Computerised tomograph scan
normal

16 Jul 2003	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Electroencephalography (70650) - normal

01 Jan 2004	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre	Entered: 23 Jul 2015 14:55

Patient Information to Unknown

01 Jan 2004	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre	Entered: 23 Jul 2015 14:56
10 Nov 2004	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Has a criminal record (XE0pJ)
First
Original text: Criminal record

10 Nov 2004	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Hypnagogic hallucinations (X760E)
First
Original text: Hypnagogic hallucination
Hypnagogic hallucinations (X760E) - First
Original text: Hypnagogic hallucination

20 Jan 2005	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

H/O: depression (1465.)
First
several years history of depression, anxiety, low self esteem and unusual thoughts or paranoid ideas
H/O: depression (1465.) - First
several years history of depression, anxiety, low self esteem and unusual thoughts or paranoid ideas

22 Feb 2005	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Seen by community mental health nurse (XaAUA) - Original text: Seen by CPN

28 Nov 2005	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Psychotherapy - behavioural (8G10.) - First
Psychotherapy - behavioural (8G10.) - First

07 Dec 2005	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical	Entered: 08 Jun 2015 09:17

	Centre	

General psychotherapy (8G1..) - First

27 Apr 2006	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Anxiety disorder (E200.)
First
Original text: Anxiety states
Anxiety disorder (E200.) - First
Original text: Anxiety states

01 May 2008	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

[V]Administrative encounters (ZV68.) - removed from Grame Medical Centre list due to aggression and abusive behaviour to member of staff

05 Oct 2009	Surgery: Mrs Diane Ferry (Clerical Access Role) Entered at: Trinity Medical Centre	Entered: 16 Jun 2015 10:57

Sciatica (XE1FC)
Sciatica (XE1FC)

04 Dec 2009	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

In prison (XE0pK) - First

04 Dec 2009 16:41	Surgery: Unknown Staff Member Entered at: HMP Wandsworth	Entered: 06 Sep 2014 15:42

Previous Home Address: 126 Lomond Drive, Falkirk FK2 7TX

04 Dec 2009 16:41	Surgery: Miss Natalie Hughes (Healthcare Assistant) Entered at: HMP Leeds

White British (XaFwD)
Unemployed (13J7.)
Main spoken language English (XaG5t)
Single person (XE0oZ)
Date Of Birth Changed From '01 Jan 1900', Address Entered
Previous Home Address: 126 Lomond Drive, Falkirk FK2 7TX
Sentence: 04 Dec 2009 - 08 Feb 2010
Stay: 04 Dec 2009 16:45 - 10 Dec 2009

04 Dec 2009 16:41	Surgery: Unknown Staff Member Entered at: HMP Moorland	Entered: 16 Oct 2013 20:12

Previous Home Address: 126 Lomond Drive, Falkirk FK2 7TX

04 Dec 2009 16:45	Surgery: Mr Satish Gudala (Medical Technical Officer) Entered at: HMP Leeds	Entered: 20 Oct 2015 07:19

04 Dec 2009 16:45	Surgery: Miss Natalie Hughes (Healthcare Assistant) Entered at: HMP Leeds

No (Y0428)
Seen by own GP (XaASI)
No (Y0428)
No (Y0428)
Prisoner seen doctor in previous few months (YX005) - for mental health problems
Seen in establishment (XaBTL) - 16:45
No (Y0428)
Yes (Y0427)
Mental health disorder (E....) - His doctor said that he has mentel health problems
Prisoner has concerns over their physical health (YX009) - Has been spiting out alot of blood to day
Language spoken (13Z6.) - english
Smoker (137R.)
O/E - height (229..) 1.71 m (~ 5 ' 7 ")
Body mass index - observation (22K..) 21.72 Kg/m²
O/E - weight (22A..) 63.504 Kg (~ 10 st)
Smoker (137R.)
Pulse rate (X773s) 65 bpm
Cigarette consumption (Ub1tI) 12 Cigs/day
General practitioner (YX039) - Dr franshchoek
General practitioner (YX039) - parkstreet falkirk
132 / 82 mmHg

04 Dec 2009 16:53	Surgery: Miss Ola Gafka (Secretary) Entered at: HMP Leeds

Client ID Amendment - Prison number changed from ''

04 Dec 2009 17:36	Surgery: Miss Stephanie White (Manager) Entered at: HMP Leeds

No (Y0428)
No (Y0428)
No (Y0428) - 1
Patient's next of kin (9182.) - Mrs Margaret Murphy (mother)
Yes (Y0427)
Next of kin information status (XaCFy) - 01977 614612
Next of kin information status (XaCFy) - 34 first ave fitswilliam pontefract
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
Health related observations about the prisoners physical appearance (YX010) - appears fit and well
No (Y0428)
No (Y0428)
No (Y0428)
Impressions of the prisoners behaviour and mental state (YX023) - engaging well in health screen, no concerns expressed
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428) - 0
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
Chlamydia test offered (XaLHg) - no
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
Mobility aids (8D4..) - no concerns
Yes (Y0427)
Health-related behaviour (Ub0lC) - none stated
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
Yes (Y0427)
No (Y0428)
No (Y0428)

Suicide and selfinflicted injury (XE22H)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
[V]Family history of certain chronic disabling diseases (ZV17.)
Sleeping out (Ua0Lq)
Wants to stop smoking (XaLQh)
[V]Family history of certain chronic disabling diseases (ZV17.) - grandfather insulin dependant diabetic and CA Lung, has now passed away
No (Y0428)
No (Y0428)
No (Y0428)

07 Dec 2009 09:28	Surgery: Mrs Katie Ellis (Nurse Access Role) Entered at: HMP Leeds	Entered: 07 Dec 2009 10:41

Clinic Letter to unknown recipient
Notes: consent forms

07 Dec 2009 16:04	Surgery: Mrs Linda Jones (Admin/Clinical Support Access Role) Entered at: HMP Leeds

General Letter to Dr Franshchoek

09 Dec 2009 13:02	Surgery: Mrs Linda Jones (Appointments Clerk) Entered at: HMP Leeds	Entered: 09 Dec 2009 13:30

Clinic Letter to unknown recipient
Notes: GP reply dated 09/12/2009

10 Dec 2009 14:45	Surgery: Mrs Dawn Harvey (Practice Nurse) Entered at: HMP Moorland

O/E - height (229..) 1.7 m (~ 5 ' 7 ")
O/E - weight (22A..) 64 Kg (~ 10 st 1 lb)
No suicidal thoughts (XaIJ7) - Communicates well. Good eye contact. No suicidal ideations.
No current indication/evidence of risk, suitable for multi-cell location (Y4579)
Fit for normal location, work and any cell occupancy - Grade 1 (Y09d3)
Fit for work (13JW.)
Fit to attend gym (XaKkp)
Body mass index - observation (22K..) 22.15 Kg/m²
History of substance misuse (XaMyB)
Referral to dentist (Y1709)
Occasional drinker (Ub0lK)
Misused drugs in past (Ub0ms)
Referral to doctor (XaAfK)
Pulse rate (X773s) 72 bpm
Smoker (137R.)
Hep B Vacc- offered and accepted (Y075c) - Requests Hep B vaccination programme.
Tuberculosis status (XaK3w) - Previously immunised against T.B.
130 / 80 mmHg
Stay: 10 Dec 2009 14:45 - 10 Dec 2009
Stay: 10 Dec 2009 14:45 - 12 Dec 2009

10 Dec 2009 14:45	Surgery: Mrs Dawn Harvey (Practice Nurse) Entered at: HMP Moorland
12 Dec 2009 11:12	Surgery: Beverley Beaumont (Clerical Access Role) Entered at: HMP Moorland

Stay: 12 Dec 2009 11:12 - 08 Feb 2010

15 Dec 2009 09:45	Surgery: Dr Robert Hills (General Medical Practitioner) Entered at: HMP Moorland	

left leg pain several years. h/o fracture left tibia, treated in POP. pain low back left buttock , left groin, ? paraesthesia, stiff after rest, worse coughing, sphincters ok, was on cocodamol 8/500 in the community, did help, o/e loss of lordosis good ROM slight pain at extremes no neurology , SLR full refer physio, FOR PCM/ i buprofen for pain

01 Jan 2010	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre	Entered: 23 Jul 2015 14:54

Patient Information to Unknown

01 Jan 2010	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre	Entered: 23 Jul 2015 14:54
14 Jan 2010 10:47	Surgery: Ms Melanie Hughes (Staff Nurse) Entered at: HMP Moorland	

First Hep B injection given L arm, no problems noted or reported

14 Jan 2010 13:46	Surgery: Mrs Dawn Harvey (Practice Nurse) Entered at: HMP Moorland

Engerix B 1 1ml - no problems noted or reported at time of injection
Vaccination Consent: HEPATITIS B

21 Jan 2010 09:47	Surgery: Margaret Cooper (Staff Nurse) Entered at: HMP Moorland

Engerix B prefilled syringe 1ml 2 1ml - 2nd Hep B vaccine given into left deltoid with consent.
Vaccination Consent: HEPATITIS B

02 Feb 2010 10:07	Surgery: Mr Steve Borrill (Physiotherapist) Entered at: HMP Moorland

Attended physio. c/o non-specific LBP. Difficult to establish mechanical pattern. TOP L3-5 left unilateral. Mobilised and reduced pain. Educated extension exercises. R/v next available.
Chronic low back pain (Xa0sK)

04 Feb 2010 07:49	Surgery: Beverley Beaumont (Clerical Access Role) Entered at: HMP Moorland
04 Feb 2010 10:05	Surgery: Lucy Jary (Nurse Access Role) Entered at: HMP Moorland

Engerix B prefilled syringe 1ml 1 1ml - 32d Hep B given with consent Lt. Deltoid
Vaccination Consent: HEPATITIS B

04 Feb 2010 11:01	Surgery: Mrs Dawn Harvey (Practice Nurse) Entered at: HMP Moorland

Fitted for court appearance. No problems highlighted.

06 Feb 2010 11:59	Surgery: Mrs Sally Booth (Staff Nurse) Entered at: HMP Moorland
07 Feb 2010 10:22	Surgery: Maria Masterson (Practice Nurse) Entered at: HMP Moorland

Fitted for rel 57 kg not any medication no medical issues.

09 Feb 2010 09:50	Surgery: Beverley Beaumont (Clerical Access Role) Entered at: HMP Moorland
04 Mar 2010	Surgery: Mrs Dawn Harvey (Practice Nurse) Entered at: HMP Moorland

Date (Xa0ck)

23 Mar 2010	Surgery: Miss Karen Matysiak (Manager)	Entered: 26 Mar 2020 14:44

Clinic Letter to Dr James Johnston

30 Jun 2010	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Mrs Maria Lindsay Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Health education - exercise (6798.) - Original text: Health ed. - exercise
New patient screening (68R..) - Original text: New patient screen
Smoking cessation advice (Ua1Nz)
Health education - alcohol (6792.) - Original text: Health ed. - alcohol
Dietary advice (8CA4.) - Original text: Patient advised re diet
Lifestyle counselling (XaEFY)
New patient screening (68R..) - Original text: New patient health check
British or mixed British - ethnic category 2001 census (XaJQv)
Smoking cessation advice (Ua1Nz) - Original text: Health ed. - smoking
FH: Diabetes mellitus (1252.)
Rolls own cigarettes (137M.) - Value: 1.0 oz/wk
Body mass index - observation (22K..)
Original text: Body Mass Index
Value: 20.41
Waist circumference (Xa041) 74 cm (~ 29 ")
Enjoys light exercise (1383.)
No known allergies (1151.) - ,Conplaining of left hip pain ,to see doctor.
Moderate drinker - 3-6u/day (1364.)
Alcohol intake (136..) 20 Units/Week - Original text: Alcohol consumption
O/E - height (229..) 1.68 m (~ 5 ' 6 ") - Converted from: 168.0 cm
O/E - weight (22A..) 57.6 Kg (~ 9 st 1 lb)

110 / 80 mmHg Original units: mm Hg

30 Jun 2010	GP2GP Import: Mrs Cynthia Sykes Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

O/E - height (229..) 1.702 m (~ 5 ' 7 ") - Converted from: 170.18 cm

30 Jun 2010	GP2GP Import: Mrs Cynthia Sykes Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

New patient screening (68R..) - Original text: New patient health check

30 Jun 2010	GP2GP Import: Mrs Cynthia Sykes Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

O/E - weight (22A..) 60.3 Kg (~ 9 st 7 lb)

30 Jun 2010	Surgery: Unknown Staff Member Entered at: Trinity Medical Centre	Entered: 10 Jan 2019 23:38
30 Jun 2010	GP2GP Import: Mrs Cynthia Sykes Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

New patient screening (68R..) - Original text: New patient screen

30 Jun 2010	GP2GP Import: Mrs Cynthia Sykes Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

White British - ethnic category 2001 census (XaQEa)

02 Jul 2010	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17
02 Jul 2010	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Amitriptyline 10mg tablets - 28 tablet - ONE IN THE EVENING
Stopped 02 Aug 2010 Other (Medication Course Ended. [NOT EFFECTIVE])

02 Jul 2010	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

left hip: very good ext/int rotation. SLR 80
hip pain
recently moved from scotland. lived there for 9 yrs. ongoing problem with pain in left hip and thigh. nagging. says he had # left tib/fib and since then like this. was on benefit but was told he is fit to work
Amitriptyline Hydrochloride Tablets 10 mg 28 tablet ONE IN THE EVENING
looks like nerve related. try amitriptyline. warn about se. r/v in 3-4 weeks

08 Jul 2010	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Reasons for Request:
ROUTINE
Full blood count (424..)
Original text: Full blood count - FBC

(Dr Rp Gupta) Normal - No Action
Total white blood count (XaldY) 10.5 10^9/L [4 - 13]
Original text: Total white cell count
Original units: 10*9/L
Eosinophil count - observation (42K..) 0.29 10^9/L [0.04 - 0.4]
Original text: Eosinophil count
Original units: 10*9/L
Basophil count (42L..) 0.03 10^9/L [0 - 0.1] - Original units: 10*9/L
Red blood cell count (426..) 5.2 10^12/L [4.5 - 6]
Original text: Red blood cell (RBC) count
Original units: 10*12/L
Platelet count - observation (42P..) 253 10^9/L [135 - 400]
Original text: Platelet count
Original units: 10*9/L
Haemoglobin concentration (Xa96v) 163 g/L [130 - 180] - Original text: Haemoglobin estimation
Monocyte count - observation (42N..) 1 10^9/L [0.2 - 0.8]
Original text: Monocyte count
Original units: 10*9/L
Interpretation Code: Outside reference range
Mean cell haemoglobin level (XE2pb) 31.3 pg [27 - 35] - Original text: Mean corpusc. haemoglobin(MCH)

Neutrophil count (42J..) 6.34 10^9/L [2 - 7.5] - Original units: 10*9/L
Mean cell haemoglobin concentration (429..) 32.9 g/dL [30 - 35] - Original text: Mean corpusc. Hb. conc. (MCHC)
Red blood cell distribution width (XE2mO) 14.2 % [0 - 14]
Original units: CV%
Interpretation Code: Outside reference range
Lymphocyte count (42M..) 2.87 10^9/L [1.5 - 4] - Original units: 10*9/L
Mean cell volume (42A..) 95.4 fL [80 - 98] - Original text: Mean corpuscular volume (MCV)
Haematocrit (X76tb) 0.496 [0.4 - 0.54] - Original units: L/L
Full blood count - FBC Report, Abnormal, Other: Report ID: 31426-161915541240020
Specimen ID: 1-JJ744246E
Specimen description: Bloo (Patient Informed). Review not applicable

08 Jul 2010	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Mrs Maria Lindsay Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Full Blood Count - Completed, Glucose - Completed, Liver - Completed, Chol.Trig.HDL + LDL - Completed, TFT (TSH & FT4) - Completed, Urea and Electrolytes - Completed
Blood sample taken (XaEJK)

09 Jul 2010	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Reasons for Request:
ROUTINE
Serum TSH level (XaELV) 1.77 miu/L [0.2 - 4] - Original units: mU/L
Urea and electrolytes (X77Wi)

(Dr Rp Gupta) Normal - No Action
Thyroid function test (X77Wg)

(Dr Rp Gupta) Normal - No Action
Serum free T4 level (XaERr) 14.1 pmol/L [9 - 19]
GFR calculated abbreviated MDRD (XaK8y) 84 mL/min/1.73m*2
Original units: mL/min/1.73m2

For Afro-Caribbean patients multiply this eGFR by 1.212
The eGFR calculation is NOT valid in children, nor in
pregnancy, acute renal failure, oedematous states,
malnutrition, muscle wasting or amputees.
Blood glucose level (X772z)

(Dr Rp Gupta) Normal - No Action
Plasma glucose level (XM0ly) 2.9 mmol/L [2.5 - 7.8]
Serum creatinine level (XE2q5) 84 umol/L [60 - 120] - Original text: Serum creatinine
Serum sodium level (XE2q0) 144 mmol/L [136 - 145] - Original text: Serum sodium
Serum potassium level (XE2pz) 4 mmol/L [3.5 - 5.1] - Original text: Serum potassium
Serum urea level (XM0lt) 4.7 mmol/L [2.2 - 7.7]
Serum alkaline phosphatase level (XE2px) 100 iu/L [25 - 130]
Original text: Serum alkaline phosphatase
Original units: u/L
Serum bilirubin level (44E..) 5 umol/L [< 22]
Serum lipid levels (XE2q7)
Original text: Serum lipids

(Dr Rp Gupta) Normal - No Action
Liver function tests (X77WP)
Original text: Liver function test

(Dr Rp Gupta) Normal - No Action
Serum alanine aminotransferase level (XaLJx) 23 iu/L [< 56]
Original text: ALT/SGPT serum level
Original units: u/L
Serum albumin level (XE2eA) 39 g/L [35 - 50] - Original text: Serum albumin
Serum cholesterol level (XE2eD) 4.6 mmol/L - Original text: Serum cholesterol
Serum LDL cholesterol level (44P6.) 2.6 mmol/L

Total cholesterol:HDL ratio (44PF.) 4 - Original units: 1/1
Serum HDL cholesterol level (44P5.) 1.15 mmol/L
Serum triglyceride levels (XE2q9) 1.8 mmol/L [0 - 2.6] - Original text: Serum triglycerides
Liver function test, Serum lipids, Thyroid function test, Urea and electrolytes, Blood glucose level Report, Unknown, Other: Report ID: 31434-161915684780022
Specimen ID: 1-JJ744246E
Specimen description: Bloo (Patient Informed). Review not applicable

30 Jul 2010	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Did not attend - no reason (XE2NM)

02 Aug 2010	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

known smoker. has chesty cough week ago and then noticed small streaks of blood in cough
Amitriptyline Hydrochloride Tablets 25 mg 28 tablet ONE AT NIGHT
see last consultation. good sleep with amitriptyline but still sharp pain
increased to 25 mg
chest clear
? due to nfection but being smoker, needs x ray. form given
[D]Haemoptysis (R063.) - First
[D]Haemoptysis (R063.) - First

02 Aug 2010	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT

03 Aug 2010	GP2GP Import: Mrs Nadine Lightowler Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: Save030810150838.tif - EMIS attachment reference code
XRay Referral 02/08/2010

24 Aug 2010	GP2GP Import: Mrs Nadine Lightowler Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: Save240810144844.tif - EMIS attachment reference code
Xray Chest Result 16/08/2010

27 Aug 2010	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT

27 Aug 2010	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Co-codamol 30mg/500mg tablets - 100 tablet - 1-2 QDS

27 Aug 2010	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Co-Codamol 30/500 Tablets 100 tablet 1-2 QDS
Amitriptyline Hydrochloride Tablets 25 mg 28 tablet ONE AT NIGHT
xaray chest normal pain back and l hip

13 Sep 2010	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Cigarette smoker (XE0oq) - First

13 Sep 2010	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Notes summary on computer (9344.) - First

14 Sep 2010	GP2GP Import: Mrs Nadine Lightowler Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: Save140910154955.tif - EMIS attachment reference code
Successful completion of smoking cessation 13/09/2010

01 Nov 2010	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield	Entered: 28 Jan 2019 10:05

Date (Xa0ck)

21 Dec 2010	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Citalopram 20mg tablets - 28 tablet - ONE DAILY
Stopped 18 Jan 2011 Other (Medication Course Ended. [INCREASED DOSE])

21 Dec 2010	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme	Entered: 21 Mar 2017 13:03

Major: Generalised anxiety disorder (E2002)
Generalised anxiety disorder (E2002)

21 Dec 2010	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

try citalopram. warn about SE. r/v in 4 weeks
with partner. says problem with anxiety. not able to go out. not sleeping well. not concentrating
Citalopram Hydrobromide Tablets 20 mg 28 tablet ONE DAILY
ongoing problem with left thigh pain on back. amitritpyline did not help
full rom at hip
refer to physio
Thigh pain (Xa0wy) - First
Anxiety disorder (E200.)
New
Original text: Anxiety states
Anxiety disorder (E200.) - New
Original text: Anxiety states

21 Dec 2010	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17
05 Jan 2011	GP2GP Import: Mrs Jill Senior Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: Save050111160648.tif - EMIS attachment reference code
Physiotherapy Musculoskeletal Referral Form 30/12/2010

18 Jan 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 40mg tablets - 28 tablet - 1 DAILY

18 Jan 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Co-codamol 30mg/500mg tablets - 100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

18 Jan 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Citalopram 40mg tablets - 28 tablet - 1 DAILY
Ended 25 Jun 2012 Other (Medication Course Ended. [NOT HELPING])

18 Jan 2011	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Citalopram Hydrobromide Tablets 40 mg 28 tablet 1 DAILY
Co-Codamol 30/500 Tablets 100 tablet TWO TO BE TAKEN FOUR TIMES A DAY
asking for co-codamol. buying 8/500 but not helping
with partner. came for r/v and sick note. partner says he hgets episodes when he becomes very abusive, aggressive. talks irralavant. no perticular hallucination, delusion
Thigh pain (Xa0wy) - New
MED3 issued to patient (9D11.) - increase dose to 40 mg. r/v in 4 weeks. if still same, ? refer. MED3 issued to patient 1/12 for anxity
Anxiety disorder (E200.)
Ongoing (Original qualifier text: Review)
Original text: Anxiety states

02 Feb 2011	GP2GP Import: Mrs Elaine Romans Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Did not attend hospital appointment (XaF81)
Original text: DNA hospital appointment
physio

08 Feb 2011	GP2GP Import: Mrs Melanie Mansfield Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: Save080211152219.tif - EMIS attachment reference code
Physiotherapy Dept PGI 02/02/11

14 Feb 2011	GP2GP Import: Mrs Jean Pickles Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

[V]Administrative encounters (ZV68.) - BOOKED FOR HEP B BOOSTER. WE DON'T DO IT. NEEDS TO GO OCCUPATIONAL HEALTH

15 Feb 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

15 Feb 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 40mg tablets - 28 tablet - 1 DAILY

15 Feb 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Co-codamol 30mg/500mg tablets - 224 tablet - Two To Be Taken Four Times A Day
Ended 16 Nov 2012 Other (Medication Course Ended. changed to tramadol)

15 Feb 2011	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

on citalopram 40 mg. helping bit but still anxiety. not going out on own.
Co-Codamol 30/500 Tablets 100 tablet TWO TO BE TAKEN FOUR TIMES A DAY
has not responsed to 2 letters. adv to ring physio
asking for more co-codamol. also says he has not heared any from physio
Citalopram Hydrobromide Tablets 40 mg 28 tablet 1 DAILY
Thigh pain (Xa0wy) - Ongoing (Original qualifier text: Review)
MED3 issued to patient (9D11.) - asking to be referred to conselling. MED3 issued to patient 1/12 for anxiety
Anxiety disorder (E200.)
Ongoing (Original qualifier text: Review)
Original text: Anxiety states

23 Feb 2011	GP2GP Import: Mrs Jill Senior Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: Save230211152915.tif - EMIS attachment reference code
Mind Matters Counselling Service Referral Form 23/2/2011

15 Mar 2011	GP2GP Import: Mrs Melanie Mansfield Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

[V]Administrative encounters (ZV68.) - rang Mind Matters to see if letter sent, mind matters say letter will be sent in about 6 weeks. tried to let above know but no answer

15 Mar 2011	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

with partner. awaitng counselling fo anxiety problem. says he gets chest pain frequently. feels tightness, sweatng
Citalopram Hydrobromide Tablets 40 mg 28 tablet 1 DAILY
MED3 issued to patient (9D11.) - already being refereed to conselling. to get 12 lead ecg. says he was given ? 1 mg diazepam by friend to calm him down and it helps with chet pain. MED3 issued to patient 1/12 for anxiety
Anxiety disorder (E200.)
Ongoing (Original qualifier text: Review)
Original text: Anxiety states

15 Mar 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 40mg tablets - 28 tablet - 1 DAILY

15 Mar 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

16 Mar 2011	GP2GP Import: Mrs Nadine Lightowler Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

[V]Administrative encounters (ZV68.) - Capable of work as from 08/03/2011-check address when next in

23 Mar 2011	GP2GP Import: Mrs Jill Senior Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: Save230311160440.tif - EMIS attachment reference code
Jobcentre Plus Work Capability Assessment Outcome Notification 9/3/2011

29 Mar 2011	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Mrs Helen Hargreaves Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Appointment cancelled by patient (9N47.)
Original text: Appt cancelled by patient
for ecg

11 Apr 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

11 Apr 2011	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

see last few consultations. feels better now
Citalopram Hydrobromide Tablets 40 mg 28 tablet 1 DAILY
Co-Codamol 30/500 Tablets 100 tablet TWO TO BE TAKEN FOUR TIMES A DAY
Thigh pain (Xa0wy) - Ongoing (Original qualifier text: Review)
MED3 issued to patient (9D11.) - 1/12 for anxiety
Anxiety disorder (E200.)
Ongoing (Original qualifier text: Review)
Original text: Anxiety states

11 Apr 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 40mg tablets - 28 tablet - 1 DAILY

10 May 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 40mg tablets - 28 tablet - 1 DAILY

10 May 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Gabapentin 100mg capsules - 50 capsule - 1 IN EVENING FOR 2 WEEKS. THEN 1 BD

10 May 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

10 May 2011	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

came for r/v. feels better.
Co-Codamol 30/500 Tablets 100 tablet TWO TO BE TAKEN FOUR TIMES A DAY
Gabapentin Capsules 100 mg 50 capsule 1 IN EVENING FOR 2 WEEKS. THEN 1 BD
try gabapentin. r/v in 1 m
says thigh pain, back pain still there. amitriptyline did not help.
Anxiety disorder (E200.)
Ongoing (Original qualifier text: Review)
Original text: Anxiety states
Thigh pain (Xa0wy) - Ongoing (Original qualifier text: Review)
MED3 issued to patient (9D11.) - 1/12 for anxiety. comment: appeal against dwp

10 May 2011	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Mrs Maria Lindsay Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Passive smoking risk (13WF4)
O/E - weight (22A..) 62.8 Kg (~ 9 st 12 lb)
Lifestyle counselling (XaEFY)
Electrocardiography (32...)
Original text: ECG
performed .For review by doctor.
Smoking cessation advice (Ua1Nz) - Original text: Health ed. - smoking
Smoking cessation advice (Ua1Nz)
Body mass index - observation (22K..)
Original text: Body Mass Index
Value: 22.25
Rolls own cigarettes (137M.) - Value: 1.0 oz/wk
100 / 70 mmHg Original units: mm Hg

10 May 2011	Surgery: Unknown Staff Member Entered at: Trinity Medical Centre	Entered: 10 Jan 2019 23:38
12 May 2011	GP2GP Import: Mrs Nadine Lightowler Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: Save120511161003.tif - EMIS attachment reference code
ECG Report 10/05/2011

12 May 2011	GP2GP Import: Mrs Debra Tams Entered at: Trinity Medical	Entered: 08 Jun 2015 09:17

	Centre	

Failed encounter (9N4..) - did not make appointment for Mind Matters counselling

18 May 2011	GP2GP Import: Mrs Nadine Lightowler Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: Save180511153844.tif - EMIS attachment reference code
Mind Matters 12/05/2011

08 Jun 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Citalopram 20mg tablets - 28 tablet - 1 DAILY
Ended 14 Dec 2011 Other (Medication Course Ended. [REDUCED ROSE AS PER GUIDELINE])

08 Jun 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 40mg tablets - 28 tablet - 1 DAILY

08 Jun 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 20mg tablets - 28 tablet - 1 DAILY

08 Jun 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

08 Jun 2011	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Citalopram Hydrobromide Tablets 40 mg 28 tablet 1 DAILY
Citalopram Hydrobromide Tablets 20 mg 28 tablet 1 DAILY
ESR - Completed, Full Blood Count - Completed, Rheumatoid Factor - Completed
came for r/v. says still anxious. gets agitated. generalised aches all over
MED3 issued to patient (9D11.) - increase citalopram to 60 mg. MED3 issued to patient 1/12 for anxiety states.
rouitne blood
Anxiety disorder (E200.)
Ongoing (Original qualifier text: Review)
Original text: Anxiety states

24 Jun 2011	GP2GP Import: Mrs Nadine Lightowler Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Transfer-degraded record entry (XaLGM)
A&E attendance
Original text: A&E attendance
Non-notifiable disease

29 Jun 2011	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Mrs Wendy Wright Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Did not attend blood test (XaKie) - Original text: DNA - Did not attend bloods

06 Jul 2011	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 40mg tablets - 28 tablet - 1 DAILY

06 Jul 2011	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 20mg tablets - 28 tablet - 1 DAILY

06 Jul 2011	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

06 Jul 2011	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

no change in condition lower back pain
anxiety state
tender lower lumber region
musculoskeletal back muscle pain med3 4/52
Co-Codamol 30/500 Tablets 100 tablet TWO TO BE TAKEN FOUR TIMES A DAY
Citalopram Hydrobromide Tablets 20 mg 28 tablet 1 DAILY
Citalopram Hydrobromide Tablets 40 mg 28 tablet 1 DAILY

03 Aug 2011	Surgery: Unknown Staff Member Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Alternate telephone number: 07870 618223
Mobile device

03 Aug 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

03 Aug 2011	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

came asking for help. says need sright medication. feels he neds help as intense thoughts of harming someone. no self harm thoughts. feels very low. crying. had 2 pints beer last night and 2 mg diazepam.
Co-Codamol 30/500 Tablets 100 tablet TWO TO BE TAKEN FOUR TIMES A DAY
spoke to crisi. will r/v today. Mr. Murphy handed me bottle opener and knife combination to throw. I have disposed in sharp bin
Anxiety disorder (E200.)
Ongoing (Original qualifier text: Review)
Original text: Anxiety states

03 Aug 2011	Surgery: Unknown Staff Member Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

First Mental Health Contact: 03 Aug 2011
Patient registered (XaBI9) - Date registered in RiO

03 Aug 2011	Surgery: Unknown Staff Member Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

Referral In: to Wakefield Crisis Resolution & Home Treat for Crisis/SPA Services (Accepted) End of Referral 04 Aug 2011 23:59
Status Update for (WAA) OLD DO NOT USE - Crisis/SPA Services Referral In: Receiving Care, Status changed: 03 Aug 2011 00:00
Status Update for (WAA) OLD DO NOT USE - Crisis/SPA Services Referral In: Discharged From Care, Status changed: 04 Aug 2011 23:59
Previous Home Address: 85 Park Green, Normanton WF6 1AN

Address Type: Main Address (for Funding purposes)
CCG: NHS WAKEFIELD CCG
Alternate telephone number: 07870 618223
Mobile device

03 Aug 2011 09:25	Surgery: Stacy Forrester Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

Referral Screening Tool - questionnaire started - (finalised: 03 Aug 2011 09:33)
Risk Assessment: 03 Aug 2011 09:25
Staff Member: Stacy Forrester
Team: Wakefield Crisis Resolution & Home Treat

03 Aug 2011 09:25	Surgery: Stacy Forrester Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

Progress note:

Last Updated Date: 03 Aug 2011 09:35
Last Updated By: Stacy Forrester
Originally Entered By: Stacy Forrester
Specialty: No Specialty Recorded
Note Type: Community Progress Note - Nursing
Notes: Referred by Dr Perik, GP. REASON FOR REFERRAL: History of anxiety and depression. Currently presenting as depressed- not current trigger. Having intense thoughts to harm others. Previous self harm but nothing recent. At times he buys diazepam 2mg tablets off the street.
Agreed CRS will contact by telephone initially.

03 Aug 2011 09:33	Surgery: Stacy Forrester Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 18:42
03 Aug 2011 10:10	Surgery: Edward Malcolm Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

Progress note:

Last Updated Date: 03 Aug 2011 10:25
Last Updated By: Edward Malcolm
Originally Entered By: Edward Malcolm
Specialty: No Specialty Recorded
Note Type: Community Progress Note - Nursing

Notes: Screening call made as arranged - Lisa (partner) answered call - Thomas has yet to return from Gp's. Lisa requested if I could call back in "two hours". Highlighted need for an assessment to take place within a 4 hour window at point of referral due to clinical activity. Lisa was unsure when he would return. Pager number provided to Lisa to call team on Thomas's return - however capacity issues may arise dependant on timing. Case will be handed back to referrer if no response or capacity to fulfil within required period.

03 Aug 2011 11:45	Client's or Patients Home: Edward Malcolm Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

Outcome: Advice Only
Home treatment - mental health care (XaJQT) - Activity: (Direct) Home Based Treatment (Crisis Work)
Activity: (Direct) Home Based Treatment (Crisis Work) (120 minutes) with Patient
New Intervention: (Direct) Home Based Treatment (Crisis Work)
Start Date: 03 Aug 2011 11:45
End Date: 03 Aug 2011 13:45

Patient Contact: 120 minutes Total Contact: 120 minutes

03 Aug 2011 13:28	Surgery: Edward Malcolm Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

Progress note:

Last Updated Date: 03 Aug 2011 13:37
Last Updated By: Edward Malcolm
Originally Entered By: Edward Malcolm
Specialty: No Specialty Recorded
Note Type: Community Progress Note - Nursing
Notes: Assessed once located at different address - Not appropriate for CRS - may qualify for a form of counselling however unclear on concordance if this was arranged - presently agreeing he requires to "talk to someone about his past". Assessment was prolonged due to client appearing to be "mildly" under the influence of alcohol, however felt such could be completed on this basis due to no indications of risk to self or others. Criteria for pathway decision to Right Steps - client currently being treated via Gp for depression and anxiety. No evidence to suggest primary issue with alcohol nor any risk within assessment.

03 Aug 2011 13:41	Surgery: Edward Malcolm Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

Sainsbury's Level 1 Risk Assessment - questionnaire started - (finalised: 03 Aug 2011 14:00)
Risk Assessment: 03 Aug 2011 13:41
Staff Member: Edward Malcolm

Risk review - Harm to Others - Verbal Hostility / Aggression: Not set – migrated from legacy system
Risk review - Factors affecting risks - Other Historical Risk Factors: Not set – migrated from legacy system
Risk review - Other Risk Behaviours - Non compliance with treatment: Not set – migrated from legacy system
Risk review - Factors affecting risks - Suicide (Other Risk Factor): Not set – migrated from legacy system
Risk review - Factors affecting risks - Vulnerability/Exploitation by Others: Not set – migrated from legacy system

03 Aug 2011 14:00	Surgery: Edward Malcolm Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 18:42
03 Aug 2011 14:01	Surgery: Edward Malcolm Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

Mental Health Clustering Tool - questionnaire started - (finalised: 03 Aug 2011 14:04)
Care Cluster 1: Common Mental Health Problems (Low Severity)
Assessment: 03 Aug 2011 14:01
Staff Member: Edward Malcolm
Team: Wakefield Crisis Resolution & Home Treat

03 Aug 2011 14:01	Surgery: Edward Malcolm Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

Supplementary Questionnaire Guidance (RiO) to Unknown - Notes
Questionnaire: Mental Health Clustering Tool
Text File: Notes.txt

03 Aug 2011 14:04	Surgery: Edward Malcolm Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

Comp. Health And Social Care Needs Assessment - questionnaire started - (finalised: 03 Aug 2011 15:18)
Risk Assessment: 03 Aug 2011 14:04
Staff Member: Edward Malcolm

03 Aug 2011 14:04	Surgery: Edward Malcolm Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

Health of the Nation Outcome Scale item 7 - depressed mood (Xa1e9) 1 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score7] - 1 = Minor problem requiring no action - 1 = Minor problem requiring no action
Health of the Nation Outcome Scale item 4 - cognitive probl (Xa1e5) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score4] - 0 = No problem - 0 = No problem
Health of the Nation Outcomes scale item 12 - occup/activit (Xa1eE) 2 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score12] - 2 = Mild problem but definitely present - 2 = Mild problem but definitely present
Health of the Nation Outcomes scale item 16 - Carer needs (Y128a) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score15] - 0 = No problem - 0 = No problem
Health of the Nation Outcomes scale item 15 - Mental capacity (Y127f) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score14] - 0 = No problem - 0 = No problem
Health of the Nation Outcomes scale item 17 - Cultural and communications needs (Y128b) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score16] - 0 = No problem - 0 = No problem
Health of Nat Outc Sc item 1 - aggressive/disrupt behaviour (Xa1e1) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score1] - 0 = No problem - 0 = No problem
Health of Nation Outcome Scale item 10 - activit daily liv (Xa1eC) 1 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score10] - 1 = Minor problem requiring no action - 1 = Minor problem requiring no action
Health of Nation Outcome Scale item 9 - relationship probl (Xa1eB) 1 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score9] - 1 = Minor problem requiring no action - 1 = Minor problem requiring no action
Health of the Nation Outcome Scale item 6 - hallucinat/delus (Xa1e8) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score6] - 0 = No problem - 0 = No problem
Health of the Nation Outcome Scale item 3 - alcoh/drug probl (Xa1e4) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score3] - 0 = No problem - 0 = No problem
Health of Nation Outcome Scale item 5 - phys illn/disabil (Xa1e7) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score5] - 0 = No problem - 0 = No problem
Health of the Nation Outcome scale item 11 - living condit (Xa1eD) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score11] - 0 = No problem - 0 = No problem
Mental Health Clustering Tool Assessment Reason - New referral (Y11fc) - Questionnaire answer: Mental Health Clustering Tool - Type of Assessment - [MHCT_type] - New Referral - New Referral
Health of Nat Outcome Scale item 8 - other ment/behav probl (Xa1eA) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score8] - 0 = No problem - 0 = No problem
Health of Nat Outc Scale item 2 - non-accidental self injury (Xa1e3) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score2] - 0 = No problem - 0 = No problem

03 Aug 2011 14:28	Surgery: Edward Malcolm Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

'Comp. Health And Social Care Needs Assessment' - questionnaire amended

03 Aug 2011 14:28	Surgery: Edward Malcolm Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

'Comp. Health And Social Care Needs Assessment' - questionnaire amended

03 Aug 2011 14:30	Surgery: Edward Malcolm Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

'Comp. Health And Social Care Needs Assessment' - questionnaire amended

03 Aug 2011 14:39	Surgery: Edward Malcolm Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

'Comp. Health And Social Care Needs Assessment' - questionnaire amended

03 Aug 2011 14:48	Surgery: Edward Malcolm Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

'Comp. Health And Social Care Needs Assessment' - questionnaire amended

03 Aug 2011 15:02	Surgery: Edward Malcolm Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

'Comp. Health And Social Care Needs Assessment' - questionnaire amended

03 Aug 2011 15:13	Surgery: Edward Malcolm Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

'Comp. Health And Social Care Needs Assessment' - questionnaire amended

03 Aug 2011 15:18	Surgery: Edward Malcolm Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

'Comp. Health And Social Care Needs Assessment' - questionnaire amended

03 Aug 2011 15:18	Surgery: Edward Malcolm Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 18:42

'Comp. Health And Social Care Needs Assessment' - questionnaire amended

04 Aug 2011 13:25	Surgery: Edward Malcolm Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

Progress note:

Last Updated Date: 04 Aug 2011 13:31

Last Updated By: Edward Malcolm
Originally Entered By: Edward Malcolm
Specialty: No Specialty Recorded
Note Type: Community Progress Note - Nursing
Notes: Contact made via mobile - no response to mobile number - further attempt to be made. Call was made at 13:15 due to being in a meeting unexpectedly thus call was not made at 1100hrs - referral to Right Steps deemed as appropriate action - call is to inform client/partner of such.

04 Aug 2011 13:55	Surgery: Edward Malcolm Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

Progress note:

Last Updated Date: 04 Aug 2011 13:55
Last Updated By: Edward Malcolm
Originally Entered By: Edward Malcolm
Specialty: No Specialty Recorded
Note Type: Community Progress Note - Nursing
Notes: Referral completed and faxed.

05 Aug 2011	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Citalopram Hydrobromide Tablets 40 mg 28 tablet 1 DAILY
Citalopram Hydrobromide Tablets 20 mg 28 tablet 1 DAILY
explained it is addictive. I will not be able to do. needs to wauit for r/v. agreed to it
came for more medication. see last consultation. seen by crisi. going to be r/ved by ? CMHT in 2 weeks. says diazepam 2 mg helps . asking for script
Anxiety disorder (E200.)
Ongoing (Original qualifier text: Review)
Original text: Anxiety states

05 Aug 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 20mg tablets - 28 tablet - 1 DAILY

05 Aug 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 40mg tablets - 28 tablet - 1 DAILY

15 Aug 2011	GP2GP Import: Mrs Dawn Smith Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: Save150811172232.tif - EMIS attachment reference code
Psychological Referral 15/08/11

15 Aug 2011	GP2GP Import: Mrs Dawn Smith Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: Save150811172524.tif - EMIS attachment reference code
Crisis Resolution Service 03/08/11

24 Aug 2011	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: DR Alison Evans Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Co-Codamol 30/500 Tablets 100 tablet TWO TO BE TAKEN FOUR TIMES A DAY
Propranolol Hydrochloride Tablets 40 mg 56 tablet 1 TWICE DAILY
had initial contact right steps and has 40 minute telephone appt in 2/7, says anxious ++, panic attacks needs some more tabs to help, also taking >8 cocodamol/day
Anxiety disorder (E200.)
Ongoing (Original qualifier text: Review)
Original text: Anxiety states
MED3 - doctor's statement (9D1..) - adv must stick to 8 cocod or risking liver damage, adv diazepam not appropriate for what is a long term problem can try propranolol re physical symptoms MED3 - doctor's statement 4/52 anxiety/stress

24 Aug 2011	GP2GP Import: Dr Alison Evans Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

24 Aug 2011	GP2GP Import: Dr Alison Evans Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

05 Sep 2011	GP2GP Import: Mrs Dawn Smith Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: Save050911162615.tif - EMIS attachment reference code
Turning Point 25/08/11 not attended

20 Sep 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

20 Sep 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 20mg tablets - 28 tablet - 1 DAILY

20 Sep 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Gabapentin 100mg capsules - 50 capsule - 1 IN EVENING FOR 2 WEEKS. THEN 1 BD

20 Sep 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 40mg tablets - 28 tablet - 1 DAILY

20 Sep 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

20 Sep 2011	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

came for routitne medication. was on gabapentin for leg spasms. did not take after. problem with spasm of left thigh, calf. waking up in night. aslo asking for diazepam. says it helps in anxiety.
explained we need to titrate dose of gabapentin. make sure come back for r/v. explained we can not prescribe diazepam on regular basis as addictive. also discussed letter from right steps. says he did not recive any appointment. letter given to ring them and discuss
Gabapentin Capsules 100 mg 50 capsule 1 IN EVENING FOR 2 WEEKS. THEN 1 BD
Propranolol Hydrochloride Tablets 40 mg 56 tablet 1 TWICE DAILY
Citalopram Hydrobromide Tablets 20 mg 28 tablet 1 DAILY
Co-Codamol 30/500 Tablets 100 tablet TWO TO BE TAKEN FOUR TIMES A DAY
Citalopram Hydrobromide Tablets 40 mg 28 tablet 1 DAILY

19 Oct 2011	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Gabapentin Capsules 100 mg 56 CAPSULE 1 BD
Citalopram Hydrobromide Tablets 20 mg 28 tablet 1 DAILY
Citalopram Hydrobromide Tablets 40 mg 28 tablet 1 DAILY
Co-Codamol 30/500 Tablets 100 tablet TWO TO BE TAKEN FOUR TIMES A DAY
Propranolol Hydrochloride Tablets 40 mg 56 tablet 1 TWICE DAILY
csame for sick note and medication. awaitng to be seen by specialist for mental health isuue
Medication review with patient (XaJCO)

19 Oct 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

19 Oct 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 20mg tablets - 28 tablet - 1 DAILY

19 Oct 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Gabapentin 100mg capsules - 56 capsule - 1 BD

19 Oct 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

19 Oct 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 40mg tablets - 28 tablet - 1 DAILY

06 Dec 2011	GP2GP Import: Mrs Nadine Lightowler Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Generalised anxiety disorder 7 item score (XaNkT) 21
First
Original units: /21
PHQ-9 = 22

14 Dec 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

14 Dec 2011	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

no swelling. generalised painful but 80% movemenrs
reassured. like bruise
fell on oily surface 4/7 ago. left shulder pain
asking for routine medication and sick note
Gabapentin Capsules 100 mg 56 CAPSULE 1 BD
Propranolol Hydrochloride Tablets 40 mg 56 tablet 1 TWICE DAILY
Co-Codamol 30/500 Tablets 100 tablet TWO TO BE TAKEN FOUR TIMES A DAY
Citalopram Hydrobromide Tablets 40 mg 28 tablet 1 DAILY
MED3 issued to patient (9D11.) - 2m for anxiety

14 Dec 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

14 Dec 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 40mg tablets - 28 tablet - 1 DAILY

14 Dec 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY
Ended 08 Jun 2015 Patient Deducted (Active repeat ended on GP2GP transfer)

14 Dec 2011	GP2GP Import: Mrs Melanie Sewell Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: Save141211150039.tif - EMIS attachment reference code
Turning point 06/12/2011

14 Dec 2011	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Gabapentin 100mg capsules - 56 capsule - 1 BD

15 Dec 2011	GP2GP Import: Mrs Nadine Lightowler Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: Save151211164744.tif - EMIS attachment reference code
A&E Non-notifiable disease discharged to GP 24/06/11

16 Dec 2011 12:07	Surgery: Paul Stepney (Admin/Clinical Support Access Role) Entered at: NHSD WYUC	Entered: 28 Jun 2012 03:33

Current Home Address: 148 Park Green, Normanton WF6 1AL

01 Jan 2012	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre	Entered: 23 Jul 2015 14:53

Patient Information to Unknown

01 Jan 2012	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre	Entered: 23 Jul 2015 14:53
06 Jan 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 40mg tablets - 28 tablet - 1 DAILY

06 Jan 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

06 Jan 2012	GP2GP Import: Mrs Nadine Lightowler Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

[V]Administrative encounters (ZV68.) - Disability & Carers report request

06 Jan 2012	GP2GP Import: Mrs Nadine Lightowler Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Telephone encounter (9N31.) - Left message for pt to contact surgery needs appointment Dr P for DWP form also ask if still needs appointment in feb

12 Jan 2012	GP2GP Import: Miss Angela Turton Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: Save120112122222.tif - EMIS attachment reference code
Mid York Hosp A&E Emergency 2.01.12

12 Jan 2012	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

will complete form today. asking for other issues. adv to take another appointment
rasonable range of movements at rt hip
caaled for DWP form. says he was diagnosed mental health problem: depression, anxiety, panic attack by own dr 9 yrs ago. also rt hip arthritis and rt back pain. walks with difficulty

12 Jan 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

12 Jan 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Gabapentin 100mg capsules - 56 capsule - 1 BD

17 Jan 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT
Ended 03 Jan 2014 Other (Medication Course Ended)

17 Jan 2012	GP2GP Import: Mrs Melanie Sewell Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: Save170112152040.tif - EMIS attachment reference code
Disability and carers service report 12/01/12

17 Jan 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT

17 Jan 2012	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

rouitne adv. stop smoking/drinking coffee in night. try amitriptyline. r/v in 1 m
Amitriptyline Hydrochloride Tablets 25 mg 28 tablet ONE AT NIGHT
with partner. came to dissucss sleep problem. not able to sleep at night. dreaming all time. drinks cofffee few times in evening, smokes. also when wakes up, smokes again and drinks coffee, watching tv
Insomnia (XE2Pv)
First
Original text: Cannot sleep - insomnia
Insomnia (XE2Pv) - First
Original text: Cannot sleep - insomnia

07 Feb 2012	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Gabapentin Capsules 300 mg 56 capsule 1 BD
Citalopram Hydrobromide Tablets 40 mg 28 tablet 1 DAILY
Co-Codamol 30/500 Tablets 100 tablet TWO TO BE TAKEN FOUR TIMES A DAY
Propranolol Hydrochloride Tablets 40 mg 56 tablet 1 TWICE DAILY
Amitriptyline Hydrochloride Tablets 25 mg 28 tablet ONE AT NIGHT
increase to 300 mg bd. r/v in 1 m
came for medication. on gabapentin 100 mg bd. still problem with pain.

07 Feb 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT

07 Feb 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 40mg tablets - 28 tablet - 1 DAILY

07 Feb 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Gabapentin 300mg capsules - 56 capsule - 1 BD

07 Feb 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

07 Feb 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Gabapentin 300mg capsules - 56 capsule - 1 BD
Ended 11 Feb 2013 Other (Medication Course Ended. stop)

07 Feb 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

10 Feb 2012	GP2GP Import: Mrs Elaine Romans Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: Save100212122912.tif - EMIS attachment reference code
cheque from DWP 17.1.12

06 Mar 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

06 Mar 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

06 Mar 2012	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Citalopram Hydrobromide Tablets 40 mg 28 tablet 1 DAILY
Co-Codamol 30/500 Tablets 100 tablet TWO TO BE TAKEN FOUR TIMES A DAY
Gabapentin Capsules 300 mg 56 capsule 1 BD
Amitriptyline Hydrochloride Tablets 25 mg 28 tablet ONE AT NIGHT
Propranolol Hydrochloride Tablets 40 mg 56 tablet 1 TWICE DAILY
came for prescription. feels better since moved to own house. gabapentin helping him

06 Mar 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Gabapentin 300mg capsules - 56 capsule - 1 BD

06 Mar 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 40mg tablets - 28 tablet - 1 DAILY

06 Mar 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT

04 Apr 2012	GP2GP Import: Mr Junedul Islam Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

to Unknown - "NHS Health Check invitation first letter" Original text document
CVD

16 Apr 2012	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Citalopram Hydrobromide Tablets 40 mg 28 tablet 1 DAILY
Co-Codamol 30/500 Tablets 100 tablet TWO TO BE TAKEN FOUR TIMES A DAY
Propranolol Hydrochloride Tablets 40 mg 56 tablet 1 TWICE DAILY
Gabapentin Capsules 300 mg 56 capsule 1 BD
Amitriptyline Hydrochloride Tablets 25 mg 28 tablet ONE AT NIGHT
while here, asking for a prescription
near normal movements but painful
for physio
for last few months, stiff left shoulder. had x ray in hospital as happened with fall. normal x ray
Shoulder pain (X75s9) - First

Shoulder pain (X75s9) - First

16 Apr 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

16 Apr 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 40mg tablets - 28 tablet - 1 DAILY

16 Apr 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT

16 Apr 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

16 Apr 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Gabapentin 300mg capsules - 56 capsule - 1 BD

23 Apr 2012	GP2GP Import: Miss Angela Turton Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: Save230412132338.tif - EMIS attachment reference code
Mid york hosp Musculoskeletal 20.4.12

04 May 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Gabapentin 300mg capsules - 56 capsule - 1 BD

04 May 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT

04 May 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 40mg tablets - 28 tablet - 1 DAILY

04 May 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

04 May 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

31 May 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

31 May 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

31 May 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT

31 May 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Gabapentin 300mg capsules - 56 capsule - 1 BD

31 May 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 40mg tablets - 28 tablet - 1 DAILY

25 Jun 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Recall: medication review (dup 17) (25 Apr 2013) Recall status set to 'Seen' by GP2GP transfer

25 Jun 2012	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

x ray to r/o loose body

full rom
for last 2 yrs, left knee pain. stabbing when trying to stand up
Knee pain (Xa0wx) - First
Knee pain (Xa0wx) - First

25 Jun 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Diethylamine salicylate 10% cream - 50 gram - APPLY TDS

25 Jun 2012	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

for few days, intermittent chest pain, feels hard to breath. no cugh. no shortness of breath. lasts few seconds
chest pain
msk pain reassured
chest clear. spo2 98% on air
asking to be refered as pain in the rt 3rd nuckle area. says it has been on going for many yrs. had injury there before. says his relative had plastic nuckle fitted by surgeon
wrist pain
no need for referal. try algesel
no swell9ng. full rom. can make fist
with partner. says he needs to change medication as citalopramm not helping. loosing temper. lost temper at dwp interview asnd was sent back
Diethylamine Salicylate Cream 10 % 50 gram APPLY TDS
to withdraw citaloprm over 10d. then start sertraline
Sertraline Hydrochloride Tablets 50 mg 28 tablet ONE IN MORNING
Medication review with patient (XaJCO)
Anxiety disorder (E200.)
Ongoing (Original qualifier text: Review)
Original text: Anxiety states

25 Jun 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Sertraline 50mg tablets - 28 tablet - ONE IN MORNING

26 Jun 2012	GP2GP Import: Mrs Louise Langley Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: Save260612153833.tif - EMIS attachment reference code
Radiology Request Form 25/6/12

28 Jun 2012	Surgery: Unknown Staff Member Entered at: NHSD WYUC	Entered: 14 Nov 2013 23:03

SystmOne Outgoing Record Sharing consent changed to: Not asked - Record shared - Automatically generated by SystmOne

28 Jun 2012 03:33	Surgery: Paul Stepney (Admin/Clinical Support Access Role) Entered at: NHSD WYUC

Home telephone number: 07815 796472
Amendment via PDS

28 Jun 2012 03:35	Surgery: Dr Abayomi Ogunba (Clinical Practitioner Access Role) Entered at: NHSD WYUC

History: spoke to suzzanne , paramedics on site, unwell and aching all over ,pain in the neck and ear, ongoing for two days,temp 38.1, took 2 cocodamol at 2am chest pain only on movement , ECG- sinus tachycardia, 103 / 61mmHg, sat 96. BM 5.2.
spoke to patient- coughing symptoms ,productive of brownish colour , associated generalised body pain ,seen by own doctor on monday . advised no problem
Nil vomiting,
PMH: psychosis,
DH: citalopram, gabapentin, sertraline, propranolol.
Allergies; nil
Diagnosis: suspected UTI
Plan: for PCC assessment

29 Jun 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

29 Jun 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

29 Jun 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Gabapentin 300mg capsules - 56 capsule - 1 BD

29 Jun 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT

02 Jul 2012	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Mrs Helen Hargreaves Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Glucose (random) - Completed, Chol.Trig.HDL + LDL + ratio - Completed
Dietary advice (8CA4.) - Original text: Patient advised re diet
Lifestyle counselling (XaEFY)
Dietary advice (8CA4.) - Original text: Patient advised re diet
Cardiovascular event risk (XaIpv)
Health education - exercise (6798.) - Original text: Health ed. - exercise
O/E - height (229..) 1.685 m (~ 5 ' 6 ") - Converted from: 168.5 cm
Health education - alcohol (6792.) - Original text: Health ed. - alcohol
Alcohol intake (136..) 2 Units/Week - Original text: Alcohol consumption
Enjoys light exercise (1383.)
Trivial drinker - <1u/day (XE0of)
Smoking cessation advice (Ua1Nz) - Original text: Health ed. - smoking
Smoking cessation advice (Ua1Nz)
Blood sent for serum lipids (44O1.)
Blood sample taken (XaEJK)
Informed consent for procedure (892..)
British or mixed British - ethnic category 2001 census (XaJQv)
FH myocardial infarction male first degree age known (XaI9x)
QRISK cardiovascular disease 10 year risk score (XaPBq) 5 %
Original text: QRisk cardiovascular disease score, 5 %
Calculated using Patients Own Data. Score = 5, Typical Score = 3.
Cigarette smoker (XE0oq) - Value: 15.0 Cigarettes/day
O/E - weight (22A..) 68.3 Kg (~ 10 st 11 lb)
Waist circumference (Xa041) 89 cm (~ 35 ")
Body mass index - observation (22K..)
Original text: Body Mass Index
Value: 24.06
NHS Health Check completed (XaRBQ)
120 / 70 mmHg Original units: mm Hg

02 Jul 2012	Surgery: Unknown Staff Member Entered at: Trinity Medical Centre	Entered: 10 Jan 2019 23:38
02 Jul 2012	GP2GP Import: Mrs Melanie Mansfield Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

[V]Administrative encounters (ZV68.) - white slip request for citalopram hydrobromide tabs 40mg, as in cancelled repeats. last issued 31.5.but cancelled 25.6 (Not Helping). Dr P says can NOT have as given the alternate one

02 Jul 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Reasons for Request:
cvd check.
Total cholesterol:HDL ratio (44PF.) 6.9 - Original units: 1/1
Serum LDL cholesterol level (44P6.) 3.1 mmol/L
Blood glucose level (X772z)

(Dr Hemal Parikh) Normal - No Action
Serum HDL cholesterol level (44P5.) 0.67 mmol/L
Serum lipid levels (XE2q7)
Original text: Serum lipids

(Dr Hemal Parikh) Normal - No Action
Serum triglyceride levels (XE2q9) 1.8 mmol/L [0 - 2.6] - Original text: Serum triglycerides
Serum cholesterol level (XE2eD) 4.6 mmol/L - Original text: Serum cholesterol
Plasma glucose level (XM0ly) 5 mmol/L [2.5 - 7.8]
Serum lipids, Blood glucose level Report, Unknown, Other: Report ID: 45571-162640612370025

Specimen ID: 1-JJ640813H
Specimen description: Bloo (Patient Informed). Review not applicable

03 Jul 2012	GP2GP Import: Mrs Nadine Lightowler Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: Save030712142756.tif - EMIS attachment reference code
SystemOne out of hours call incident report 28/06/12

04 Jul 2012	GP2GP Import: Mrs Melanie Sewell Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: Save040712083505.tif - EMIS attachment reference code
consultation notes queen st surgery 28/06/2012

06 Jul 2012	GP2GP Import: Mrs Nadine Lightowler Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Knee X-ray (52A7.)

06 Jul 2012	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme	Entered: 21 Mar 2017 13:00

Major: Osteoarthritis NOS, of knee (N05zL)
Osteoarthritis NOS, of knee (N05zL)

06 Jul 2012	Surgery: Mrs Diane Ferry (Clerical Access Role) Entered at: Trinity Medical Centre	Entered: 16 Jun 2015 11:02

Osteoarthritis of knee (X703L) - mild
Osteoarthritis of knee (X703L) - mild

11 Jul 2012	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Knee X-ray (52A7.)
Original text: Plain X-ray knee

(Dr Rp Gupta) Normal - No Action

Report Summary
Clinical History :
Worsening shooting pains in the left knee for two years
XR Knee Lt
XR Knee Lt : Mild degenerative changes are present in the medial tibiofemoral compartment where there is joint space narrowing and subarticular sclerosis. No other bony abnormality detected.
Reported by Lisa Field, Trainee Consultant Radiographer.
Reported by: FIELD LISA / RA36678
Plain X-ray knee Report, Unknown, Other: Report ID: 45698-201207101945134010
Specimen ID: 1-21659643
Specimen description: Type Unspecified| (Patient Informed). Review not applicable

18 Jul 2012	GP2GP Import: Mrs Melanie Sewell Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: Save180712145422.tif - EMIS attachment reference code
Physio 13/07/2012

30 Jul 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT

30 Jul 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Gabapentin 300mg capsules - 56 capsule - 1 BD

30 Jul 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

30 Jul 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

14 Aug 2012	GP2GP Import: Mrs Melanie Sewell Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: Save140812171919.tif - EMIS attachment reference code
radiology report 6/7/12

24 Aug 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical	Entered: 08 Jun 2015 09:17

	Centre	

(R) Gabapentin 300mg capsules - 56 capsule - 1 BD

24 Aug 2012	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: DR Alison Evans Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Did not attend - no reason (XE2NM) - First

24 Aug 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

24 Aug 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT

24 Aug 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

04 Sep 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17
04 Sep 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Sertraline 100mg tablets - 28 tablet - 1 DAILY
Stopped 24 Jan 2013 Other (Medication Course Ended. Expired)

04 Sep 2012	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Main Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

discussed options. happy to increase sertraline 100 mg
Sertraline Hydrochloride Tablets 100 mg 28 tablet 1 DAILY
came for r/v. was presacribed sertra;line in june. took for 1 m. says he got after but not on record. thinlks taking too many tablets. awaiting rightsteps r/v

10 Sep 2012	GP2GP Import: Mrs Nadine Lightowler Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Transfer-degraded record entry (XaLGM)
Original text: A&E attendance
Mild Head injury

18 Sep 2012	GP2GP Import: Mrs Melanie Mansfield Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: Save180912162109.tif - EMIS attachment reference code
Emergency Dept PGH 10/09/12

24 Sep 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

24 Sep 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Gabapentin 300mg capsules - 56 capsule - 1 BD

24 Sep 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT

24 Sep 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

28 Sep 2012	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Melanie Sewell Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: MBSSCN_10.tif - Accident & emergency
Accident & emergency from PINDERFIELDS GENERAL HOSPITAL (28-Sep-2012)

22 Oct 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT

22 Oct 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 100 tablet - TWO TO BE TAKEN FOUR TIMES A DAY

22 Oct 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Gabapentin 300mg capsules - 56 capsule - 1 BD

22 Oct 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

24 Oct 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17
24 Oct 2012	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

see dentist if no better
(NOT ISSUED) Chlorhexidine 1% dental gel sugar free apply tds
asking for sick note. appealing against dwp
had teeth extraction few weeks ago. soreness over it
mild swelling, eryhtema
Tooth symptoms (191..)
First
Original text: Dental symptoms
MED3 issued to patient (9D11.) - 15/10-15/12 for anxiety and depression

24 Oct 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Chlorhexidine 1% dental gel sugar free - 50 gram - apply tds
Stopped 24 Jan 2013 Other (Medication Course Ended. Expired)

24 Oct 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 124 tablet - Two To Be Taken Four Times A Day

25 Oct 2012	GP2GP Import: Mrs Sarah Walton Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

[V]Administrative encounters (ZV68.)
Ongoing (Original qualifier text: Review)
white slip request for co-codamol. Pt usually has 100 tablets, he wonders if he can have 224 each time. if so can we ammend and can we issue a further 124 now. dr p advised can do and signed script.

16 Nov 2012	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tener over left trapezius
no focal neurology
stop co-codamol
try tramdol.can take pcm with it
2 wks ago, involved in RTA.
was in bus , standstill when hit by car in back
no head inj but has pain in left side neck, knee
asking for strong pain killer
Whiplash injury (Xa06Y) - First
Tramadol 50mg capsules - 30 capsule - 1-2 QDS
Stopped 24 Jan 2013 Other (Medication Course Ended. Expired)
Whiplash injury (Xa06Y) - First

16 Nov 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17
19 Nov 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Gabapentin 300mg capsules - 56 capsule - 1 BD

19 Nov 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT

19 Nov 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

12 Dec 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Zapain 30mg/500mg tablets (Advanz Pharma) - 224 tablet - Two To Be Taken Four Times A Day

Ended 31 Mar 2015 Other (Medication Course Ended)

12 Dec 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT

12 Dec 2012	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

came for sick note and medication
not taking sertraline. asking for co-codamol as tramadol giving SE
MED3 issued to patient (9D11.) - 12/12/12-12/02/13 for anxity and depression
(R) Co-codamol 30mg/500mg tablets - 224 tablet - Two To Be Taken Four Times A Day

12 Dec 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

12 Dec 2012	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Gabapentin 300mg capsules - 56 capsule - 1 BD

01 Jan 2013	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre	Entered: 23 Jul 2015 14:52

Patient Information to Unknown

01 Jan 2013	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre	Entered: 23 Jul 2015 14:52
02 Jan 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

02 Jan 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT

02 Jan 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Gabapentin 300mg capsules - 56 capsule - 1 BD

02 Jan 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 224 tablet - Two To Be Taken Four Times A Day

04 Jan 2013	GP2GP Import: Mrs Sarah Walton Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

[V]Administrative encounters (ZV68.) - lloyds nect door brought in a script to get rid of it was dated 24/10/12 for co-codamol 30mg/500mg

15 Jan 2013	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

as 3 wk hist, start doxycycline
asking if can have antibioitcs
3 weeks h/o green chesty cough
afebrile
chest clear
Chest infection NOS (XE0Xs) - First
Doxycycline 100mg capsules - 8 capsule - Two To Be Taken On The First Day Then One To Be Taken Each Day
Stopped 27 Feb 2013 Other (Medication Course Ended. Expired)

15 Jan 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17
29 Jan 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 224 tablet - Two To Be Taken Four Times A Day

29 Jan 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT

29 Jan 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Gabapentin 300mg capsules - 56 capsule - 1 BD

29 Jan 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical	Entered: 08 Jun 2015 09:17

	Centre	

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

11 Feb 2013	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Citalopram 40mg tablets - 28 tablet - One To Be Taken Each Day
Ended 23 Dec 2013 Other (Medication Course Ended)

11 Feb 2013	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

med3 2/12
(NOT ISSUED) Citalopram 40mg tablets One To Be Taken Each Day, 28 tablet
still back and leg pain other wise no change in condition now taking citalopram

26 Feb 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 224 tablet - Two To Be Taken Four Times A Day

26 Feb 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT

26 Feb 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

26 Mar 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Co-codamol 30mg/500mg tablets - 224 tablet - Two To Be Taken Four Times A Day

26 Mar 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

26 Mar 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT

26 Mar 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 40mg tablets - 28 tablet - One To Be Taken Each Day

08 Apr 2013	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

will refe to spoc
came for sick note
alos asking if can change medication. hearing voices. telling him to jump in front of bus. getting worse
MED3 issued to patient (9D11.) - till 8/6 for anxiety and depression
Medication review with patient (XaJCO)
Recall: medication review (dup 17) (09 Apr 2014) Recall status set to 'Seen' by GP2GP transfer

07 Jun 2013	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

came for sick note and medication
MED3 issued to patient (9D11.) - till 7/8 for anxiety and depression

07 Jun 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

07 Jun 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT

07 Jun 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 40mg tablets - 28 tablet - One To Be Taken Each Day

07 Jun 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Zapain 30mg/500mg tablets (Advanz Pharma) - 224 tablet - Two To Be Taken Four Times A Day

05 Jul 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT

05 Jul 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Zapain 30mg/500mg tablets (Advanz Pharma) - 224 tablet - Two To Be Taken Four Times A Day

05 Jul 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

05 Jul 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 40mg tablets - 28 tablet - One To Be Taken Each Day

15 Jul 2013	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Dawn Smith Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: DMSUPD_70.tif - Letter from outside agency
DWP Work capability assessment (15-Jul-2013)

31 Jul 2013	Surgery: Unknown Staff Member Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Referral In: to Airedale CMHT for CMHTS (Accepted) End of Referral 16 Sep 2013 23:59
Referral In: to Wakefield SPA for Crisis/SPA Services (Accepted) End of Referral 31 Jul 2013 23:59
Status Update for (WAA) OLD DO NOT USE - CMHTS Referral In: Discharged From Care, Status changed: 16 Sep 2013 23:59
Status Update for (WAA) OLD DO NOT USE - Crisis/SPA Services Referral In: Receiving Care, Status changed: 31 Jul 2013 00:00
Status Update for (WAA) OLD DO NOT USE - Crisis/SPA Services Referral In: Discharged From Care, Status changed: 31 Jul 2013 23:59
Status Update for (WAA) OLD DO NOT USE - CMHTS Referral In: Receiving Care, Status changed: 31 Jul 2013 00:00

31 Jul 2013	Surgery: Unknown Staff Member Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

Work telephone number: 01977 614612
Office address

31 Jul 2013	Surgery: Unknown Staff Member Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Work telephone number: 01977 614612
Office address

31 Jul 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Did not attend - no reason (XE2NM)

31 Jul 2013	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Did not attend - no reason (XE2NM)

31 Jul 2013	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Sarah Walton Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

to Unknown - "Administration" Original text document
NHS REFERRAL LETTER - single point of access

31 Jul 2013	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Tracy Slater Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: TSSCN_75.tif - Letter from specialist
Letter from specialist, Single point of access (31-Jul-2013)

31 Jul 2013	Surgery: James D'arcy Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Standard Referral Form - questionnaire started - (finalised: 31 Jul 2013 13:20)
Assessment: 31 Jul 2013 00:00
Staff Member: James D'arcy
Team: Wakefield SPA

31 Jul 2013 13:20	Surgery: Jacqueline Haigh Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Standard Referral Form' - questionnaire amended

31 Jul 2013 13:20	Surgery: James D'arcy Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 18:42
31 Jul 2013 13:21	Surgery: Jacqueline Haigh Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

Last Updated Date: 31 Jul 2013 13:30
Last Updated By: Jacqueline Haigh
Originally Entered By: Jacqueline Haigh
Specialty: No Specialty Recorded
Note Type: Community Progress Note - Nursing
Notes: Wakefield SPA
Referral received from GP
This gentleman has a h/o depression and had recently been experiencing auditory hallucinations of a commanding nature telling him to jump in front of a bus
Standard referral form competed and redirected to Airedale CMHT for assessment
Please note
Removed from Grame Medical centre list due to aggressive and abusive behaviour to member of staff several years ago.

31 Jul 2013 14:02	Surgery: James D'arcy Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

Last Updated Date: 02 Sep 2013 11:01
Last Updated By: Jacqueline Haigh
Originally Entered By: James D'arcy
Specialty: No Specialty Recorded
Note Type: Admin
Notes: Private and Confidential

31/7/13
Newland Lane Surgery
Newland Lane, Normanton
Wakefield, WF6 1QD Single Point Of Access
Block 9
Fieldhead Hospital
Ouchthorpe Lane
Wakefield
WF1 3SP

Dear Colleague,

Re: Thomas Murphy 20/5/68
148 Park Green, Normanton, WF6 1AL

The above person was referred to Single Point of Access on 31/7/13.

This letter is making you aware of the outcome of your referral.

This person has been referred to CMHT 2 Airedale.

The above service will contact you to provide further information & recommendations.

Yours sincerely

Single Point of Access
Referral sent over to CMHT 2 - Airedale

02 Aug 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

02 Aug 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Zapain 30mg/500mg tablets (Advanz Pharma) - 224 tablet - Two To Be Taken Four Times A Day

02 Aug 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 40mg tablets - 28 tablet - One To Be Taken Each Day

02 Aug 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT

02 Aug 2013 14:02	Surgery: Ann Dunn Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

Last Updated Date: 02 Aug 2013 14:04
Last Updated By: Ann Dunn
Originally Entered By: Ann Dunn
Specialty: No Specialty Recorded
Note Type: Admin
Notes:

DATE: As Postmark

CMHT/Screening Clinic Mental Health Team Manager – Linda Pidd
CMHT 2 - Airedale
Airedale Health Centre
The Square, Fryston Road
CASTLEFORD
WF10 3JJ

Tel No: 01977 465702
Fax No: 01977 465701
Open hours: 9:00am to 4:00pm, Monday to Friday

Private and Confidential
Mr Thomas Murphy
148 Park Green
Normanton
WF6 1AL

Dear Thomas

Following your referral to the team, we would like to offer you an appointment at Airedale Health Centre, The Square, Fryston Road, Castleford, WF10 3JJ on:

Date: Tuesday 13th August 2013
Time: 13:30 hrs

This appointment will last approximately one hour, therefore could you please inform us if this is not convenient so we can re-arrange or cancel, by phoning 01977 465702.

Unfortunately, due to the extremely high demand for appointments, if you fail to attend without notifying us prior to your scheduled appointment time, we may discharge you back to the care of your GP.

If you wish to do so, could you please complete the enclosed form and give to our workers at your appointment.

We look forward to meeting you.

Yours sincerely

On behalf of CMHT 2

09 Aug 2013	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Did not attend - no reason (XE2NM)

09 Aug 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Did not attend - no reason (XE2NM)

13 Aug 2013 13:30	Other locations not elsewhere classified: Laura Storey Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Intended activity: (Direct - DDA2) Screening & Brief Interventions
Duration: 0
Outcome: DNA - Awaiting Decision on Outcome

13 Aug 2013 14:18	Surgery: Lynn Rose Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

Last Updated Date: 13 Aug 2013 14:20
Last Updated By: Lynn Rose
Originally Entered By: Lynn Rose
Specialty: No Specialty Recorded
Note Type: Admin
Notes: Mr Murphy phoned justprior to his appointment today to say that he was unwell and couldn't attend, he requested a further appointment, same given as follows:

Private and Confidential
Mr T Murphy
148 Park Green
Normanton
WF6 1AL

Dear Thomas

Thank you for contacting us to inform us you were unable to attend your appointment.

I can confirm that your new appointment is as follows:

Date: Tuesday 27th August 2013
Time: 13:30 hrs at Airedale Health Centre

If this is inconvenient, please do not hesitate to contact us.

Unfortunately, due to the extremely high demand for appointments, if you fail to attend without notifying us prior to your scheduled appointment time, we may discharge you back to the care of your GP.

Yours sincerely

On behalf of CMHT 2

Tel: 01977 465702
Open hours: 9:00am to 4:00pm, Monday to Friday

27 Aug 2013	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17
27 Aug 2013	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

still low back pain been on gabapentin says not working wanting to go on pregablin has discussed with dr p
Low back pain (Xa0wt) - First
Pregabalin 50mg capsules - 56 capsule - One To Be Taken Twice A Day
Stopped 09 Oct 2013 Other (Medication Course Ended. Expired)
Low back pain (Xa0wt) - First

27 Aug 2013 13:30	Surgery: Brid Martin Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Social Inclusion Assessment: 27 Aug 2013 13:30
Staff Member: Brid Martin
Settled Accommodation Indicator: Settled
Accommodation Status: Tenant - Local Authority/Arms Length Management Organisation/Registered Landlord
Employment Status: Long-term sick or disabled
Weekly Hours Worked: Not applicable (PATIENT not employed)

27 Aug 2013 13:30	Health Clinic managed by the NHS: Brid Martin Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Outcome: Attended - Awaiting Decision on Outcome
Outcome: Attended - Awaiting Decision on Outcome
Activity: (Direct) Assessment - Other
Activity: (Direct) Assessment - Mental Health (General)
Activity: (Direct) Assessment - Community Care
Activity: (Direct) Assessment - Risk
Outcome: Attended - Awaiting Decision on Outcome
Outcome: Attended - Awaiting Decision on Outcome
Activity: (Direct) Assessment - Other (55 minutes) with Patient
Activity: (Direct) Assessment - Risk (55 minutes) with Patient
Activity: (Direct) Assessment - Community Care (55 minutes) with Patient
Activity: (Direct) Assessment - Mental Health (General) (55 minutes) with Patient
New Intervention: (Direct) Assessment - Risk
Start Date: 27 Aug 2013 13:30
End Date: 27 Aug 2013 14:25

New Intervention: (Direct) Assessment - Mental Health (General)
Start Date: 27 Aug 2013 13:30
End Date: 27 Aug 2013 14:25

New Intervention: (Direct) Assessment - Community Care
Start Date: 27 Aug 2013 13:30
End Date: 27 Aug 2013 14:25

New Intervention: (Direct) Assessment - Other
Start Date: 27 Aug 2013 13:30
End Date: 27 Aug 2013 14:25

Patient Contact: 220 minutes Total Contact: 220 minutes

27 Aug 2013 13:30	Surgery: Brid Martin Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Employment And Accommodation Details - questionnaire started - (finalised: 20 Sep 2013 08:45)
Comp. Health And Social Care Needs Assessment - questionnaire started - (finalised: 20 Sep 2013 08:37)
Supplementary Questionnaire Guidance (RiO) to Unknown - Notes
Questionnaire: Mental Health Clustering Tool
Text File: Notes.txt
Risk Assessment: 27 Aug 2013 13:30
Staff Member: Brid Martin

27 Aug 2013 13:30	Surgery: Brid Martin Entered at: SWYFT - Wakefield Mental	Entered: 21 Feb 2019 00:00

	Health Community	

Mental Health Clustering Tool - questionnaire started - (finalised: 20 Sep 2013 08:41)
Care Cluster 11: Ongoing Recurrent Psychosis (Low Symptoms)
Assessment: 27 Aug 2013 13:30
Staff Member: Brid Martin
Team: Airedale CMHT

02 Sep 2013	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17
02 Sep 2013	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

propanolol 40 mg not available at present
Propranolol 10mg tablets - 224 tablet - 4 tab bd
Stopped 15 Oct 2013 Other (Medication Course Ended. Expired)

02 Sep 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Zapain 30mg/500mg tablets (Advanz Pharma) - 224 tablet - Two To Be Taken Four Times A Day

02 Sep 2013	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

[V]Administrative encounters (ZV68.) - SL White slip request for Propranolol, Dr G issued script

02 Sep 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 40mg tablets - 28 tablet - One To Be Taken Each Day

02 Sep 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT

02 Sep 2013 15:24	Surgery: Joanne Worrall Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Paper Records Management - questionnaire started - (finalised: 21 Dec 2017 12:42)
Assessment: 02 Sep 2013 15:24
Staff Member: Joanne Worrall

16 Sep 2013 15:40	Health Centre: Clinic-Stream1 MacDonald SG & SHO Mon PM Baghill Dr Sandeep Shast Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00
16 Sep 2013 15:40	Health Centre: Sandeep Shastry Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Outcome: DNA - No Further Appointment Required
Activity: (Direct - AT3) Assessment & Treatment - MEDICS ONLY
Activity: (Direct - AT3) Assessment & Treatment - MEDICS ONLY with Patient
New Intervention: (Direct - AT3) Assessment & Treatment - MEDICS ONLY
Start Date: 16 Sep 2013 15:40
End Date: 16 Sep 2013 15:41

16 Sep 2013 15:40	Surgery: Sandeep Shastry Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

Last Updated Date: 24 Sep 2013 15:06
Last Updated By: Dr Sandeep Shastry
Originally Entered By: Jane Robson
Specialty: No Specialty Recorded
Note Type: Community Progress Note - Medical
Notes: 24 September 2013

PRIVATE & CONFIDENTIAL
Dr Gupta
Newland Surgery
Newland Lane
Normanton
WF6 1QD

Dear Dr Gupta

THOMAS MURPHY – 20.05.68
85 PARK GREEN NORMANTON WF6 1AN
NHS NUMBER: 498 109 2806

Unfortunately Thomas failed to attend his appointment with me in the outpatient clinic at Airedale Health Centre on 16 September 2013. I am now discharging him back to your care.

Yours sincerely

DR SANDEEP SHASTRY
SPECIALTY DOCTOR IN PSYCHIATRY

20 Sep 2013 08:37	Surgery: Brid Martin Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 18:42
20 Sep 2013 08:41	Surgery: Brid Martin Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Health of the Nation Outcomes scale item 17 - Cultural and communications needs (Y128b) 1 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score16] - 1 = Minor problem requiring no action - 1 = Minor problem requiring no action
Health of the Nation Outcome scale item 11 - living condit (Xa1eD) 1 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score11] - 1 = Minor problem requiring no action - 1 = Minor problem requiring no action
Health of the Nation Outcomes scale item 12 - occup/activit (Xa1eE) 2 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score12] - 2 = Mild problem but definitely present - 2 = Mild problem but definitely present
Health of Nat Outc Sc item 1 - aggressive/disrupt behaviour (Xa1e1) 2 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score1] - 2 = Mild problem but definitely present - 2 = Mild problem but definitely present
Health of Nation Outcome Scale item 9 - relationship probl (Xa1eB) 1 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score9] - 1 = Minor problem requiring no action - 1 = Minor problem requiring no action
Health of the Nation Outcome Scale item 4 - cognitive probl (Xa1e5) 1 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score4] - 1 = Minor problem requiring no action - 1 = Minor problem requiring no action
Health of the Nation Outcomes scale item 16 - Carer needs (Y128a) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score15] - 0 = No problem - 0 = No problem
Health of the Nation Outcome Scale item 7 - depressed mood (Xa1e9) 1 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score7] - 1 = Minor problem requiring no action - 1 = Minor problem requiring no action
Health of Nation Outcome Scale item 5 - phys illn/disabil (Xa1e7) 2 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score5] - 2 = Mild problem but definitely present - 2 = Mild problem but definitely present
Health of Nat Outc Scale item 2 - non-accidental self injury (Xa1e3) 1 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score2] - 1 = Minor problem requiring no action - 1 = Minor problem requiring no action
Health of the Nation Outcome Scale item 6 - hallucinat/delus (Xa1e8) 3 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score6] - 3 = Moderately severe problem - 3 = Moderately severe problem
Health of Nat Outcome Scale item 8 - other ment/behav probl (Xa1eA) 2 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score8] - 2 = Mild problem but definitely present - 2 = Mild problem but definitely present
Health of the Nation Outcomes scale item 15 - Mental capacity (Y127f) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score14] - 0 = No problem - 0 = No problem
Health of Nation Outcome Scale item 10 - activit daily liv (Xa1eC) 1 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score10] - 1 = Minor problem requiring no action - 1 = Minor problem requiring no action

Mental Health Clustering Tool Assessment Reason - New referral (Y11fc) - Questionnaire answer: Mental Health Clustering Tool - Type of Assessment - [MHCT_type] - New Referral - New Referral
Health of the Nation Outcome Scale item 3 - alcoh/drug probl (Xa1e4) 2 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score3] - 2 = Mild problem but definitely present - 2 = Mild problem but definitely present

20 Sep 2013 08:45	Surgery: Brid Martin Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 18:42
24 Sep 2013	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Sharon Liddle Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: SLSCN_87.tif - Letter from consultant
Letter from consultant (24-Sep-2013), psychiatry

25 Sep 2013	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Sharon Liddle Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: SLSCN_132.tif - Letter from consultant
Letter from consultant (25-Sep-2013), mental health

25 Sep 2013 16:06	Surgery: Ann Dunn Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

Last Updated Date: 25 Sep 2013 16:07
Last Updated By: Ann Dunn
Originally Entered By: Ann Dunn
Specialty: No Specialty Recorded
Note Type: Admin
Notes:

Our Ref: BM/AMD

Date: 25th September 2013

Mental Health Team Manager – Linda Pidd
C.M.H.T 2
Airedale Health Centre
The Square, Fryston Road
CASTLEFORD
WF10 3JJ

Tel No: 01977 465702
Fax No: 01977 465701
PRIVATE AND CONFIDENTIAL
Dr Parikh
Newland Surgery
Newland Lane
Normanton
WF6 1QD

Dear Dr Parikh

Re: Thomas Murphy, 148 Park Green, Normanton, WF6 1AL, d.o.b. 20.05.68

Thank you for referring this gentleman to the team.

Following our screening, we offered him a follow up appointment with Dr Shastry. Unfortunately he did not attend this appointment and after discussion with the team we have decided to discharge this gentleman back to your care.

The medical team have advised that if you do see him again he may benefit from starting a small dose of Risperidone or Quetiapine.

Should he ask to be re-referred back to the team please do not hesitate to do so.

Yours sincerely

Brid Martin
CPN

01 Oct 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Did not attend - no reason (XE2NM)

08 Oct 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17
08 Oct 2013	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

no swelling. full rom
for last few days, pain in both knees
use algesel
says he never received letter
contact number gievn
whle here, discussed DNA letter
Knee pain (Xa0wx)
New
Laterality: Bilateral
Diethylamine salicylate 10% cream - 100 gram - APPLY TDS
Stopped 20 Nov 2013 Other (Medication Course Ended. Expired)

18 Oct 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Zapain 30mg/500mg tablets (Advanz Pharma) - 224 tablet - Two To Be Taken Four Times A Day

18 Oct 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Gabapentin 100mg capsules - 168 capsule - three capsules twice a day
Stopped 30 Nov 2013 Other (Medication Course Ended. Expired)

18 Oct 2013	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

came to discuss medication
was given pregabalin which worked better but not on repeate
explained intewraction with citalopram
will continue gabapentin tuill seen by mental health team

18 Oct 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

18 Oct 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17
18 Oct 2013	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

[V]Administrative encounters (ZV68.) - SW white slip. gabapentin 100mg. repeat. drg signed script

18 Oct 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 40mg tablets - 28 tablet - One To Be Taken Each Day

18 Oct 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT

18 Oct 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Gabapentin 300mg capsules - 56 capsule - 1 BD
Ended 18 Oct 2013 Other (Medication Course Ended. supply problem)

31 Oct 2013	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

EXPLAINED I WILL DO IT ONCE MORE BUT IF MISSED, THEN WILL NOT DO FOR 6 MONTHS
ASKING TO BE RE REFERRED FOR MENTAL HEALTH AS WHEN HE RANG, HE WAS TOLD HE NEEDS TO SEE GP TO BE RE REFERRED

	Surgery: Unknown Staff Member Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

Married/civil partner (XaMz3) - Marital Status: Married
Religion not given - patient refused (XaE4G) - Religion: Do Not Wish to Disclose

04 Nov 2013	Surgery: Unknown Staff Member Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Previous Home Address: 148 Park Green, Normanton WF6 1AL

Address Type: Main Address (for Funding purposes)
CCG: NHS WAKEFIELD CCG

	Surgery: Unknown Staff Member Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Married/civil partner (XaMz3) - Marital Status: Married
Religion not given - patient refused (XaE4G) - Religion: Do Not Wish to Disclose

04 Nov 2013	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Sarah Walton Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

to Unknown - "Administration" Original text document
NHS REFERRAL LETTER - brid martin CPN

04 Nov 2013 10:00	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Care Level: Standard Care
End Date: 01 Jun 2017 14:47
Last Changed By: Jane Robson

04 Nov 2013 13:44	Surgery: Unknown Staff Member Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Referral In: to Wakefield Enhanced Team West for (WAA) Community Services (Accepted) End of Referral 01 Jun 2017 23:59
Status Update for (WAA) Community Services Referral In: Discharged From Care, Status changed: 01 Jun 2017 23:59
Status Update for (WAA) Community Services Referral In: Receiving Care, Status changed: 04 Nov 2013 13:44

04 Nov 2013 14:01	Surgery: Lynn Rose Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

Last Updated Date: 04 Nov 2013 14:04
Last Updated By: Lynn Rose
Originally Entered By: Lynn Rose
Specialty: No Specialty Recorded
Note Type: Admin
Notes: GP re-referred back to out-patients. Due to a descrepancy in recording of Mr Murphy's address, the previous appointment letter went to the wrong address. Unfortunately, there is no sooner OPA until 02.12.13. Mr Murphy has been contacted and agreed with 2nd December for OPA.

07 Nov 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

07 Nov 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 40mg tablets - 28 tablet - One To Be Taken Each Day

07 Nov 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Zapain 30mg/500mg tablets (Advanz Pharma) - 224 tablet - Two To Be Taken Four Times A Day

07 Nov 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT

02 Dec 2013	GP2GP Import: Mrs Louise Langley Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Care Programme Approach review (XaK8p)
First
CMHT 2

02 Dec 2013	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Tracy Slater Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: TSUPD_24.tif - Care plan
Care plan, Mental Health (02-Dec-2013)

02 Dec 2013 13:30	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Medical Care Plan(old) - questionnaire started - (finalised: 11 Dec 2013 11:48)
Assessment: 02 Dec 2013 13:30
Staff Member: Jane Robson

02 Dec 2013 13:30	Surgery: Dr Sapan Sunder Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

Last Updated Date: 10 Dec 2013 15:00
Originally Entered By: Jane Robson
Specialty: No Specialty Recorded
Note Type: Community Progress Note - Medical
Notes: Clinical Presentation:
Thomas attended the interview along with Lisa who he referred to as his best friend over 25 years. Dr MacDonald was present during this consultation.

Thomas reported that 'my head is not right. I have lots of family problems. My father died of a heart attack 7 years ago and I think he was killed'. He went on to report that the family dynamics with his siblings have not been very good and he had a few issues with his other siblings. He did not explain what the issues were however,stated that he can hear voices in his head, some of the people whom he can recognise. They are both men and women and they are constantly arguing with each other about life situations, basically describing third party auditory hallucinations. He stated that sometimes these voices challenge him to either run in front of a bus or go and get some tablets to end his life. He went over to his friend Lisa to ask for his medications and when Lisa did not give him the medication he just left. He reports that the voices do command him to self harm however, he just shouts out loud and swears at them and this tends to calm them down. The voices vary from day to day. He could not go out on his own for the last 4-5 years and he is always accompanied by friends or his mother. He gets anxious and worried, as well as angry if the voices shout at him.

He currently lives on his own and has his friend Lisa who comes over to see him on a regular basis. Twelve years ago he was threatened in Pontefract and hence he moved to Scotland. Between 3 and 3 and a half years ago he moved back from Scotland to the Pontefract area where his mum lives. He used to enjoy playing the guitar as well as singing however, recently he has not been playing the guitar as much. He admitted that he used to take drugs in the past however, stated that he has not taken any drugs for well over 10 years. He reports that he only drinks alcohol on social occasions and for the last 1 month he has stopped smoking. He is supported by Lisa with his cooking, mainly microwavable meals, and feels that television is a good distraction. He reported that sometimes the people from the television speak to him however, no messages are given. He explained this by stating that the news reporter would stare at him and at times she talks to him. His appetite is varied and he feels that recently he has gained weight since stopping smoking.

Past Psychiatric History:
Thomas was referred to the Crisis Team in 2011 with a similar presentation, but there was no previous contact with Mental Health Services.

Past Medical History:
In 1999 he had a fracture of his lower limb with a baseball bat which has resulted in him having ankle and hip arthritis. He requires regular Gabapentin as well as Amitriptyline. He is has been on Citalopram 40mg for well over 2 and a half years and was unsure about the side effects. He wasn't sure that it worked. He has been asked to test for diabetes over a month ago however, he has not done so.

He had brain scans in Scotland over 10 years ago but was not sure of the reason for the same.

Family History:
Mum Margaret, 73 years of age is alive and well and lives in the Pontefract area. Father passed away 7 years ago

due to a heart attack however, Thomas believes that he was killed. He stated that he is waiting for confirmation because he feels the voices are telling him the circumstances of the death of his father. He admitted that his father had mental health issues after leaving the army at the age of 20. He has regular contact with his mother and talks to her on a regular basis. The family situation is currently messy and he does not see any of his older siblings. He has 2 brothers and 2 sisters, and 2 step sisters who he has never seen. Apart from his father, he did not report any other family history of mental health problems or physical health problems.

Personal History:
He was born in Scotland and was in Glasgow for 2 years, following which the family moved to Yorkshire. Twelve years ago he moved back to Scotland following an incident where he was threatened by another person. He has 4 children who are all adults (from different biological mothers).

Forensic History:
From comprehensive assessment - It was very difficult to ascertain the chronological order of events as Thomas seemed to get confused however, he was in prison at the age of 15 for abduction. In 1987 he was taken in for 3 months for driving offences.

Mental State Examination:
Thomas appeared as a 45 year old gentleman. He was appropriately dressed and reasonably kempt. He appeared to be guarded during the initial part of the interview and was responding to unseen stimuli. He made good eye contact and rapport was established. At times he spoke very fast and it was difficult to understand his strong accent. There was no obvious hostility shown towards the assessor. When asked about his mood Thomas reported that his mood was mostly angry however, was not able to explain this. He reported third party auditory hallucinations, command hallucinations and ideas of reference. He reports responding to the voices by using swear words and that keeps the voices at bay. He reports poor attention and concentration and currently has no interest in playing the guitar which he used to enjoy. He seems to be oriented to time, place and person and has insight into his current mental health problems. He is willing to engage and get treatment.

Further to a detailed discussion with Dr MacDonald we feel that Thomas is describing symptoms suggestive of Schizophrenia. We have explained to him that we will need to reduce his Citalopram to 20mg for 1 week and then discontinue. We have made him aware of the possible withdrawal symptoms he may experience over the next 2 weeks. We have asked him to get a blood test, as well as an ECG at his GP surgery and we will review him again in 2 weeks time.

Mental Health Act Status:
Informal.
Diagnosis/Differential Diagnosis:
Paranoid schizophrenia

Medication:
Citalopram to reduce to 20mg for 1 week and then discontinue.

Management Plan/Monitoring Arrangements:
1. Medication to reduce and discontinue as above.
2. Bloods and ECG.
3. Review in clinic in 2 weeks time.

02 Dec 2013 13:30	Health Centre: Dr Sapan Sunder Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Activity: (Direct - AT3) Assessment & Treatment - MEDICS ONLY
Outcome: Attended - Further Appointment Given
Activity: (Direct - AT3) Assessment & Treatment - MEDICS ONLY (90 minutes) with Patient
New Intervention: (Direct - AT3) Assessment & Treatment - MEDICS ONLY
Start Date: 02 Dec 2013 13:30
End Date: 02 Dec 2013 15:00

Patient Contact: 90 minutes Total Contact: 90 minutes

06 Dec 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

06 Dec 2013	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Zapain 30mg/500mg tablets (Advanz Pharma) - 224 tablet - Two To Be Taken Four Times A Day

10 Dec 2013	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Dianne Ingram Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

attended for blood sample request from Airdale hospital
Blood sample taken (XaEJK)
Informed consent for procedure (892..)

10 Dec 2013 09:48	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

10 Dec 2013 09:53	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

10 Dec 2013 09:54	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

10 Dec 2013 10:35	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

10 Dec 2013 10:45	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

10 Dec 2013 10:46	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

11 Dec 2013 11:48	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 18:42

'Medical Care Plan(old)' - questionnaire amended

16 Dec 2013	GP2GP Import: Mrs Louise Langley Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Care Programme Approach review (XaK8p) - Ongoing (Original qualifier text: Review)

16 Dec 2013	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Tracy Slater Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: TSUPD_88.tif - Care plan
Care plan, Phsychiatry (16-Dec-2013)

16 Dec 2013 13:30	Surgery: Andrew MacDonald Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

CPA Level Assessment: 16 Dec 2013 13:30
Staff Member: Andrew MacDonald
Team: Airedale CMHT

16 Dec 2013 13:30	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Medical Care Plan(old) - questionnaire started - (finalised: 24 Dec 2013 12:13)
Assessment: 16 Dec 2013 13:30
Staff Member: Jane Robson

16 Dec 2013 13:30	Surgery: Dr Sapan Sunder Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

Last Updated Date: 14 Jan 2014 15:18
Originally Entered By: Jane Robson
Specialty: No Specialty Recorded
Note Type: Community Progress Note - Medical
Notes: Clinical Presentation:
I reviewed Thomas in the outpatient clinic at Airedale Health Centre on 16 December 2013, along with his friend Lisa. He reported that he still felt the same. His head was all muddled up and confused. He had decreased and

stopped the Citalopram as advised. When asked about his previous statement 'I am able to read minds' he stated that he is not able to read the people's minds however, said he could identify people by their personalities. He gave an example for the same. When asked about his voices he reported that there were at least 2 or 3 people at one time, but they could be different. He had a rough idea at times of who they could be however, seemed to be more confused. He felt that people could put thoughts in his head and try to encourage him to do bad things, which he is able to stop himself by swearing at them out loud. He did not feel that people could take his thoughts away and did not feel that others could hear what he thought. He felt helpless and felt in control of the voices, and felt that if it wasn't for these voices he would be able to get on with his life and do a job. He reported that his mood was 2-3/10 and went on to say 'I'm a good soul however I cannot think clearly sometimes and things come in the way'. He went on to state that his thoughts tend to get muddled up all the time and he finds it difficult at times to concentrate on the television or read a book. He admitted that he broods a lot over things and he feels significantly low. When asked about the future he stated that he hoped he could get rid of the voices and do a job, and have a good future which he sees with Lisa. He denied any thoughts to end his life or any plans or actions regarding the same stating 'life is worth living for and I try to be positive in spite of the voices dragging me down'.

We had a detailed discussion regarding the various medical options available, going through the side effect profiles of each medication, the dosage and how it acts. We went through the options i.e. Risperidone, Olanzapine, Quetiapine and Aripiprazole. After a debate Lisa decided to go for Aripiprazole which was agreed by Thomas. They have chosen Ariprazole 10mg once in the morning. I have emphasised that they need to contact GP for an ECG.

Thomas seems to have good insight into his mental health problems and is willing to engage and get treatment.

Other Information:
He currently lives on his own and is supported by his friend Lisa. His mother lives close by and does support him over the phone.

Diagnosis/Differential Diagnosis:
Paranoid schizophrenia

Medication:
Citalopram stopped.
Commence Aripiprazole 10mg mane.

Management Plan/Monitoring Arrangements:
1. Medication changes as above.
2. ECG.
3. Review in clinic in 3 weeks time.

16 Dec 2013 13:35	Health Centre: Dr Sapan Sunder Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Activity: (Direct - AT3) Assessment & Treatment - MEDICS ONLY
Outcome: Attended - Further Appointment Given
Activity: (Direct - AT3) Assessment & Treatment - MEDICS ONLY (30 minutes) with Patient
New Intervention: (Direct - AT3) Assessment & Treatment - MEDICS ONLY
Start Date: 16 Dec 2013 13:35
End Date: 16 Dec 2013 14:05

Patient Contact: 30 minutes Total Contact: 30 minutes

18 Dec 2013	GP2GP Import: Mrs Melanie Sewell Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

to Unknown - "Clinical document" Original text document
Provisionally Filed Letter

18 Dec 2013	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Melanie Sewell Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: MBSSCN_86.tif - Diagnostic procedures
Diagnostic procedures ECG (18-Dec-2013)

18 Dec 2013	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Maria Lindsay Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Smoking cessation advice (Ua1Nz)
Nicotine replacement therapy (XaEKU)

Electrocardiography (32...)
Original text: ECG
performed as per hospital request
Ex-smoker (Ub1na) - Original text: Ex smoker
100 / 70 mmHg

18 Dec 2013	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Dawn Smith Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: DMSSCN_48.tif - Diagnostic procedures
ECG report (18-Dec-2013)

20 Dec 2013 10:33	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

20 Dec 2013 10:39	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

CPA Review - questionnaire started - (finalised: 23 Dec 2013 13:30)

20 Dec 2013 10:40	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'CPA Review' - questionnaire amended

23 Dec 2013	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme	Entered: 21 Mar 2017 13:01

Minor: Paranoid schizophrenia NOS (E103z)
Paranoid schizophrenia NOS (E103z)

23 Dec 2013	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

citalopram stopped
see letter from clinic
Paranoid schizophrenia (E103.) - First
Paranoid schizophrenia (E103.) - First

23 Dec 2013 13:30	Surgery: Andrew MacDonald Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'CPA Review' - questionnaire amended

23 Dec 2013 13:30	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 18:42
24 Dec 2013 12:13	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 18:42

'Medical Care Plan(old)' - questionnaire amended

27 Dec 2013	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme	Entered: 21 Mar 2017 13:01

Major: Osteoarthritis NOS, of hip (N05zJ)
Osteoarthritis NOS, of hip (N05zJ)

27 Dec 2013	Surgery: Mrs Diane Ferry (Clerical Access Role) Entered at: Trinity Medical Centre	Entered: 16 Jun 2015 11:04

Osteoarthritis of hip (X703K)
Osteoarthritis of hip (X703K)

27 Dec 2013	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Melanie Sewell Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: MBSSCN_26.tif - Accident & emergency
Accident & emergency (27-Dec-2013)

01 Jan 2014	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre	Entered: 23 Jul 2015 14:52

Patient Information to Unknown

01 Jan 2014	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre	Entered: 23 Jul 2015 14:52
03 Jan 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT

03 Jan 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Citalopram 40mg tablets - 28 tablet - One To Be Taken Each Day

03 Jan 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17
03 Jan 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17
03 Jan 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Zapain 30mg/500mg tablets (Advanz Pharma) - 224 tablet - Two To Be Taken Four Times A Day

03 Jan 2014	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Amitriptyline 25mg tablets - 28 tablet - ONE AT NIGHT
Ended 12 Feb 2014 Other (Medication Course Ended. stop)

03 Jan 2014	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

no letter back from ae
adv to ask them if they will issue aripiprazole
(NOT ISSUED) Aripiprazole 10mg tablets One To Be Taken Each Day, 28 tablet
came to discuss letter from airdale
left hip pain issue
seen in ae
had x ray
given naproxen
O/E - weight (22A..) 75 Kg (~ 11 st 11 lb)
O/E - height (229..) 1.685 m (~ 5 ' 6 ") - Converted from: 168.5 cm
Body mass index - observation (22K..) 26.42 Kg/m²
Original text: Body mass index
Original units: kg/m2
Hip pain (X75rv) - First
Naproxen 500mg tablets - 56 tablet - One To Be Taken Twice A Day
Stopped 15 Feb 2014 Other (Medication Course Ended. Expired)

03 Jan 2014	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Citalopram 40mg tablets - 28 tablet - One To Be Taken Each Day
Ended 12 Feb 2014 Other (Medication Course Ended. stop)

03 Jan 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

03 Jan 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Zapain 30mg/500mg tablets (Advanz Pharma) - 224 tablet - Two To Be Taken Four Times A Day

06 Jan 2014	GP2GP Import: Mrs Louise Langley Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Care Programme Approach review (XaK8p)
Ongoing (Original qualifier text: Review)
CMHT 2

06 Jan 2014 14:14	Health Centre: Dr Sapan Sunder Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Outcome: Attended - Further Appointment Given
Activity: (Direct - AT3) Assessment & Treatment - MEDICS ONLY
Activity: (Direct - AT3) Assessment & Treatment - MEDICS ONLY (40 minutes) with Patient
New Intervention: (Direct - AT3) Assessment & Treatment - MEDICS ONLY
Start Date: 06 Jan 2014 14:14
End Date: 06 Jan 2014 14:54

Patient Contact: 40 minutes Total Contact: 40 minutes

06 Jan 2014 14:30	Surgery: Dr Sapan Sunder Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

Last Updated Date: 14 Jan 2014 15:19
Originally Entered By: Jane Robson
Specialty: No Specialty Recorded
Note Type: Community Progress Note - Medical

Notes: Clinical Presentation:
I reviewed Thomas in the outpatient clinic at Airedale Health Centre on 6 January 2014, accompanied by his friend Lisa. He reported that since commencing Aripiprazole 3 weeks ago he has had a few blips in his general physical health. He attended hospital and was kept in overnight as he had intense pain in his left hip. He is currently awaiting an orthopaedic opinion regarding surgery. There were some issues with his ESA as he was unwell when he should have attended for one of the appointments and was marked absent. This caused a few issues which Lisa has helped him with. He stated that he could not handle pressure and hence had a difficult time with regards to the above. He has noticed that he has been getting increasingly restless, but this is now settling. He had a couple of episodes of loose stools however, did not have any abdominal pain or any other concerns. He has felt sick but has not had any vomiting. He has had no headaches and no visual problems or dizziness. He feels that he has had panic attacks and palpitations every other day and felt that something was creeping on him which was similar to what he felt in the past. He admitted that he has restarted smoking after being abstinent for 7 weeks. He currently smokes around 10 cigarettes a day. He had very little alcohol over the Christmas period (a couple of pints of lager and a glass of wine).

On mental state examination Thomas was appropriately dressed and well kempt. He was not seen to be responding to unseen stimuli and made good eye contact. Rapport was established. His speech was normal in rate, tone and rhythm however at times it was difficult to understand his accent. There was no obvious hostility shown towards the assessor. Thomas reported that his mood was mostly the same since his last review where he had stated that it can be anything between high and low and is worse in the mornings. He has poor attention and concentration and this is a longstanding, ongoing issue. He seems to be oriented to time, place and person and still suffers third party auditory hallucinations which are constantly telling him to end his life however, he feels that he is able to shrug this off and this is why he swears most of the time. When asked about the future he stated that he would like his hip pain to settle and the medication to help him with his voices. He has good insight and is willing to engage with services.

He had a recent full blood count which showed that the platelets were slightly low at 113 on 18 December 2014. I have asked him to get in touch with his GP to repeat the full blood count again.

Other Information:
He currently lives on his own and is well supported by his friend Lisa and his mother who lives locally.

Mental Health Act Status:
Informal.
Diagnosis/Differential Diagnosis:
Paranoid schizophrenia

Current Physical Illnesses:
Ongoing arthritis of the left hip joint - awaiting orthopaedic opinion.

Medication:
Aripiprazole 10mg once a day with food. Thomas is happy to continue at this dose as medication was only commenced 3 weeks ago.

Management Plan/Monitoring Arrangements:
1. Medication as above.
2. Relaxation techniques explained to help him cope with the panic attacks and palpitations.
3. Review in clinic in approximately 4 weeks time.

06 Jan 2014 14:30	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Medical Care Plan(old) - questionnaire started - (finalised: 24 Jan 2014 15:06)
Assessment: 06 Jan 2014 14:30
Staff Member: Jane Robson

07 Jan 2014	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Dawn Smith Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: DMSUPD_43.tif - Letter from consultant
CMHT 2 Airedale(07-Jan-2014)

07 Jan 2014 15:44	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

07 Jan 2014 15:54	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

07 Jan 2014 15:55	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

09 Jan 2014	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

NEEDS FBC, LIPID, RANDOM SUGAR, HBA1C

17 Jan 2014	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Julie Ruminski Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Informed consent for procedure (892..)
Blood sample taken (XaEJK)
Alcohol intake (136..) 1 Units/Week
Original text: Alcohol consumption
Original units: U/week

17 Jan 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Reasons for Request:
routine.
Serum HDL cholesterol level (44P5.) 1 mmol/L
Serum triglyceride levels (XE2q9) 3.7 mmol/L [0 - 2.6]
Original text: Serum triglycerides
Interpretation Code: Outside reference range
Serum cholesterol level (XE2eD) 6.3 mmol/L - Original text: Serum cholesterol
Serum LDL cholesterol level (44P6.) 3.6 mmol/L
Haemoglobin A1c level - IFCC standardised (XaPbt) 38 mmol/mol
Original text: HbA1c levl - IFCC standardised

(HP10353) - Normal - No Action
Plasma glucose level (XM0ly) 3.5 mmol/L [2.5 - 7.8]

(HP10353) - Normal - No Action
Total cholesterol:HDL ratio (44PF.) 6.3 - Original units: 1/1
Serum lipid levels (XE2q7)
Original text: Serum lipids

(HP10353) - Make appointment with Dr
Serum lipids Report, Abnormal, Other: Report ID: 1-63204612200007
Specimen ID: JJ927082A
Specimen description: Blood (Patient Informed). Review not applicable

17 Jan 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Reasons for Request:
routine.
Red blood cell count (426..) 4.71 10^12/L [4.5 - 6]
Original text: Red blood cell (RBC) count
Original units: 10*12/L
Mean cell volume (42A..) 90 fL [80 - 98] - Original text: Mean corpuscular volume (MCV)
Mean cell haemoglobin concentration (429..) 34 g/dL [30 - 35]
Original text: Mean corpusc. Hb. conc. (MCHC)
Converted from: 340.0 g/L
Mean cell haemoglobin level (XE2pb) 30.6 pg [27 - 35] - Original text: Mean corpusc. haemoglobin(MCH)
Haematocrit (X76tb) 0.424 [0.4 - 0.54] - Original units: 1/1
Platelet count - observation (42P..) 207 10^9/L [135 - 400]
Original text: Platelet count
Original units: 10*9/L
Total white blood count (XaldY) 9.3 10^9/L [4 - 11]
Original text: Total white cell count

Original units: 10*9/L
Haemoglobin concentration (Xa96v) 144 g/L [130 - 180]
Original text: Haemoglobin estimation
Converted from: 144.0 g/L

Please note from 26/1/2013 Haemoglobin (Hb) and
Mean Cell Haemoglobin Concentration (MCHC) results will
report in g/L.
Full blood count (424..)
Original text: Full blood count - FBC

(HP10353) - Normal - No Action
Red blood cell distribution width (XE2mO) 14.9 % [0 - 14]
Original text: Red blood cell distribut width
Interpretation Code: Outside reference range
Monocyte count - observation (42N..) 0.92 10^9/L [0.2 - 0.8]
Original text: Monocyte count
Original units: 10*9/L
Interpretation Code: Outside reference range
Neutrophil count (42J..) 5.25 10^9/L [2 - 7.5] - Original units: 10*9/L
Lymphocyte count (42M..) 2.79 10^9/L [1.5 - 4] - Original units: 10*9/L
Basophil count (42L..) 0.02 10^9/L [0 - 0.1] - Original units: 10*9/L
Eosinophil count - observation (42K..) 0.29 10^9/L [0.04 - 0.4]
Original text: Eosinophil count
Original units: 10*9/L
Full blood count - FBC Report, Abnormal, Other: Report ID: 1-63204540170035
Specimen ID: JJ927082A
Specimen description: Blood (Patient Informed). Review not applicable

24 Jan 2014	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

diet adv sheet given.
adv to stop smoking
came to discuss lipid profile
British or mixed British - ethnic category 2001 census (XaJQv)
Pure hypercholesterolaemia (XE11S) - First
QRISK2 cardiovascular disease 10 year risk score (XaQVY) 8 %
FH: Ischaemic heart disease at less than 60 years (XE0oG)
Original text: FH: Ischaemic heart dis. <60
Subject: Father
Body mass index - observation (22K..) 26.4 Kg/m²
Original text: Body mass index
Original units: kg/m2
Pure hypercholesterolaemia (XE11S) - First

24 Jan 2014 15:06	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 18:42

'Medical Care Plan(old)' - questionnaire amended

31 Jan 2014	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

31 Jan 2014	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Zapain 30mg/500mg tablets (Advanz Pharma) - 224 tablet - Two To Be Taken Four Times A Day

10 Feb 2014	GP2GP Import: Mrs Louise Langley Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

[V]Administrative encounters (ZV68.) - Travel pass and companion travel pass form received

10 Feb 2014 16:00	Health Centre: Clinic-Stream2 MacDonald SG & SHO Mon PM Baghill Dr Philippa Bail Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00
12 Feb 2014	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Aripiprazole 10mg tablets - 28 tablet - One To Be Taken Each Day
Stopped 18 Mar 2014 Other (Medication Course Ended)

12 Feb 2014	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

adv stop naproxen
change of medication amitriptyllin and citalopram stoped
needs aripiprazole from here as next appoitment in 28/2/14
mild indigestion ? due to naproxen
Indigestion symptoms (195..) - First
Paranoid schizophrenia (E103.) - Ongoing (Original qualifier text: Review)
Gaviscon Advance Oral suspension - 250 ml - 5ml - 10ml 4 times/day
Stopped 27 Mar 2014 Other (Medication Course Ended. Expired)

12 Feb 2014	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17
24 Feb 2014	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Deborah Milner Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: DMUPD_39.tif - Letter from consultant
Letter from consultant Airedale Hospital Psychiatrist (24-Feb-2014)

24 Feb 2014	GP2GP Import: Mrs Louise Langley Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Care Programme Approach review (XaK8p)
Ongoing (Original qualifier text: Review)
CMHT 2

24 Feb 2014 16:20	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Medical Care Plan(old) - questionnaire started - (finalised: 20 Mar 2014 15:53)
Assessment: 24 Feb 2014 16:20
Staff Member: Jane Robson

24 Feb 2014 16:20	Surgery: Dr Philippa Bailey Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

Last Updated Date: 19 Mar 2014 15:46
Originally Entered By: Jane Robson
Specialty: No Specialty Recorded
Note Type: Community Progress Note - Medical
Notes: Clinical Presentation:
I reviewed Thomas in the outpatient clinic at Airedale Health Centre on 24 February 2014, along with Dr MacDonald, Consultant Psychiatrist. He attended with his longstanding close friend Lisa. Thomas has been concordant with his medication and reports no side effects. In general he has been well in himself since he was last seen in January. At this time he had had an episode of pain in his hip. He is expecting to be referred to Orthopaedics for review but he hasn't yet had an appointment. Thomas lives alone but has been coping quite well over the last month or so. He has been positive towards the future and has been painting and decorating his flat. He has good support from his friend Lisa who he sees on a regular basis. They have a very good relationship. In general he described his mood as okay and he was quite upbeat about this. He has had occasional thoughts of suicide but no active intent. These tend to be fleeting thoughts which he is able to distract himself from quite easily. Lisa reported that Thomas has episodes where he becomes very angry very quickly and his mood deteriorates over a matter of a couple of minutes. He can become very aggressive and shout out at strangers. Lisa reports that he seems to shout out and respond to voices that aren't there. Thomas described this as like having Tourettes where he will swear sporadically and without provocation. These episodes tend to happen in open environments like shops or the supermarket, and often where there are quite a few other people about. He states that it sounds like the voices are talking to him but in general he doesn't feel that they are causing any problems. He described it as like having two conversations, one real, one false. His physical health in general is good.

On mental state examination Thomas was appropriately and casually dressed. He was well kempt. He is of slim build and there has been no recent change in his weight. He was able to build up and maintain good rapport with both myself and Dr MacDonald. Objectively he was quite upbeat and positive and subjectively his mood was euthymic. His speech was normal in rate, tone and rhythm. There was no irrelevance and he was fully coherent. He has poor attention and concentration and this is a longstanding, ongoing issue. He was not seen responding to any external or abnormal stimuli during the consultation. He seemed oriented to time, place and person. He continues to have good insight into his illness and is fully concordant with his medication and willing to engage with services.

Other Information:
He currently lives on his own and is well supported by his friend Lisa.

Diagnosis/Differential Diagnosis:

F200 Paranoid schizophrenia

Current Physical Illnesses:
Ongoing arthritis of the left hip joint - awaiting orthopaedic opinion.

Medication:
Aripiprazole increased to 15mg once a day with food.

Management Plan/Monitoring Arrangements:
1. Medication increased as above.
2. Review in clinic in 6-8 weeks.

24 Feb 2014 16:30	Health Centre: Dr Philippa Bailey Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Activity: (Direct - AT3) Assessment & Treatment - MEDICS ONLY
Outcome: Attended - Further Appointment Given
Activity: (Direct - AT3) Assessment & Treatment - MEDICS ONLY (20 minutes) with Patient
New Intervention: (Direct - AT3) Assessment & Treatment - MEDICS ONLY
Start Date: 24 Feb 2014 16:30
End Date: 24 Feb 2014 16:50

Patient Contact: 20 minutes Total Contact: 20 minutes

28 Feb 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Zapain 30mg/500mg tablets (Advanz Pharma) - 224 tablet - Two To Be Taken Four Times A Day

28 Feb 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

05 Mar 2014 16:28	Surgery: Dr Philippa Bailey Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

17 Mar 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Did not attend - no reason (XE2NM)

18 Mar 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17
20 Mar 2014 15:53	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 18:42

'Medical Care Plan(old)' - questionnaire amended

21 Mar 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Did not attend - no reason (XE2NM)

24 Mar 2014	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

see x ray in on 27/12/13
asking to e referred to ortho
explained i am giving 15 d supply at a time as it is expensive medication and if any changes, then it will be waste.
once r/ved by MH team, can go on repeate
mild degeneration. no need for ortho
form given for physio
came for mediactions as not going to see airdale MH team till april
on 15 mg Bd aripiprazole

24 Mar 2014	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Melanie Sewell Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: MBSSCN_83.tif - Referral for further care
Referral for further care physio (24-Mar-2014)

24 Mar 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Aripiprazole 15mg tablets - 28 tablet - One To Be Taken Each Day
Stopped 06 May 2014 Other (Medication Course Ended. Expired)

28 Apr 2014	GP2GP Import: Mrs Louise Langley Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Care plan (Xa0jb)
First
CMHT 2
Care plan (Xa0jb) - First
CMHT 2

28 Apr 2014 13:29	Health Centre: Dr Philippa Bailey Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Outcome: Attended - Further Appointment Given
Activity: (Direct - AT3) Assessment & Treatment - MEDICS ONLY
Activity: (Direct - AT3) Assessment & Treatment - MEDICS ONLY (39 minutes) with Patient
New Intervention: (Direct - AT3) Assessment & Treatment - MEDICS ONLY
Start Date: 28 Apr 2014 13:29
End Date: 28 Apr 2014 14:08

Patient Contact: 39 minutes Total Contact: 39 minutes

28 Apr 2014 13:30	Surgery: Dr Philippa Bailey Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

Last Updated Date: 25 Jun 2014 23:29
Originally Entered By: Jane Robson
Specialty: No Specialty Recorded
Note Type: Community Progress Note - Medical
Notes: Clinical Presentation:
I reviewed Thomas in the outpatient clinic at Airedale Health Centre on 28 April 2014. He attended with his longstanding close friend Lisa.

Thomas reported that things haven't been great for him since I last saw him in February. He continues to hear voices which he finds a distraction. When he responds to the voices they tend to go away, for example he hears voices that tell him 'call her a slag' 'don't talk to her' and 'she's a slag'. He responds to the voices by saying f*** off and tries to shrug them off however, this sometimes causes problems in social circumstances when he is out shopping for example, when this behaviour can be easily misinterpreted by others. He tries to remain active during the day. He goes out a few times a week and Lisa is a good support for him. The voices that he hears usually trigger acute episodes of anxiety. He states that he always has a background level of anxiety anyway, but he has acute episodes where this suddenly gets worse, triggered by either the voices or childhood flashbacks which aren't necessarily negative memories, but make him feel quite unnerved. He also has recurring memories from when he was in prison. He tells me he gets quite emotional and tearful at times and that he has been low in mood recently. Lisa tells me that he can be a bit hyper at times. On occasion she has found him very low in mood and tearful and then within half an hour describes him singing and dancing about in his flat. He also receives support from other friends that live locally. He doesn't drink alcohol. He has now finished decorating his flat and he enjoys playing the guitar and singing as hobbies. He denies any suicidal thoughts and states that life is worth living.

On mental state examination Thomas presented as a well kempt, appropriately dressed man whose behaviour was appropriate for the environment. He maintained rapport during the consultation. He was reactive in affect. Objectively his mood was euythymic. Subjectively he describes his mood as low at times. His speech was normal in rate, tone and rhythm, there was no irrelevance and he was fully coherent. He was not seen responding to any unseen stimuli. He denied any strange or paranoid beliefs. He was oriented to time, place and person. He continues to have good insight into his illness and is fully concordant with his medication. He has had no side effects with the increased dose of Aripiprazole and is willing to engage with services.

Other Information:
He currently lives on his own and is well supported by his friend Lisa.

Diagnosis/Differential Diagnosis:
F200 Paranoid schizophrenia

Medication:
Aripiprazole 15mg once a day.

Management Plan/Monitoring Arrangements:
I discussed Thomas with Dr MacDonald during the clinic. Thomas disclosed during the consultation that he had been buying Diazepam tablets at 2 week intervals on the street and that currently he was taking 5mg tablets once daily. He asked me if I could re-prescribe this for him today as he found it helpful. I discussed the options for management with Dr MacDonald. We have decided to try him on an antidepressant tablet and keep the Aripiprazole at the same dose. I have advised him against buying medication on the street and that Diazepam isn't a long term strategy to deal with the symptoms. We need to first look at trying to improve his mood and background level of anxiety to see if this helps with his symptoms. The plan is therefore:

1. Continue Aripiprazole 15mg as above.
2. Commence Sertraline 50mg once daily.
3. I discussed Thomas in the MDT meeting regarding allocation of a care co-ordinator. In the first instance Day Treatment Services may be beneficial for him. I will discuss this with him when I see him next month. Failing this, Mandy Bray, Occupational Therapist has agreed to run through some anxiety management techniques with him.
4. Follow up in 8 weeks.

28 Apr 2014 13:30	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Medical Care Plan(old) - questionnaire started - (finalised: 21 May 2014 14:12)
Assessment: 28 Apr 2014 13:30
Staff Member: Jane Robson

06 May 2014	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Aripiprazole 15mg tablets - 28 tablet - One To Be Taken Each Day

06 May 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Aripiprazole 15mg tablets - 28 tablet - One To Be Taken Each Day
Ended 21 Oct 2014 Other (Medication Course Ended. stop)

07 May 2014	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

[V]Administrative encounters (ZV68.) - SW white slip request for Aripiprazole, Dr G issued script

09 May 2014	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Melanie Sewell Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: MBSUPD_133.tif - Letter from outside agency
Letter from outside agency wakefield council concessionary travel permit report (09-May-2014)

09 May 2014 12:01	Surgery: Dr Philippa Bailey Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

Last Updated Date: 25 Jun 2014 23:31
Specialty: No Specialty Recorded
Note Type: Community Progress Note - Medical
Notes: Thomas mentioned at his most recent clinic appointment (24/4/14- clinic letter pending) that he feels he would benefit from having a regular care/support worker. I discussed this at the MDT today- the outcome was that he may find DTS beneficial so i will discuss this with him at the next appoinmtnet (14/7/14) or if he is unable to attend this then Mandy Bray may be able to work with him to help reduce anxiety levels.

12 May 2014	GP2GP Import: Mrs Louise Langley Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

[V]Administrative encounters (ZV68.) - Travel/companion pass form returned

15 May 2014	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Melanie Sewell Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: MBSUPD_179.tif - Letter from consultant
Letter from consultant cmht (15-May-2014)

15 May 2014 14:58	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

19 May 2014 13:45	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental	Entered: 21 Feb 2019 00:00

	Health Community	

'Medical Care Plan(old)' - questionnaire amended

21 May 2014 14:12	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 18:42

'Medical Care Plan(old)' - questionnaire amended

11 Jun 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

11 Jun 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Zapain 30mg/500mg tablets (Advanz Pharma) - 224 tablet - Two To Be Taken Four Times A Day

12 Jun 2014	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

[V]Administrative encounters (ZV68.) - JR white slip. Aripiprazole in acutes. Dr P signed script.

13 Jun 2014	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Aripiprazole 15mg tablets - 28 tablet - One To Be Taken Each Day

13 Jun 2014	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

[V]Administrative encounters (ZV68.) - MM white slip. ariprazole in acutes. dr g has signed script

30 Jun 2014	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

came for r/v
under CMHT
Medication review (8B314) - First
Medication review with patient (XaJCO)
Recall: medication review (dup 17) (01 Jul 2015)

09 Jul 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

09 Jul 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Aripiprazole 15mg tablets - 28 tablet - One To Be Taken Each Day

09 Jul 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Zapain 30mg/500mg tablets (Advanz Pharma) - 224 tablet - Two To Be Taken Four Times A Day

14 Jul 2014 14:55	Health Centre: Dr Philippa Bailey Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Outcome: Attended - Further Appointment Given
Activity: (Direct - AT3) Assessment & Treatment - MEDICS ONLY
Activity: (Direct - AT3) Assessment & Treatment - MEDICS ONLY (23 minutes) with Patient
New Intervention: (Direct - AT3) Assessment & Treatment - MEDICS ONLY
Start Date: 14 Jul 2014 14:55
End Date: 14 Jul 2014 15:18

Patient Contact: 23 minutes Total Contact: 23 minutes

14 Jul 2014 15:00	Surgery: Andrew MacDonald Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Supplementary Questionnaire Guidance (RiO) to Unknown - Notes
Questionnaire: Mental Health Clustering Tool
Text File: Notes.txt

14 Jul 2014 15:00	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Medical Care Plan(old) - questionnaire started - (finalised: 14 Aug 2014 15:47)
Assessment: 14 Jul 2014 15:00
Staff Member: Jane Robson

14 Jul 2014 15:00	Surgery: Dr Philippa Bailey Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

Last Updated Date: 04 Aug 2014 15:33
Originally Entered By: Jane Robson
Specialty: No Specialty Recorded
Note Type: Community Progress Note - Medical
Notes: Clinical Presentation:
I reviewed Thomas in the outpatient clinic at Airedale Health Centre on 14 July 2014, along with his partner Lisa and Dr Andrew MacDonald, Consultant Psychiatrist.

Thomas remains relatively stable in terms of his mental health since I last saw him in April. He continues to experience voices in the form of command hallucinations. These voices encourage him to call strangers in the street derogatory names. He also gets periods of intermittent anxiety which are often triggered by the voices which he experiences. These in turn then cause him to feel low in mood and occasionally he becomes tearful. Despite this he describes his mood in general as okay and feels that he is on an even keel at the moment and not particularly low in mood. He denies any suicidal thoughts or thoughts of self harm. He continues to enjoy playing his guitar, as well as cooking, and remains well supported by Lisa. He feels that the Sertraline has caused an improvement in his mood. He feels a bit brighter and has more energy than when I last saw him in April. He states that he hasn't bought any further Diazepam tablets since I last saw him and remains concordant with his current medication.

On mental state examination Thomas presented as a well kempt, casually dressed gentleman who engaged well during consultation. He maintained eye contact and maintained good rapport with both myself and Dr MacDonald. His speech was normal in form and content. I felt that his speech was more articulate and spontaneous than when I had seen him in the past. Objectively and subjectively he was euthymic. He was not seen responding to any unseen stimuli. There was no irrelevance in his speech. He does continue to report auditory hallucinations which he doesn't find too distressing at the moment and are manageable. There was no evidence of any formal thought disorder aside from this. He continues to have good insight into his illness and is fully concordant with his medication. Cognitively he was orientated.

Diagnosis/Differential Diagnosis:
F200 Paranoid schizophrenia

Medication:
1. Aripiprazole 15mg once a day.
2. Sertaline 50mg once daily

Management Plan/Monitoring Arrangements:
1. Continue medication as above.
2. I discussed with Thomas the possibility of Day Treatment Services for help with his anxiety issues and making this more manageable. He feels he is in control of the anxiety at the moment and this isn't something he is wanting to consider currently.
3. We discussed structuring his day and setting small achievable goals throughout the day.
4. Review in clinic in 3 months.

14 Jul 2014 15:00	Surgery: Andrew MacDonald Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Mental Health Clustering Tool - questionnaire started - (finalised: 20 Aug 2014 11:13)
Care Cluster 12: Ongoing or Recurrent Psychosis (High Disability)
Assessment: 14 Jul 2014 15:00
Staff Member: Andrew MacDonald
Team: Wakefield Enhanced Team West

21 Jul 2014	GP2GP Import: Mrs Louise Langley Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Care plan (Xa0jb)
Ongoing (Original qualifier text: Review)
CMHT 2

21 Jul 2014	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Melanie Mansfield Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: MJMUPD_63.tif - Letter from outside agency
Letter from Airdale health Centre CMHT 2 (21-Jul-2014)

14 Aug 2014 15:47	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental	Entered: 21 Feb 2019 18:42

	Health Community	

'Medical Care Plan(old)' - questionnaire amended

15 Aug 2014	PGI Physiotherapy: Mrs Elizabeth Rogers (Admin/Clinical Support Access Role) Entered at: Mid Yorks Outpatient Therapies	Entered: 30 Sep 2020 11:57

Patient Notes to Lindsay Cairns

20 Aug 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Aripiprazole 15mg tablets - 28 tablet - One To Be Taken Each Day

20 Aug 2014	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Melanie Sewell Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: MBSSCN_25.tif - Discharge report
Discharge report (20-Aug-2014)

20 Aug 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

20 Aug 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Zapain 30mg/500mg tablets (Advanz Pharma) - 224 tablet - Two To Be Taken Four Times A Day

20 Aug 2014 11:13	Surgery: Andrew MacDonald Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Health of Nation Outcome Scale item 10 - activit daily liv (Xa1eC) 0 - Questionnaire answer: Mental Health
Clustering Tool - Comment - [MHCT_score10] - 0 = No problem - 0 = No problem
Health of the Nation Outcome Scale item 7 - depressed mood (Xa1e9) 1 - Questionnaire answer: Mental Health
Clustering Tool - Comment - [MHCT_score7] - 1 = Minor problem requiring no action - 1 = Minor problem requiring no action
Health of Nat Outc Scale item 2 - non-accidental self injury (Xa1e3) 0 - Questionnaire answer: Mental Health
Clustering Tool - Comment - [MHCT_score2] - 0 = No problem - 0 = No problem
Health of Nat Outcome Scale item 8 - other ment/behav probl (Xa1eA) 0 - Questionnaire answer: Mental Health
Clustering Tool - Comment - [MHCT_score8] - 0 = No problem - 0 = No problem
Health of the Nation Outcomes scale item 12 - occup/activit (Xa1eE) 1 - Questionnaire answer: Mental Health
Clustering Tool - Comment - [MHCT_score12] - 1 = Minor problem requiring no action - 1 = Minor problem requiring no action
Health of the Nation Outcome scale item 11 - living condit (Xa1eD) 0 - Questionnaire answer: Mental Health
Clustering Tool - Comment - [MHCT_score11] - 0 = No problem - 0 = No problem
Health of the Nation Outcome Scale item 3 - alcoh/drug probl (Xa1e4) 0 - Questionnaire answer: Mental Health
Clustering Tool - Comment - [MHCT_score3] - 0 = No problem - 0 = No problem
Mental health clustering tool (MHCT) score (Y1c2b) 6 - 6.0
Health of the Nation Outcome Scale item 6 - hallucinat/delus (Xa1e8) 2 - Questionnaire answer: Mental Health
Clustering Tool - Comment - [MHCT_score6] - 2 = Mild problem but definitely present - 2 = Mild problem but definitely present
Health of the Nation Outcome Scale item 4 - cognitive probl (Xa1e5) 0 - Questionnaire answer: Mental Health
Clustering Tool - Comment - [MHCT_score4] - 0 = No problem - 0 = No problem
Health of Nation Outcome Scale item 9 - relationship probl (Xa1eB) 0 - Questionnaire answer: Mental Health
Clustering Tool - Comment - [MHCT_score9] - 0 = No problem - 0 = No problem
Health of Nat Outc Sc item 1 - aggressive/disrupt behaviour (Xa1e1) 1 - Questionnaire answer: Mental Health
Clustering Tool - Comment - [MHCT_score1] - 1 = Minor problem requiring no action - 1 = Minor problem requiring no action
Health of Nation Outcome Scale item 5 - phys illn/disabil (Xa1e7) 0 - Questionnaire answer: Mental Health
Clustering Tool - Comment - [MHCT_score5] - 0 = No problem - 0 = No problem

06 Sep 2014 15:42	Surgery: Mrs Elizabeth Dioh (Clerical Access Role) Entered at: HMP Wandsworth

SystmOne Outgoing Record Sharing consent changed to: No

06 Sep 2014 15:43	Surgery: Mrs Elizabeth Dioh (Clerical Access Role) Entered at: HMP Wandsworth	
08 Sep 2014 09:34	Surgery: Patrica Little (Administrator) Entered at: HMP Wandsworth	
22 Sep 2014	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day
Ended 08 Jun 2015 Patient Deducted (Active repeat ended on GP2GP transfer)

22 Sep 2014	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

reassured
seen Dr mcdonald in july change of medication

swallowed a piece of plastic 3 days ago sl irritation in throat but no sickness or vomiting no abd pain bowels normal breathing normal
throat normal
Smoking cessation advice (Ua1Nz)
Cigarette smoker (XE0oq) - Value: 12.0 /day
(R) Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day
104 / 60 mmHg

02 Oct 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Zapain 30mg/500mg tablets (Advanz Pharma) - 224 tablet - Two To Be Taken Four Times A Day

02 Oct 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

13 Oct 2014	GP2GP Import: Mrs Louise Langley Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Care plan (Xa0jb)
Ongoing (Original qualifier text: Review)
CMHT 2

13 Oct 2014 14:56	Health Centre: Andrew MacDonald Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Outcome: Attended - Further Appointment Given
Activity: (Direct - AT3) Assessment & Treatment - MEDICS ONLY
Activity: (Direct - AT3) Assessment & Treatment - MEDICS ONLY (24 minutes) with Patient
New Intervention: (Direct - AT3) Assessment & Treatment - MEDICS ONLY
Start Date: 13 Oct 2014 14:56
End Date: 13 Oct 2014 15:20

Patient Contact: 24 minutes Total Contact: 24 minutes

13 Oct 2014 15:00	Surgery: Andrew MacDonald Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

Last Updated Date: 17 Oct 2014 14:56
Last Updated By: Dr Andrew MacDonald
Originally Entered By: Jane Robson
Specialty: No Specialty Recorded
Note Type: Community Progress Note - Medical
Notes: Clinical Presentation:
I reviewed Thomas in clinic, accompanied by his friend Lisa. Thomas informs me that things have been fairly stable since he was last reviewed. His voices overall have been diminished, but he still hears them almost every day. They are reduced by activity and distraction. They continue to tell him to kill himself and he responds by shouting back at them which reduces their intensity and may make them go away for several hours. He denies any thought insertion, thought withdrawal or thought broadcasting, but does believe that his actions are being influenced by the voices and telepathy. He has no delusions of reference and the psychotic belief that he previously had that a thought chip may have been put into his head is no longer present. His sleep pattern is not very good. He tends to go to bed at 9pm, drops off to sleep 3 hours later and then wakes multiple times in the night before finally waking at 10am. He has to get up in the night to go to the toilet, but admits that he drinks 12-15 cups of tea per day. His appetite is currently good, his weight 77.8kg and he has no suicidal ideation. He denies any alcohol or substance misuse. He tends to confine himself to his home during the day, playing guitar and watching television.

Mental state examination showed Thomas to be casually clothed with good eye contact and rapport. His speech was normal, mood bright and reactive and thought form and content as described above.

Diagnosis/Differential Diagnosis:
F200 Paranoid schizophrenia

Current Physical Illnesses:
Ongoing leg pain.

Medication:
1. Aripiprazole to increase to 20mg mane.

2. Sertaline continue 50mg mane.

Thomas is concordant and describes no side effects.

Management Plan/Monitoring Arrangements:
1. Medication to increase as above. I have given Thomas a 4 week supply of the increase and would be grateful if this could be continued.
2. I have arranged for him to have a fasting blood screen.
3. We discussed his fluid intake during the day and trying to reduce his use of caffeine, which may help with his sleep.
4. I have arranged a review in approximately 6 weeks.

13 Oct 2014 15:00	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Medical Care Plan(old) - questionnaire started - (finalised: 05 Nov 2014 13:29)
Assessment: 13 Oct 2014 15:00
Staff Member: Jane Robson

15 Oct 2014	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Melanie Mansfield Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: MJMUPD_146.tif - Letter from outside agency
CMHT 2 Airedale Health Centre, With us all in Mind (15-Oct-2014)

21 Oct 2014	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Aripiprazole 10mg tablets - 56 tablet - 2 tab each am
Ended 08 Jun 2015 Patient Deducted (Active repeat ended on GP2GP transfer)

21 Oct 2014	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

see hospital letter aripiprazole increase to 20 mg
(NOT ISSUED) Aripiprazole 10mg tablets 2 tab each am, 56 tablet

28 Oct 2014	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

5x4 cm size swelling, semimoble
over lef shoulder , swellinfg x 2 weeks
detail given to book appointment
Stopped smoking (137K.)

05 Nov 2014	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Tracy Dickinson Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Blood sample taken (XaEJK) - for hospital
Informed consent for procedure (892..)

05 Nov 2014 13:29	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 18:42

'Medical Care Plan(old)' - questionnaire amended

07 Nov 2014	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Transfer-degraded record entry (XaLGM)
Original text: US SHOULDER LT

(HP10353) - Normal - No Action

Report Summary
Clinical History :
History : 5x4 cm size semimobile swelling over left shoulder over AC joint for 2 weeks
Question : ? lipoma but needs to confirm
US Shoulder Lt
US Shoulder Lt : the lump appears to have reduced in size since GP visit.
There is prominence of the A/C joint on the left with slight thickening of the synovium compared to the contra lateral side, but no definite focal lesions noted.

Degenerative changes noted at the left A/c joint.
Comment: Degenerative changes of the left A/C joint with some synovial thickening.
Scanned by K Godson
Advanced Practitioner Sonographer
Reported by: GODSON KIRSTIE / RA33365
Report, Unknown, Other: Report ID: 20141107160633250 0
Specimen ID: 22778732
Specimen description: TYPE UNSPECIFIED (Patient Informed). Review not applicable

12 Nov 2014	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day

12 Nov 2014	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Zapain 30mg/500mg tablets (Advanz Pharma) - 224 tablet - Two To Be Taken Four Times A Day

12 Nov 2014	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

12 Nov 2014	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Aripiprazole 10mg tablets - 56 tablet - 2 tab each am

21 Nov 2014	GP2GP Import, Healthcare related organisation. Newland Surgery: Miss Toni Windle Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: TWSCN_131.tif - Diagnostic procedures
Diagnostic procedures (21-Nov-2014)

24 Nov 2014 15:40	Health Centre: Clinic-Stream2 MacDonald SG & SHO Mon PM Baghill Dr Andrew MacDon Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00
01 Dec 2014 15:40	Health Centre: Clinic-Stream2 MacDonald SG & SHO Mon PM Baghill Dr Andrew MacDon Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00
18 Dec 2014	GP2GP Import: Mrs Louise Langley Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

to Unknown - "Mental health monitoring first letter" Original text document
Mental Health Review invitation - 1st letter

30 Dec 2014	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

for 2 weeks, chesty cough
wait till weekend
if still same, leave message and i will do prewscription
afebrile
spo2 98
chest clear
Chesty cough (1719.) - First
Smoking cessation advice (Ua1Nz)
Smoker (137R.) - Original text: Current smoker
Alcohol intake (136..) 2 Units/Week
Original text: Alcohol consumption
Original units: U/week

01 Jan 2015	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre	Entered: 23 Jul 2015 14:50

Patient Information to Unknown

01 Jan 2015	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre	Entered: 23 Jul 2015 14:50
02 Jan 2015	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

see last consultation
rang as still same
Acute lower respiratory tract infection (XE0Xt)
First
Original text: Chest infection
Amoxicillin 500mg capsules - 21 capsule - 1 TDS
Stopped 14 Feb 2015 Other (Medication Course Ended. Expired)

02 Jan 2015	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical	Entered: 08 Jun 2015 09:17

	Centre	
05 Jan 2015	GP2GP Import: Mrs Louise Langley Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

to Unknown - "Mental health monitoring second letter" Original text document
Mental Health Review 2nd Letter

19 Jan 2015	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day

19 Jan 2015	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Zapain 30mg/500mg tablets (Advanz Pharma) - 224 tablet - Two To Be Taken Four Times A Day

19 Jan 2015	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Aripiprazole 10mg tablets - 56 tablet - 2 tab each am

19 Jan 2015	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

22 Jan 2015	GP2GP Import: Mrs Louise Langley Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

to Unknown - "Mental health monitoring third letter" Original text document
Administration

26 Jan 2015	GP2GP Import: External User Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Agreeing on mental health care plan (Xaa8p)

26 Jan 2015	GP2GP Import: Mrs Louise Langley Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Care plan (Xa0jb)
Ongoing (Original qualifier text: Review)
CMHT 2

26 Jan 2015 15:20	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Medical Care Plan(old) - questionnaire started - (finalised: 26 Mar 2015 11:15)
Assessment: 26 Jan 2015 15:20
Staff Member: Jane Robson

26 Jan 2015 15:20	Health Centre: Andrew MacDonald Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Outcome: Attended - Further Appointment Given
Activity: (Direct - AT3) Assessment & Treatment - MEDICS ONLY
Activity: (Direct - AT3) Assessment & Treatment - MEDICS ONLY (18 minutes) with Patient
New Intervention: (Direct - AT3) Assessment & Treatment - MEDICS ONLY
Start Date: 26 Jan 2015 15:20
End Date: 26 Jan 2015 15:38

Patient Contact: 18 minutes Total Contact: 18 minutes

26 Jan 2015 15:20	Surgery: Andrew MacDonald Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

CPA Level Assessment: 26 Jan 2015 15:20
Staff Member: Andrew MacDonald
Team: Airedale CMHT

26 Jan 2015 15:20	Surgery: Andrew MacDonald Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

Last Updated Date: 29 Jan 2015 11:18
Last Updated By: Dr Andrew MacDonald
Originally Entered By: Jane Robson
Specialty: No Specialty Recorded
Note Type: Community Progress Note - Medical
Notes: Clinical Presentation:
I reviewed Thomas in clinic, accompanied by his friend Lisa. Unfortunately Thomas was unwell over the Christmas and New Year period and has become quite hit and miss with his medication. This was exacerbated as his friend who normally supervises his medication was also unwell. His voices have perhaps been a little bit more troublesome.

They still occur every day and whilst not all day, they remain quite negative telling him to steal or telling him unpleasant things about people he is with. He hears them inside his head, but is adamant that they are a voice and not one of his own thoughts. He believes that they come from somebody or something else. He also feels sometimes that they put thoughts into his head, but has no thought withdrawal or thought broadcasting, or delusions of reference. His sleep pattern has improved a little, but his appetite has been poor with his physical illness and his weight has dropped to 74.1kg. He says he has some very fleeting thoughts that life is not worth living, but no thoughts of actually doing anything about this, indeed he was adamant that he never would.

Mental state examination showed him to be casually but appropriately attired with both good eye contact and rapport. His speech pattern was normal, his mood positive and bright and thought form and content as above.

Other Information:
Nil.

Mental Health Act Status:
N/A
Diagnosis/Differential Diagnosis:
F200 Paranoid schizophrenia

Current Physical Illnesses:
Ongoing leg pain.

Medication:
1. Aripiprazole 20mg mane.
2. Sertaline 50mg mane.

Thomas is concordant with his medication but was describing some inner restlessness. This is of very recent onset and I wonder if it might be more related to his physical state of wellbeing.

Management Plan/Monitoring Arrangements:
1. To continue medication as above.
2. I have arranged a further review for 3 months.
3. I have tried to encourage him to set some goals.
4. As his triglyceride levels are slightly elevated, I have encouraged him to follow a healthier diet and lifestyle and we will continue to monitor this.

27 Jan 2015	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Melanie Sewell Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: MBSUPD_211.tif - Letter from consultant
Letter from consultant cmht(27-Jan-2015)

27 Jan 2015 10:23	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

CPA Review - questionnaire started - (finalised: 10 Feb 2015 15:40)

27 Jan 2015 10:23	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'CPA Review' - questionnaire amended

01 Feb 2015	GP2GP Import: Mrs Louise Langley Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Seen in accident and emergency department (9N19.)
First
Chest pain

01 Feb 2015	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Dawn Smith Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: DMSSCN_88.tif - Accident & emergency
Accident & emergency (01-Feb-2015)

10 Feb 2015 15:40	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 18:42
10 Feb 2015 15:40	Surgery: Andrew MacDonald Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'CPA Review' - questionnaire amended

13 Feb 2015	GP2GP Import: System User Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Transfer-degraded record entry (XaLGM)
Original text: Implied consent for core Summary Care Record dataset upload
Added by SCR consent migration process

06 Mar 2015	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Aripiprazole 10mg tablets - 56 tablet - 2 tab each am

06 Mar 2015	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day

06 Mar 2015	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

17 Mar 2015	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

aware if charge
asking for a letter for counsil to move in bunglow
on going knee pain and back pain
was diagnosed arthritis in spine
struggles to use stairs
on going probloem with left knee
giving away and pain
form given for physio
no swelling
flexion normal
valgus, varus nomral
restricted squotting
Knee pain (Xa0wx)
New
Laterality: Left

17 Mar 2015	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Deborah Milner Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: DMSCN_81.tif - Referral
Referral Physio (17-Mar-2015)

17 Mar 2015	GP2GP Import: Mrs Louise Langley Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Referral to physiotherapist (XaBT0) - Original text: Refer to physiotherapist

18 Mar 2015	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Deborah Milner Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

to Unknown - "Administration" Original text document
TWIMC

19 Mar 2015	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

[V]Administrative encounters (ZV68.) - £10 taken for letter mm/tw

26 Mar 2015	GP2GP Import, Healthcare related organisation. Newland Surgery: Miss Toni Windle Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: TWSCN_29.tif - Accident & emergency
Accident & emergency (26-Mar-2015)

26 Mar 2015	GP2GP Import, Healthcare related organisation. Newland Surgery. Contact method: Inbound Document: External User Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

to Unknown - "NHS 111 report received" Original text document
NHS 111 Report

26 Mar 2015	GP2GP Import: Mrs Louise Langley Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Seen in accident and emergency department (9N19.)
New
Chest pain

26 Mar 2015 11:15	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 18:42

'Medical Care Plan(old)' - questionnaire amended

31 Mar 2015	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

see last consultation

worsening hip pain
detail given for x ray
Medication review with patient (XaJCO)
Hip pain (X75rv) - New
Tramadol 50mg capsules - 100 capsule - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours
Stopped 29 Apr 2015 Other (Medication Course Ended. Expired)
Recall: medication review (dup 17) (31 Mar 2016)

31 Mar 2015	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17
31 Mar 2015	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

31 Mar 2015	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day

31 Mar 2015	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Aripiprazole 10mg tablets - 56 tablet - 2 tab each am

17 Apr 2015	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Pelvis X-ray (XE1Qf)
Original text: Plain X-ray pelvis

(HP10353) - mild arthritis

Report Summary
Clinical History :
History : worsning pain in left hip for few months
Question : to r/o OA
XR Pelvis
XR Pelvis :
Mild degenerative changes are noted in both hips with joint space
reduction and mildly increased sclerosis of the superior acetabular
margins.
Reported by Kevin Flintham (Advanced Radiographer Practitioner)
Reported by: FLINTHAM KEVIN / RA37638
Plain X-ray pelvis Report, Unknown, Other: Report ID: 20150417154613025 0
Specimen ID: 22992728
Specimen description: TYPE UNSPECIFIED (Patient Informed). Review not applicable

27 Apr 2015 10:38	Surgery: Unknown Staff Member Entered at: South West Yorkshire Partnership Nhs Foundation Trust Mental Health	Entered: 21 Feb 2019 00:00
27 Apr 2015 10:38	Surgery: Unknown Staff Member Entered at: South West Yorkshire Partnership Nhs Foundation Trust Mental Health	Entered: 21 Feb 2019 00:00
27 Apr 2015 15:20	Health Centre: Clinic-Stream2 MacDonald SG & SHO Mon PM Baghill Dr Andrew MacDon Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00
29 Apr 2015	GP2GP Import, Healthcare related organisation. Newland Surgery: Miss Toni Windle Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: TWSCN_45.tif - Referral
Referral physio (29-Apr-2015)

29 Apr 2015	Surgery: Unknown Staff Member Entered at: Trinity Medical Centre	Entered: 05 Jun 2015 12:56

Previous Home Address: 55 Greenwood House, Wakefield WF1 1NF

29 Apr 2015	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

patiwent came for nurse appointment but did not wait to see dr

29 Apr 2015	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

form given

4 mins late
came for result
Hip pain (X75rv) - New
Referral to physiotherapist (XaBT0) - Original text: Refer to physiotherapist

29 Apr 2015	Surgery: Unknown Staff Member Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Mobile telephone number: 07757 121102
Mobile device

29 Apr 2015	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Maria Lindsay Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Stopped smoking (137K.)
Nicotine replacement therapy (XaEKU)
Alcohol intake (136..) 1 Units/Week
Original text: Alcohol consumption
Original units: U/week
Body mass index - observation (22K..) 26.1 Kg/m²
Original text: Body mass index
Original units: kg/m2
O/E - weight (22A..) 74 Kg (~ 11 st 9 lb)
110 / 60 mmHg
Recall: Mental Health Review (29 Apr 2016)

29 Apr 2015	GP2GP Import, Healthcare related organisation. Newland Surgery: Miss Toni Windle Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

tif: TWSCN_11.tif - Administration
Administration change of details(29-Apr-2015)

29 Apr 2015	Surgery: Unknown Staff Member Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

Mobile telephone number: 07757 121102
Mobile device

29 Apr 2015	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre	Entered: 05 Jun 2015 12:58

Previous Home Address: 148 Park Green, Normanton WF6 1AL

30 Apr 2015	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Reasons for Request:
mental health review.
Serum lipid levels (XE2q7)
Original text: Serum lipids

(HP10353) - Make appointment with Dr
Serum cholesterol level (XE2eD) 6.1 mmol/L - Original text: Serum cholesterol
Serum triglyceride levels (XE2q9) 6.5 mmol/L [0 - 2.6]
Original text: Serum triglycerides
Interpretation Code: Outside reference range
Serum LDL cholesterol level (44P6.)

LDLChol calculation not valid if serum TG > 4.5 mmol/L
Serum cholesterol/HDL ratio (XaEUq) 5.2 mmol/mmol - Original units: 1/1
Serum HDL cholesterol level (44P5.) 1.17 mmol/L
Serum lipids Report, Abnormal, Other: Report ID: 1-63672396260013
Specimen ID: JJ934121E
Specimen description: Blood (Patient Informed). Review not applicable

30 Apr 2015	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Reasons for Request:
mental health review.
Monocyte count - observation (42N..)
Original text: Monocyte count

See below

Mean cell haemoglobin concentration (429..)
Original text: Mean corpusc. Hb. conc. (MCHC)

See below
Lymphocyte count (42M..)

See below
Neutrophil count (42J..)

See below
Red blood cell distribution width (XE2mO)
Original text: Red blood cell distribut width

See below
Platelet count - observation (42P..)
Original text: Platelet count

See below
Total white blood count (XaIdY)
Original text: Total white cell count

See below
Red blood cell count (426..)
Original text: Red blood cell (RBC) count

See below
Haemoglobin concentration (Xa96v)
Original text: Haemoglobin estimation

See below
Please note from 26/1/2013 Haemoglobin (Hb) and
Mean Cell Haemoglobin Concentration (MCHC) results will
report in g/L.
Mean cell haemoglobin level (XE2pb)
Original text: Mean corpusc. haemoglobin(MCH)

See below
Haematocrit (X76tb)

See below
Mean cell volume (42A..)
Original text: Mean corpuscular volume (MCV)

See below
Serum alkaline phosphatase level (XE2px) 115 iu/L [25 - 130]
Original text: Serum alkaline phosphatase
Original units: U/L
Serum bilirubin level (44E..) 6 umol/L [< 22]
Full blood count (424..)
Original text: Full blood count - FBC

(HP10353) - Repeat Test

No EDTA sample received for FBC
Liver function tests (X77WP)
Original text: Liver function test

(HP10353) - Normal - No Action
Eosinophil count - observation (42K..)
Original text: Eosinophil count

See below

Basophil count (42L..)

See below
Serum albumin level (XE2eA) 43 g/L [35 - 50] - Original text: Serum albumin
Serum alanine aminotransferase level (XaLJx) 34 iu/L [< 56]
Original text: Serum ALT level
Original units: u/L
Full blood count - FBC, Liver function test Report, Unknown, Other: Report ID: 1-63672108330013
Specimen ID: JJ934121E
Specimen description: Blood (Patient Informed). Review not applicable

01 May 2015	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

[V]Administrative encounters (ZV68.) - MS white slip. Tramadol in past acutes. Dr P signed a script.

01 May 2015	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Tramadol 50mg capsules - 100 capsule - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours
Stopped 30 May 2015 Other (Medication Course Ended. Expired)

01 May 2015	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day

01 May 2015	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

01 May 2015	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Aripiprazole 10mg tablets - 56 tablet - 2 tab each am

01 May 2015	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17
11 May 2015	GP2GP Import, Healthcare related organisation. Newland Surgery: Mrs Tracy Dickinson Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Blood sample taken (XaEJK)
Informed consent for procedure (892..)

11 May 2015	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

came to discuss blood result
explained high TG
having blood this morning as FBC needs repeate
form given for both

11 May 2015	GP2GP Import: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Reasons for Request:
high triglyceride.
Serum HDL cholesterol level (44P5.) 1.23 mmol/L
Serum cholesterol/HDL ratio (XaEUq) 5.3 mmol/mmol - Original units: 1/1
Serum LDL cholesterol level (44P6.) 3.3 mmol/L
Serum triglyceride levels (XE2q9) 4.4 mmol/L [0 - 2.6]
Original text: Serum triglycerides
Interpretation Code: Outside reference range
Mean cell volume (42A..) 90.3 fL [80 - 98] - Original text: Mean corpuscular volume (MCV)
Haematocrit (X76tb) 0.43 [0.4 - 0.54] - Original units: 1/1
Red blood cell count (426..) 4.76 10^12/L [4.5 - 6]
Original text: Red blood cell (RBC) count
Original units: 10*12/L
Total white blood count (XaldY) 8.4 10^9/L [4 - 11]
Original text: Total white cell count
Original units: 10*9/L
Haemoglobin concentration (Xa96v) 142 g/L [130 - 180]
Original text: Haemoglobin estimation
Converted from: 142.0 g/L

Please note from 26/1/2013 Haemoglobin (Hb) and
Mean Cell Haemoglobin Concentration (MCHC) results will
report in g/L.
Full blood count (424..)
Original text: Full blood count - FBC

(HP10353) - Normal - No Action
Platelet count - observation (42P..) 208 10^9/L [135 - 400]
Original text: Platelet count
Original units: 10*9/L
Mean cell haemoglobin level (XE2pb) 29.8 pg [27 - 35] - Original text: Mean corpusc. haemoglobin(MCH)
Basophil count (42L..) 0.03 10^9/L [0 - 0.1] - Original units: 10*9/L
Eosinophil count - observation (42K..) 0.26 10^9/L [0.04 - 0.4]
Original text: Eosinophil count
Original units: 10*9/L
Serum cholesterol level (XE2eD) 6.5 mmol/L - Original text: Serum cholesterol
Serum lipid levels (XE2q7)
Original text: Serum lipids

(HP10353) - Repeat Test
Monocyte count - observation (42N..) 1.09 10^9/L [0.2 - 0.8]
Original text: Monocyte count
Original units: 10*9/L
Interpretation Code: Outside reference range
Red blood cell distribution width (XE2mO) 14.7 % [0 - 14]
Original text: Red blood cell distribut width
Interpretation Code: Outside reference range
Mean cell haemoglobin concentration (429..) 33 g/dL [30 - 35]
Original text: Mean corpusc. Hb. conc. (MCHC)
Converted from: 330.0 g/L
Neutrophil count (42J..) 4.32 10^9/L [2 - 7.5] - Original units: 10*9/L
Lymphocyte count (42M..) 2.74 10^9/L [1.5 - 4] - Original units: 10*9/L
Full blood count - FBC, Serum lipids Report, Abnormal, Other: Report ID: 1-63683612530003
Specimen ID: JJ952341V
Specimen description: Blood (Patient Informed). Review not applicable

15 May 2015	GP2GP Import, Healthcare related organisation. Newland Surgery: Dr Hemal Parikh Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

explained
moving to wakefield
will organise fasting lipid with new dr.
diet advice given
came to discuss resut

25 May 2015	Surgery: Gillian Hallas (Receptionist Access Role) Entered at: Trinity Medical Centre	Entered: 25 Jun 2015 14:10

Care Plan to Dr Michelle Grainger

25 May 2015	Sandal Castle Medical Centre, Surgery: Dr Michelle Grainger (GP Registrar) Entered at: Trinity Medical Centre	Entered: 25 Jun 2015 14:22
28 May 2015	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre	Entered: 23 Jul 2015 14:49

Patient Summary to Unknown

28 May 2015	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre	Entered: 23 Jul 2015 14:49
Jun 2015	Surgery: Julie Bruce (Receptionist Access Role) Entered at: Trinity Medical Centre	Entered: 05 Jun 2015 16:52

New Patient Registration to Unknown

01 Jun 2015	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Aripiprazole 10mg tablets - 56 tablet - 2 tab each am

01 Jun 2015	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day

01 Jun 2015	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY

Jun 2015	Surgery: Julie Bruce (Receptionist Access Role) Entered at: Trinity Medical Centre	Entered: 05 Jun 2015 16:52
02 Jun 2015	Surgery: Bradley Richardson (Receptionist Access Role) Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 16:17

New Patient Registration to Unknown

02 Jun 2015	Surgery: Bradley Richardson (Receptionist Access Role) Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 16:17
03 Jun 2015	GP2GP Import: Mrs Louise Langley Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

[V]Administrative encounters (ZV68.) - MS white slip request for Tramadol 50mg capsules in past acutes last issued 1/5/15. Dr said yes

03 Jun 2015	GP2GP Import: Dr Rp Gupta Entered at: Trinity Medical Centre	Entered: 08 Jun 2015 09:17

Tramadol 50mg capsules - 100 capsule - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours

05 Jun 2015	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre	Entered: 05 Jun 2015 12:59

Identity Verification
Other - Council Tax
Passport
Letter to Patients to Mr Thomas Murphy
Place of Birth - Glasgow
Pharmacy changed. Previous data: None

05 Jun 2015	Surgery: Unknown Staff Member Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Previous Home Address: 55 Greenwood House, George Street, Wakefield WF1 1NF

Address Type: Main Address (for Funding purposes)
CCG: NHS WAKEFIELD CCG

05 Jun 2015	Surgery: Unknown Staff Member Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

Current Home Address: 55 Greenwood House, George Street, Wakefield WF1 1NF

Address Type: Main Address (for Funding purposes)
CCG: NHS WAKEFIELD CCG

05 Jun 2015	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre	Entered: 05 Jun 2015 13:01

Patient allocated named accountable general practitioner (XacWQ)
Informing patient of named accountable general practitioner (Xab9D)

05 Jun 2015 12:56	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre

Reminder/Alert: This patient is newly registered here, make sure that patient data already on the system has been checked for conformity to policy. - Priority: Normal
Acceptance Code - Acceptance
Previous GP - newlands surgery
Registered GP Entered
Mobile telephone number: 07757 121102
Amendment via PDS

05 Jun 2015 12:56	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre

SystmOne Incoming Record Sharing consent changed to: Not asked - Record shared

08 Jun 2015 09:17	Surgery: Miss Alison Chamberlain (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre

GP2GP Extract Message Received -

08 Jun 2015 09:17	Surgery: Miss Alison Chamberlain (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre
08 Jun 2015 09:17	Surgery: Miss Alison Chamberlain (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre
08 Jun 2015 16:50	Surgery: Bradley Richardson (Receptionist Access Role) Entered at: Trinity Medical Centre

Appointment Letter to Mr Thomas Murphy

09 Jun 2015	Surgery: Mrs Diane Ferry (Clerical Access Role) Entered at: Trinity Medical Centre	Entered: 09 Jun 2015 06:55

GP2GP EhrEmpty consultation (Y09f1) - await notes-received 16.6.15

09 Jun 2015 06:55	Surgery: Mrs Diane Ferry (Clerical Access Role) Entered at: Trinity Medical Centre

Problem Header Marked in Error: nas
1983, Social problem (13Z8.), 01 Jan 1983 - 08 Jun 2015, Minor, First special school
Problem Header Marked in Error: nas
30 Dec 2014, Chesty cough (1719.), 30 Dec 2014 - 28 Jan 2015, Minor, First

Problem Item Marked in Error: nas
3 Diagnosis(s) added to problem Care Programme Approach review (XaK8p), - 16 Dec 2013
Problem Header Marked in Error: nas
02 Dec 2013, Care Programme Approach review (XaK8p), 02 Dec 2013 - Ongoing, Minor, First CMHT 2
Problem Header Marked in Error: nas
07 Dec 2005, General psychotherapy (8G1..), 07 Dec 2005 - 08 Jun 2015, Minor, First
Problem Header Marked in Error: nas
04 Dec 2009, In prison (XE0pK), 04 Dec 2009 - 08 Jun 2015, Minor, First
Problem Item Marked in Error: nas
1 Medication(s) added to problem Acute lower respiratory tract infection (XE0Xt), - 02 Jan 2015
Problem Header Marked in Error: nas
02 Jan 2015, Acute lower respiratory tract infection (XE0Xt), 02 Jan 2015 - 31 Jan 2015, Minor, First Original text: Chest infection
Problem Header Marked in Error: nas
12 Feb 2014, Indigestion symptoms (195..), 12 Feb 2014 - 13 Mar 2014, Minor, First
Problem Header Marked in Error: Duplicate data
29 Apr 2015, Hip pain (X75rv), 29 Apr 2015 - 28 May 2015, Minor, New
Diagnosis Marked in Error: Duplicate data
30 Jun 2010, FH myocardial infarction male first degree age known (XaI9x),
Problem Header Marked in Error: nas
01 Feb 2015, Seen in accident and emergency department (9N19.), 01 Feb 2015 - 01 Feb 2015, Minor, First Chest pain
Problem Header Marked in Error: nas
26 Mar 2015, Seen in accident and emergency department (9N19.), 26 Mar 2015 - 26 Mar 2015, Minor, New Chest pain
Problem Header Marked in Error: Duplicate data
08 Oct 2013, Knee pain (Xa0wx), 08 Oct 2013 - 06 Nov 2013, Minor, New Laterality: Bilateral
Problem Item Marked in Error: nas
1 Medication(s) added to problem Indigestion symptoms (195..), - 12 Feb 2014
Diagnosis Marked in Error: Duplicate data
10 May 2011, FH myocardial infarction male first degree age known (XaI9x),
Problem Item Marked in Error: Duplicate data
1 Medication(s) added to problem Knee pain (Xa0wx), - 08 Oct 2013
Problem Header Marked in Error: nas
13 Sep 2010, Notes summary on computer (9344.), 13 Sep 2010 - 08 Jun 2015, Minor, First
Problem Header Marked in Error: nas
18 Jan 2011, Thigh pain (Xa0wy), 18 Jan 2011 - Ongoing, Minor, New
Problem Header Marked in Error: nas
30 Jun 2014, Medication review (8B314), 30 Jun 2014 - Ongoing, Minor, First
Problem Item Marked in Error: nas
2 Repeat Template(s) added to problem Thigh pain (Xa0wy), - 15 Feb 2011
Problem Item Marked in Error: nas
3 Diagnosis(s) added to problem Thigh pain (Xa0wy), - 15 Feb 2011
Problem Header Marked in Error: nas
Nov 1985, In prison (XE0pK), 01 Nov 1985 - 08 Jun 2015, Minor, First
Problem Header Marked in Error: nas
10 Nov 2004, Has a criminal record (XE0pJ), 10 Nov 2004 - 08 Jun 2015, Minor, First Original text: Criminal record
Problem Header Marked in Error: nas
20 Jun 1968, Date records held from (9R8..), 20 Jun 1968 - 08 Jun 2015, Minor, First
Problem Header Marked in Error: nas
07 Dec 1982, Psychiatric observation (8A21.), 07 Dec 1982 - 08 Jun 2015, Minor, First
Problem Item Marked in Error: nas
46 Medication(s) added to problem Thigh pain (Xa0wy), - 12 Dec 2012 00:00
Problem Header Marked in Error: nas
06 Dec 2011, Generalised anxiety disorder 7 item score (XaNkT), 06 Dec 2011 - 08 Jun 2015, Minor, First Original units: /21 PHQ-9 = 22
Problem Header Marked in Error: nas
24 Aug 2012, Did not attend - no reason (XE2NM), 24 Aug 2012 - 21 Sep 2012, Minor, First
Problem Header Marked in Error: nas
21 Dec 2010, Thigh pain (Xa0wy), 21 Dec 2010 - 18 Jan 2011, Minor, First
Problem Header Marked in Error: nas
24 Jun 2011, A&E attendance, 24 Jun 2011 - 08 Jun 2015, Minor, Original text: A&E attendance Non-notifiable di...

Problem Header Marked in Error: nas
15 Jan 2013, Chest infection NOS (XE0Xs), 15 Jan 2013 - 13 Feb 2013, Minor, First
Problem Header Marked in Error: nas
13 Sep 2010, Cigarette smoker (XE0oq), 13 Sep 2010 - Ongoing, Minor, First
Problem Header Marked in Error: nas
24 Oct 2012, Tooth symptoms (191..), 24 Oct 2012 - 22 Nov 2012, Minor, First Original text: Dental symptoms
Problem Item Marked in Error: nas
1 Medication(s) added to problem Chest infection NOS (XE0Xs), - 15 Jan 2013

12 Jun 2015 10:55	Surgery: Miss Alison Chamberlain (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre

Medical Records Status - Records coming from HA

12 Jun 2015 11:52	Surgery: Mrs Leigh Hudson (Healthcare Assistant) Entered at: Trinity Medical Centre

History: New pt health check completed, advised pt to book appt for full spirometery
Attended new patient screening (9OW1.)
Main spoken language English (XaG5t)
Alcohol intake (136..) 4 Units/Week
Ex-smoker (Ub1na) - stopped smoking 3 months ago
No FH: Ischaemic heart disease (XE0o3)
Alcohol use disorder identificatn test consumptn questionnre (XaORP) 1 -
How often do you have a drink that contains alcohol?: Monthly or less
How many standard alcoholic drinks do you have on a typical day when you are drinking?: 1-2
How often do you have 6 or more drinks on one occasion?: Never
No known allergies (1151.)
British or mixed British - ethnic category 2001 census (XaJQv)
Spirometry indicated (XaLMv)
Enjoys light exercise (1383.)
Pulse rate (X773s) 72 bpm
Pulse regular (XM02J)
Waist circumference (Xa041) 98 cm (~ 39 ")
O/E - height (229..) 1.702 m (~ 5 ' 7 ")
Dietary advice (8CA4.) - diet could be improved upon
Body mass index - observation (22K..) 26.93 Kg/m²
O/E - weight (22A..) 78 Kg (~ 12 st 4 lb)
135 / 70 mmHg

12 Jun 2015 12:07	Surgery: Julie Bruce (Receptionist Access Role) Entered at: Trinity Medical Centre

Appointment Letter to Mr Thomas Murphy

12 Jun 2015 12:08	Surgery: Julie Bruce (Receptionist Access Role) Entered at: Trinity Medical Centre

Appointment Letter to Mr Thomas Murphy

15 Jun 2015 08:12	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre

Summary Care Record Update

15 Jun 2015 08:12	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre

Registered GP Change - Dr Penelope Navarro
NHS Number Approval -

15 Jun 2015 08:14	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre

Address Changed From: '55 Greenwood House, Wakefield WF1 1NF'
Previous Home Address: 55 Greenwood House George St, Wakefield WF1 1NF

15 Jun 2015 12:49	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre

Medical Records Status - Records here

15 Jun 2015 12:50	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre

16 Jun 2015	Surgery: Mrs Diane Ferry (Clerical Access Role) Entered at: Trinity Medical Centre	Entered: 16 Jun 2015 11:09

Notes summary on computer (9344.)

16 Jun 2015 10:40	Surgery: Mrs Diane Ferry (Clerical Access Role) Entered at: Trinity Medical Centre

Problem Item Marked in Error: nas
1 Medication(s) added to problem Hip pain (X75rv), - 03 Jan 2014
Problem Header Marked in Error: nas
03 Jan 2014, Hip pain (X75rv), 03 Jan 2014 - 01 Feb 2014, Minor, First
Problem Header Marked in Error: nas
17 Mar 2015, Knee pain (Xa0wx), 17 Mar 2015 - 15 Apr 2015, Minor, New Laterality: Left
Problem Header Marked in Error: nas

09 Jun 2015, GP2GP EhrEmpty consultation (Y09f1), 09 Jun 2015 - Ongoing, Major, await notes-received 16.6.15
Problem Item Marked in Error: Duplicate data
3 Medication(s) added to problem Hip pain (X75rv), - 31 Mar 2015
Problem Header Marked in Error: Duplicate data
31 Mar 2015, Hip pain (X75rv), 31 Mar 2015 - 29 Apr 2015, Minor, New

16 Jun 2015 15:15	Surgery: Mrs Adillah Thomas Entered at: Trinity Medical Centre	Entered: 16 Jun 2015 16:12

Did not attend for Tuesday PM Surgery appointment with Mrs Adillah Thomas
Did not attend (Xa1kG)

16 Jun 2015 15:45	Surgery: Mrs Adillah Thomas Entered at: Trinity Medical Centre	Entered: 16 Jun 2015 16:12

Did not attend for Tuesday PM Surgery appointment with Mrs Adillah Thomas
Did not attend (Xa1kG)

23 Jun 2015 10:28	Surgery: Julie Bruce (Receptionist Access Role) Entered at: Trinity Medical Centre

Appointment Letter to Mr Thomas Murphy

23 Jun 2015 10:29	Surgery: Dr Michelle Grainger (GP Registrar) Entered at: Trinity Medical Centre

History: New patient. Needs normal meds. Pt has no list with him+unsure on names. According to prev GP records-on sertraline, aripiprazole and propranolol-missed a few months according to record- pt states there was a mix up at pharmacy, states compliant. Under Dr McDonald at Fieldhead/Airedale health centre for psych.
Plan: 1)issued months supply of previous meds-will fax Dr mcDonald to confirm correct current doses before putting on repeat
Aripiprazole 10mg tablets - 56 tablet - 2 tab each am (Future dated medication 29 Jun 2015)
Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY (Future dated medication 29 Jun 2015)
Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day (Future dated medication 29 Jun 2015)
ETP FP10: Printed On Tue 23 Jun 2015 10:50 By Dr Michelle Grainger
Summary Care Record Update

23 Jun 2015 11:33	Surgery: Mrs Michelle Stringer (Receptionist Access Role) Entered at: Trinity Medical Centre

Clinic Letter to Dr MacDonald

23 Jun 2015 16:06	Surgery: Mrs Adillah Thomas (Nurse Access Role) Entered at: Trinity Medical Centre

History: spiro see attachment post technique poor
Forced vital capacity (3396.) 4.23 L
Forced expired volume in 1 second (X77Qu) 3.46 L
FEV1/FVC percent (XaEFy) 69.7 %
Referral for spirometry (XaK02)
Inhaler technique - good (663H.)
Oxygen saturation at periphery (X770D) 98 %
Forced expired volume in 1 second (X77Qu) 3.46 L
Peak expiratory flow rate (XE2wr) 237 L/min
Acrobat Document: SPRO4981092806Murphy20150623160956.PDF
Acrobat Document: SPRO4981092806Murphy20150623160956.PDF

25 Jun 2015 14:20	Sandal Castle Medical Centre, Surgery: Dr Michelle Grainger (GP Registrar) Entered at: Trinity Medical Centre

Aripiprazole 10mg tablets - 56 tablet - 2 tab each am
Ended 14 Jun 2018 Re-Authorised by Mrs Charlotte Barber
Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY
Ended 14 Jun 2018 Re-Authorised by Mrs Charlotte Barber
Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day
Ended 14 Jun 2018 Re-Authorised by Mrs Charlotte Barber
Summary Care Record Update

30 Jun 2015 12:10	Surgery: Bradley Richardson (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre

Clinic Letter to Mr Thomas Murphy

30 Jun 2015 12:11	Surgery: Bradley Richardson Entered at: Trinity Medical Centre

NHS Health Check invitation first letter (XaRBT)

06 Jul 2015 16:20	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Medical Care Plan(old) - questionnaire started - (finalised: 09 Jul 2015 14:41)
Assessment: 06 Jul 2015 16:20
Staff Member: Jane Robson

06 Jul 2015 16:20	Surgery: Andrew MacDonald Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

Last Updated Date: 10 Jul 2015 14:21
Last Updated By: Dr Andrew MacDonald
Originally Entered By: Jane Robson
Specialty: No Specialty Recorded
Note Type: Community Progress Note - Medical
Notes: Clinical Presentation:
I reviewed Thomas in clinic, accompanied by his friend Lisa. He has now moved to a 1 bedroomed flat in the city centre of Wakefield and seems to have settled in quite nicely. He feels quite settled in his local area and finds it much more convenient, indeed he is getting himself out and about a lot more, despite the fact that he has been experiencing quite severe problems with pain in his hip and knee. I gather he has consulted the surgery for this and investigations and possible treatment options are currently being looked into. This has also affected his sleep pattern. His appetite has been good though, and his weight is stable at 76.3kg. He continues to experience voices most days, but these have been tending to come and go. He hears them often commenting on things that he has said to other people. Interestingly, he is unsure if these are internal or external at present, but he remains convinced that they are an actual voice. He is no longer responding out loud to them as he has done previously, and his friend Lisa confirmed that this is the case.

Mental state examination showed him to be appropriately attired for the warm weather. There was good eye contact and rapport. His speech pattern was normal and his mood bright and cheerful with evidence of good humour. There was no disorder of thought form, no thought insertion, withdrawal or broadcasting, or delusions of reference, or passivity phenomenon, but he does experience auditory hallucinations as above.

Other Information:
Nil.

Mental Health Act Status:
N/A
Diagnosis/Differential Diagnosis:
F200 Paranoid schizophrenia

Current Physical Illnesses:
Ongoing leg pain.

Medication:
1. Aripiprazole 20mg mane.
2. Sertaline 50mg mane.

Thomas has maintained his improved concordance with medication and is currently side effect free.

Management Plan/Monitoring Arrangements:
1. To continue medication as above.
2. I will arrange a review in approximately 3 months time with the local services in Wakefield.

06 Jul 2015 16:23	Health Centre: Andrew MacDonald Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Outcome: Attended - Referral to Another SWYPFT Service
Assessment NOS (XaM2g) - Activity: A02 - Ongoing Assessment
Activity: A02 - Ongoing Assessment (15 minutes) with Patient
New Intervention: A02 - Ongoing Assessment
Start Date: 06 Jul 2015 16:23
End Date: 06 Jul 2015 16:38

Patient Contact: 15 minutes Total Contact: 15 minutes

07 Jul 2015	Sandal Castle Medical Centre, Surgery: Mrs Nicola Murrell (Receptionist Access Role) Entered at: Trinity Medical Centre	Entered: 11 Jul 2015 11:32

Care Plan to Dr Michelle Grainger

07 Jul 2015	Surgery: Dr Michelle Grainger (GP Registrar) Entered at: Trinity Medical Centre	Entered: 15 Jul 2015 09:16

09 Jul 2015 14:41	Surgery: Jane Robson Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 18:42

'Medical Care Plan(old)' - questionnaire amended

13 Jul 2015 15:40	Surgery: Andrew MacDonald Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

Last Updated Date: 14 Jul 2015 14:56
Last Updated By: Dr Andrew MacDonald
Originally Entered By: Jane Robson
Specialty: No Specialty Recorded
Note Type: Community Progress Note - Medical
Notes: 13 July 2015

PRIVATE & CONFIDENTIAL
Dr J Nazari
CMHT 1
Peterson Road
Wakefield
West Yorkshire
WF1 3PY

Dear Jamshid

THOMAS MURPHY – 20.05.68
55 GREENWOOD HOUSE, GEORGE STREET, WAKEFIELD WF1 1NF
NHS NUMBER: 498 109 2806

I would be most grateful if you would consider taking over the care of Mr Murphy who has now moved to the Wakefield area from Normanton and has registered with Almshouse Surgery.

We have been seeing Thomas since 2013 with a diagnosis of Schizophrenia. There is a comprehensive assessment on RiO from August 2013 (as this pre dated the subsequent A and B assessments) and also a very detailed medical care plan from Dr Sunder dated 10 December 2013 which contains much of his history also. He usually attends with his friend Lisa, and things have settled down a lot since we have been seeing him. He has been treated with:

1. Aripiprazole 20mg mane.
2. Sertraline 50mg mane.

He continues to experience voices that occur most days, but these are far more intermittent than they have been in the past. They will often pass comment on things that he says to other people, and interestingly he is finding it difficult to discern whether they are internal or external at present, but he is convinced that they are real voices. He is by no means as bothered about them as he was in the past, and no longer responds by shouting out loud to them, which has alarmed his friend Lisa and people on public transport. He has certainly appeared far more relaxed and happy in recent times, and this has been particularly the case since he has moved to Wakefield where everything appears much more centralised and at hand, and has resulted in him managing to get out and about far more.

I am grateful to you for taking over his care, but should you require any further information or documentation, I would be more than happy to help with this.

Yours sincerely

DR ANDREW MACDONALD
CONSULTANT PSYCHIATRIST

14 Jul 2015 14:57	Surgery: Andrew MacDonald Entered at: SWYFT - Wakefield	Entered: 21 Feb 2019 00:00

	Mental Health Community	

Supplementary Questionnaire Guidance (RiO) to Unknown - Notes
Questionnaire: Mental Health Clustering Tool
Text File: Notes.txt

14 Jul 2015 14:57	Surgery: Andrew MacDonald Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Mental Health Clustering Tool - questionnaire started - (finalised: 14 Jul 2015 15:01)
Care Cluster 12: Ongoing or Recurrent Psychosis (High Disability)
Assessment: 14 Jul 2015 14:57
Staff Member: Andrew MacDonald
Team: Wakefield Enhanced Team West

14 Jul 2015 15:01	Surgery: Andrew MacDonald Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Supplementary Questionnaire Guidance (RiO) to Unknown - Notes
Questionnaire: Mental Health Clustering Tool
Text File: Notes.txt

14 Jul 2015 15:01	Surgery: Andrew MacDonald Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Health of Nation Outcome Scale item 10 - activit daily liv (Xa1eC) 2 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score10] - 2 = Mild problem but definitely present - 2 = Mild problem but definitely present
Health of the Nation Outcome Scale item 7 - depressed mood (Xa1e9) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score7] - 0 = No problem - 0 = No problem
Health of the Nation Outcome Scale item 6 - hallucinat/delus (Xa1e8) 2 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score6] - 2 = Mild problem but definitely present - 2 = Mild problem but definitely present
Mental health clustering tool (MHCT) score (Y1c2b) 10 - 10.0
Health of Nat Outc Sc item 1 - aggressive/disrupt behaviour (Xa1e1) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score1] - 0 = No problem - 0 = No problem
Health of Nat Outc Scale item 2 - non-accidental self injury (Xa1e3) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score2] - 0 = No problem - 0 = No problem
Health of Nation Outcome Scale item 5 - phys illn/disabil (Xa1e7) 2 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score5] - 2 = Mild problem but definitely present - 2 = Mild problem but definitely present
Health of the Nation Outcome scale item 11 - living condit (Xa1eD) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score11] - 0 = No problem - 0 = No problem
Health of Nation Outcome Scale item 9 - relationship probl (Xa1eB) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score9] - 0 = No problem - 0 = No problem
Health of the Nation Outcome Scale item 4 - cognitive probl (Xa1e5) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score4] - 0 = No problem - 0 = No problem
Health of Nat Outcome Scale item 8 - other ment/behav probl (Xa1eA) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score8] - 0 = No problem - 0 = No problem
Health of the Nation Outcomes scale item 12 - occup/activit (Xa1eE) 2 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score12] - 2 = Mild problem but definitely present - 2 = Mild problem but definitely present
Health of the Nation Outcome Scale item 3 - alcoh/drug probl (Xa1e4) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score3] - 0 = No problem - 0 = No problem
'Mental Health Clustering Tool' - questionnaire amended

20 Jul 2015	Sandal Castle Medical Centre, Surgery: Miss Samantha Bulmer (Receptionist Access Role) Entered at: Trinity Medical Centre	Entered: 23 Jul 2015 14:12

Psychiatry to Dr Dena Smith

20 Jul 2015	Surgery: Dr Dena Smith (General Medical Practitioner) Entered at: Trinity Medical Centre	Entered: 24 Jul 2015 16:06
20 Jul 2015 14:00	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

**** U N V A L I D A T E D N O T E ****
Last Updated Date: 20 Jul 2015 14:06
Last Updated By: Jane Slatter

Originally Entered By: Jane Slatter
Specialty: No Specialty Recorded
Note Type: Admin
Notes: 20 July 2015

Mr T Murphy
55 Greenwood House
George Street
Wakefield
WF1 1NF

Psychiatry
Community Mental Health Team 1
8 Peterson Road
Wakefield
WF1 4EB

Tel: 01924 327108
Fax: 01924 327150
Jane.Slatter@swyt.nhs.uk

Dear Mr Murphy

I understand that you have now moved from Normanton to the Wakefield area and have registered with Almshouse Surgery. Therefore, your mental health care will be transferred from CMHT 2, at Airedale Health Centre to CMHT 1. I would also like to offer you an appointment to come and see me at CMHT 1 at the above address on Thursday 1st October 2015 at 10.00am.

I look forward to meeting you then.

Yours sincerely,

Dr J Nazari
Consultant Psychiatrist

Cc: Dr A MacDonald, Consultant Psychiatrist, CMHT 2, Airedale Health Centre.
GP - Dr A P Power, The Almshouse Surgery, Trinity Medical Centre, Wakefield WF1 1PG

22 Jul 2015	Surgery: Unknown Staff Member Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

Home telephone number: 01977 614612
Primary home (after business hours)

22 Jul 2015	Surgery: Unknown Staff Member Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Home telephone number: 01977 614612
Primary home (after business hours)

10 Aug 2015 11:55	Surgery: Mrs Gina Sharp (Receptionist Access Role) Entered at: Trinity Medical Centre

Appointment Letter to Mr Thomas Murphy

10 Aug 2015 11:56	Surgery: Mrs Gina Sharp (Receptionist Access Role) Entered at: Trinity Medical Centre
10 Aug 2015 14:17	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre

Home telephone number: 01977 614612
Amendment via PDS

11 Aug 2015 14:14	Surgery: Lisha Jose (General Medical Practitioner) Entered at: Trinity Medical Centre

History: on tramadol for arthritis of the hip. but now pain worse and pain going down leg and like electric shock all over on the left side. constnat pain . under physio long time back . pain now worse . also had lump on the left shoulder. worried. had u/scan and told ok. but worried re cancer.
Examination: well. left aC joint prominent. nil to feel . good rom of shoulder. O/E - gait (299..)normal
Plan: Informing patient of named accountable general practitioner (Xab9D)adv not to take tramadol daily. have 2 days free. meds on repeat. refer physio .rv sos meanwhiile
Unfit for work (13JJ.)
Independent housing, lives alone (XaINW)
Mental health medication review (XaJr3)
Mental health personal health plan (XaK70)
Patient's condition the same (2128.)
Alcohol intake (136..) 4 Units/Week
Referral to community-based physiotherapy service (XaAdf)
Care Programme Approach (XaIXu)
Low suicide risk (XaIeX)
Ex-smoker (Ub1na)
(R) Aripiprazole 10mg tablets - 56 tablet - 2 tab each am
(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY
(R) Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day
Tramadol 50mg capsules - 100 capsule - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours
Hospital Referral to community-based physiotherapy service
Tramadol 50mg capsules - 100 capsule - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours
Ended 14 Jun 2018 Re-Authorised by Mrs Charlotte Barber
ETP FP10: Printed On Tue 11 Aug 2015 14:20 By Lisha Jose
FP10: Printed On Tue 11 Aug 2015 14:20 By Lisha Jose
Hospital Referral to community-based physiotherapy service updated: Waiting For Information
Summary Care Record Update

17 Aug 2015	PGH Physiotherapy: Gwendoline Shackleton (Admin/Clinical Support Access Role) Entered at: Mid Yorks Outpatient Therapies	Entered: 17 Aug 2015 09:49

Referral In to Cora Mainprize

17 Aug 2015 09:45	Surgery: Lesley Smith Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Paper Records Management' - questionnaire amended

17 Aug 2015 09:45	Surgery: Gwendoline Shackleton (Admin/Clinical Support Access Role) Entered at: Mid Yorks Outpatient Therapies

Referral In to Mid Yorks Outpatient Therapies for Physiotherapy: Ended on 08 Apr 2016 16:06
With the Following Intervention(s)
F.T.A (Failed to Attend)
Status Update for Physiotherapy Referral In: On Waiting List, Status changed: 17 Aug 2015 09:45
Address Changed From: '55 Greenwood House, Wakefield WF1 1NF'
Current Home Address: 55 Greenwood House George St, Wakefield WF1 1NF

17 Aug 2015 12:36	PGH Physiotherapy: Miss Cora Mainprize (Physiotherapist) Entered at: Mid Yorks Outpatient Therapies

Hip pain (X75rv)

17 Aug 2015 14:22	Surgery: Ann Kinyua (Admin/Clinical Support Access Role) Entered at: Mid Yorks Outpatient Therapies
01 Sep 2015 08:52	Surgery: Gillian Hallas (Receptionist Access Role) Entered at: Trinity Medical Centre

Appointment Letter to Mr Thomas Murphy

01 Sep 2015 11:01	Surgery: Gillian Hallas (Receptionist Access Role) Entered at: Trinity Medical Centre

(R) Aripiprazole 10mg tablets - 56 tablet - 2 tab each am
(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY
(R) Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update

02 Sep 2015 15:54	Surgery: Dr Omar Alisha (General Medical Practitioner) Entered at: Trinity Medical Centre

History: L leg pain for years getting worse starts in the L leg and radiates to the L leg with pins and needles feels bowel painful bit no incontinence and urine work and sensation between legs intact
SLR +ve L side
for MRI scan of the back added gabapentin and review after that

also L shoulder pain to book another appointment
Gabapentin 100mg capsules - 100 capsule - 1 To be taken Three Times Daily for 3 days increase to 2 To be taken Three Times Daily if needed, then 3 To be taken Three Times Daily after another 2 days
ETP FP10: Printed On Wed 02 Sep 2015 16:01 By Dr Omar Alisha
Pathology Request (Complete):
MRI Spine Lumbar/Sacral (Requested)
Summary Care Record Update

02 Sep 2015 16:05	Surgery: Mrs Gina Sharp (Receptionist Access Role) Entered at: Trinity Medical Centre

Appointment Letter to Mr Thomas Murphy

15 Sep 2015 11:07	Surgery: Miss Tracy Donnelly (Admin/Clinical Support Access Role) Entered at: Mid Yorks Outpatient Therapies

Partial booking to Mr Thomas Murphy

19 Sep 2015 10:07	Surgery: Dr Omar Alisha (General Medical Practitioner) Entered at: Trinity Medical Centre

History: Now saying few years history of pain in the L side neck radiates to the L arm and hands with pins and needles no weakness pain starts at 90 degree but gets shooting pain in the L arm agreed to MRI the cervical spine as well pain is better on gabapentin see after the MRI scan seeing phsyio soon
(R) Tramadol 50mg capsules - 100 capsule - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours
FP10: Printed On Sat 19 Sep 2015 10:14 By Dr Omar Alisha
Pathology Request (Complete):
MRI Spine Cervical (Requested)
Summary Care Record Update

21 Sep 2015 09:55	Surgery: Mrs Nicola Murrell (Receptionist Access Role) Entered at: Trinity Medical Centre

(R) Aripiprazole 10mg tablets - 56 tablet - 2 tab each am
(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY
(R) Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day
(R) Tramadol 50mg capsules - 100 capsule - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours
Uncollected FP10: Printed On Mon 21 Sep 2015 09:56 By Mrs Nicola Murrell
Uncollected FP10: Printed On Mon 21 Sep 2015 09:56 By Mrs Nicola Murrell
Community Pharmacy - Amendment via PDSPrevious data: Lloydspharmacy, 2 St. Michaels Green, Normanton, West Yorkshire WF6 1PX
Tel: 01924896870
Summary Care Record Update

30 Sep 2015 13:20	Pinderfields Hospital, Surgery: Mr Adam Stirling Entered at: Mid Yorks Outpatient Therapies	Entered: 30 Sep 2015 13:35

Did not attend for PGH OPD appointment with Adam Stirling
Did not attend (Xa1kG)

01 Oct 2015 10:00	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Medical Care Plan(old) - questionnaire started - (finalised: 02 Oct 2015 14:54)
Assessment: 01 Oct 2015 10:00
Staff Member: Jane Slatter

01 Oct 2015 10:00	NHS Consultant Clinic Premises on a NHS Hospital site: Dr Jamshid Nazari-Anarestani Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Outcome: Attended - Further Appointment Given
Assessment NOS (XaM2g) - Activity: A02 - Ongoing Assessment
Activity: A02 - Ongoing Assessment (30 minutes) with Patient
New Intervention: A02 - Ongoing Assessment
Start Date: 01 Oct 2015 10:00
End Date: 01 Oct 2015 10:30

Patient Contact: 30 minutes Total Contact: 30 minutes

01 Oct 2015 13:34	Surgery: Amanda Hemingway Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

**** U N V A L I D A T E D N O T E ****
Last Updated Date: 01 Oct 2015 13:37

Last Updated By: Amanda Hemingway
Originally Entered By: Amanda Hemingway
Specialty: No Specialty Recorded
Note Type: Admin
Notes: Attended OPA today, further appointment made for 03.12.15. Appt letter sent.

02 Oct 2015 09:18	Surgery: Bradley Richardson (Receptionist Access Role) Entered at: Trinity Medical Centre

(R) Aripiprazole 10mg tablets - 56 tablet - 2 tab each am
(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY
(R) Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day
(R) Tramadol 50mg capsules - 100 capsule - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours
ETP FP10: Printed On Fri 02 Oct 2015 09:19 By Bradley Richardson
FP10: Printed On Fri 02 Oct 2015 09:19 By Bradley Richardson
Summary Care Record Update

02 Oct 2015 10:33	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

02 Oct 2015 10:39	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

02 Oct 2015 10:51	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

02 Oct 2015 14:54	Surgery: Dr Jamshid Nazari-Anarestani Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

02 Oct 2015 14:54	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 18:42
03 Oct 2015 10:32	Surgery: Dr Omar Alisha (General Medical Practitioner) Entered at: Trinity Medical Centre	Entered: 05 Oct 2015 13:52

Miscellaneous imaging procedures (56...)
Report Summary
The patient attended the department for their MRI examination but was unable to go ahead with their scan, due to symptoms of claustrophobia. If still required we will attempt scanning following oral sedation; this would need to be prescribed by you. Please instruct your patient how this is to be taken prior to their appointment. If you would like us to go ahead following sedation, please re-submit a request including the need for oral sedation in the clinical details.
Alternative options available for the patient are:
Discussion with a radiologist re alternative imaging
For Trust patients - scanning following IV sedation (at Mid Yorkshire Hospitals) or general anaesthetic (provided by Leeds Teaching Hospitals, referrals should go direct to them)
Referral to an open MRI scanner. Contact details: 0191 281 2636/www.newcastleclinic.co.uk (this is a private service)
REJMRICLAU
Reported by: AUTOMATIC PROCESS / RA31892
Miscellaneous imaging procedures Report, Specimen lost / unusable, No Further Action: has F/U. Review not applicable

03 Oct 2015 10:32	Surgery: Dr Omar Alisha (General Medical Practitioner) Entered at: Trinity Medical Centre	Entered: 05 Oct 2015 13:53

MRI SPINE LUMBAR & SACRAL: Report Summary
The patient attended the department for their MRI examination but was unable to go ahead with their scan, due to symptoms of claustrophobia. If still required we will attempt scanning following oral sedation; this would need to be prescribed by you. Please instruct your patient how this is to be taken prior to their

appointment. If you would like us to go ahead following sedation, please re-submit a request including the need for oral sedation in the clinical details.
Alternative options available for the patient are:
Discussion with a radiologist re alternative imaging
For Trust patients - scanning following IV sedation (at Mid Yorkshire Hospitals) or general anaesthetic (provided by Leeds Teaching Hospitals, referrals should go direct to them)
Referral to an open MRI scanner. Contact details: 0191 281 2636/www.newcastleclinic.co.uk (this is a private service)
REJMRICLAU
Reported by: AUTOMATIC PROCESS / RA31892
MRI SPINE LUMBAR & SACRAL Report, Specimen lost / unusable, No Further Action: has F/u. Review not applicable

05 Oct 2015	Surgery: Mrs Joanne Chapman (Receptionist Access Role) Entered at: Trinity Medical Centre	Entered: 07 Oct 2015 14:41

Care Plan to Dr Omar Alisha

05 Oct 2015	Surgery: Dr Omar Alisha (General Medical Practitioner) Entered at: Trinity Medical Centre	Entered: 08 Oct 2015 15:27
05 Oct 2015 08:53	Surgery: Dr Omar Alisha (General Medical Practitioner) Entered at: Trinity Medical Centre	

Gabapentin 100mg capsules - 100 capsule - tds asd
ETP FP10: Printed On Mon 05 Oct 2015 08:54 By Dr Omar Alisha
Summary Care Record Update

05 Oct 2015 10:14	Surgery: Mrs Hayley Flint (Receptionist Access Role) Entered at: Trinity Medical Centre
05 Oct 2015 10:57	Surgery: Mrs Nicola Murrell (Receptionist Access Role) Entered at: Trinity Medical Centre

Clinic Letter to Mr Thomas Murphy

05 Oct 2015 11:04	Surgery: Mrs Nicola Murrell (Receptionist Access Role) Entered at: Trinity Medical Centre
05 Oct 2015 13:52	Surgery: Dr Omar Alisha (General Medical Practitioner) Entered at: Trinity Medical Centre
05 Oct 2015 13:53	Surgery: Dr Omar Alisha (General Medical Practitioner) Entered at: Trinity Medical Centre
05 Oct 2015 14:47	Surgery: Gillian Hallas (Receptionist Access Role) Entered at: Trinity Medical Centre

(R) Aripiprazole 10mg tablets - 56 tablet - 2 tab each am
(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY
(R) Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day
(R) Tramadol 50mg capsules - 100 capsule - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours
ETP FP10: Printed On Mon 05 Oct 2015 14:50 By Gillian Hallas
FP10: Printed On Mon 05 Oct 2015 14:50 By Gillian Hallas
Summary Care Record Update

05 Oct 2015 15:30	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

**** U N V A L I D A T E D N O T E ****
Last Updated Date: 05 Oct 2015 15:31
Last Updated By: Jane Slatter
Originally Entered By: Jane Slatter
Specialty: No Specialty Recorded
Note Type: Admin
Notes: See Medical Care Plan for clinic on 1.10.15

06 Oct 2015 08:25	Surgery: Dr Andrew Power (General Medical Practitioner) Entered at: Trinity Medical Centre

Gabapentin 100mg capsules - 180 capsule - 2 To be taken Three Times Daily
Ended 14 Jun 2018 Re-Authorised by Mrs Charlotte Barber
Summary Care Record Update

14 Oct 2015 09:20	Sandal Castle Medical Centre, Surgery: Dr Omar Alisha Entered at: Trinity Medical Centre	Entered: 14 Oct 2015 10:21

Did not attend for Wednesday AM Surgery appointment with Dr Omar S Alisha
Did not attend (Xa1kG)

15 Oct 2015	Surgery: Susan Roberts (Admin/Clinical Support Access Role) Entered at: HMP Leeds	Entered: 29 Oct 2015 13:12

Prescription or Medication details to Unknown

15 Oct 2015	Surgery: Susan Roberts (Admin/Clinical Support Access Role) Entered at: HMP Leeds	Entered: 16 Oct 2015 12:16

Consent Forms to Unknown

15 Oct 2015 18:02	Surgery: Dr Gary Dyson (General Medical Practitioner) Entered at: HMP Leeds	Entered: 15 Oct 2015 19:16

History: Admitted from police cells.
PMH - mental health problems, anxiety, lower back problems ?disc problems, left arm pain.
Dh - sertraline, gabapentin, tramadol, Propanol aripiprazole. - last had medication yesterday
nkda
Examination: movin well pain free.
Plan: Agreed to switch to alternative medication to gabapentin. Issue Tramadol short term. Request GP list urgently.for review in 1 week to consider long term management of back pain.
Amitriptyline 10mg tablets - 7 tablets - Take one Each Night
Paracetamol 500mg tablets - 112 tablets - take 2 upto Four Times Daily
Sertraline 50mg tablets - 7 tablets - Take one daily
tramadol 24 hour modified release tablets 100mg - 7 tablets - AM: 1 tablets

15 Oct 2015 18:35	Surgery: Mr David Gough (Clinical Practitioner Access Role) Entered at: HMP Leeds

Dispensing Flag Turned Off
Previous Home Address: 126 Lomond Drive, Falkirk FK2 7TX
SystmOne Outgoing Record Sharing consent changed to: No
SystmOne Incoming Record Sharing consent changed to: Yes

15 Oct 2015 18:39	Surgery: Ross Thorburn (Nurse Access Role) Entered at: HMP Leeds

History: Mental health nurse (Ua0ZI)
Examination: Was bright and pleasant in mood. Engaged well throughout screening and at times jovial. Reports a diagnosis of shizophrenia and under the care of a psychiatrist (reports prescribed aripiprazole). Reports that he does hear voices but he is currently well and has managed his symptoms for a few years now. No thoughts of self harm or suicide.
Plan: PCMHT appt. 20/10/15. Appt. made for 2nd screen 16/10/15. To see GP this evening.
Yes (Y0427) - Tramadol and gabapentin
Prisoner receiving prescribed medication (YX007)
No (Y0428)
Prisoner has outstanding hospital or doctors appointment (YX006) - Missed a dr's appt. on 14/10/15.
Prisoner receiving prescribed medication (YX007)
Tramadol 50mg QDS
Gabapentin 100mg QDS
Cetraline 30mg
Aripriprazole
Propanalol

No (Y0428)
Yes (Y0427) - Schizophrenia
Able to dress (Xa2xE)
Able to perform toileting activities (Xa2w5)
Able to feed self (Xa4KZ)
Yes (Y0427) - Prescribed beta blocker but does not know why?
No (Y0428)
Able to bath self (Xa2uZ)
Pulse rate (X773s) 63 bpm
Not religious (135D.)
Expected peak expiratory flow rate (XaEFL) 617 L/min
Ideal body weight (66CB.) 71.96 Kg (~ 11 st 5 lb)
Heterosexual (X766q)
Seen in GP's surgery (9N11.)
Alms House,
Wakefield
Prisoner has concerns over their physical health (YX009) - Concerns about spinal, neck and hip. In pain everyday. Due for further investigations.
Prisoner seen doctor in previous few months (YX005) - Spinal, neck, hip and lower back injuries. Had MRI scan last week but it was incomplete due to anxiety.
Consent obtained (Y001d)

Main spoken language English (XaG5t)
No (Y0428)
Able to mobilise (Xa8AW)
No (Y0428)
At risk state (Xa1qc) 6 -
1.How do you feel about the future when you get out of prison?
(does he exhibit pessimism): No
2. How do you feel about the situation at the moment?
(does he exhibit hopelessness): No
3. Poor coper?: No
4. No expected contact with family/social isolation?: No
5. History of being in care?: Yes
6. Less then 3 months since last period in custody?: No
7. Remand after further offence on bail?: No
8. Licence recall prisoner or indeterminate sentence for public protection (IPP)?: No
9. Rule 45 prisoner?: No
10. Previous psychiatric history?: Yes
11. Previous history of self harm?: No
12. Serious charge?: No
13. First time remand: No
14. Remand prisoner?: Yes
15. Age less then 25 years: No
16. No fixed abode?: No
17. Presence of physical illness?: Yes
18. Drug or alcohol abuse?: No
No (Y0428)
Prisoner has not tried to harm themselves (in prison) (Y09f9)
Impressions of the prisoners behaviour and mental state (YX023) - Calm and relxaed. Engaged well throughout the assessment. Jovial at times. No concerns.
Prisoner does not feel like Self Harming or Suicide (Y0903)
No (Y0428)
Seen by deputising GP (XaASN)
Alcohol questionnaire completed (XaKAn)
Health information received from outside source (YX002)
Referral to GP (8H62.)
Contact with mental health service (Y04cf)
Patient advised about alcohol (XaFvp)
Yes (Y0427)
Yes (Y0427)
Patient's next of kin (9182.)
Lisa Elliott (girlfriend)
31 School Close
Sharlstone
Wakefield
07968171248
Yes (Y0427)
Contact with mental health service (Y04cf)
Has not received physical injuries recently (Y08d8)
Prisoner has received medication for mental health problems (YX019) - Apriprizole
Prisoner receiving prescribed medication (YX007) - Aprirprazole
Prisoner has not tried to harm themselves (outside prison) (Y09fa)
Self reported physical health status score (Y07b1) 0 Arbitrary -
1. Cough for more then 3 weeks?: No
2. Sputum production?: No
3. Loss of weight in last 3 months?: No
4. Loss of appetite?: No
5. Pleuritic chest pain?: No
No (Y0428)
Has not stayed in a psychiatric hospital (Y08e2)
O/E - height (229..) 1.7 m (~ 5 ' 7 ")
O/E - weight (22A..) 73 Kg (~ 11 st 7 lb)
Body mass index - observation (22K..) 25.26 Kg/m²

143 / 90 mmHg
Address Changed From: '126 Lomond Drive, Falkirk FK2 7TX'
Previous Home Address: 55 George Street, Wakefield WF1 1NF

16 Oct 2015	Surgery: Mr Peter Ratcliffe (Admin/Clinical Support Access Role) Entered at: HMP Leeds	Entered: 16 Oct 2015 15:44

Clinic Letter to Unknown

16 Oct 2015 09:55	Surgery: Ann Van Lelyveld (Nurse Access Role) Entered at: HMP Leeds

Advice on hepatitis B vaccination (XaLKu)
Hep B Vacc - immunised already (Y075d)
No (Y0428)
Yes (Y0427)
Hepatitis B screening offered (XaLFK)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
Yes (Y0427)
Hep C test - offered and refused (Y075a)
Hepatitis C screening offered (XaLDh)
No (Y0428)
Yes (Y0427) - struggles with stairs as he has arthtitis and worn vertebrae and some nerve damage
No (Y0428)
No (Y0428)
Yes (Y0427)
No (Y0428)
Yes (Y0427)
Yes (Y0427)
Diabetes mellitus: no (Y093f)
Diabetes mellitus: no (Y093f)
Asthma: no (Y0944)
No (Y0428)
No (Y0428)
Epilepsy: no (Y0941)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
Yes (Y0427) - registered as schizophrenia and on medication.
No (Y0428)
No (Y0428)
Not interested in stopping smoking (XaIkY)
No (Y0428)
Not fit for normal location, work and any cell occupancy (Y0b8b)
Patient Goals Review (Y0161) - requires lower landing

16 Oct 2015 12:08	Surgery: Mr Rahan Sulaman (Admin/Clinical Support Access Role) Entered at: HMP Leeds

GP Letter to THE ALMSHOUSE SURGERY

16 Oct 2015 13:50	Surgery: Mrs Julie Powell (Pharmacist) Entered at: HMP Leeds

Pharmacist (03G..) - clinical check on medication

17 Oct 2015 03:58	Surgery: Mrs Susan McAndrew (Staff Nurse) Entered at: HMP Leeds

History: Fax from GP received prescribed Gabepentin 100mgs TDS Aripprazole 20mgs Propranalol 40mgs Sertraline 50mgs Tramadol 50mgs QDS. Will task GP.

20 Oct 2015	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre	Entered: 20 Oct 2015 08:41

DNA Letter to Mr Thomas Murphy

20 Oct 2015	Surgery: Susan Roberts (Admin/Clinical Support Access Role) Entered at: HMP Leeds	Entered: 29 Oct 2015 12:12

Prescription or Medication details to Unknown

20 Oct 2015 07:15	Surgery: Mr Satish Gudala (Medical Technical Officer) Entered at: HMP Leeds
20 Oct 2015 07:18	Surgery: Mr Satish Gudala (Medical Technical Officer) Entered at: HMP Leeds
20 Oct 2015 07:19	Surgery: Mr Satish Gudala (Medical Technical Officer) Entered at: HMP Leeds
20 Oct 2015 09:46	Surgery: Wesley Loveday (Admin/Clinical Support Access Role) Entered at: HMP Leeds
20 Oct 2015 10:45	Surgery: Dr Alun George (Clinical Practitioner Access Role) Entered at: HMP Leeds

Aripiprazole 10mg tablets - 56 tablets - AM: 2 tablets

21 Oct 2015 08:46	Surgery: Wesley Loveday (Admin/Clinical Support Access Role) Entered at: HMP Leeds	
22 Oct 2015 08:45	Surgery: Dr Gary Dyson (General Medical Practitioner) Entered at: HMP Leeds	Entered: 22 Oct 2015 10:13

History: Chronic back pain for a number years. Getting pain and numbness in left leg. Advised was due MRI scan prior to admission but felt unable to attend. Has not received medication - unclear from records why thiusa has not occured. Has not had propanolol for past week. Advised
Plan: Feel sertraline doesnt help. Agreed to increase gabapentin rather than prescribe gabapentin, advised used only if essential in prison due to the potential safety concerns with it. Due court next week - to review further if staying in prison.
Aripiprazole 10mg tablets - 56 tablets - AM: 2 tablets
Stopped 27 Oct 2015 Patient Preference by Dr Alun T George
Paracetamol 500mg tablets - 112 tablets - take 2 upto Four Times Daily
Propranolol 40mg tablets - 56 tablets - AM: 1 tablets, PM: 1 tablets
Sertraline 50mg tablets - 7 tablets - one daily
tramadol 24 hour modified release tablets 100mg - 14 tablets - AM: 2 tablets
Stopped 27 Oct 2015 Change of Dosage by Dr Alun T George
tramadol 24 hour modified release tablets 100mg - 7 tablets - AM: 1 tablets

22 Oct 2015 09:11	Surgery: Mr Rahan Sulaman (Admin/Clinical Support Access Role) Entered at: HMP Leeds	Entered: 23 Oct 2015 09:11

History: Discussed at Multi-disciplinary team meeting (Y04c6) - attendees: Flo, Tim, Nina, Steph
Plan: MHIRT to discuss

22 Oct 2015 09:30	Surgery: Janina Snell (Nurse Access Role) Entered at: HMP Leeds

Examination: Late entry: Seen on the wing yesterday due to not being able to seeThomas voicing his frustrations about his medication telling me that he should be on Gabapentin and has been taken off them without discussion, also prescribed Aripiprazole 10mgs stating has not received it yet,
He reported that he is under Dr McDonaold from Feildhead, who he sees every 3 months?

Referral to MHIRT made in view of being under CPA
Mental health nurse (Ua0ZI)

22 Oct 2015 11:28	Surgery: Janina Snell (Nurse Access Role) Entered at: HMP Leeds

History: Paranoid Schizophrenia
Examination: Seen this am in well being unit to get further information, 29th Oct on video link.
He denied hearing voices at this time as medication appear to have settled him,
He reports that the has been seen by someone at Wakefield CMHT he has an appointment there on 8th Dec but may not be released.
He has a girlfriend of over 5 years.
No concerns at this itme regarding his well being noted.
Advised of referral to MHIRT
Mental health review follow-up (XaMJ8)

22 Oct 2015 12:02	Surgery: Elaine Bird (Pharmacist) Entered at: HMP Leeds

Pharmacist (03G..) - pharmacist clinical check

25 Oct 2015	Surgery: Susan Roberts (Admin/Clinical Support Access Role) Entered at: HMP Leeds	Entered: 29 Oct 2015 12:12

Refusal Slip to Unknown

25 Oct 2015 16:05	Surgery: Mr Satish Gudala (Medical Technical Officer) Entered at: HMP Leeds

History: Pharmacy technician (03K9.)
not willing to take his Aripiprazole while he is the prison , has been making in feel sick and ill so would like to stop taking .
signed medication refusal form .
drs tasked to stop on S1
Mh tasked to notify

26 Oct 2015 12:06	Surgery: Mrs Andrea Dickinson (Medical Technical Officer) Entered at: HMP Leeds
26 Oct 2015 13:30	Surgery: Mrs Kerry Holliday (Nurse Access Role) Entered at: HMP Leeds

Examination: Notes opend on behalf of Tim to read task and to look for location.
Mental health nurse (Ua0ZI)

26 Oct 2015 13:55	Surgery: Mr Timothy Chippendale (Mental Health Nurse) Entered at: HMP Leeds

History: Assessment with MHIRT.
Examination: Thomas seen on D Wing this afternoon to assess. When located on wing he informed me he was about to go to gym and asked if I could see him later. Thomas stated the gym was helpful in occupying his time and managing his mood. Agreed that I would see him later this week. He presented as calm, relaxed and smiled in interaction. Thomas asked if I was aware he had contact with MH services in community. I confirmed that I was aware of this and showed him a letter we had received from Dr Nazari (October 2015).
Noted the task stating he did not want to tak Aripiprazole.
I explained to Thomas that I could not come back to wing later this afternoon, due to other work committments but would see him later in week. He stated this was fine.
Plan: I will see later this week.

26 Oct 2015 15:23	Surgery: Mr Rahan Sulaman (Admin/Clinical Support Access Role) Entered at: HMP Leeds

History: Discussed at Multi-disciplinary team meeting (Y04c6) - attendees: Dr Baskind, Tim Chippendale, Kerry Wilson, Flo Munemo
Plan: Tim co-working

27 Oct 2015 12:14	Surgery: Dr Alun George (Clinical Practitioner Access Role) Entered at: HMP Leeds
27 Oct 2015 15:36	Surgery: Dr Alun George (Clinical Practitioner Access Role) Entered at: HMP Leeds

tramadol 24 hour modified release tablets 100mg - 14 tablets - AM: 1 tablets (Future dated medication 30 Oct 2015)
Stopped 29 Oct 2015 Form, strength, or route change by Dr Gary Dyson

28 Oct 2015 09:21	Surgery: Miss Tanya Cullen (Health Professional Access Role) Entered at: HMP Leeds

Pharmacist (03G..) - Clinical check

28 Oct 2015 14:22	Surgery: Mr Timothy Chippendale (Nurse Access Role) Entered at: HMP Leeds

Mental Health to HMP Leeds

29 Oct 2015	Surgery: Susan Roberts (Admin/Clinical Support Access Role) Entered at: HMP Leeds	Entered: 10 Nov 2015 13:03

Prescription or Medication details to Unknown

29 Oct 2015 18:38	Surgery: Dr Gary Dyson (General Medical Practitioner) Entered at: HMP Leeds	Entered: 29 Oct 2015 20:23

Error made by myself, meant to increase tramadol to 200mg.
tramadol 24 hour modified release tablets 200mg - 28 tablets - AM: 1 tablets

30 Oct 2015 09:06	Surgery: Bradley Richardson (Receptionist Access Role) Entered at: Trinity Medical Centre

(R) Aripiprazole 10mg tablets - 56 tablet - 2 tab each am
(R) Gabapentin 100mg capsules - 90 capsule - tds
(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY
(R) Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update

03 Nov 2015	Sandal Castle Medical Centre, Surgery: Gillian Hallas (Receptionist Access Role) Entered at: Trinity Medical Centre	Entered: 04 Nov 2015 11:53

Patient Information to Unknown

03 Nov 2015	Sandal Castle Medical Centre, Surgery: Gillian Hallas (Receptionist Access Role) Entered at: Trinity Medical Centre	Entered: 04 Nov 2015 11:53
03 Nov 2015 09:16	Surgery: Susan Roberts (Admin/Clinical Support Access Role) Entered at: HMP Leeds	

Discharge Letter to Unknown

03 Nov 2015 12:07	Surgery: Mr Rahan Sulaman (Admin/Clinical Support Access Role) Entered at: HMP Leeds
04 Nov 2015 09:53	Surgery: Mrs Alison Holmes (Receptionist Access Role) Entered at: Trinity Medical Centre

Appointment Letter to Mr Thomas Murphy

04 Nov 2015 14:45	Surgery: Dr Jamshid Nazari-Anarestani Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

**** U N V A L I D A T E D N O T E ****
Last Updated Date: 04 Nov 2015 14:54
Specialty: No Specialty Recorded
Note Type: Community Progress Note - Medical
Notes: Message left from Tim Chippendale (prison inreach team) yesterday informing that Thomas was released from prison , no further information given.
Contacted Tim today (0113 2031843) no answer.

Will discuss with team on our MDT today for duty to contact him.

05 Nov 2015	Surgery: Miss Ellie Mack (Receptionist Access Role) Entered at: Trinity Medical Centre	Entered: 11 Nov 2015 14:23

Jobcentreplus to Dr Omar Alisha

05 Nov 2015	Surgery: Dr Omar Alisha (General Medical Practitioner) Entered at: Trinity Medical Centre	Entered: 11 Nov 2015 14:46
05 Nov 2015 12:50	Surgery: Andrew Spencer (Nurse Access Role) Entered at: Trinity Medical Centre	

History: asking for tramadol prescription
Plan: advised to contact surgery
Telephone triage encounter (XaIvd)
Advised to self care (XaNo1)

05 Nov 2015 12:52	Surgery: Miss Alison Chamberlain (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre
05 Nov 2015 13:05	Surgery: Miss Alison Chamberlain (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre

Printed script from 30th Oct for tramodol as wasnt printed before, have put in Dr Navarro duty dr folder to be signed

05 Nov 2015 13:49	Surgery: Mrs Joanne Chapman (Receptionist Access Role) Entered at: Trinity Medical Centre
06 Nov 2015 08:23	Surgery: Miss Samantha Bulmer (Receptionist Access Role) Entered at: Trinity Medical Centre

(R) Tramadol 50mg capsules - 100 capsule - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours
Uncollected FP10: Printed On Fri 06 Nov 2015 08:23 By Miss Samantha Bulmer
Summary Care Record Update

06 Nov 2015 10:23	Surgery: Catherine Chadwick Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

Last Updated Date: 06 Nov 2015 10:25
Last Updated By: Catherine Chadwick
Originally Entered By: Catherine Chadwick
Specialty: No Specialty Recorded
Note Type: Community Progress Note - Nursing
Notes: Duty
Phone call attempted to Thomas via mobile number recorded on this system - went straight to voicemail. No message left as I am unsure of his consent to this or whether the number is still active. To discuss with team.

06 Nov 2015 13:50	Surgery: Dr Jamshid Nazari-Anarestani Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

**** U N V A L I D A T E D N O T E ****
Last Updated Date: 06 Nov 2015 13:56
Specialty: No Specialty Recorded
Note Type: Community Progress Note - Medical
Notes: contacted prison inreach team again no answer,
tried Mr murphy went on answering no message left.

09 Nov 2015 09:26	Surgery: Bradley Richardson (Receptionist Access Role) Entered at: Trinity Medical Centre

Medication Marked in Error: Wrong data entered
30 Oct 2015 09:06, Tramadol 50mg capsules, One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours, 100 capsule, have 2 days a week with no pain killer, 0
Prescription Marked in Error: Wrong data entered
30 Oct 2015 09:06, 30 Oct 2015 09:06, Printed on: 05 Nov 2015 12:53 by Miss Alison Chamberlain (Admin/Clinical Support Access Role)

09 Nov 2015 10:45	Surgery: Lisha Jose (General Medical Practitioner) Entered at: Trinity Medical Centre

History: was in prison for 19days. need note for ESA. not had one for a long time . othrwise ok. well in himself.
Plan: cont . gen adv . given note .has appt with Dr. Alisha. he wants to keep it .rv sos meanwhile

eMED3 (2010) new statement issued, not fit for work (XaX1E)
PNG Image: MED3Statement.png
New MED3 statement issued: Not fit for work - Valid from 02 Nov 2015 to 02 Dec 2015
Diagnosis: schizoprenia with osteoarthritis. uses walking aids
Fit Note Marked in Error: Wrong data entered
09 Nov 2015 10:45, eMED3 (2010) new statement issued, not fit for work
Diagnosis Marked in Error: Wrong data entered
09 Nov 2015 10:45, eMED3 (2010) new statement issued, not fit for work (XaX1E),
Attachment Marked in Error: Wrong data entered
09 Nov 2015 10:45, PNG Image: MED3Statement.png

09 Nov 2015 14:20	Surgery: Lesley Smith Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

**** U N V A L I D A T E D N O T E ****
Last Updated Date: 09 Nov 2015 14:22
Last Updated By: Lesley Smith
Originally Entered By: Lesley Smith
Specialty: No Specialty Recorded
Note Type: Admin
Notes: Mr Thomas Murphy
55 Greenwood House
George Street
Wakefield
WF1 1NF Community Mental Health Team 1
8 Peterson Road
Wakefield
WF1 4EB

Tel: 01924 327114
Fax: 01924 327115

9 November 2015

Dear Thomas

You have been referred to Community Mental Health Team 1 by Dr Nazari for further support.

I would be grateful if you could contact the team to make an appointment in order for us to assess any support you may need.

It would be helpful if you could provide a current telephone number.

We look forward to meeting you.

Yours sincerely

Claire Young
Duty Worker

On behalf of Wakefield Team 1

19 Nov 2015 09:39	Surgery: Dr Omar Alisha (General Medical Practitioner) Entered at: Trinity Medical Centre

History: still ongoing pain in the L side back and leg could not tolerate MRI scan to try again with diazepam see after that
increase gabapentin to 300mg tds

Diazepam 5mg tablets - 2 tablet - bd before MRI scan
(R) Gabapentin 300mg capsules - 100 capsule - 1 tds
Gabapentin 300mg capsules - 100 capsule - 1 tds
Ended 14 Jun 2018 Re-Authorised by Mrs Charlotte Barber
ETP FP10: Printed On Thu 19 Nov 2015 09:46 By Dr Omar Alisha
ETP FP10: Printed On Thu 19 Nov 2015 09:46 By Dr Omar Alisha
Pathology Request (Complete):
MRI Spine Lumbar/Sacral (Requested)
Summary Care Record Update

27 Nov 2015 08:31	Surgery: Bradley Richardson (Receptionist Access Role) Entered at: Trinity Medical Centre

(R) Aripiprazole 10mg tablets - 56 tablet - 2 tab each am
(R) Gabapentin 100mg capsules - 90 capsule - tds
(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY
(R) Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day
(R) Tramadol 50mg capsules - 100 capsule - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours
ETP2 FP10: Not Yet Printed - Signed
FP10: Printed On Fri 27 Nov 2015 08:32 By Bradley Richardson
Summary Care Record Update

27 Nov 2015 08:32	Surgery: Bradley Richardson (Receptionist Access Role) Entered at: Trinity Medical Centre	
30 Nov 2015 09:41	Surgery: Miss Samantha Bulmer (Receptionist Access Role) Entered at: Trinity Medical Centre	
03 Dec 2015 12:00	NHS Consultant Clinic Premises on a NHS Hospital site: Clinic-Stream1 Nazari Thu AM Drury Lane Dr Jamshid Nazari-Anarest Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00
03 Dec 2015 12:00	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Medical Care Plan(old) - questionnaire started - (finalised: 05 Dec 2015 15:27)
Assessment: 03 Dec 2015 12:00
Staff Member: Jane Slatter

03 Dec 2015 15:36	Surgery: Amanda Hemingway Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

**** U N V A L I D A T E D N O T E ****
Last Updated Date: 03 Dec 2015 15:37
Last Updated By: Amanda Hemingway
Originally Entered By: Amanda Hemingway
Specialty: No Specialty Recorded
Note Type: Admin
Notes: Attended OPA today, further appointment made for 18.12.15. Appt letter sent.

04 Dec 2015 09:51	Surgery: Catherine Giemza Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

**** U N V A L I D A T E D N O T E ****
Last Updated Date: 04 Dec 2015 09:53
Specialty: No Specialty Recorded
Note Type: Community Progress Note - Nursing
Notes: Telephone call to Thomas as duty worker at request made by psychiatrist Dr nazari as Thomas did not attend his outpatient appointment recently. No reply to tlephone call. Given that previous telephone calls have been made and messages left on voicemail i have written and sent letter offering a visit at team base on Monday 7th December at 10am.

05 Dec 2015 10:33	Surgery: Dr Omar Alisha (General Medical Practitioner) Entered at: Trinity Medical Centre	Entered: 13 Dec 2015 09:30

MRI SPINE LUMBAR & SACRAL: Report Summary

History : L side back pain for many months radiates to the L leg with pins and needles, SLR +ve
Question : ? disc pathology
MRI Spine lumbar & sacral
MRI Spine lumbar & sacral :
The last fully-formed intervertebral disc is taken to represent the L5/S1 disc space. The conus terminates at T12/L1; normal cord signal.
There is straining of the lumbar spine with loss of the lumbar lordosis, but otherwise, normal alignment of the lumbar vertebrae, and normal vertebral body heights. Other than some Modic type II changes at the lumbosacral junction, normal bone marrow signal. Incidental note is made of a congenitally narrow AP diameter of the central canal.
L3/4: Minor diffuse disc bulge, but no neural compromise.
L4/5: Diffuse disc bulge with minor ligamentum flavum hypertrophy causes mild central canal stenosis. There is a small left foraminal disc protrusion component which contacts the exiting left L4 nerve root.
L5/S1: Loss of intervertebral disc height. Circumferential disc bulge, with mild stenosis of the left exit foramen. There is a tiny 5mm left paracentral extruded disc fragment which contacts and potentially irritates the traversing left S1 nerve root.
Comment: Multilevel disc disease within the lower lumbar spine, with the potential for irritation of the exiting left L4 nerve root and the traversing left S1 nerve root.
Reported by Dr. A. Chattopadhyay (ST2 Radiology); Reviewed by Dr. Menon (Consultant Radiologist).
Reported by: DR CHATTAPADHYAY ARPITA / C7274631
MRI SPINE LUMBAR & SACRAL Report, Abnormal, Communicate Patient: has F/U (Patient Informed). Review not applicable

05 Dec 2015 15:27	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 18:42
05 Dec 2015 15:27	Surgery: Dr Jamshid Nazari-Anarestani Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

07 Dec 2015 10:20	Surgery: Michelle Ronksley Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

Last Updated Date: 07 Dec 2015 10:56
Specialty: No Specialty Recorded
Note Type: Community Progress Note - Social Care
Notes: Base visit. Thomas said that he has been struggling somewhat with his mood, which he attributes to a pending court case and daily pain due to his spine. He said that he has had an MRI scan and is hopeful that he may be able to have treatment.
Thomas said that he was recently in hospital due to defending himself against a man who threatened him with a knife in a car. The man ended up with facial injuries and Thomas was charged. He is hopeful that the truth will prevail at a four day trial in April 2016.
Thomas said that he occasionally has thoughts of self harm, however he has not made plans and has no thoughts currently. He said that he spends time with his partner whom he lives separately from and described a positive relationship. He was able to engage in conversation, good eye contact. He said that he is taking his medication as prescribed, and is planning to collect another prescription today. Thomas spoke positively about the future. He has an appointment with Dr Nazari on the 18th, which he said that he plans to attend. Contingency plans discussed.

07 Dec 2015 10:20	Other locations not elsewhere classified: Michelle Ronksley Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Outcome: Attended - Further Appointment Given
Activity: (Direct - DDA1) Engagement
Activity: (Direct - DDA1) Engagement (30 minutes) with Patient
New Intervention: (Direct - DDA1) Engagement

Start Date: 07 Dec 2015 10:20
End Date: 07 Dec 2015 10:50

Patient Contact: 30 minutes Total Contact: 30 minutes

07 Dec 2015 11:12	Surgery: Mrs Gail Dawson (Receptionist Access Role) Entered at: Trinity Medical Centre
07 Dec 2015 11:13	Surgery: Mrs Gail Dawson (Receptionist Access Role) Entered at: Trinity Medical Centre

Appointment Letter to Mr Thomas Murphy

09 Dec 2015 12:46	Surgery: Bradley Richardson (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre
09 Dec 2015 12:46	Surgery: Bradley Richardson Entered at: Trinity Medical Centre
09 Dec 2015 13:00	Surgery: Bradley Richardson (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre

Attachment Marked in Error: Wrong data entered
09 Dec 2015 12:46, Word Letter
Letter Marked in Error: Wrong data entered
Recipient Mr Thomas Murphy
Diagnosis Marked in Error: Wrong data entered
09 Dec 2015 12:46, NHS Health Check invitation second letter (XaRBU),

09 Dec 2015 14:49	Surgery: Claire Crane (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre

Appointment Letter to Mr Thomas Murphy

11 Dec 2015	Surgery: Miss Caroline Widdop (Receptionist Access Role) Entered at: Trinity Medical Centre	Entered: 11 Dec 2015 16:31

Community Mental Health to Dr Omar Alisha

11 Dec 2015	Surgery: Dr Omar Alisha (General Medical Practitioner) Entered at: Trinity Medical Centre	Entered: 17 Dec 2015 15:03
13 Dec 2015 09:29	Surgery: Dr Omar Alisha (General Medical Practitioner) Entered at: Trinity Medical Centre	
18 Dec 2015 10:00	NHS Consultant Clinic Premises on a NHS Hospital site: Clinic-Stream1 Nazari Fri AM Rapid Access Drury Lane Dr Jamshid N Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00
18 Dec 2015 10:00	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Medical Care Plan(old) - questionnaire started - (finalised: 23 Dec 2015 15:11)
Assessment: 18 Dec 2015 10:00
Staff Member: Jane Slatter

21 Dec 2015 12:10	Surgery: Amanda Hemingway Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

**** U N V A L I D A T E D N O T E ****
Last Updated Date: 21 Dec 2015 12:11
Last Updated By: Amanda Hemingway
Originally Entered By: Amanda Hemingway
Specialty: No Specialty Recorded
Note Type: Admin
Notes: Failed to attend OPA on 18.12.15. Further appointment made for 08.01.16. Appt letter sent.

22 Dec 2015 10:39	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

23 Dec 2015 15:11	Surgery: Dr Jamshid Nazari-Anarestani Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

23 Dec 2015 15:11	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 18:42
24 Dec 2015 09:08	Surgery: Mrs Susan Killingbeck (Receptionist Access Role) Entered at: Trinity Medical Centre	

(R) Aripiprazole 10mg tablets - 56 tablet - 2 tab each am

(R) Gabapentin 100mg capsules - 90 capsule - tds
(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY
(R) Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day
(R) Tramadol 50mg capsules - 100 capsule - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours
ETP FP10: Printed On Thu 24 Dec 2015 09:09 By Mrs Susan Killingbeck
FP10: Printed On Thu 24 Dec 2015 09:09 By Mrs Susan Killingbeck
Summary Care Record Update

29 Dec 2015 09:46	Surgery: Mrs Joanne Chapman (Receptionist Access Role) Entered at: Trinity Medical Centre	
30 Dec 2015 11:26	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

**** U N V A L I D A T E D N O T E ****
Last Updated Date: 30 Dec 2015 11:26
Last Updated By: Jane Slatter
Originally Entered By: Jane Slatter
Specialty: No Specialty Recorded
Note Type: Admin
Notes: See Medical Care Plan for clinic on 18.12.15

01 Jan 2016	Surgery: Miss Helen Brownbill (Admin/Clinical Support Access Role) Entered at: HMP Hatfield	Entered: 04 Nov 2019 13:43

Stopped smoking (137K.)

01 Jan 2016	Surgery: Miss Helen Brownbill (Admin/Clinical Support Access Role) Entered at: HMP Hatfield	Entered: 19 Nov 2019 13:35

Stopped smoking (137K.)

05 Jan 2016	Surgery: Miss Samantha Bulmer (Receptionist Access Role) Entered at: Trinity Medical Centre	Entered: 05 Jan 2016 15:34

Care Plan to Dr Andrew Power

05 Jan 2016	Surgery: Dr Andrew Power (General Medical Practitioner) Entered at: Trinity Medical Centre	Entered: 06 Jan 2016 12:36
08 Jan 2016	Sandal Castle Medical Centre, Surgery: Mrs Nicola Murrell (Receptionist Access Role) Entered at: Trinity Medical Centre	Entered: 16 Jan 2016 08:47

Care Plan to Dr Omar Alisha

08 Jan 2016	Sandal Castle Medical Centre, Surgery: Dr Omar Alisha (General Medical Practitioner) Entered at: Trinity Medical Centre	Entered: 19 Jan 2016 13:42
08 Jan 2016 11:00	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Medical Care Plan(old) - questionnaire started - (finalised: 13 Jan 2016 14:35)
Assessment: 08 Jan 2016 11:00
Staff Member: Jane Slatter

08 Jan 2016 11:00	NHS Consultant Clinic Premises on a NHS Hospital site: Dr Jamshid Nazari-Anarestani Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Outcome: Attended - Awaiting Decision on Outcome
Assessment NOS (XaM2g) - Activity: A02 - Ongoing Assessment
Activity: A02 - Ongoing Assessment (30 minutes) with Patient
New Intervention: A02 - Ongoing Assessment
Start Date: 08 Jan 2016 11:00
End Date: 08 Jan 2016 11:30

Patient Contact: 30 minutes Total Contact: 30 minutes

10 Jan 2016 11:14	Surgery: Dr Omar Alisha (General Medical Practitioner) Entered at: Trinity Medical Centre

History: advised about the MRI scan still severe low back pain radiates to the L leg MRI showed nerve irritation pain going for 10 years but worse last 2 years increased gabapentin to 500mg tds and refereed to neurosurgeon
Choice and booking enhanced services administration (XaMJa)
Referral to neurology service (8H46.)

Hospital Referral to neurology service

11 Jan 2016 10:28	Surgery: Mrs Michelle Stringer (Receptionist Access Role) Entered at: Trinity Medical Centre

rtf: pathresults1452508368453.rtf
rtf: Past Medical History.rtf

11 Jan 2016 10:37	Surgery: Dr Omar Alisha (General Medical Practitioner) Entered at: Trinity Medical Centre

Hospital Referral to neurology service updated: Waiting For Information

12 Jan 2016 09:34	Surgery: Amanda Hemingway Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

**** U N V A L I D A T E D N O T E ****
Last Updated Date: 12 Jan 2016 09:34
Last Updated By: Amanda Hemingway
Originally Entered By: Amanda Hemingway
Specialty: No Specialty Recorded
Note Type: Admin
Notes: Attended OPA on 08.01.16. Further appointment made for 12.05.16. Appt letter sent.

12 Jan 2016 16:37	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

12 Jan 2016 16:40	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

13 Jan 2016 14:35	Surgery: Dr Jamshid Nazari-Anarestani Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

13 Jan 2016 14:35	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 18:42
13 Jan 2016 16:11	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

**** U N V A L I D A T E D N O T E ****
Last Updated Date: 13 Jan 2016 16:11
Last Updated By: Jane Slatter
Originally Entered By: Jane Slatter
Specialty: No Specialty Recorded
Note Type: Admin
Notes: See Medical Care Plan for clinic on 8.1.16

19 Jan 2016 13:39	Sandal Castle Medical Centre, Surgery: Dr Omar Alisha (General Medical Practitioner) Entered at: Trinity Medical Centre

Aripiprazole 5mg tablets - 28 tablet - take one daily
Ended 14 Jun 2018 Re-Authorised by Mrs Charlotte Barber
Medication Marked in Error: Wrong data entered
19 Jan 2016 13:39, Aripiprazole 5mg tablets, take one daily, 28 tablet, , 0

22 Jan 2016 08:22	Surgery: Miss Samantha Bulmer (Receptionist Access Role) Entered at: Trinity Medical Centre

(R) Aripiprazole 10mg tablets - 56 tablet - 2 tab each am
(R) Aripiprazole 5mg tablets - 28 tablet - take one daily
(R) Gabapentin 100mg capsules - 180 capsule - 2 To be taken Three Times Daily
(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY
(R) Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day
(R) Tramadol 50mg capsules - 100 capsule - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
FP10: Printed On Fri 22 Jan 2016 08:22 By Miss Samantha Bulmer

Summary Care Record Update

22 Jan 2016 08:22	Surgery: Miss Samantha Bulmer (Receptionist Access Role) Entered at: Trinity Medical Centre
19 Feb 2016 09:12	Surgery: Bradley Richardson (Receptionist Access Role) Entered at: Trinity Medical Centre

(R) Aripiprazole 10mg tablets - 56 tablet - 2 tab each am
(R) Aripiprazole 5mg tablets - 28 tablet - take one daily
(R) Gabapentin 100mg capsules - 180 capsule - 2 To be taken Three Times Daily
(R) Gabapentin 300mg capsules - 100 capsule - 1 tds
(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY
(R) Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day
(R) Tramadol 50mg capsules - 100 capsule - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours
ETP FP10: Printed On Fri 19 Feb 2016 09:12 By Bradley Richardson
ETP FP10: Printed On Fri 19 Feb 2016 09:12 By Bradley Richardson
FP10: Printed On Fri 19 Feb 2016 09:12 By Bradley Richardson

Summary Care Record Update

23 Feb 2016 11:04	Surgery: Miss Alison Chamberlain (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre

Job Centre Plus to Dr Alisha

29 Feb 2016	Sandal Castle Medical Centre, Surgery: Miss Samantha Bulmer (Receptionist Access Role) Entered at: Trinity Medical Centre	Entered: 29 Feb 2016 17:39

Neurosurgery to Dr Omar Alisha

29 Feb 2016	Sandal Castle Medical Centre, Surgery: Dr Omar Alisha (General Medical Practitioner) Entered at: Trinity Medical Centre	Entered: 01 Mar 2016 09:48
29 Feb 2016 11:42	Surgery: Miss Alison Chamberlain (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre	

Job Centre Plus to Jayne

29 Feb 2016 16:59	Surgery: Ms Jayne Richardson (Manager) Entered at: Trinity Medical Centre

Report to jobcentreplus

01 Mar 2016	Sandal Castle Medical Centre, Surgery: Dr Omar Alisha (General Medical Practitioner) Entered at: Trinity Medical Centre	Entered: 01 Mar 2016 09:48

Lumbar disc prolapse with radiculopathy (N12C2)
Lumbar disc prolapse with radiculopathy (N12C2) - L5/S1

07 Mar 2016 13:14	Surgery: Ms Susan Hopkinson (Nurse Access Role) Entered at: Trinity Medical Centre

History: message left to ring back number engaged at 1320

07 Mar 2016 13:21	Surgery: Ms Susan Hopkinson (Nurse Access Role) Entered at: Trinity Medical Centre

History: number remains engaged await pt to ring back

08 Mar 2016 08:46	Surgery: Mrs Gail Dawson (Receptionist Access Role) Entered at: Trinity Medical Centre

Appointment Letter to Mr Thomas Murphy

10 Mar 2016 08:46	Surgery: Dr Christos Hadjicharitou (General Medical Practitioner) Entered at: Trinity Medical Centre

History: Cold symptoms for 2 and half weeks .Now coughing yellow flegma and sore throat mostly R side .HO low back pain and awaiting for Left L5 / S1 injection No Asthma.Stopped smoking
Examination: Fair well Limping Throat red and congested Rest ENT NAD Chest Widespread rhonchi B / P 131 / 75 Rest NAD
Diagnosis: Chest infection NOS (XE0Xs)
Plan: Adviced RIN
Amoxicillin 500mg capsules - 21 capsule - take one 3 times/day
ETP FP10: Printed On Thu 10 Mar 2016 08:50 By Dr Christos Hadjicharitou

Summary Care Record Update

17 Mar 2016 10:43	Surgery: Claire Crane Entered at: Trinity Medical Centre

Reminder/Alert: In the absence of this patients Usual (named) GP, Dr Daru will be responsible for their care. Staff DO NOT have to book appointments with this GP this is for information purposes only._
- Priority: Normal

30 Mar 2016 09:50	Surgery: Dr Kiran Ali (GP Registrar) Entered at: Trinity Medical Centre

History: C/O pain in L knee, says had for years, no hx of trauma, OA of hip and back problems. Describes localised 'toothache' pain in medial aspect of L knee, present all the time, on tramadol for pain relief, not settling. Pain at night, stiffness, no swelling, good ROM and able to WB.
Examination: wide based gait- lower back problems. No deformities, no swelling/effusion/erythema. L knee tenderness medial aspect joint line and over medial collateral ligament. Good ROM, some crepitus felt. Ligaments intact. NV intact.

Diagnosis: likely OA L knee
Plan: XR of L knee, topical ibuprofen, already on tramadol and pcm regularly, see after XR ?PT/refer to orthopaedics ?arthroscopy
History: Had upper molar removed last week by dentist, since been getting pain in jaw L side, aching, feels jaw locking, pain affecting ear also. Able to open mouth and E+D but painful. No discharge. No signs of infection. Grinds teeth at night
Examination: tender over TMJ L side, painful opening mouth. ENT nad. No trismus, no signs of infection from tooth socket, generally poor dentition
Diagnosis: ?TMJ dysfunction
Plan: advised regarding soft foods, apply heat to affected area, seek advice from dentist
Fenbid Forte 10% gel (Advanz Pharma) - 100 gram - apply 3-4 times/day
ETP FP10: Printed On Wed 30 Mar 2016 10:06 By Dr Kiran Ali
Summary Care Record Update

Apr 2016	Surgery: Clare Younger (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 02 Dec 2016 14:16

GP Patient Summary to Unknown

01 Apr 2016 08:37	Surgery: Bradley Richardson (Receptionist Access Role) Entered at: Trinity Medical Centre

(R) Aripiprazole 10mg tablets - 56 tablet - 2 tab each am
(R) Aripiprazole 5mg tablets - 28 tablet - take one daily
(R) Gabapentin 100mg capsules - 180 capsule - 2 To be taken Three Times Daily
(R) Gabapentin 300mg capsules - 100 capsule - 1 tds
(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY
(R) Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day
(R) Tramadol 50mg capsules - 100 capsule - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours
ETP FP10: Printed On Fri 01 Apr 2016 08:37 By Bradley Richardson
ETP FP10: Printed On Fri 01 Apr 2016 08:37 By Bradley Richardson
FP10: Printed On Fri 01 Apr 2016 08:37 By Bradley Richardson
Summary Care Record Update

04 Apr 2016 12:19	Surgery: Bradley Richardson (Receptionist Access Role) Entered at: Trinity Medical Centre	
08 Apr 2016	PGH Physiotherapy: Angela Hepworth (Admin/Clinical Support Access Role) Entered at: Mid Yorks Outpatient Therapies	Entered: 08 Apr 2016 16:05

Patient Notes to Cora Mainprize

08 Apr 2016 16:06	Office Base: Angela Hepworth (Admin/Clinical Support Access Role) Entered at: Mid Yorks Outpatient Therapies

Status Update for Physiotherapy Referral In: Discharged From Care, Status changed: 08 Apr 2016 16:06
Activity: Administration (5 minutes) Administration with Patient Record
Patient Contact: 0 minutes Total Contact: 5 minutes

11 Apr 2016 09:07	Surgery: Bradley Richardson (Receptionist Access Role) Entered at: Trinity Medical Centre
11 Apr 2016 09:10	Surgery: Dr Andrew Power (General Medical Practitioner) Entered at: Trinity Medical Centre

Pathology Request (Request Sent):
XR Knee Left (Requested)

18 Apr 2016 08:50	Surgery: Bradley Richardson (Receptionist Access Role) Entered at: Trinity Medical Centre

Appointment Letter to Mr Thomas Murphy

19 Apr 2016 09:03	Surgery: Dr Jayawickrama Senaratne (General Medical Practitioner) Entered at: Trinity Medical Centre

History: gipping itchy throat 4/52
no pets at home
stooped smokinhg 16/52 ago with will powerafter been smoking 1/2 oz tobacco for long time
GF smokes inside the flat
Examination: marked rhinitis with post nasal drip
mildly injected post pharyngeal wall
rs- bsv, no added sounds
Diagnosis: Allergic rhinitis (XE0Y5)
Plan: steam inhalation
Medication review done (XaF8d)
Cetirizine 10mg tablets - 30 tablet - take one daily
Repeats List: Printed On Tue 19 Apr 2016 09:09 By Dr Jayawickrama Senaratne
ETP FP10: Printed On Tue 19 Apr 2016 09:08 By Dr Jayawickrama Senaratne
Summary Care Record Update

25 Apr 2016 08:37	Surgery: Bradley Richardson (Receptionist Access Role) Entered at: Trinity Medical Centre

Appointment Letter to Mr Thomas Murphy

27 Apr 2016	Sandal Castle Medical Centre, Surgery: Miss Caroline Widdop (Receptionist Access Role) Entered at: Trinity Medical Centre	Entered: 06 May 2016 17:12

Neurosurgery to Dr Omar Alisha

27 Apr 2016	Surgery: Dr Omar Alisha (General Medical Practitioner) Entered at: Trinity Medical Centre	Entered: 12 May 2016 08:55
29 Apr 2016 09:06	Surgery: Bradley Richardson (Receptionist Access Role) Entered at: Trinity Medical Centre	

(R) Aripiprazole 10mg tablets - 56 tablet - 2 tab each am
(R) Aripiprazole 5mg tablets - 28 tablet - take one daily
(R) Gabapentin 100mg capsules - 180 capsule - 2 To be taken Three Times Daily
(R) Gabapentin 300mg capsules - 100 capsule - 1 tds
(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY
(R) Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day
(R) Tramadol 50mg capsules - 100 capsule - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
FP10: Printed On Fri 29 Apr 2016 09:07 By Bradley Richardson

Summary Care Record Update

29 Apr 2016 09:06	Surgery: Bradley Richardson (Receptionist Access Role) Entered at: Trinity Medical Centre
04 May 2016 16:11	Surgery: Mrs Gail Dawson (Receptionist Access Role) Entered at: Trinity Medical Centre
11 May 2016 09:16	Surgery: Dr Naseem Begam Anwar Basha (Salaried General Practitioner) Entered at: Trinity Medical Centre

History: seen with partner,initially was booked for X ray of left knee,but DNA so would like to book again,known OA in hips and back,has back injections,using top ibuprofen gel on knee which helps,also on tramadol,knee gives way,swelling initially now settled,no injury,no locking
Examination: well,alert and active,Left knee-full rom at knee+
no swleling,no infection,tendernes in medial joint line
Diagnosis: ?OA of knee
Plan: X ray left knee
r/v results or sos

11 May 2016 09:38	Surgery: Dr Naseem Begam Anwar Basha (Salaried General Practitioner) Entered at: Trinity Medical Centre	

Pathology Request (Complete):
XR Knee Left (Requested)

12 May 2016 10:00	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Medical Care Plan(old) - questionnaire started - (finalised: 13 May 2016 13:56)
Assessment: 12 May 2016 10:00
Staff Member: Jane Slatter

12 May 2016 10:00	NHS Consultant Clinic Premises on a NHS Hospital site: Dr Jamshid Nazari-Anarestani Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Outcome: Attended - Further Appointment Given
Assessment NOS (XaM2g) - Activity: A02 - Ongoing Assessment
Activity: A02 - Ongoing Assessment (30 minutes) with Patient
New Intervention: A02 - Ongoing Assessment
Start Date: 12 May 2016 10:00
End Date: 12 May 2016 10:30

Patient Contact: 30 minutes Total Contact: 30 minutes

12 May 2016 15:08	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

12 May 2016 15:18	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

12 May 2016 15:26	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

13 May 2016 03:45	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

**** U N V A L I D A T E D N O T E ****
Last Updated Date: 13 May 2016 15:43
Last Updated By: Jane Slatter
Originally Entered By: Jane Slatter
Specialty: No Specialty Recorded
Note Type: Admin
Notes: See Medical Care Plan for clinic on 12.5.16

13 May 2016 13:56	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 18:42
13 May 2016 13:56	Surgery: Dr Jamshid Nazari-Anarestani Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

14 May 2016 09:49	Surgery: Dr Omar Alisha (General Medical Practitioner) Entered at: Trinity Medical Centre

History: Happy with his back pain after the injections, exercise regularly lost wt and changed his life style agreed to continue
seeing psychiatrist regularly taking his meds mental health is stable
Alcohol intake (136..) 5 Units/Week
Care Programme Approach (XaIXu)
Ex-smoker (Ub1na)
120 / 80 mmHg

19 May 2016	Sandal Castle Medical Centre, Surgery: Miss Samantha Bulmer (Receptionist Access Role) Entered at: Trinity Medical Centre	Entered: 19 May 2016 14:26

Care Plan to Dr David Bell

19 May 2016	Surgery: Dr David Bell (GP Registrar) Entered at: Trinity Medical Centre	Entered: 19 May 2016 14:58
26 May 2016 14:41	Surgery: Dr Naseem Begam Anwar Basha (Salaried General Practitioner) Entered at: Trinity Medical Centre	Entered: 06 Jun 2016 09:06

Knee X-ray (52A7.)
Report Summary
Clinical History :
History : left knee pain for last few months ,known OA in hips and
back.O/E-medial joint line tenderness no trauma or injury no
locking,knee gives way sometimes
Question : ?OA knee ?cause
XR Knee Lt
XR Knee Lt :
There are mild degenerative changes demonstrated with slight
reduction of the medial tibio-femoral and patella-femoral joint
compartments. No other bony or soft tissue abnormality demonstrated.
Reported by Kevin Flintham
Advanced Radiographer Practitioner, HCPC RA37638
Reported by: FLINTHAM KEVIN / RA37638
Knee X-ray Report, Abnormal, but expected, No Further Action: mild wear and tear changes
Has FU. Review not applicable

27 May 2016 11:29	Surgery: Julie Bruce (Receptionist Access Role) Entered at: Trinity Medical Centre

(R) Aripiprazole 10mg tablets - 56 tablet - 2 tab each am
(R) Aripiprazole 5mg tablets - 28 tablet - take one daily
(R) Gabapentin 100mg capsules - 180 capsule - 2 To be taken Three Times Daily
(R) Gabapentin 300mg capsules - 100 capsule - 1 tds
(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY
(R) Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day
(R) Tramadol 50mg capsules - 100 capsule - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours
ETP2 FP10: Not Yet Printed - Signed

ETP2 FP10: Not Yet Printed - Signed
FP10: Printed On Fri 27 May 2016 11:31 By Julie Bruce
Summary Care Record Update

27 May 2016 11:31	Surgery: Julie Bruce (Receptionist Access Role) Entered at: Trinity Medical Centre
31 May 2016 18:27	Surgery: Miss Caroline Widdop (Receptionist Access Role) Entered at: Trinity Medical Centre

History: get healthy form posted off

06 Jun 2016 09:05	Surgery: Dr Naseem Begam Anwar Basha (Salaried General Practitioner) Entered at: Trinity Medical Centre
16 Jun 2016 10:49	Surgery: Dr Omar Alisha (General Medical Practitioner) Entered at: Trinity Medical Centre

History: advised XR showed OA has OA in the back and hip discussed options as the knee pain affecting his daily activities/walking agreed to take more regular tramadol added paracetamol and to try steroid injection in the L knee warned it is only for pain relieve and may work only for 3-6 months or might make no difference
(R) Paracetamol 500mg tablets - 100 tablet - 2 Four Times Daily
Paracetamol 500mg tablets - 100 tablet - 2 Four Times Daily
Ended 04 Dec 2017 Formulary substitution (Replaced Using Bulk Replacement) (This is the same as Paracetamol) by Dr Pravin Jayakumar
ETP FP10: Printed On Thu 16 Jun 2016 10:56 By Dr Omar Alisha
Summary Care Record Update

16 Jun 2016 10:58	Surgery: Bradley Richardson (Receptionist Access Role) Entered at: Trinity Medical Centre

Appointment Letter to Mr Thomas Murphy

24 Jun 2016 09:00	Surgery: Mrs Joanne Chapman (Receptionist Access Role) Entered at: Trinity Medical Centre

(R) Aripiprazole 10mg tablets - 56 tablet - 2 tab each am
(R) Aripiprazole 5mg tablets - 28 tablet - take one daily
(R) Gabapentin 100mg capsules - 180 capsule - 2 To be taken Three Times Daily
(R) Gabapentin 300mg capsules - 100 capsule - 1 tds
(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY
(R) Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day
(R) Tramadol 50mg capsules - 100 capsule - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
FP10: Printed On Fri 24 Jun 2016 09:03 By Mrs Joanne Chapman
Summary Care Record Update

24 Jun 2016 09:02	Surgery: Mrs Joanne Chapman (Receptionist Access Role) Entered at: Trinity Medical Centre
27 Jun 2016 17:05	Surgery: Miss Caroline Widdop (Receptionist Access Role) Entered at: Trinity Medical Centre
01 Jul 2016 10:37	Surgery: Miss Samantha Bulmer (Receptionist Access Role) Entered at: Trinity Medical Centre

Appointment Letter to Mr Thomas Murphy

17 Jul 2016	Sandal Castle Medical Centre, Surgery: Mrs Gina Sharp (Receptionist Access Role) Entered at: Trinity Medical Centre	Entered: 18 Jul 2016 17:48

Accident and Emergency Letter to Dr Abdul Mustafa

17 Jul 2016	Surgery: Dr Abdul Mustafa (General Medical Practitioner) Entered at: Trinity Medical Centre	Entered: 21 Jul 2016 12:07
17 Jul 2016 13:19	Surgery: Unknown Staff Member Entered at: Trinity PCC	

Current Home Address: 55 Greenwood House George St, Wakefield WF1 1NF

17 Jul 2016 13:19	Surgery: Unknown Staff Member Entered at: LCD Mobiles	Entered: 17 Jul 2016 13:31

Current Home Address: 55 Greenwood House George St, Wakefield WF1 1NF

17 Jul 2016 13:31	Surgery: Dr Asif Kamran (General Medical Practitioner) Entered at: LCD Mobiles

SystmOne Incoming Record Sharing consent changed to: Not asked - Record shared

17 Jul 2016 13:31	Surgery: Dr Asif Kamran (General Medical Practitioner) Entered at: LCD Mobiles

SystmOne Outgoing Record Sharing consent changed to: Not asked - Record shared

17 Jul 2016 13:31	Surgery: Unknown Staff Member Entered at: Trinity PCC

SystmOne Outgoing Record Sharing consent changed to: Not asked - Record shared

17 Jul 2016 13:31	Surgery: Unknown Staff Member Entered at: Trinity PCC

SystmOne Incoming Record Sharing consent changed to: Not asked - Record shared

17 Jul 2016 13:31	Surgery: Dr Asif Kamran (General Medical Practitioner) Entered at: LCD Mobiles
17 Jul 2016 13:31	Surgery: Dr Asif Kamran (General Medical Practitioner) Entered at: LCD Mobiles

History: id checked;
DW Parameduic. normally healthy- no asthma no diabetes.
unwell 2 days. generally unwell feverish sore throat headache. joints aching all over. c/o headache,

throat painful and difficulty swallowing. no swelling lips/tongue no air way problems
Examination: T 39.8 >> has just taken CoCodamol
P88 RR 18 sats97% on air 115 / 71mmHg . hd stable. GCS 15 no rash no meningism . no resp distress. chest clear.alert and responsive
Plan: would prefer dr to have a look. PCC.

17 Jul 2016 13:59	Surgery: Dr Claire Evans (General Medical Practitioner) Entered at: Trinity PCC

History: Unwell for 2d with sore throat, cough and high temps, painful to swallow, managing to drink ok, also bilateral earache. PMH: mental health problems, chronic backpain, tonsillectomy as a child. Meds: sertraline, aripiprazole, co-codamol, gabapentin, nkda
Examination: temp 37.9, 80 / 50mmHg, HR93, chest clear, throat - swollen roots of tonsils L>R with pus, no quinsy, few cervical LNs palpable, ears nad
Diagnosis: Tonsillitis (Xa7I0)centor score 3/4
Plan: for abx, adv re fluids/analgesia, rv here/see own gp if worsening symptoms/no improvement
Phenoxymethylpenicillin 250mg tablets - 56 tablet - take 2 tablets 4 times/day - 7 days
FP10: Printed On Sun 17 Jul 2016 14:08 By Dr Claire Evans

18 Jul 2016 08:39	Surgery: Dr Andrew Power (General Medical Practitioner) Entered at: Trinity Medical Centre

OOH Incident Report to The Almshouse Surgery

22 Jul 2016 08:57	Surgery: Julie Bruce (Receptionist Access Role) Entered at: Trinity Medical Centre

(R) Aripiprazole 10mg tablets - 56 tablet - 2 tab each am
(R) Aripiprazole 5mg tablets - 28 tablet - take one daily
(R) Gabapentin 100mg capsules - 180 capsule - 2 To be taken Three Times Daily
(R) Gabapentin 300mg capsules - 100 capsule - 1 tds
(R) Paracetamol 500mg tablets - 100 tablet - 2 Four Times Daily
(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY
(R) Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day
(R) Tramadol 50mg capsules - 100 capsule - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
FP10: Printed On Fri 22 Jul 2016 08:59 By Julie Bruce
Summary Care Record Update

22 Jul 2016 08:59	Surgery: Julie Bruce (Receptionist Access Role) Entered at: Trinity Medical Centre	
11 Aug 2016	Prison: Julie Murray (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 30 Mar 2017 10:45

GP Patient Summary to HMP Lindholme

11 Aug 2016 10:00	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Medical Care Plan(old) - questionnaire started - (finalised: 17 Aug 2016 14:18)
Assessment: 11 Aug 2016 10:00
Staff Member: Jane Slatter

11 Aug 2016 10:10	NHS Consultant Clinic Premises on a NHS Hospital site: Dr Jamshid Nazari-Anarestani Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Outcome: Attended - Further Appointment Given
Consultation Medium: Face to face communication
Assessment NOS (XaM2g) - Activity: A02 - Ongoing Assessment
Activity: A02 - Ongoing Assessment (25 minutes) with Patient
New Intervention: A02 - Ongoing Assessment
Start Date: 11 Aug 2016 10:10
End Date: 11 Aug 2016 10:35

Patient Contact: 25 minutes Total Contact: 25 minutes

11 Aug 2016 12:00	Surgery: Dr Jamshid Nazari-Anarestani Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Mental Health Clustering Tool - questionnaire started - (finalised: 12 Aug 2016 14:03)
Care Cluster 12: Ongoing or Recurrent Psychosis (High Disability)
Assessment: 11 Aug 2016 12:00
Staff Member: Dr Jamshid Nazari-Anarestani
Team: Wakefield Enhanced Team West

11 Aug 2016 12:00	Surgery: Dr Jamshid Nazari-Anarestani Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Sainsbury's Level 1 Risk Assessment - questionnaire started - (finalised: 12 Aug 2016 14:25)
Supplementary Questionnaire Guidance (RiO) to Unknown - Notes
Questionnaire: Mental Health Clustering Tool
Text File: Notes.txt
Risk Assessment: 11 Aug 2016 12:00
Staff Member: Dr Jamshid Nazari-Anarestani

Risk review - Factors affecting risks - Other Historical Risk Factors: Not set – migrated from legacy system
Risk review - Factors affecting risks - Suicide (Other Risk Factor): Not set – migrated from legacy system
Risk review - Harm to Others - Previous incidents of violence: Not set – migrated from legacy system
Risk review - Factors affecting risks - Use of weapons: Not set – migrated from legacy system
Risk review - Factors affecting risks - Major psychiatric diagnosis: Not set – migrated from legacy system
Risk review - Harm to Self - Suicide (Historical Risk Factor): Not set – migrated from legacy system
Risk review - Harm to Others - Previous Impulsivity: Not set – migrated from legacy system
Risk review - Factors affecting risks - Vulnerability/Exploitation by Others: Not set – migrated from legacy system
Risk review - Other Risk Behaviours - Non compliance with treatment: Not set – migrated from legacy system

12 Aug 2016 14:03	Surgery: Dr Jamshid Nazari-Anarestani Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Health of the Nation Outcome Scale item 3 - alcoh/drug probl (Xa1e4) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score3] - 0 = No problem - 0 = No problem
Health of Nation Outcome Scale item 5 - phys illn/disabil (Xa1e7) 2 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score5] - 2 = Mild problem but definitely present - 2 = Mild problem but definitely present
Health of Nat Outc Scale item 2 - non-accidental self injury (Xa1e3) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score2] - 0 = No problem - 0 = No problem
Health of the Nation Outcome scale item 11 - living condit (Xa1eD) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score11] - 0 = No problem - 0 = No problem
Health of the Nation Outcome Scale item 7 - depressed mood (Xa1e9) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score7] - 0 = No problem - 0 = No problem
Health of the Nation Outcomes scale item 12 - occup/activit (Xa1eE) 1 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score12] - 1 = Minor problem requiring no action - 1 = Minor problem requiring no action
Mental health clustering tool (MHCT) score (Y1c2b) 8 - 8.0
Health of Nation Outcome Scale item 10 - activit daily liv (Xa1eC) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score10] - 0 = No problem - 0 = No problem
Health of Nat Outcome Scale item 8 - other ment/behav probl (Xa1eA) 2 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score8] - 2 = Mild problem but definitely present - 2 = Mild problem but definitely present
Health of the Nation Outcome Scale item 6 - hallucinat/delus (Xa1e8) 2 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score6] - 2 = Mild problem but definitely present - 2 = Mild problem but definitely present
Health of Nation Outcome Scale item 9 - relationship probl (Xa1eB) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score9] - 0 = No problem - 0 = No problem
Health of the Nation Outcome Scale item 4 - cognitive probl (Xa1e5) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score4] - 0 = No problem - 0 = No problem
Health of Nat Outc Sc item 1 - aggressive/disrupt behaviour (Xa1e1) 0 - Questionnaire answer: Mental Health Clustering Tool - Comment - [MHCT_score1] - 0 = No problem - 0 = No problem

12 Aug 2016 14:25	Surgery: Dr Jamshid Nazari-Anarestani Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 18:42
17 Aug 2016	Surgery: Miss Caroline Widdop (Receptionist Access Role) Entered at: Trinity Medical Centre	Entered: 19 Aug 2016 11:10

Psychiatry to Dr Omar Alisha

17 Aug 2016	Surgery: Dr Omar Alisha (General Medical Practitioner) Entered at: Trinity Medical Centre	Entered: 19 Aug 2016 13:25
17 Aug 2016 14:18	Surgery: Dr Jamshid Nazari-Anarestani Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

17 Aug 2016 14:18	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental	Entered: 21 Feb 2019 18:42

	Health Community	
17 Aug 2016 14:20	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

**** U N V A L I D A T E D N O T E ****
Last Updated Date: 17 Aug 2016 14:27
Last Updated By: Jane Slatter
Originally Entered By: Jane Slatter
Specialty: No Specialty Recorded
Note Type: Admin
Notes: See Medical Care Plan for clinic on 11.8.16

19 Aug 2016 08:25	Surgery: Bradley Richardson (Receptionist Access Role) Entered at: Trinity Medical Centre

(R) Aripiprazole 10mg tablets - 56 tablet - 2 tab each am
(R) Aripiprazole 5mg tablets - 28 tablet - take one daily
(R) Gabapentin 100mg capsules - 180 capsule - 2 To be taken Three Times Daily
(R) Gabapentin 300mg capsules - 100 capsule - 1 tds
(R) Paracetamol 500mg tablets - 100 tablet - 2 Four Times Daily
(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY
(R) Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day
(R) Tramadol 50mg capsules - 100 capsule - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
FP10: Printed On Fri 19 Aug 2016 08:25 By Bradley Richardson
Summary Care Record Update

19 Aug 2016 08:25	Surgery: Bradley Richardson (Receptionist Access Role) Entered at: Trinity Medical Centre	
19 Aug 2016 16:34	Surgery: Miss Caroline Widdop (Receptionist Access Role) Entered at: Trinity Medical Centre	
09 Sep 2016	Surgery: Miss Jennifer Bell (Administrator) Entered at: HMP Leeds	Entered: 14 Sep 2016 11:37

Consent Forms to HMP Leeds

09 Sep 2016	Surgery: Miss Jennifer Bell (Administrator) Entered at: HMP Leeds	Entered: 14 Sep 2016 11:49
09 Sep 2016 15:41	Surgery: Mrs Paula McClelland (Admin/Clinical Support Access Role) Entered at: HMP Leeds	
09 Sep 2016 15:41	Surgery: Mrs Paula McClelland (Admin/Clinical Support Access Role) Entered at: HMP Leeds	

SystmOne Outgoing Record Sharing consent changed to: No

09 Sep 2016 15:41	Surgery: Unknown Staff Member Entered at: HMP Lindholme	Entered: 21 Oct 2016 15:58

Previous Home Address: 55 George Street, Wakefield WF1 1NF

09 Sep 2016 15:41	Surgery: Mrs Paula McClelland (Admin/Clinical Support Access Role) Entered at: HMP Leeds

No (Y0428)
Seen by consultant (9N2G.)
8 peterson road wakefield
dr nevarda

Able to bath self (Xa2uZ)
No (Y0428)
Prisoner receiving prescribed medication (YX007)
amipriprizol
sertriline
co codamol
propopinol
gabapentine
tramodol

No (Y0428)
Prisoner has received treatment from a psychiatrist outside prison (YX016)
8 peterson road wakefield
dr nevarda

Yes (Y0427) - voices in head
Able to dress (Xa2xE)

Contact with mental health service (Y04cf)
Yes (Y0427)
No (Y0428)
Admission profile form completed (XaZ6X)
Able to feed self (Xa4KZ)
Able to perform toileting activities (Xa2w5)
Patient's next of kin (9182.)
lisa elliott
07968171248
Able to mobilise (Xa8AW) - whilst having backpain his mobility suffers
O/E - height (229..) 1.7 m (~ 5 ' 7 ")
O/E - weight (22A..) 71.5 Kg (~ 11 st 4 lb)
Pulse rate (X773s) 76 bpm
Ideal body weight (66CB.) 65.94 Kg (~ 10 st 5 lb)
Body mass index - observation (22K..) 24.74 Kg/m²
Expected peak expiratory flow rate (XaEFL) 615 L/min
Christian (135A.)
Prisoner seen doctor in previous few months (YX005)
injection in spine
mht

Has no concerns over their physical health (Y08dd)
No (Y0428)
Has no outstanding hospital/ Doctors appointments (Y07f8)
Consent obtained (Y001d)
Heterosexual (X766q)
Seen in GP's surgery (9N11.)
alms house
wakefield
Main spoken language English (XaG5t)
140 / 81 mmHg
Previous Home Address: 55 George Street, Wakefield WF1 1NF
Previous Home Address: 55 George Street, Wakefield WF1 1NF

09 Sep 2016 18:36	Surgery: Janina Snell (Nurse Access Role) Entered at: HMP Leeds

Yes (Y0427) - Occasional; coccaine
No (Y0428)
None of the children live with client (Y0abd)
No (Y0428)
Referral to drugs worker (XaMzM) - N/a
At risk state (Xa1qc) 7 -
1.How do you feel about the future when you get out of prison?
(does he exhibit pessimism): No
2. How do you feel about the situation at the moment?
(does he exhibit hopelessness): No
3. Poor coper?: No
4. No expected contact with family/social isolation?: No
5. History of being in care?: Yes
6. Less then 3 months since last period in custody?: No
7. Remand after further offence on bail?: No
8. Licence recall prisoner or indeterminate sentence for public protection (IPP)?: No
9. Rule 45 prisoner?: No
10. Previous psychiatric history?: Yes
11. Previous history of self harm?: Yes
12. Serious charge?: No
13. First time remand: No
14. Remand prisoner?: Yes
15. Age less then 25 years: No
16. No fixed abode?: No
17. Presence of physical illness?: No
18. Drug or alcohol abuse?: N/A
Yes (Y0427)
No (Y0428)

Alcohol screen - AUDIT PC completed (XaMyj) 1 -
AUDIT score (from previous page): 1
How often have you had 8 or more units if male, or 6 or more units if female, on a single occassion in the last year?: N/A
How often during the last year, have you needed an alcohol drink in the morning to get yourself going after a heavy drinking session?: N/A
How often during the last year have you had a feeling of guilt or remorse after drinking?: N/A
How often during the last year have you been unable to remember what happened the night before because you had been drinking?: N/A
Have you or someone else been injured as a result of your drinking?: N/A
No (Y0428)
Prisoner does not feel like Self Harming or Suicide (Y0903)
Adult Voice Case History : Therapy Plan / Recommendations (Y4502) - Chase up information from Dr Nevari
At risk of harming others (XaIVk) - No history of risks
Mental health assessment status (XaBHK)
He engaged well, pleasant interaction bright in mood.
Not distracted.
appropriate in manner and mood
No concerns voiced or observed, reporting that he feels alright.
He presented as upbeat.
Mental health nurse (Ua0ZI)
Other relevant information (Y4331)
Aripiprazole
Sertraline
Propranolol
Tramadol
Gabapentin

Does not know doses.
No (Y0428) - no current
Health information received from outside source (YX002)
Never injecting drug user (XaJgi)
Alcohol questionnaire completed (XaKAn)
No (Y0428)
Prisoner has received treatment from a psychiatrist outside prison (YX016)
Dr Nevari - peterson road Wakefield . 3 monthly reviews, last seen 3 weeks ago.
No inpatient admission.
No CPN.
Diagnosed wit "mild schizophrenia"
No current hallucinations not since medication.
Tuberculosis screening (6831.)
Impressions of the prisoners behaviour and mental state (YX023)
He engaged well, pleasant interaction bright in mood.
Not distracted.
appropriate in manner and mood
Has not stayed in a psychiatric hospital (Y08e2)
Alcohol use disorder identificatn test consumptn questionnre (XaORP) 1 -
How often do you have a drink containing alcohol?: Monthly or less
How many units of alcohol do you have on a typical day when drinking?: N/A
How often during the last year have you found that you were not able to stop drinking once you had started?: N/A
How often during the last year have you failed to do what was normally expected from you because of your drinking?: N/A
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?: N/A
Prisoner has not tried to harm themselves (in prison) (Y09f9)
Prisoner has received medication for mental health problems (YX019)
Prisoner receiving prescribed medication (YX007)
Ariprazole
Sertraline
Propranolol
Tramadol
Gabapentin

Prisoner has tried to harm themselves (outside prison) (YX021) - 1996
Care Programme Approach care co-ordinator (XaJPM)
Dr Navarire
8 Petersonson road.
Wakefield.
Self reported physical health status score (Y07b1) 0 Arbitrary -
1. Cough for more then 3 weeks?: No
2. Sputum production?: No
3. Loss of weight in last 3 months?: No
4. Loss of appetite?: No
5. Pleuritic chest pain?: No
Health information received from outside source (YX002) - No issues
Has not received physical injuries recently (Y08d8)
Brain Injury Screening Index - 2015 - questionnaire started - (finalised: 09 Sep 2016 18:36)

09 Sep 2016 19:22	Surgery: Dr Santokh Matharu (Clinical Practitioner Access Role) Entered at: HMP Leeds

History: has been C/O ,low back pain/anxiety . has been under a psychiatrist for hallucinations . He said , he is hearing voices now
Examination: No signs of psychosis
Plan: to be seen b y MHT and to confirm his medication
Back pain (XM1GI)
Co-codamol 30mg/500mg tablets - 26 tablets - 2 tablet - admin times: 07:00, 15:00 (Oral)
Custom script: Printed On Fri 09 Sep 2016 19:29 By Dr Santokh Matharu

09 Sep 2016 20:36	Surgery: Mr Satish Gudala (Medical Technical Officer) Entered at: HMP Leeds
09 Sep 2016 20:36	Surgery: Mr Satish Gudala (Medical Technical Officer) Entered at: HMP Leeds
10 Sep 2016 10:00	Surgery: Karen Mcilorum (Nurse Access Role) Entered at: HMP Leeds

No (Y0428)
Not known if had Meningitis C Vaccination (Y08ed)
No (Y0428)
Tetanus vaccination (656..)
No (Y0428)
No (Y0428)
No (Y0428)
Hepatitis B screening offered (XaLFK)
Requires a hepatitis B vaccination (Y0960)
No (Y0428)
No (Y0428)
Hepatitis C screening offered (XaLDh)
Hepatitis C screening declined (XaLNE)
Difficulty in remembering dates (XM1Ma)
Yes (Y0427) - Wears reading glasses.
No (Y0428)
No (Y0428)
Yes (Y0427)
Measles mumps rubella vaccination declined (XaLkV)
Yes (Y0427)
Yes (Y0427)
Yes (Y0427)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
Patient Goals Review (Y0161) - None
Yes (Y0427) - Registered scritzophrenic.
No (Y0428)
Yes (Y0427) - Has damaged vertebra and receives an injection into his spine every 7 months.
Chlamydia test offered (XaLHg)
No (Y0428)
Not interested in stopping smoking (XaIkY)
Not fit for normal location, work and any cell occupancy (Y0b8b)
Diabetes mellitus: no (Y093f)

Asthma: no (Y0944)
Diabetes mellitus: no (Y093f)
No (Y0428)
Epilepsy: no (Y0941)
Adaptation required (Y3410) - None
No (Y0428)
Smoker (137R.)
No (Y0428)
Chlamydia screening declined (XaJdS)

10 Sep 2016 11:46	Surgery: Janeen Luntley (Pharmacy Technician) Entered at: HMP Leeds	
10 Sep 2016 11:47	Surgery: Janeen Luntley (Medical Technical Officer) Entered at: HMP Leeds	
10 Sep 2016 16:42	Surgery: Janeen Luntley (Pharmacy Technician) Entered at: HMP Leeds	
10 Sep 2016 16:42	Surgery: Janeen Luntley (Medical Technical Officer) Entered at: HMP Leeds	
11 Sep 2016 10:21	Surgery: Janeen Luntley (Pharmacy Technician) Entered at: HMP Leeds	
11 Sep 2016 10:22	Surgery: Janeen Luntley (Medical Technical Officer) Entered at: HMP Leeds	
11 Sep 2016 16:07	Surgery: Janeen Luntley (Pharmacy Technician) Entered at: HMP Leeds	
11 Sep 2016 16:08	Surgery: Janeen Luntley (Medical Technical Officer) Entered at: HMP Leeds	
11 Sep 2016 16:48	Surgery: Janeen Luntley (Medical Technical Officer) Entered at: HMP Leeds	
12 Sep 2016 09:45	Surgery: Miss Temi Leigh (Admin/Clinical Support Access Role) Entered at: HMP Leeds	
12 Sep 2016 10:05	Surgery: Victor Olobaniyi (Health Professional Access Role) Entered at: HMP Leeds	
12 Sep 2016 10:06	Surgery: Victor Olobaniyi (Medical Technical Officer) Entered at: HMP Leeds	
12 Sep 2016 11:36	Surgery: Mrs Karen McPaul (Pharmacist) Entered at: HMP Leeds	
12 Sep 2016 11:41	Surgery: Janina Snell (Nurse Access Role) Entered at: HMP Leeds	

Examination: Task received dated 10 Sep Karen Mcilorum - This patient suffers with Scitzophrenia. Has just come into prison. Not sure if he is on your radar.

Seen on the wing due to task referral, already seen on 9th sept, by me, booked in for a review already on 26th sept
Mental health review follow-up (XaMJ8)

12 Sep 2016 15:14	Surgery: Victor Olobaniyi (Health Professional Access Role) Entered at: HMP Leeds	
12 Sep 2016 15:14	Surgery: Victor Olobaniyi (Medical Technical Officer) Entered at: HMP Leeds	
13 Sep 2016 10:13	Surgery: Dr Gary Dyson (General Medical Practitioner) Entered at: HMP Leeds	Entered: 13 Sep 2016 11:37

Co-codamol 30mg/500mg tablets - 26 tablets - 2 tablet - admin times: 07:00, 15:00 (Oral) (Future dated medication 16 Sep 2016)
Custom script: Printed On Tue 13 Sep 2016 11:37 By Dr Gary Dyson

13 Sep 2016 10:17	Surgery: Janeen Luntley (Pharmacy Technician) Entered at: HMP Leeds	
13 Sep 2016 10:18	Surgery: Janeen Luntley (Medical Technical Officer) Entered at: HMP Leeds	
13 Sep 2016 15:33	Surgery: Janeen Luntley (Pharmacy Technician) Entered at: HMP Leeds	
13 Sep 2016 15:33	Surgery: Janeen Luntley (Medical Technical Officer) Entered at: HMP Leeds	
14 Sep 2016	Sandal Castle Medical Centre, Surgery: Miss Shirley Fleming (Receptionist Access Role) Entered at: Trinity Medical Centre	Entered: 17 Sep 2016 09:31

Patient Information to Dr Sarah Renga

14 Sep 2016	Sandal Castle Medical Centre, Surgery: Miss Shirley Fleming (Receptionist Access Role) Entered at: Trinity Medical Centre	Entered: 17 Sep 2016 09:34

Patient Information to Dr Sarah Renga

14 Sep 2016	Surgery: Miss Samantha Bulmer (Receptionist Access Role) Entered at: Trinity Medical Centre	Entered: 20 Sep 2016 10:05
14 Sep 2016	Surgery: Miss Samantha Bulmer (Receptionist Access Role) Entered at: Trinity Medical Centre	Entered: 20 Sep 2016 10:05
14 Sep 2016 09:18	Surgery: Mrs Karen McPaul (Pharmacist) Entered at: HMP Leeds	
14 Sep 2016 10:36	Surgery: Janeen Luntley (Pharmacy Technician) Entered at: HMP Leeds	
14 Sep 2016 10:36	Surgery: Janeen Luntley (Medical Technical Officer) Entered at: HMP Leeds	
14 Sep 2016 14:19	Surgery: Miss Jennifer Bell (Clerical Access Role) Entered at: HMP Leeds	

GP Letter to Dr A Power & Partners - Almshouse Surgery

14 Sep 2016 15:40	Surgery: Victor Olobaniyi (Health Professional Access Role) Entered at: HMP Leeds	
14 Sep 2016 15:40	Surgery: Victor Olobaniyi (Medical Technical Officer) Entered at: HMP Leeds	
15 Sep 2016	Surgery: Miss Jennifer Bell (Administrator) Entered at: HMP Leeds	Entered: 15 Sep 2016 15:05

GP Summary to HMP Leeds

15 Sep 2016	Surgery: Dr Gary Dyson (Clinical Practitioner Access Role) Entered at: HMP Leeds	Entered: 15 Sep 2016 19:02

15 Sep 2016 18:53	Surgery: Dr Gary Dyson (General Medical Practitioner) Entered at: HMP Leeds	Entered: 15 Sep 2016 18:55

Medication issued from Gp record - booked into see GP to consider alternative to gabapentin.
Aripiprazole 10mg tablets - 56 tablets - 2 tablet - admin times: 07:00 (Oral) (Future dated medication 17 Sep 2016)
Aripiprazole 5mg tablets - 56 tablets - 1 tablet - admin times: 07:00 (Oral) (Future dated medication 17 Sep 2016)
Custom script: Printed On Thu 15 Sep 2016 19:01 By Dr Gary Dyson

16 Sep 2016 03:10	Surgery: Laura Brown (Nurse Access Role) Entered at: HMP Leeds

History: Nurse (XaBrW)
Examination: GP reply received
On various medications- GP tasked to prescribe as appropriate.
Suffers with mental health issues- Already under Mental health team. For annual blood tests for medication.
Also recent X-ray regarding knee.

16 Sep 2016 08:05	Surgery: Janeen Luntley (Pharmacy Technician) Entered at: HMP Leeds
16 Sep 2016 08:06	Surgery: Janeen Luntley (Medical Technical Officer) Entered at: HMP Leeds
16 Sep 2016 09:26	Surgery: Bradley Richardson (Receptionist Access Role) Entered at: Trinity Medical Centre

(R) Aripiprazole 10mg tablets - 56 tablet - 2 tab each am
(R) Aripiprazole 5mg tablets - 28 tablet - take one daily
(R) Gabapentin 100mg capsules - 180 capsule - 2 To be taken Three Times Daily
(R) Gabapentin 300mg capsules - 100 capsule - 1 tds
(R) Paracetamol 500mg tablets - 100 tablet - 2 Four Times Daily
(R) Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY
(R) Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day
(R) Tramadol 50mg capsules - 100 capsule - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
FP10: Printed On Fri 16 Sep 2016 09:26 By Bradley Richardson
Summary Care Record Update

18 Sep 2016 11:17	Surgery: Miss Chevon Gumbs (Medical Technical Officer) Entered at: HMP Leeds

History: patient states that he needs to see sychatrist until he takes his ariporazole tabltes as he thinks its cintributing to his states of mind will hanover at hanover

20 Sep 2016 08:08	Surgery: Janeen Luntley (Medical Technical Officer) Entered at: HMP Leeds	
20 Sep 2016 08:40	Surgery: Dr Gary Dyson (General Medical Practitioner) Entered at: HMP Leeds	Entered: 20 Sep 2016 09:21
22 Sep 2016 16:16	Surgery: Dr Gary Dyson (General Medical Practitioner) Entered at: HMP Leeds	Entered: 22 Sep 2016 17:55

Co-codamol 30mg/500mg tablets - 112 tablets - [07:00-2 tablets][15:00-2 tablets] (4 tablets every 1 day) (Future dated medication 24 Sep 2016)
Custom script: Printed On Thu 22 Sep 2016 18:25 By Dr Gary Dyson
Drug Dispensing Schedule Marked in Error: Wrong data entered
22 Sep 2016 16:16
Drug Chart Details Marked in Error: Wrong data entered
22 Sep 2016 16:16
Medication Marked in Error: Wrong data entered
22 Sep 2016 16:16, Co-codamol 30mg/500mg tablets, 2 tablet, 28 tablets, , 16

22 Sep 2016 17:03	Surgery: Janeen Luntley (Pharmacy Technician) Entered at: HMP Leeds	
22 Sep 2016 17:03	Surgery: Janeen Luntley (Medical Technical Officer) Entered at: HMP Leeds	
22 Sep 2016 18:21	Surgery: Dr Gary Dyson (General Medical Practitioner) Entered at: HMP Leeds	Entered: 22 Sep 2016 18:25
23 Sep 2016	Surgery: Mrs Rita Chemo (Administrator) Entered at: HMP Leeds	Entered: 13 Dec 2016 14:10

Mental Health to Ison Harrison Solicitors

23 Sep 2016 15:28	Surgery: Ms Jayne Richardson (Manager) Entered at: Trinity Medical Centre

Harrison Bundey Solicitors report request to Dr Alisha

25 Sep 2016 14:09	Surgery: Janeen Luntley (Medical Technical Officer) Entered at: HMP Leeds

History: Is refusing to take aripiprazolethinks it is contributing to his state of mind
Plan: task M/H

25 Sep 2016 15:03	Surgery: Janeen Luntley (Pharmacy Technician) Entered at: HMP Leeds	
25 Sep 2016 15:03	Surgery: Janeen Luntley (Medical Technical Officer) Entered at: HMP Leeds	
25 Sep 2016 15:03	Surgery: Janeen Luntley (Medical Technical Officer) Entered at: HMP Leeds	
25 Sep 2016 15:03	Surgery: Janeen Luntley (Medical Technical Officer) Entered at: HMP Leeds	
26 Sep 2016	HMP Prison: Lian Fisher (Systems Support Access Role) Entered	Entered: 30 Jun 2017 15:52

	at: HMP Lindholme	

Psychiatric Reports to HMP Lindholme

26 Sep 2016 08:30	Surgery: Janeen Luntley (Pharmacy Technician) Entered at: HMP Leeds	
26 Sep 2016 08:30	Surgery: Janeen Luntley (Medical Technical Officer) Entered at: HMP Leeds	
26 Sep 2016 08:30	Surgery: Janeen Luntley (Medical Technical Officer) Entered at: HMP Leeds	
26 Sep 2016 08:30	Surgery: Janeen Luntley (Medical Technical Officer) Entered at: HMP Leeds	
26 Sep 2016 13:10	Surgery: Pcmh Team Entered at: HMP Leeds	Entered: 05 Oct 2016 20:19

Did not attend for Mental Health appointment with Pcmh Team
Did not attend (Xa1kG)

28 Sep 2016 13:00	Surgery: Mrs Rita Chemo (Administrator) Entered at: HMP Leeds	Entered: 29 Sep 2016 11:19

History: Administration (9....)Mental Health Communication Meeting. Present: IC, DR, KM, CG, LH, MDS, KD, RC, NS. Karen advised that a task had been received. Diagnosed paranoid schizophrenia.
Plan: Appointment with primary care mental health team.

03 Oct 2016 07:56	Surgery: Mrs Helen Robbins (Medical Technical Officer) Entered at: HMP Leeds	
03 Oct 2016 08:30	Surgery: Dr Gary Dyson (Clinical Practitioner Access Role) Entered at: HMP Leeds	Entered: 04 Oct 2016 16:29

Clinical Information: "Routine"
Haematocrit (X76tb) 0.49 [0.4 - 0.52]
Mean cell volume (42A..) 97 fL [78 - 100]
Mean cell haemoglobin level (XE2pb) 29.5 pg [27 - 32]
Red blood cell count (426..) 5.02 10^12/L [4.5 - 6.5]
Haemoglobin concentration (Xa96v) 148 g/L [135 - 180]
Full blood count (424..)
Platelet count - observation (42P..) 284 10^9/L [150 - 400]
Total white blood count (XaIdY) 7.46 10^9/L [4 - 11]
Basophil count (42L..) 0.03 10^9/L [< 0.1]
Eosinophil count - observation (42K..) 0.15 10^9/L [0.04 - 0.4]
Percentage hypochromic cells (XaIo4) 26 %
Large unstained cells (XE2bq) 0.16 10*9/L [< 0.6]
Neutrophil count (42J..) 4.33 10^9/L [2 - 7.5]
Red blood cell distribution width (XE2mO) 14.1 % [11.5 - 15]
Monocyte count - observation (42N..) 0.55 10^9/L [0.2 - 0.8]
Lymphocyte count (42M..) 2.24 10^9/L [1 - 4.5]
Serum alkaline phosphatase level (XE2px) 105 iu/L [30 - 130]
Serum creatinine level (XE2q5) 84 umol/L [64 - 104]
Serum urea level (XM0lt) 5.1 mmol/L [2.5 - 7.8]
Serum potassium level (XE2pz) 4.6 mmol/L [3.5 - 5.3]
Serum electrolyte levels (XE2mj)
Note: Multiply eGFR value by 1.212 for African-Caribbean patients.
If evidence of renal disease the eGFR indicates CKD stage 2
(See renal referral guidelines)
Serum sodium level (XE2q0) 145 mmol/L [133 - 146]
Serum alanine aminotransferase level (XaLJx) 25 iu/L [< 40]
Serum albumin level (XE2eA) 47 g/L [35 - 50]
Serum total bilirubin level (XaERu) 7 umol/L [2 - 21]
GFR calculated abbreviated MDRD (XaK8y) 85 mL/min/1.73m*2
Liver function tests (X77WP) - Set altered 9-8-2016 to include TBIL,ALT,ALB,ALP
Serum electrolyte levels;Liver function tests;Full blood count Report, Normal, No Further Action. Review not applicable

03 Oct 2016 08:51	Surgery: Mr Andrew Tye (Admin/Clinical Support Access Role) Entered at: HMP Leeds

History: Blood sampling (X74UV)
Examination: Blood sample taken (XaEJK)Consent obtained for blood sample collection from left ACF.
Liver function tests (X77WP), Full blood count (424..), Urea and electrolytes (X77Wi)
Sample obtained without problem during procedure.

03 Oct 2016 09:01	Surgery: Mr Andrew Tye (Admin/Clinical Support Access Role) Entered at: HMP Leeds

Clinic Letter to Mr Thomas Murphy

03 Oct 2016 12:52	Surgery: Miss Lizzie Holt (Nurse Access Role) Entered at: HMP Leeds

History: Mental health nurse (Ua0ZI)Mental health review follow-up (XaMJ8)
Examination: Seen on D wing as clinic appointment 26/9/16 did not take place.

Thomas stated his 'head's all over' and reported constant, racing thoughts. He says that he argues with himself in his

head.
He is not taking medication because he feels it possibly contributed to his behaviour of his index offence- he reportedly stabbed someone's face whilst trying to defend himself. Thomas had also had alcohol and some cocaine though and thinks this may have interacted with his medication.
He does not see any difference in his mental state since stopping Aripiprazole roughly three weeks ago. Thomas feels that he is coping and managing his mental health at the moment.
Thomas is not currently having any thoughts of suicide or self-harm. He stated he doesn't know what will happen in the next few days/weeks though.
He reported he is not sleeping due to racing thoughts and would like some medication for this. Advised of other sleep hygiene techniques.
Thomas' main concern was obtaining a psychiatric report from his psychiatrist in the community to present at court.

Thomas presented as lucid, talkative and relaxed. Although disappointed with his situation, he has accepted it. Thomas did not appear distracted in any way and his speech content was appropriate, no evidence of delusional ideas or thought disorder. He spoke at a normal rate and volume. He does not wish to recommence anti-psychotic medication.

Thomas would still like mental health input. PCMH to follow up.
Due in court 14/10/16 and could apparently be facing a sentence of 6-9years.
Plan: Primary mental health care clinic appointment booked 17/10/16.
Activity: Access Visit (25 minutes) Face to face with Patient
Patient Contact: 25 minutes Total Contact: 25 minutes

04 Oct 2016 09:45	Surgery: Mr Satish Gudala (Medical Technical Officer) Entered at: HMP Leeds	
04 Oct 2016 10:23	Surgery: Dr Gary Dyson (Clinical Practitioner Access Role) Entered at: HMP Leeds	Entered: 04 Oct 2016 16:29
06 Oct 2016 09:58	Surgery: Mrs Helen Robbins (Medical Technical Officer) Entered at: HMP Leeds	
07 Oct 2016	Surgery: Miss Emma O'Connell (Admin/Clinical Support Access Role) Entered at: HMP Leeds	Entered: 07 Oct 2016 15:12

Blood Results to Unknown

07 Oct 2016 10:57	Surgery: Janeen Luntley (Medical Technical Officer) Entered at: HMP Leeds
08 Oct 2016 06:29	Surgery: Mrs Susan McAndrew (Staff Nurse) Entered at: HMP Leeds

History: Thomas requesting Drs appointment for long term sick note,will task admin to add to the list.

10 Oct 2016 09:47	Surgery: Mr Satish Gudala (Medical Technical Officer) Entered at: HMP Leeds
13 Oct 2016 23:44	Surgery: Laura Brown (Nurse Access Role) Entered at: HMP Leeds

History: Nurse (XaBrW)
Examination: Records open to complete PER.

14 Oct 2016 10:23	Surgery: Brogan Trueman (Nurse Access Role) Entered at: HMP Leeds

History: Seen by nurse (XaATp)
Diagnosis: Medically fit for court appearance (XaXU8)Leeds CC

17 Oct 2016	Surgery: Mrs Rita Chemo (Administrator) Entered at: HMP Leeds	Entered: 12 Dec 2016 11:49

SOLICITORS to Healthcare, HMP Leeds

17 Oct 2016	Surgery: Mrs Rita Chemo (Administrator) Entered at: HMP Leeds	Entered: 12 Dec 2016 11:48

SOLICITORS to The Governor, HMP Leeds

17 Oct 2016	Surgery: Mrs Rita Chemo (Administrator) Entered at: HMP Leeds	Entered: 12 Dec 2016 11:50
17 Oct 2016	Surgery: Mrs Rita Chemo (Administrator) Entered at: HMP Leeds	Entered: 12 Dec 2016 11:49
17 Oct 2016 11:33	Surgery: Janeen Luntley (Medical Technical Officer) Entered at: HMP Leeds	

History: Has not been coming for his co-codamol have seen on wing and reminded him, but he still has not been.

17 Oct 2016 11:35	Surgery: Janeen Luntley (Medical Technical Officer) Entered at: HMP Leeds	
17 Oct 2016 13:20	Surgery: Pcmh Team Entered at: HMP Leeds	Entered: 17 Oct 2016 15:28

Did not attend for Mental Health appointment with Pcmh Team
Did not attend (Xa1kG)

17 Oct 2016 15:33	Surgery: Mr Foreman Moyo (Nurse Access Role) Entered at: HMP Leeds

History: Triage nurse (Ua0Yp)
Examination: Did not attend clinic for review of schizophrenia.
No reason received.
Booked appt for a mental health worker to see on the wing and establish his mental state and needs

17 Oct 2016 15:39	Surgery: Janeen Luntley (Pharmacy Technician) Entered at: HMP Leeds

Drug Administration Marked in Error: Wrong data entered
Co-codamol 30mg/500mg tablets, Quantity given: 0.0, Entered: 17/10/2016 11:34, Desc: Did not attend, Done: 17/10/2016 11:34, Given for: 17/10/2016 23:59

17 Oct 2016 15:40	Surgery: Janeen Luntley (Medical Technical Officer) Entered at: HMP Leeds	
18 Oct 2016	Surgery: Miss Jennifer Bell (Administrator) Entered at: HMP Leeds	Entered: 01 Dec 2016 11:39

Prescription or Medication details to Unknown

18 Oct 2016	Surgery: Miss Jennifer Bell (Administrator) Entered at: HMP Leeds	Entered: 01 Dec 2016 11:39
18 Oct 2016 08:47	Surgery: Dr Gary Dyson (General Medical Practitioner) Entered at: HMP Leeds	Entered: 18 Oct 2016 10:12

Co-codamol 30mg/500mg tablets - 112 tablets - [07:00-2 tablets][15:00-2 tablets] (4 tablets every 1 day) (Future dated medication 22 Oct 2016)
Stopped 14 Nov 2016 Other (transfer) by Dr Polly Backhouse
Custom script: Printed On Tue 18 Oct 2016 10:12 By Dr Gary Dyson

18 Oct 2016 09:59	Surgery: Janeen Luntley (Pharmacy Technician) Entered at: HMP Leeds
18 Oct 2016 09:59	Surgery: Janeen Luntley (Medical Technical Officer) Entered at: HMP Leeds
18 Oct 2016 12:29	Surgery: Mr Parminder Singh (Pharmacist) Entered at: HMP Leeds
19 Oct 2016 14:35	Surgery: Miss Temi Leigh (Admin/Clinical Support Access Role) Entered at: HMP Leeds
21 Oct 2016 04:57	Surgery: Mr Peter Travis (Nurse Access Role) Entered at: HMP Leeds

History: Nursing sister/charge nurse (03F9.) record opened to complete transfer patients form.

21 Oct 2016 14:33	Surgery: Miss Temi Leigh (Admin/Clinical Support Access Role) Entered at: HMP Leeds
21 Oct 2016 15:58	Surgery: Peter Goulding (Nurse Access Role) Entered at: HMP Lindholme

SystmOne Incoming Record Sharing consent changed to: Not asked - Record not shared

21 Oct 2016 15:58	Surgery: Peter Goulding (Nurse Access Role) Entered at: HMP Lindholme
21 Oct 2016 15:58	Surgery: Unknown Staff Member Entered at: HMP Lindholme

(Admission Med) Co-codamol 30mg/500mg tablets - 112 tablets - [07:00-2 tablets][15:00-2 tablets] (Future dated medication 22 Oct 2016)
Stopped 30 Mar 2017 End of course by Dr Shahzad Arif
(Admission Med) Co-codamol 30mg/500mg tablets - 112 tablets - [07:00-2 tablets][15:00-2 tablets]
Stopped 30 Mar 2017 End of course by Dr Shahzad Arif

21 Oct 2016 15:58	Surgery: Peter Goulding (Nurse Access Role) Entered at: HMP Lindholme

SystmOne Outgoing Record Sharing consent changed to: No

21 Oct 2016 15:58	Surgery: Unknown Staff Member Entered at: HMP Lindholme	Entered: 27 Apr 2017 06:44
21 Oct 2016 15:58	Surgery: Peter Goulding (Nurse Access Role) Entered at: HMP Lindholme	

Suitable for multi-cell location (Y4580)
Fit to attend gym (XaKkp)
No (Y0428)
Able to use toilet (Xa2wB)
Ability to mobilise (Xa7yC)
Fit for work (13JW.)
White British - ethnic category 2001 census (XaQEa)
Main spoken language English (XaG5t)
Male (X768D)
Grade 1 (X7A8o)
Fit for particular post (Ua2BC)
Referral to mental health team (XaIPw)
Reason for referral (XaIpS) - schizophrenia
Referral to mental health team (XaIPw)
No thoughts of deliberate self harm (Xaluw)
No suicidal thoughts (XaIJ7)
Is not receiving prescribed medication (Y08d7)
Able to wash self (Xa2uI)
Independent with dressing (3952.)
Social service contact screening (XaOWX)
Prisoner receiving prescribed medication (YX007) - Not prescribed at present stopped at Leeds
No known allergies (1151.)
Has not received physical injuries recently (Y08d8)
Functional independence measure (XM0dT) 0 -
Mobility Status: Walks Independently with or without walking aids
Skin Status: Normal Skin
No hearing problems (Y1103)
Referral to smoking cessation service declined (XaaDx)
No history of venereal disease (XaR9f)
No (Y0428)

Patient consented to sharing of information (Y3358)
Has not been homeless in the past year (Y08db)
Patient not registered (9121.)
Pulse rate (X773s) 73 bpm
Pulse regular (XM02J)
Patient information status (XaCFw)
Second Reception Screening (Y0da6)
Not disabled (Y3416)
Heterosexual (X766q)
Christian (135A.)
No (Y0428)
Light cigarette smoker (1-9 cigs/day) (1373.)
Smoking cessation advice declined (XaRFh)
Smoker (137R.)
Able to read (XaBme)
Able to write (XaAzO)
Hepatitis B screening declined (XaLND)
Hep C test - offered and refused (Y075a)
Has no outstanding hospital/ Doctors appointments (Y07f8)
Hep B Vacc - immunised already (Y075d)
Hepatitis A immunisation declined (XaLIG)
HIV screening declined (XaLI7)
No (Y0428)
No (Y0428)
No (Y0428)
Chlamydia screening declined (XaJdS)
Tuberculosis screening (6831.)
FH: Diabetes mellitus (1252.) - grandfather
N/A (Y0426)
FH: Myocardial infarction (XE0oI) - father
Seen by nurse (XaATp)
Prison first reception health assessment completed (XaYXV)
N/A (Y0426)
N/A (Y0426)
Booster hepatitis B vaccination (65F4.)
N/A (Y0426)
N/A (Y0426)
N/A (Y0426)
Clinician confirmed treatment: no (Y09ff)
No history of substance misuse (XaQFT)
No (Y0428)
Brief intervention for excessive alcohol consumptn declined (XaPty)
Yes (Y0427)
No (Y0428)
Self-harm: no (Y0961)
Has not stayed in a psychiatric hospital (Y08e2)
H/O: mental health problem (YA741) - schizophrenia
Prisoner has received medication for mental health problems (YX019)
Does not misuse drugs (Ub0mq)
Alcohol screen - AUDIT C completed (XaMwb) 0 -
1. How often do you have a drink containing alcohol?: Never
2. How many drinks containing alcohol do you have on a typical day when you are drinking?: N/A
3. How often do you have six or more drinks on one occasion?: N/A
Normal vision (668A.)
No (Y0428)
No (Y0428)
Prisoner drinks alcohol (YX011) - section 18
Body mass index - observation (22K..) 23.88 Kg/m²
O/E - weight (22A..) 69 Kg (~ 10 st 12 lb)
Prisoner has been in prison before (YX004)
O/E - height (229..) 1.7 m (~ 5 ' 7 ")
136 / 87 mmHg

21 Oct 2016 16:14	Surgery: Peter Goulding (Nurse Access Role) Entered at: HMP Lindholme	

PNG Image: Photo.PNG

24 Oct 2016	Surgery: Mrs Rita Chemo (Administrator) Entered at: HMP Leeds	Entered: 12 Dec 2016 11:45

SOLICITORS to Harrison Bundey Solicitors/HMP Lindholme

24 Oct 2016	Surgery: Clare Younger (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 04 Nov 2016 14:14

Clinic Letter to HMP Lindholme

24 Oct 2016	Surgery: Mrs Rita Chemo (Administrator) Entered at: HMP Leeds	Entered: 12 Dec 2016 11:45
24 Oct 2016 15:21	Surgery: Sharon Goddard (Nurse Access Role) Entered at: HMP Lindholme	

Telephone consultation (XaIge) - Call recieved back from HMP Leeds re Psychiatrist letter
Discussion (Ua04o) - Call recieved fom HMP Leeds for fax no as they have a Psychiatry report to give to us re MH medication
Indirect (X791q)

25 Oct 2016 11:33	Surgery: Sharon Tanner (Admin/Clinical Support Access Role) Entered at: HMP Lindholme
27 Oct 2016 16:02	Surgery: Sharon Tanner (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

28 Oct 2016	Surgery: Clare Younger (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 31 Oct 2016 15:37

Consent Forms to HMP Lindholme

28 Oct 2016 12:02	Surgery: Katrina Thomas (Health Professional Access Role) Entered at: HMP Lindholme

Contact with mental health service (Y04cf)
Note taker (Ua0cL)
Seen by primary care mental health team (XaZrh)
Patient consented to sharing of information (Y3358)
IMH - Assessment - questionnaire started

28 Oct 2016 12:43	Surgery: Katrina Thomas (Health Professional Access Role) Entered at: HMP Lindholme

Contact with mental health service (Y04cf)
Patient consented to sharing of information (Y3358)
Administrative procedures (Xa22i)
Note taker (Ua0cL)
'IMH - Assessment' - questionnaire amended

28 Oct 2016 12:57	Surgery: Katrina Thomas (Health Professional Access Role) Entered at: HMP Lindholme

Note taker (Ua0cL)
Risk assessment (Ua1P1)
Contact with mental health service (Y04cf)
Patient consented to sharing of information (Y3358)
Administrative procedures (Xa22i)
Self-harm: no (Y0961)
No (Y0428)
No suicidal thoughts (XaIJ7)
No (Y0428)
No thoughts of deliberate self harm (XaIuw)
Risk Assessment (Level 1) - questionnaire started
'IMH - Assessment' - questionnaire amended

05 Nov 2016 16:14	Surgery: Ms Carol Sheppard (Nurse Access Role) Entered at: HMP Lindholme

(From PGD or Homely Remedy) Paracetamol 500mg tablets - 1 pack of 16 tablet(s) - Take 1 or 2 tablets up to 4 times/day (16 tablets every 2 days)

10 Nov 2016 10:30	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Medical Care Plan(old) - questionnaire started - (finalised: 17 Nov 2016 09:17)
Assessment: 10 Nov 2016 10:30
Staff Member: Jane Slatter

10 Nov 2016 10:30	NHS Consultant Clinic Premises on a NHS Hospital site: Clinic-Stream1 Nazari Thu AM Drury Lane Dr Jamshid Nazari-Anarest Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00
11 Nov 2016 11:39	Surgery: Clare Younger (Information Officer Access Role) Entered at: HMP Lindholme	
14 Nov 2016 11:03	Surgery: Karla Tunstall (Health Professional Access Role) Entered at: HMP Lindholme	
14 Nov 2016 12:01	Surgery: Karla Tunstall (Health Professional Access Role) Entered at: HMP Lindholme	

14 Nov 2016 12:46	Surgery: Karla Tunstall (Health Professional Access Role) Entered at: HMP Lindholme	
14 Nov 2016 13:10	Surgery: Dr Polly Backhouse (Clinical Practitioner Access Role) Entered at: HMP Lindholme	

Co-codamol 30mg/500mg tablets - 112 tablets - 2 bd (28 tablets every 7 days) (Future dated medication 21 Nov 2016)
Custom script: Printed On Mon 14 Nov 2016 13:13 By Dr Polly Backhouse

15 Nov 2016 14:13	Surgery: Brogan Wright (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	

Referral to optometrist (XaBTJ)

17 Nov 2016 08:11	Surgery: Karla Tunstall (Health Professional Access Role) Entered at: HMP Lindholme	
17 Nov 2016 09:17	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 18:42
17 Nov 2016 09:17	Surgery: Dr Jamshid Nazari-Anarestani Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Medical Care Plan(old)' - questionnaire amended

17 Nov 2016 09:59	Surgery: Brogan Wright (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	

Referral to smoking cessation service (XaaDy) - added to waiting list

18 Nov 2016	Sandal Castle Medical Centre, Surgery: Miss Shirley Fleming (Receptionist Access Role) Entered at: Trinity Medical Centre	Entered: 21 Nov 2016 17:16

Psychiatry to Dr Omar Alisha

18 Nov 2016	Surgery: Dr Omar Alisha (General Medical Practitioner) Entered at: Trinity Medical Centre	Entered: 22 Nov 2016 15:43
18 Nov 2016 13:30	Surgery: Jane Slatter Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Progress note:

**** U N V A L I D A T E D N O T E ****
Last Updated Date: 18 Nov 2016 13:48
Last Updated By: Jane Slatter
Originally Entered By: Jane Slatter
Specialty: No Specialty Recorded
Note Type: Admin
Notes: See Medical Care Plan for clinic on 10.11.16

21 Nov 2016 16:26	Surgery: Karla Tunstall (Health Professional Access Role) Entered at: HMP Lindholme	
23 Nov 2016 15:05	Surgery: Clare Younger (Information Officer Access Role) Entered at: HMP Lindholme	

Appointment Letter to Mr Thomas Murphy

24 Nov 2016	Surgery: Clare Younger (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 29 Nov 2016 10:09

Consent Forms to Unknown

24 Nov 2016 09:06	Surgery: Mark Hayes (Nurse Access Role) Entered at: HMP Lindholme	

H/O: attempted suicide (146A.)
No dependents (Y3414)
Patient health questionnaire (PHQ-9) score (XaLDN) 9 -
Little interest or pleasure in doing things?: Several Days
Feeling down, depressed or hopeless?: Several Days
Trouble falling or staying asleep, or sleeping too much?: Several Days
Feeling tired or having little energy?: Several Days
Poor appetite or overeating?: Several Days
Feeling bad about yourself - or that you are a failure or have let yourself or family down?: Several Days
Trouble concentrating on things such as reading the newspaper or watching television?: Several Days
Moving or speaking slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?: Several Days
Thoughts that you would be better off dead or of hurting yourself in some way?: Several Days
No thoughts of deliberate self harm (Xaluw)
H/O: deliberate self harm (XaF9U)
No suicidal thoughts (XaIJ7)
No (Y0428)
Patient consented to sharing of information (Y3358)
Contact with mental health service (Y04cf)
Note taker (Ua0cL)

Seen by member of prison inreach mental health team (XaP7x)
Generalised anxiety disorder 7 item score (XaNkT) 7 -
Feeling nervous, anxious or on edge?: Several Days
Not being able to stop or control worrying?: Several Days
Worrying too much about different things?: Several Days
Trouble relaxing?: Several Days
Being so restless it's hard to sit still?: Several Days
Becoming easily annoyed or irritable?: Several Days
Feeling afraid as if something awful may happen?: Several Days
Screening (XE1TS)
Risk assessment (Ua1P1)
IMH - Assessment - questionnaire started
Risk Assessment (Level 1) - questionnaire started

24 Nov 2016 09:40	Surgery: Mark Hayes (Nurse Access Role) Entered at: HMP Lindholme

Referral In to HMP Hatfield for Psychiatrist: Ended on 25 Jan 2019 00:00
Referral In to HMP Hatfield for Secondary Mental Health: Ended on 26 Mar 2018 08:47
With the Following Intervention(s)
Discharged - No further treatment appropriate
Status Update for Psychiatrist Referral In: Waiting For Assessment, Status changed: 24 Nov 2016 09:40
Status Update for Secondary Mental Health Referral In: Receiving Care, Status changed: 24 Nov 2016 09:40

24 Nov 2016 09:42	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme
24 Nov 2016 09:42	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme
24 Nov 2016 10:23	Surgery: Mark Hayes (Nurse Access Role) Entered at: HMP Lindholme

Assessment of needs (Ua1P6) - Thomas reports that he has a diagnosis of schizophreania and experiances voices that he feels distressing.
Psychiatry care plan (XaK5Y)
Action taken (YA794)
regular 1-1 sessions
demonstrate warmth empathy and understanding
Assess voice hearing experiance
Liase with GP and external services to gain collateral information.
commence coping skills
support creating a meaningful day
assess by psychiatrist if required once all collateral information and assesments gathered
Outcome of assessment (YA821)
review monthly
for Thomas to manage mental health
Responsible to (Xaljx)
Thomas
Mark
Thomas
Dr Puri
Admin

24 Nov 2016 15:54	Surgery: Karla Tunstall (Health Professional Access Role) Entered at: HMP Lindholme
27 Nov 2016 10:14	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme
27 Nov 2016 10:16	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme
30 Nov 2016 13:04	Surgery: Clare Younger (Information Officer Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

01 Dec 2016 09:23	Surgery: Mr Manish Ahluwalia (Health Professional Access Role) Entered at: HMP Lindholme

Seen by optometrist (9N2U.)
New glasses prescibed
+0.50/-0.50 x 90 6/6
+0.50/-0.50 x 90 6/6 add 1.25

01 Dec 2016 13:44	Surgery: Mark Hayes (Nurse Access Role) Entered at: HMP Lindholme

Indirect (X791q)
E-mail report (Xa1iY)
Discussion (Ua04o) - Requested OAsys report from Offender supervisor

04 Dec 2016 10:40	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
04 Dec 2016 10:41	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
09 Dec 2016 08:40	Surgery: Dr Benjamin Sinclair (Clinical Practitioner Access Role) Entered at: HMP Lindholme
09 Dec 2016 14:19	Surgery: Sarah Plummer (Health Professional Access Role) Entered at: HMP Lindholme

Pharmacy technician (03K9.) - oredered co-codamol rx this afternoon to start next week

11 Dec 2016 11:00	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme
11 Dec 2016 11:00	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme
11 Dec 2016 11:01	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme
18 Dec 2016 10:46	Surgery: Mrs Rachel Lowe (Health Professional Access Role) Entered at: HMP Lindholme
19 Dec 2016 08:58	Surgery: Brogan Wright (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Officer called advised that Mr Murphy states he saw a nurse yesterday about an injection in his back and to come to healthcare this morning ?

Spoke to nurses available (Julie and Carol) who advised neither was working last night and that Andrea was working who isnt in today. Explained to officer that Andrea was the nurse yesterday however no notes on S1 and nothing been handed over therefore to wait until Andrea is next in.

19 Dec 2016 09:31	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
19 Dec 2016 11:15	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme

(R) Co-codamol 30mg/500mg tablets - 112 tablets - 2 bd (28 tablets every 7 days) (Future dated medication 21 Dec 2016)
Co-codamol 30mg/500mg tablets - 112 tablets - 2 bd
Ended 14 Jul 2017 Re-Authorised by Dr Mark Pickering
Custom script: Printed On Mon 19 Dec 2016 11:16 By Dr Shahzad Arif

21 Dec 2016 10:32	Surgery: Miss Sarina Corney (Health Professional Access Role) Entered at: HMP Lindholme
21 Dec 2016 10:35	Surgery: Miss Sarina Corney (Health Professional Access Role) Entered at: HMP Lindholme
21 Dec 2016 10:35	Surgery: Miss Sarina Corney (Health Professional Access Role) Entered at: HMP Lindholme
21 Dec 2016 15:42	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme

Problem: Lumbar disc prolapse with radiculopathy (N12C2)
History: 8 weeks since incarcerated. Previous L5/S1 injection of bupivacaine and depomedrone in April 2016.
Plan: On a lot of medication. See notes (letter from specialist)
Referral to pain management service (XaAcM)
Lumbar disc prolapse with radiculopathy (N12C2)
Hospital Referral to pain management service
Referrals to Mr Thomas Murphy
Hospital Referral to pain management service updated: Waiting For Information
Lumbar disc prolapse with radiculopathy (N12C2)

22 Dec 2016	Surgery: Sophie Black (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 23 Dec 2016 08:47

Referrals to HMP Lindholme

22 Dec 2016 10:23	Surgery: Sophie Black (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Referral In to HMP Hatfield for Other Clinical Intervention: Ended on 25 Jan 2019 00:00
Status Update for Other Clinical Intervention Referral In: Waiting For Information, Status changed: 22 Dec 2016 10:23

22 Dec 2016 13:17	Surgery: Brogan Wright (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

23 Dec 2016 11:13	Surgery: Jane Craven (Health Professional Access Role) Entered at: HMP Lindholme	
23 Dec 2016 11:13	Surgery: Jane Craven (Health Professional Access Role) Entered at: HMP Lindholme	
23 Dec 2016 15:40	Surgery: Dr Shahzad Arif Entered at: HMP Lindholme	Entered: 23 Dec 2016 15:48

Did not attend for Doctor appointment with Dr Shahzad Arif
Did not attend (Xa1kG)

30 Dec 2016 14:47	Surgery: Dr Benjamin Sinclair (Clinical Practitioner Access Role) Entered at: HMP Lindholme
30 Dec 2016 15:09	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme
30 Dec 2016 15:09	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme

31 Dec 2016	Surgery: Corrie Rowland (Health Professional Access Role) Entered at: HMP Lindholme	Entered: 25 Apr 2017 09:33

Date ceased smoking (137T.)

01 Jan 2017	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield	Entered: 25 Jan 2019 16:20

Stopped smoking (137K.)

03 Jan 2017 15:04	Surgery: Clare Younger (Information Officer Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

05 Jan 2017	Surgery: Clare Younger (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 06 Jan 2017 10:30

Miscellaneous to Unknown

08 Jan 2017 10:39	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme	

(R) Co-codamol 30mg/500mg tablets - 112 tablets - 2 bd (28 tablets every 7 days) (Future dated medication 15 Jan 2017)
Custom script: Printed On Sun 08 Jan 2017 10:41 By Andrea Ardron

08 Jan 2017 10:41	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme	
08 Jan 2017 10:41	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme	
15 Jan 2017 10:40	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme	
15 Jan 2017 10:40	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme	
17 Jan 2017 15:12	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme	

Referral to GP (8H62.) - Apt booked for medication review

18 Jan 2017 17:37	Surgery: Debbie Charlesworth (Systems Support Access Role) Entered at: HMP Lindholme	

Appointment Letter to Mr Thomas Murphy

19 Jan 2017	Prison: Julie Murray (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 07 Apr 2017 14:10

Consent Forms to HMP Lindholme

19 Jan 2017	Surgery: Julie Murray (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 07 Apr 2017 14:10

Patient Agreement for in Possession Medication

19 Jan 2017 10:54	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme	

Prisoner assessment for in-possession medication completed (XaPim)
IP Medication Risk Assessment (New S1 Module) - questionnaire started
Recall: IP Risk Assessment Review (19 Jan 2018)
Medication In Possession Status: Not in possession - Ended: Jane Craven (Health Professional Access Role) Entered at: HMP Lindholme on 13 Apr 2017

21 Jan 2017 14:10	Surgery: Nichola Friar (Systems Support Access Role) Entered at: HMP Lindholme	

Appointment Letter to Mr Thomas Murphy

22 Jan 2017 10:24	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme	
22 Jan 2017 10:24	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme	
23 Jan 2017 16:14	Surgery: Dr Andrew Nnadi (Clinical Practitioner Access Role) Entered at: HMP Lindholme	

Referral to orthopaedic service (8H54.)
Amitriptyline 10mg tablets - 28 tablets - 1 tablet - admin times: 16:00 (Oral) (Future dated medication 24 Jan 2017)
Hospital Referral to orthopaedic service
Custom script: Printed On Mon 23 Jan 2017 16:26 By Dr Andrew Nnadi
Hospital Referral to orthopaedic service updated: Waiting For Information

23 Jan 2017 16:27	Surgery: Dr Andrew Nnadi (Clinical Practitioner Access Role) Entered at: HMP Lindholme	

History: hx chronic back pain aND AWAITING SPINAL INJECTIONS.
Wanting medication review re neuropathic left leg .
requesting gabapentin.chat re alternatives and preferred first line.
trial amitriptyline.
Hx well noted re back.no red flags

05 Feb 2017 10:39	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme	

(R) Co-codamol 30mg/500mg tablets - 112 tablets - 2 bd (28 tablets every 7 days) (Future dated medication 12 Feb 2017)
Custom script: Printed On Sun 05 Feb 2017 10:40 By Michelle Jones

06 Feb 2017 15:45	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme	

Custom script: Re-printed On Mon 06 Feb 2017 15:46 By Emma Bedford

15 Feb 2017 15:29	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
16 Feb 2017 11:38	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme	

Referral to nurse (Xa1dg)
Complaining of pain to left ear and around the jaw.
Booked a nurse clinic appointment to examine ears and review

16 Feb 2017 15:28	Surgery: Karla Tunstall (Health Professional Access Role) Entered at: HMP Lindholme	
16 Feb 2017 15:28	Surgery: Karla Tunstall (Health Professional Access Role) Entered at: HMP Lindholme	
17 Feb 2017 16:09	Surgery: Jane Craven (Health Professional Access Role) Entered at: HMP Lindholme	
17 Feb 2017 16:10	Surgery: Jane Craven (Health Professional Access Role) Entered at: HMP Lindholme	
18 Feb 2017 15:22	Surgery: Nichola Friar (Systems Support Access Role) Entered at: HMP Lindholme	

Appointment Letter to Mr Thomas Murphy

19 Feb 2017 10:24	Surgery: Karla Tunstall (Health Professional Access Role) Entered at: HMP Lindholme	

19 Feb 2017 10:25	Surgery: Karla Tunstall (Health Professional Access Role) Entered at: HMP Lindholme
19 Feb 2017 15:30	Surgery: Karla Tunstall (Health Professional Access Role) Entered at: HMP Lindholme
19 Feb 2017 15:30	Surgery: Karla Tunstall (Health Professional Access Role) Entered at: HMP Lindholme
20 Feb 2017 09:19	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme

History: Seen in nurse triage clinic.
Examination: C/O pain and a lump around left eye. Describes it as a constant aching, could feel a "hissing" noise in his ear.
Both ears examined- both ear canals clear of any wax/obstuction. Ear canals appear healthy. TM seen to both ears.
Also complained of general aching to both arms, states he feels like it is in his bones.
Really anxious about his healht, concerned re cancer
Plan: Booked for Vit D levels due to generally aching all over.
Needs GP review re pains around left ear since no obstruction/wax seen using otoscopy.
Seen by nurse (XaATp)

20 Feb 2017 15:40	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
20 Feb 2017 15:40	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
20 Feb 2017 17:12	Surgery: Dr Mark Pickering (Clinical Practitioner Access Role) Entered at: HMP Lindholme

(R) Amitriptyline 10mg tablets - 28 tablets - [16:00-1 tablets] (7 tablets every 7 days) (Future dated medication 22 Feb 2017)
Amitriptyline 10mg tablets - 28 tablets - [16:00-1 tablets]
Ended 30 Mar 2017 Re-Authorised by Dr Shahzad Arif
Custom script: Printed On Mon 20 Feb 2017 17:12 By Dr Mark Pickering

21 Feb 2017 15:26	Surgery: Miss Sarina Corney (Health Professional Access Role) Entered at: HMP Lindholme	
21 Feb 2017 15:27	Surgery: Miss Sarina Corney (Health Professional Access Role) Entered at: HMP Lindholme	
22 Feb 2017 10:00	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme	Entered: 09 Mar 2017 11:00

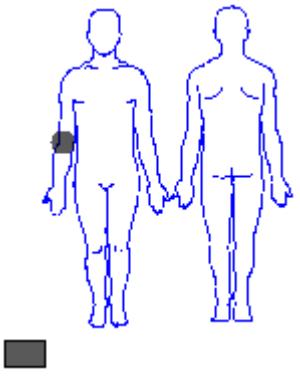
Serum calcium level (XE2q3) 2.45 mmol/L [2.03 - 2.45]
Calcium adjusted level (XaZyY) 2.48 mmol/l [2.2 - 2.6]
Serum globulin level (XE2eB) 29 g/L [23 - 40]
Serum alkaline phosphatase level (XE2px) 100 iu/L [30 - 130]
Serum inorganic phosphate level (XE2q4) 1.4 mmol/L [0.8 - 1.5]
Serum albumin level (XE2eA) 44 g/L [35 - 50]
Serum total protein level (XE2e9) 73 g/L [60 - 80]
Bone profile (44Z2.)
Bone profile Report, Normal, No Further Action. Review not applicable

22 Feb 2017 10:00	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme	Entered: 09 Mar 2017 11:00

25-OH Vitamin D: Quoted reference range is for optimal vitamin D status
Vitamin D <30 nmol/L = Deficient -treatment required
Please refer to website below for information
http://www.dbh.nhs.uk/Library/Pharmacy_Medicines_Management/Formulary/Formulary_S9/Vitamin_D_protocol_final.pdf
If patient is supplemented with Calciferol (Vitamin D2) then result may be slightly lower than expected
Calcium adjusted level (XaZyY) 2.48 mmol/l [2.2 - 2.6]
Serum albumin level (XE2eA) 44 g/L [35 - 50]
Serum calcium level (XE2q3) 2.45 mmol/L [2.03 - 2.45]
Serum 25-Hydroxy vitamin D3 level (XaEQa) 29.5 nmol/L [> 75] - Below low reference limit
25-OH Vitamin D Report, Abnormal, Patient To Pick Up Script. Review not applicable

22 Feb 2017 10:44	Surgery: Corrie Rowland (Health Professional Access Role) Entered at: HMP Lindholme

Blood sampling (X74UV)
Consent given for blood test (Xab7v)
Serum vitamin D level (XE2e7)



22 Feb 2017 15:05	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
22 Feb 2017 15:05	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
26 Feb 2017 12:32	Surgery: Mrs Rachel Lowe (Health Professional Access Role) Entered at: HMP Lindholme	
26 Feb 2017 12:32	Surgery: Mrs Rachel Lowe (Health Professional Access Role) Entered at: HMP Lindholme	
28 Feb 2017	Sandal Castle Medical Centre, Surgery: Mrs Gina Sharp (Receptionist Access Role) Entered at: Trinity Medical Centre	Entered: 02 Mar 2017 15:09

Letter from Patient to Dr Omar Alisha

28 Feb 2017	Surgery: Dr Omar Alisha (General Medical Practitioner) Entered at: Trinity Medical Centre	Entered: 03 Mar 2017 08:52

will contact prison doctors

28 Feb 2017 10:00	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme

Problem: Non-suppurative otitis media (XM1QF)
History: Pain to left jaw.
Examination: Ear examination - attical redness, nil wax. S/M lymph node palpable at left jaw.
Problem: Knee joint pain (N094M)
Examination: O/e good range of movement. Needs knee support, analgesia and consent for joint injection.
Consent for joint injection signed
Referral to orthotist (XaBT9)
Non-suppurative otitis media (XM1QF)
Knee joint pain (N094M)
Ex-smoker (Ub1na)
Methylprednisolone sodium succinate 40mg powder and solvent for solution for injection vials - 2 vial - 2 Immediately (2 vial every 1 day)
Otomize ear spray (Ennogen Healthcare International Ltd) - 1 pack of 5 mls - 08:00, 12:00, 16:00 (5 millilitres every 7 days) (Future dated medication 01 Mar 2017)
Hospital Referral to orthotist
Custom script: Printed On Tue 28 Feb 2017 10:15 By Dr Shahzad Arif
Custom script: Printed On Tue 28 Feb 2017 10:15 By Dr Shahzad Arif
Hospital Referral to orthotist updated: Waiting For Information
Non-suppurative otitis media (XM1QF)
Knee joint pain (N094M)

01 Mar 2017	HMP Prison: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 01 Mar 2017 13:10

Miscellaneous to HMP Lindholme

01 Mar 2017	Surgery: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 01 Mar 2017 13:10

SMS - app to do Resolve and Drug/Alcohol awareness

01 Mar 2017 11:47	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme

History: ue 28 Feb 10:11 - Dr Shahzad Arif
Assigned to Administration
Status: Started
book 20 minute slot for joint injection please once injection vial ordered.

Wed 01 Mar 07:32 - Nichola Friar (Systems Support Access Role)
Assigned to Senior Nurses
Plan: Booked GP appointment for 20 minutes as per GP task.
Referred to doctor (XaBhV)

01 Mar 2017 15:09	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
01 Mar 2017 15:10	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
01 Mar 2017 15:10	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
05 Mar 2017 10:48	Surgery: Karla Tunstall (Health Professional Access Role) Entered at: HMP Lindholme

(R) Co-codamol 30mg/500mg tablets - 112 tablets - 2 bd (28 tablets every 7 days) (Future dated medication 12 Mar 2017)
Custom script: Printed On Sun 05 Mar 2017 10:49 By Karla Tunstall

05 Mar 2017 10:49	Surgery: Karla Tunstall (Health Professional Access Role) Entered at: HMP Lindholme	
05 Mar 2017 10:49	Surgery: Karla Tunstall (Health Professional Access Role) Entered at: HMP Lindholme	
08 Mar 2017	Prison: Julie Murray (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 31 Mar 2017 13:25

GP Letter to Pharmacy 2

08 Mar 2017 09:40	Surgery: Mrs Michelle Stringer (Receptionist Access Role) Entered at: Trinity Medical Centre

Clinic Letter to HMP Lindolme Prison

08 Mar 2017 10:01	Surgery: Wayne Newman (Health Professional Access Role) Entered at: HMP Lindholme

Thinking about stopping smoking (XaIkW) - 2x willpower
Smoking Target Notes (Y0018) - 6 weeks 15mg,4 weeks 10mg.
Smoking Cessation Advice Outcome - Not Quit (Y2504)
Carbon dioxide breath test (X77gs) - 2
NICORETTE INVISI 15mg patches (du7N.)
Seen by smoking cessation advisor (Xalye)
Cigarette pack-years (XaluQ) 10
Carbon dioxide breath test (X77gs) - 2
Age at starting smoking (Ub0p3) 13 yrs old
Cigarette consumption (Ub1tI) 6 Cigs/day
NICORETTE INVISI 15mg patches (du7N.)
Motivation to quit smoking (Y1158) - Health
Seen by smoking cessation advisor (Xalye)
Cigarette consumption (Ub1tI) 6 Cigs/day
Week number attending clinic (Y1201) 1

08 Mar 2017 13:39	Sandal Castle Medical Centre, Surgery: Dr Omar Alisha (General Medical Practitioner) Entered at: Trinity Medical Centre
08 Mar 2017 16:03	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
08 Mar 2017 16:05	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
08 Mar 2017 16:45	Surgery: Nichola Friar (Systems Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

09 Mar 2017 10:32	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme
09 Mar 2017 10:35	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme

Problem: Knee joint pain (N094M)
Problem: Injection of steroid into knee joint (Xa87F)
History: Has been consented. Aseptic technique. 2.5ml syringe 1507024 2020-06. Depo-Medrone 40mg/ml LOT L09976/1 01/2020. PIL given from vial box.
Examination: Left knee injected.
Plan: Repeat not before 4 months. Rest knee for 48 hours.
Injection of steroid into knee joint (Xa87F)
Medication review done (XaF8d)
On sick leave from work (Ua0Ur) - Joint injection given to L knee. Needs to rest for 48 hours. Not to put pressure on the knee.
Duration of sickness certificate (Days) (Y1712) 2 Days
Referrals to Mr Thomas Murphy
Injection of steroid into knee joint (Xa87F)

09 Mar 2017 10:59	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme

Vitamin D deficiency (XE112)
QRISK2 cardiovascular disease 10 year risk score (XaQVY) 7.92 %
(R) Stexerol-D3 25,000unit tablets (Grunenthal Ltd) - 12 tablets - 2 weekly for 6 weeks (2 tablets every 7 days) (Future dated medication 17 Mar 2017)
Stexerol-D3 25,000unit tablets (Grunenthal Ltd) - 12 tablets - 2 weekly for 6 weeks
Ended 07 Nov 2017 Form, strength, or route change by Dr Gaynor Mountcastle
Custom script: Printed On Thu 09 Mar 2017 11:04 By Dr Shahzad Arif
Vitamin D deficiency (XE112)

10 Mar 2017 14:28	Surgery: Julie Murray (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

12 Mar 2017 11:05	Surgery: Karla Tunstall (Health Professional Access Role) Entered at: HMP Lindholme

Drug Administration Marked in Error: Wrong data entered
Stexerol-D3 25,000unit tablets (Kyowa Kirin Ltd), Quantity given: 2.0, Entered: 12/03/2017 11:05, Desc: Fully administered, Done: 12/03/2017 11:05, Given for: 12/03/2017 23:59

12 Mar 2017 11:05	Surgery: Karla Tunstall (Health Professional Access Role) Entered at: HMP Lindholme
12 Mar 2017 11:06	Surgery: Karla Tunstall (Health Professional Access Role) Entered at: HMP Lindholme
12 Mar 2017 11:07	Surgery: Karla Tunstall (Health Professional Access Role) Entered at: HMP Lindholme
13 Mar 2017 10:31	Surgery: Pamela Smith (Health Professional Access Role) Entered at: HMP Lindholme

Alcohol abuse (Xa1yZ)
Misuses drugs (Ub0mt)
Self referral to substance misuse service (XaNPH)

14 Mar 2017	HMP Prison: Lian Fisher (Systems Support Access Role) Entered	Entered: 30 Jun 2017 15:50

	at: HMP Lindholme	

SOLICITORS to HMP Lindholme

14 Mar 2017	HMP Prison: Lian Fisher (Systems Support Access Role) Entered at: HMP Lindholme	Entered: 30 Jun 2017 15:47

Other to HMP Lindholme

14 Mar 2017	Prison: Julie Murray (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 04 Apr 2017 11:28

Appointment Letter to HMP Lindholme

15 Mar 2017 09:56	Surgery: Wayne Newman (Health Professional Access Role) Entered at: HMP Lindholme

Carbon dioxide breath test (X77gs) - 0
Nicotine 21mg/24hours patch (du3A.)
Week number attending clinic (Y1201) 2
Seen by smoking cessation advisor (XaIye)
Smoking Cessation Advice Outcome - Quit (Y2503)

16 Mar 2017 14:01	Surgery: Ms Merjury Chitadzinga (Nurse Access Role) Entered at: HMP Lindholme

Initial substance misuse assessment (XaJy6)
Substance misuse clinical management plan agreed (XaJzj)
On substance misuse program (Y2876)
Referral In to HMP Hatfield for Substance misuse: Ended on 12 Apr 2018 12:09
With the Following Intervention(s)
Discharged - Treatment completed
Status Update for Substance misuse Referral In: Receiving Care, Status changed: 16 Mar 2017 14:01

16 Mar 2017 14:02	Surgery: Ms Merjury Chitadzinga (Nurse Access Role) Entered at: HMP Lindholme

Follow up substance misuse assessment (XaJy7)
Substance misuse team (XaJRs)
Reports drinking alcohol from the age of 15 drinking socially with friends. He also tried to inject amphetamines but he did not like it. He developed to cocaine use when he was 30which he stated that he was taking occasionally when he goes out for a drink with his friends. He stated that he would like to work with substance misuse as part of his sentence plan.

He reports a diagnosis of schizophrenia and is known to our prison inreach mental health team. He also stated that he suffer with lower back nerve damage and he is prescribed analgesia for that.

All relevant paperwork completed,signed and sent to admin for scanning.
Advice on drugs of addiction (XE1TQ) - He understand overdose and low tolerance.

16 Mar 2017 14:17	Surgery: Ms Merjury Chitadzinga (Nurse Access Role) Entered at: HMP Lindholme

Criminal behaviour (X765i)
History of violence
Denies sexual or arson offences
In prison (XE0pK) - 6years
Charged with crime (13HM0)
Drug-related offending behaviour (Ub0nz) - He report offending first before substance misuse. He stated that he does not know if he stop using he will stop offending as offending just happen without planning. He stated that he does not have any intentions of hurting anyone at the moment.
Family problems (X76Gi) - He stated that it has caused a lot of stress to his mother.
Family history of substance misuse (XaMzo) - states none
Family details and household composition (Ua0Hb) - None visit him in prison
Prisoner has been in prison before (YX004)
Drug-related offending behaviour (Ub0nz)
Current offence is ABH
Denies any issues with unsafe sex and route of administration.
Previous treatments (Y2413)
reports that he has never engaged in any psychosocial intervention.
reports not using any substances in priosn.
Drug misuse behaviour (Ub0mp)
reports starting to drink with his friends on streets when he was 15.
he tried injecting amphetamines but he did not like it.
Reports drinking alcohol and sniffing coccaine socially
Discussion about treatment options (YA517)
He stated that he would not like to use any substances in his llife.
He would take any help available to make a change to his lifestyle

In prison (XE0pK) - ABH
Brief intervention for excessive alcohol consumptn completed (XaPPv)
Has never shared drug injection equipment (XaOcK)
H/O: mental health problem (YA741) - schizophrenia
Yes (Y0427)
Comment note (XaIg6) - Reports that he has been screened
Dual Diagnosis (Y0757)
Substance misuse team (XaJRs)
To engage in psychosocial intervention focusing on
Relapse prevention
Motivation to change
Alcohol incell work
No suicidal thoughts (XaIJ7)
No thoughts of deliberate self harm (XaIuw) - He reports a history of self harming the last time he self harmed was in 1996 when he cut his arm.
No history of deep vein thrombosis (XaaEe)
Activities (X79tW) - no due to physical health problems
Awareness of problem (Y9961) - He understand overdose and low tolerance
H/O: repeated overdose (XaIPy) - states none
Employment status (Ua0TA) - no
Physical health assessment (XaXiC) - States lower back nerve pain
Drugs - total non-compliance (XM1Xt) - he states no
Education and training (XaA2x) - no
average amount of other problem substance on a using day (pounds) (Y09f0) - £40-50
No dependents (Y3414)
Referral to alcohol brief intervention service (XaPna)
History of cocaine misuse (XaMf6)
Substance misuse assessment (XaXiD)
Current drug user (XaKSC) - cocaine
Drug screening test (XSFAa) 3 h -
1. Did you think your use of [named drug] was out of control?: Sometimes
2. Did the prospect of missing a fix (or dose) or not chasing make you anxious or worried?: Sometimes
3. Did you worry about your use of [named drug]?: Sometimes
4. Did you wish you could stop?: Almost Never
5. How difficult did you find it to stop or go without [named drug]?: Not Difficult
Brief intervention for excessive alcohol consumptn completed (XaPPv)
Alcohol screen - AUDIT PC completed (XaMyj) 18 -
1. How often do you have a drink containing alcohol?: 2-4 times a month
2. How many drinks containing alcohol do you have on a typical day when you are drinking?: 5 or 6 drinks
3. How often do you have six or more drinks on one occasion?: Less than monthly
4. How often in the last year have you found that you could not stop drinking once you had started?: Less than monthly
5. How often in the last year have you failed to do what is expected of you because of drinking?: Less than monthly
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking sessions?: Never
7. How often during the last year have you had a feeling of guilt or remorse after drinking?: Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?: Less than monthly
9. Have you or someone else been injured as a result of your drinking?: Yes, but not in the last year
10. Has a relative, friend or doctor been concerned about your drinking or suggested that you cut down?: Yes, during the last year
Frequency of drug misuse (Ub0nC) - drink occassionally
Alcohol abuse (Xa1yZ)
Route of administration of drug (XC00p) - oral
Age at starting drug misuse (Ub0nZ) - 15
Age at starting drug misuse (Ub0nZ) - 18
Frequency of drug misuse (Ub0nC) - ocassionaly
average amount of other problem substance on a using day (pounds) (Y09f0) - free
Route of administration of drug (XC00p) - sniff

16 Mar 2017 15:36	Surgery: Ms Merjury Chitadzinga (Nurse Access Role) Entered at: HMP Lindholme

Substance misuse clinical management plan agreed (XaJzj)
Substance misuse structured counselling (XaNH9)

Structured alcohol intervention (Y071e)
Substance Misuse Recovery Support Care Plan Created
Substance Misuse Recovery Support Instruction: 1)
Need:
Intervention:
Time Scale: (Deleted 16 Mar 2017 15:40)
Substance Misuse Recovery Support Instruction: 1)
Need:To explore motivation for change
Intervention:To focus on reason for change and to look at the cycle for change making a decisional balance.
Time Scale:3 months
Substance Misuse Recovery Support Instruction: 2)
Need:
Intervention:
Time Scale: (Deleted 16 Mar 2017 15:43)
Substance Misuse Recovery Support Instruction: 2)
Need:To explore relapse prevention
Intervention:Focus on high risk situations, coping strategies , triggers and cravings
Time Scale:3 months (Deleted 30 Oct 2017 11:41)
Substance Misuse Recovery Support Instruction: 3)
Need:
Intervention:
Time Scale: (Deleted 16 Mar 2017 15:46)
Substance Misuse Recovery Support Instruction: 3)
Need:To explore alcohol awareness
Intervention:To complete alcohol incell work
Time Scale:2-3 weeks (Deleted 25 Sep 2017 11:09)
Substance Misuse Recovery Support Instruction: 4)
Need:
Intervention:
Time Scale: (Deleted 06 Dec 2017 12:01)
Substance Misuse Recovery Support Instruction: 5)
Need:
Intervention:
Time Scale:
Substance Misuse Recovery Support Instruction: 6)
Need:
Intervention:
Time Scale:
Substance Misuse Recovery Support Instruction: 7)
Need:
Intervention:
Time Scale:
Substance Misuse Recovery Support Instruction: 8)
Need:
Intervention:
Time Scale:
Substance Misuse Recovery Support Visiting Frequency: Visit every 4 weeks, Ended 10 Mar 2019 00:00
Substance Misuse Recovery Support Review next due on 21 Apr 2017 15:37

17 Mar 2017 09:58	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme

(R) Amitriptyline 10mg tablets - 28 tablets - [16:00-1 tablets] (7 tablets every 7 days) (Future dated medication 24 Mar 2017)
Custom script: Printed On Fri 17 Mar 2017 10:40 By Jane Craven

17 Mar 2017 09:58	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
17 Mar 2017 09:58	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
17 Mar 2017 10:40	Surgery: Jane Craven (Health Professional Access Role) Entered at: HMP Lindholme
19 Mar 2017 10:18	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
19 Mar 2017 10:18	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
20 Mar 2017 12:11	Surgery: Pamela Smith (Health Professional Access Role) Entered at: HMP Lindholme
21 Mar 2017 12:59	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme

Problem: Lumbar disc prolapse with radiculopathy (N12C2)
Problem: Paranoid schizophrenia NOS (E103z)
Problem: Generalised anxiety disorder (E2002)

Problem: Osteoarthritis NOS, of knee (N05zL)
Problem: Osteoarthritis NOS, of hip (N05zJ)
History: Letter from GP received, dated 08.03.2017
Plan: Was on aripiprazole 10mg 2 mane up until 16.09.2016. Was on gabapentin 200 mg tds until 16.09.2016 with GP. Was on propranolol 40mg nocte up until 16.09.2016. I am not keen to start gabapentin unless seen MRI scan. Can be started on propranolol. Request re: aripiprazole sent to mental health.

Task mental health re: aripiprazole. Book for ECG, prolactin and bloods. Tasks sent. Request MRI from GP (tasked).

Has been referred to orthopaedics.

21 Mar 2017 14:56	Surgery: Julie Murray (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	

Appointment Letter to Mr Thomas Murphy

22 Mar 2017 10:01	Surgery: Wayne Newman (Health Professional Access Role) Entered at: HMP Lindholme	

Carbon dioxide breath test (X77gs) - 0
Week number attending clinic (Y1201) 3
Seen by smoking cessation advisor (XaIye)
Smoking Cessation Advice Outcome - Quit (Y2503)
Smoking Target Notes (Y0018) - Week 3-4 given due to A/L.
Nicotine 21mg/24hours patch (du3A.)

22 Mar 2017 14:46	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme	
22 Mar 2017 14:58	Surgery: Katie Savill (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	

Appointment Letter to Mr Thomas Murphy

23 Mar 2017 12:45	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme	

History: ER1 not sent as does not fit requirements of referral. Can do quads-strengthening on normal gym sessions.

23 Mar 2017 15:03	Surgery: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	

Appointment Letter to Mr Thomas Murphy

24 Mar 2017 09:00	Surgery: Aleck Ruzani Entered at: HMP Lindholme	Entered: 24 Mar 2017 10:46

No access visit for Substance Misuse Session appointment with Aleck Ruzani
Home visit - no reply (9NFC.)

24 Mar 2017 10:46	Surgery: Aleck Ruzani (Nurse Access Role) Entered at: HMP Lindholme	

Other relevant information (Y4331)
Substance misuse team (XaJRs) - No acces visit as writer was requested to dispense medication on G wing due to staff shortage, the appointment will be rescheduled for the next available convenient date.

24 Mar 2017 15:06	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme	
24 Mar 2017 15:07	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme	
26 Mar 2017 11:14	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme	
26 Mar 2017 11:17	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme	
27 Mar 2017 15:09	Surgery: Julie Murray (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	

Appointment Letter to Mr Thomas Murphy

27 Mar 2017 15:15	Surgery: Katie Savill (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	

Appointment Letter to Mr Thomas Murphy

28 Mar 2017 09:30	Surgery: Ramneesh Puri Entered at: HMP Lindholme	Entered: 28 Mar 2017 11:07

Did not attend for Psychiatrist Clinic appointment with Ramneesh Puri
Did not attend (Xa1kG)

28 Mar 2017 15:36	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme	

History: Seen in nurse clinic this afternoon, to review pain in leg.
Examination: Has several issues to discuss:
1. Should have had an appointment with Dr Puri this morning to review restarting Aripiprazole and Sertraline- states a wing officer told that Dr Puri was running late and he would be called for when it was time. States this never happened and has missed appointment, which has been marked as DNA.
2. States has a worn vertebrae to lower spine causing pain in lower limbs, has spinal injections regularly at Ossett. Thomas states he has been referred for this a while ago but no appointments booked as of yet.
3. Complaining of pain to lower shin, states it feels like a blood clot- reports that the pain travels up and gets pain to left side of neck and up towards his left ear where it left alump under the skin. Has seen the GP with regards this issue and was issued with drops even though his ears were examined and informed that they were clear.
Plan: 1. Task sent to the MH team to rebook the psychiatrist appointment at the next available clinic.
2. Task sent to the Admin to check whether there are any appointments booked for spinal injections of if he is awaiting.
3. No signs of DVT to leg. Encouraged light exercise and to see again if pain becomes intolerable.
Seen by nurse (XaATp)

29 Mar 2017	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme	Entered: 30 Mar 2017 13:38

Eosinophil count - observation (42K..) 0.3 10^9/L [0.01 - 0.7]
Monocyte count - observation (42N..) 0.8 10^9/L [0.2 - 0.95]
Lymphocyte count (42M..) 3.3 10^9/L [1.5 - 4]
Basophil count (42L..) 0.1 10^9/L [0 - 0.1]
Neutrophil count (42J..) 6 10^9/L [2 - 7.5]
Full blood count (424..)
Total white blood count (XaldY) 10.4 10^9/L [4 - 12]
Haemoglobin concentration (Xa96v) 153 g/L [126 - 180]
Red blood cell count (426..) 5.19 10^12/L [4.4 - 6]
Platelet count - observation (42P..) 250 10^9/L [140 - 450]
Mean cell haemoglobin concentration (429..) 33 g/dL [31 - 35]
Differential white blood cell count (42I..)
Red blood cell distribution width (XE2mO) 13.7 % [11 - 16]
Mean cell volume (42A..) 89.4 fL [78 - 100]
Haematocrit (X76tb) 0.464 [0.42 - 0.52]
Mean cell haemoglobin level (XE2pb) 29.5 pg [27 - 32]
Full blood count;Differential white blood cell count Report, Normal, No Further Action. Review not applicable

29 Mar 2017	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme	Entered: 30 Mar 2017 13:32

Serum prolactin level (XaELX) 221 mu/L [73 - 407]
Serum TSH level (XaELV) 1.79 miu/L [0.35 - 4.94]
Thyroid function test (X77Wg)
Serum prolactin level (XaELX)
Serum free T4 level (XaERr) 12.2 pmol/L [9 - 19]
Thyroid function test;Serum prolactin level Report, Normal, No Further Action. Review not applicable

29 Mar 2017	Doncaster Royal Infirmary: Richard Phillips (Clerical Access Role) Entered at: DBTH Orthotics	Entered: 06 Apr 2017 08:07

Referrals In to Orthotics

29 Mar 2017	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme	Entered: 30 Mar 2017 13:13

Serum ferritin level (XE24r) 134 ng/ml [22 - 275]
Serum ferritin level (XE24r) - Please note new reference ranges from 02/11/2011
Serum folate level (42U5.) 5.4 ng/ml [3.1 - 20.5]
Serum folate level (42U5.) - Please note new reference ranges from 02/11/2011
Serum vitamin B12 level (XE2pf) 263 ng/L [187 - 883]
Serum vitamin B12 level (XE2pf) - Please note new reference ranges from 02/11/2011
Serum vitamin B12 level;Serum folate level;Serum ferritin level Report, Normal, No Further Action. Review not applicable

29 Mar 2017	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme	Entered: 30 Mar 2017 13:13

HBA1C: Quoted Reference Range is for a non-diabetic.
Haemoglobin A1c level - IFCC standardised (XaPbt) 36 mmol/mol [20 - 41] - Non Diabetic Range 20-42 mmol/mol
HBA1C Report, Normal, No Further Action. Review not applicable

29 Mar 2017	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme	Entered: 30 Mar 2017 13:13

Serum alanine aminotransferase level (XaLJx) 32 iu/L [0 - 55]
Serum total bilirubin level (XaERu) 8 umol/L [0 - 21]
Serum alkaline phosphatase level (XE2px) 112 iu/L [30 - 130]
Urea and electrolytes (X77Wi)
Stage G2 CKD - Mildly reduced kidney function unless there is existing laboratory or clinical evidence of kidney disease.
Interpret with caution bearing in mind that estimates of GFR become less accurate as the true GFR increases.
*For people of African-Caribbean or African family origin: multiply the laboratory GFRcreatinine result by 1.159
Serum creatinine level (XE2q5) 92 umol/L [64 - 104]
Serum urea level (XM0lt) 5 mmol/L [2.5 - 7.8]
Serum total protein level (XE2e9) 77 g/L [60 - 80]
Serum albumin level (XE2eA) 44 g/L [35 - 50]

Serum globulin level (XE2eB) 33 g/L [23 - 40]
Liver function tests (X77WP)
Serum sodium level (XE2q0) 144 mmol/L [133 - 146]
Serum potassium level (XE2pz) 4.5 mmol/L [3.5 - 5.3]
GFR calculated abbreviated MDRD (XaK8y) 84 mL/min/1.73m*2
Urea and electrolytes;Liver function tests Report, Normal, No Further Action. Review not applicable

29 Mar 2017	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme	Entered: 30 Mar 2017 13:13

Serum lipid levels (XE2q7)
Please refer to appropriate national guidelines for recommended target levels.
Serum triglyceride levels (XE2q9) 3.3 mmol/L
Serum cholesterol/HDL ratio (XaEUq) 5.5 mmol/mmol
Serum LDL cholesterol level (44P6.) - Invalid.TG>4.6 or non fasting
Serum cholesterol level (XE2eD) 6.2 mmol/L
Serum HDL cholesterol level (44P5.) 1.12 mmol/L
Serum non high density lipoprotein cholesterol level (XabE1) 5.1 mmol/L
Serum lipid levels Report, Normal, No Further Action. Review not applicable

29 Mar 2017 10:54	Surgery: Karla Tunstall (Health Professional Access Role) Entered at: HMP Lindholme
29 Mar 2017 11:00	Surgery: Mark Hayes (Nurse Access Role) Entered at: HMP Lindholme

Care planning and problem solving actions (Ua1LU) - email Dr Puri as to medication
Impressions of the prisoners behaviour and mental state (YX023)
SMH Notes. Seen in healthcare for approx 30 minutes. dressed in prison attire. speach rate tone and flow normal, pleasant and polite on interaction. mood appeared euthymic and reporte dthat he was ok.

Annoyed that his appointment was cancelled yesterday. he is frustrated tha he has been in this prison since October and his medication has not been sorted as yet. He informed me that he has had 4 appointment wit the psychiatrist that have been cancelled. he ackowledged that these may of been for genuine reasons but also stated that he has been withyout his medication predominantly his pain relief as this impacts on his mood throughout the day.

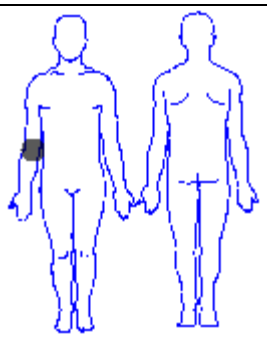
Mental state he reports he has had his up day and his down days. but generally this has been ok and only reported that his main concern has been his mood and his anxiety which have been a problem at times.

he reported that he has contacted his solicitor with regards to his poor care and i also informed him of the internal complaints procedure which he stated his solicitor will sort it out.

throughout the conversaation Mr Murphey was pleasant and polite. there were no observed symptoms of thought disorder nor experiancing hallucinations durin g the session. his concentration was good and he was able to follow the topc under discussion and assert his own thoughts.
Mental health in-reach team review (XaX04)

29 Mar 2017 11:00	Surgery: Corrie Rowland (Health Professional Access Role) Entered at: HMP Lindholme

Ferritin (X80PS)
Blood folate NOS (42UZ.)
Fasting blood lipids (XE2bu)
Blood sampling (X74UV)
Consent given for blood test (Xab7v)
Thyroid function test (X77Wg)
Urea and electrolytes (X77Wi)
Vitamin B12 level (X76tA)
Full blood count (424..)
Liver function tests (X77WP)
Prolactin (X80GN)



30 Mar 2017 10:15	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme

(R) Aripiprazole 5mg tablets - 56 tablets - 2 tablet - admin times: 09:00 (Oral) (Future dated medication 31 Mar 2017)
Stopped 06 Apr 2017 End of course by Dr Shahzad Arif
(R) Propranolol 40mg tablets - 56 tablets - 1 To be taken Twice Daily (14 tablets every 7 days) (Future dated medication 31 Mar 2017)
Amitriptyline 10mg tablets - 28 tablets - [16:00-1 tablets]
Ended 14 Sep 2017 End of course by Dr Nabeel Hussain
Aripiprazole 5mg tablets - 56 tablets - 2 tablet
Ended 06 Apr 2017 End of course by Dr Shahzad Arif

Propranolol 40mg tablets - 56 tablets - 1 To be taken Twice Daily
Ended 07 Nov 2017 Re-Authorised by Dr Gaynor Mountcastle
Custom script: Printed On Thu 30 Mar 2017 10:18 By Dr Shahzad Arif

30 Mar 2017 10:18	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme

Problem: Paranoid schizophrenia NOS (E103z)
History: Morning Dr Arif, as per email trail could you prescribe 50 mg sertraline Aripiprizole 10mg and propranolol 80mg please.

Kind Regards
Mark Hayes

From: Arif Shahzad - GP Locum
Sent: 29 March 2017 11:20
To: Puri Ramneesh; Hayes Mark
Subject: RE: Thomas Murphy
Importance: High

I agree. Mark, can you remind me when I'm in tomorrow? Thanks Dr Puri.

From: Puri Ramneesh
Sent: 29 March 2017 11:18
To: Hayes Mark
Cc: Arif Shahzad - GP Locum
Subject: RE: Thomas Murphy

If we have confirmation from psychiatrist I am happy for Dr Arif to reinstate meds rather than waiting for me and causing delay.
Just advise him to commence Aripiprazole at 10mg rather than 20mg.

Rest can start at their earlier doses.

Thanks
R

PS: I have copied Dr Arif for info

From: Hayes Mark
Sent: 29 March 2017 08:47
To: Puri Ramneesh
Subject: Thomas Murphy

Morning Dr P,

Thomas Murphy who was booked in yesterday and DNA'd there is a letter from his solicitor. He was on Aripiprizole 20mg, sertraline and propranolol has DX schizophrenia. Requested notes in November nothing received yet but there is a brief summary report from a psychiatrist. If dr arif would PX what are your recommendations for restarting medication or do you want to assess him before any medication is commenced?

Regards

Mark Hayes
Senior Mental Health Nurse
Nottinghamshire Healthcare
HMP Lindholme
Doncaster
South Yorkshire
01302 524882

30 Mar 2017 10:59	Surgery: Katie Savill (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Telephone encounter (9N31.) - Not suitable for CATS as per telephone conversation with Nicholas Brown. Referred to Orthotics - DRI

30 Mar 2017 13:13	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme

30 Mar 2017 13:13	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme

QRISK2 cardiovascular disease 10 year risk score (XaQVY) 9.45 %

30 Mar 2017 13:13	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme
30 Mar 2017 13:32	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme
30 Mar 2017 13:37	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme
31 Mar 2017 14:27	Surgery: Julie Murray (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

02 Apr 2017 15:23	Surgery: Sarah Plummer (Health Professional Access Role) Entered at: HMP Lindholme

(R) Co-codamol 30mg/500mg tablets - 112 tablets - 2 bd (28 tablets every 7 days) (Future dated medication 09 Apr 2017)

Custom script: Printed On Sun 02 Apr 2017 15:24 By Sarah Plummer

02 Apr 2017 15:23	Surgery: Sarah Plummer (Health Professional Access Role) Entered at: HMP Lindholme
03 Apr 2017 10:35	Surgery: Corrie Rowland (Health Professional Access Role) Entered at: HMP Lindholme

Examination: ECG obtaineed and left for Dr to review.

04 Apr 2017	Surgery: Kathryn Wiggins (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 18 May 2017 16:14

ECG to HMP Lindholme

04 Apr 2017 10:27	Surgery: Jane Craven (Health Professional Access Role) Entered at: HMP Lindholme
04 Apr 2017 10:29	Surgery: Jane Craven (Health Professional Access Role) Entered at: HMP Lindholme
04 Apr 2017 15:03	Surgery: Julie Murray (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

04 Apr 2017 16:02	Surgery: Ruth Hall (Nurse Access Role) Entered at: HMP Lindholme
05 Apr 2017 08:29	Surgery: Wayne Newman (Health Professional Access Role) Entered at: HMP Lindholme

Nicotine 21mg/24hours patch (du3A.)
Smoking Target Notes (Y0018) - 21mg give due to 15mg irritating skin.
Smoking Cessation Advice Outcome - Quit (Y2503)
Week number attending clinic (Y1201) 5
Seen by smoking cessation advisor (Xalye)
Carbon dioxide breath test (X77gs) - 0

05 Apr 2017 08:40	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme
05 Apr 2017 08:40	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme
05 Apr 2017 10:41	Surgery: Mrs Lorna Herbert (Clerical Access Role) Entered at: DBTH Orthotics

SystmOne Outgoing Record Sharing consent changed to: Not asked - Record shared

05 Apr 2017 10:41	Surgery: Mrs Lorna Herbert (Clerical Access Role) Entered at: DBTH Orthotics

SystmOne Incoming Record Sharing consent changed to: Not asked - Record shared

05 Apr 2017 10:41	Surgery: Unknown Staff Member Entered at: HMP Hatfield	Entered: 25 Jan 2019 15:38

Previous Home Address: HMP LINDHOLME CO MEDICAL OFFICER Lindholme, Doncaster DN7 6EE

05 Apr 2017 10:41	Doncaster Royal Infirmary: Mrs Lorna Herbert (Clerical Access Role) Entered at: DBTH Orthotics

Referral In to DBTH Orthotics for DRI - Orthotics - Outpatients: Ended on 25 Jul 2017 11:56
With the Following Intervention(s)
Discharged - Treatment completed
Status Update for DRI - Orthotics - Outpatients Referral In: Waiting For Assessment, Status changed: 05 Apr 2017 10:41
Status Update for DRI - Orthotics - Outpatients Referral In: Waiting For Assessment, Status changed: 28 Feb 2017 10:41
Address Entered
Current Home Address: HMP LINDHOLME CO MEDICAL OFFICER Lindholme, Doncaster DN7 6EE

05 Apr 2017 10:42	Doncaster Royal Infirmary: Mrs Lorna Herbert (Clerical Access Role) Entered at: DBTH Orthotics

Activity: Administration (5 minutes) Administration note with Admin Contact (for Admin Team only)
Patient Contact: 0 minutes Total Contact: 5 minutes

05 Apr 2017 13:22	Surgery: Mark Hayes (Nurse Access Role) Entered at: HMP Lindholme
05 Apr 2017 14:43	Surgery: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

05 Apr 2017 15:16	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
06 Apr 2017 08:21	Surgery: Peter Goulding (Nurse Access Role) Entered at: HMP Lindholme
06 Apr 2017 08:22	Surgery: Peter Goulding (Nurse Access Role) Entered at: HMP Lindholme
06 Apr 2017 12:57	Surgery: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme

(R) Aripiprazole 5mg tablets - 56 tablets - [09:00-2 tablets] (14 tablets every 7 days) (Future dated medication 11 Apr

2017)
Aripiprazole 5mg tablets - 56 tablets - [09:00-2 tablets]
Ended 07 Nov 2017 Re-Authorised by Dr Gaynor Mountcastle
Custom script: Printed On Thu 06 Apr 2017 12:58 By Dr Shahzad Arif

06 Apr 2017 13:06	Surgery: Aleck Ruzani (Nurse Access Role) Entered at: HMP Lindholme

Follow up substance misuse assessment (XaJy7)
Substance misuse team (XaJRs)
Mr Murphy attended for his appointment at the interventions building, Discussed about his past alcohol use and history of illicit drug use. Reports he has never worked with substance misuse in the past however he would like to engage with substance misuse as it is part of his sentence planning.

Agreed that writer will give Mr Murphy alcohol awareness booklet to complete in his own pad, and will arrange appointment in the next four 6 weeks to look at drug awareness and relapse prevention work.

Presented as settled in mood and mental state, no evidence of any psychotic nature or thought disorders noted. Speech rate and tone of voice was normal. Denied any suicidal thoughts or self harm ideation.

Appointment scheduled for the next 6 weeks.

10 Apr 2017 09:09	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme

Medication partially administered NIP until weekly medication comes

11 Apr 2017 08:26	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme
11 Apr 2017 08:28	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme
12 Apr 2017 09:00	Surgery: Wayne Newman (Health Professional Access Role) Entered at: HMP Lindholme

Week number attending clinic (Y1201) 6
Seen by smoking cessation advisor (Xalye)
Carbon dioxide breath test (X77gs) - 0
Smoking Cessation Advice Outcome - Quit (Y2503)
Nicotine 21mg/24hours patch (du3A.)

13 Apr 2017	Surgery: Mrs Sophie Charlesworth (Systems Support Access Role) Entered at: HMP Lindholme	Entered: 30 Jun 2017 12:58

Consent Forms to HMP Lindholme

13 Apr 2017 11:20	Surgery: Jane Craven (Health Professional Access Role) Entered at: HMP Lindholme

Prisoner assessment for in-possession medication completed (XaPim)
Recall: IP Risk Assessment Review (13 Apr 2018)
Medication In Possession Status: In possession - 7 days - Ended: Uwais Jamil (Health Professional Access Role) Entered at: HMP Lindholme on 01 Oct 2017

16 Apr 2017 10:46	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme

(R) Propranolol 40mg tablets - 56 tablets - 1 To be taken Twice Daily (14 tablets every 7 days) (Future dated medication 25 Apr 2017)
Custom script: Printed On Mon 17 Apr 2017 09:54 By Mr Christopher Lambert

16 Apr 2017 10:47	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
16 Apr 2017 10:47	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
16 Apr 2017 10:47	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
16 Apr 2017 10:47	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
17 Apr 2017 09:54	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
19 Apr 2017 09:40	Surgery: Wayne Newman (Health Professional Access Role) Entered at: HMP Lindholme

Week number attending clinic (Y1201) 7
Seen by smoking cessation advisor (Xalye)
Carbon dioxide breath test (X77gs) - 0
Smoking Cessation Advice Outcome - Quit (Y2503)
Nicotine 21mg/24hours patch (du3A.)

19 Apr 2017 18:19	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme	
20 Apr 2017	HMP Prison: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 20 Apr 2017 14:25

Assessments to HMP Lindholme

20 Apr 2017	HMP Prison: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 20 Apr 2017 14:30

Consent Forms to HMP Lindholme

20 Apr 2017	HMP Prison: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 20 Apr 2017 14:27

Miscellaneous to HMP Lindholme

20 Apr 2017	HMP Prison: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 20 Apr 2017 14:26

Assessments to HMP Lindholme

20 Apr 2017	HMP Prison: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 20 Apr 2017 14:29

Assessments to HMP Lindholme

20 Apr 2017	Surgery: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 20 Apr 2017 14:25

SMS Severity of Dependency Scale

20 Apr 2017	Surgery: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 20 Apr 2017 14:26

SMS Alcohol Audit

20 Apr 2017	Surgery: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 20 Apr 2017 14:27

SMS Alcohol Only Clients

20 Apr 2017	Surgery: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 20 Apr 2017 14:30

SMS Patient agreement

20 Apr 2017	Surgery: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 20 Apr 2017 14:29

SMS Tolerance and Overdose Risks

20 Apr 2017 09:06	Surgery: Nichola Friar (Systems Support Access Role) Entered at: HMP Lindholme

Telephone call received from MMH pain management unit cancelling opa for today as consultant is not available. Unaware patient had an appointment today therefore asked if it can be re-booked advised that the appointments clerk will ring later with a new date.

23 Apr 2017 10:43	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme

(R) Amitriptyline 10mg tablets - 28 tablets - [16:00-1 tablets] (7 tablets every 7 days) (Future dated medication 25 Apr 2017)
(R) Stexerol-D3 25,000unit tablets (Grunenthal Ltd) - 12 tablets - 2 weekly for 6 weeks (2 tablets every 7 days) (Future dated medication 05 May 2017)
Custom script: Printed On Sun 23 Apr 2017 14:36 By Mrs Rachel Lowe
Custom script: Printed On Sun 23 Apr 2017 14:13 By Mrs Rachel Lowe

23 Apr 2017 10:44	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme
23 Apr 2017 10:44	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme
23 Apr 2017 10:45	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme
23 Apr 2017 10:45	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme
23 Apr 2017 14:13	Surgery: Mrs Rachel Lowe (Health Professional Access Role) Entered at: HMP Lindholme
23 Apr 2017 14:36	Surgery: Mrs Rachel Lowe (Health Professional Access Role) Entered at: HMP Lindholme

25 Apr 2017	Surgery: Mrs Sophie Charlesworth (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 18 Feb 2018 14:09

Alcohol intake (136..) 0 Units/Week

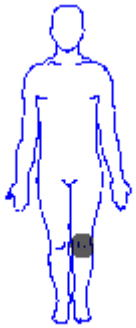
25 Apr 2017 09:22	Surgery: Corrie Rowland (Health Professional Access Role) Entered at: HMP Lindholme

Pulse rate (X773s) 82 bpm
Ideal body weight (66CB.) 65.94 Kg (~ 10 st 5 lb)
Waist circumference (Xa041) 89 cm (~ 35 ")
Body mass index - observation (22K..) 23.88 Kg/m²
Current non-drinker (136M.)
QRISK2 cardiovascular disease 10 year risk score (XaQVY) 6.47 %
Inter risk health ass overwt ob gen adv hlthy wgt lifestyle (XaX5k)
O/E - pulse rhythm regular (2431.)
GPPAQ physical activity index: moderately inactive (XaPPB)
Currently on long term sick due to left knee problems and awaiting injectiojn in vertebrae. Is willing to work light duties.
Will discuss with Senior nurse for F35
Smoker (137R.)
White British - ethnic category 2001 census (XaQEa)
O/E - weight (22A..) 69 Kg (~ 10 st 12 lb)
GPPAQ physical activity index: moderately inactive (XaPPB)

NHS Health Check completed (XaRBQ)
129 / 88 mmHg

25 Apr 2017 09:42	Surgery: Ruth Hall (Nurse Access Role) Entered at: HMP Lindholme





Seen in clinic to review pain management needs - patient requested appointment.
Patient states injured back as a child - states has a worn down vertebrae which causes neuropathic pain to right side of back but travels down both legs. In addtion has left knee pain - describes typical oa type pain.
States has had his back imaged and has previously been on gabapentin in the community for the pain which worked effectively, previosuly tried physiotherapy but has been advised that intervention is limited with physio support.
Patient is keen to readdress a couple of his medicaitons;
Is now on propanalol for anxiety but wants to be reconsidered for sertraline
Amitriptyline - patient states having negative effects - states doesnt like them, cannot explain other than not as effective as his gabapentin.
Is awaiting a spinal injection which helped for 7 months- has been waiting 6 months for an appointment. Discussed if injections were more regular then perhaps a neuropathic agent could be avoided altogether - patient agrees.

For GP review this morning - Advised to discuss, may be worth waiitng till after pain management appointment and reassesing symptoms than increasing neuropathic agents at this time.
S-LANSS score 8, which doesnt strongly indicate neuropathic pain. patient agrees with this plan
Follow up care with GP
Self-completed LANSS pain scale (XaYYk) 10 -
1. In the area where you have pain do you aslo have ' pins and needles', tingling or prickling sensation?: Yes - I get these sensations often
2. Does the painful area change colour? (perhaps looks mottled or more red) when the pain is particularly bad?: Yes - i have noticed the pain does makes my skin look different from normal
3. Does your pain make the affected skin abnormally sensitive to touch? Getting unpleasant sensations or pain when lightly stroking the skin might describe this.: No - The pain does not make my skin in that area abnormally sensitive to touch
4. Does your pain come on suddenly and in burst for no apparent reason when you are completely still? Words like 'electric shocks', jumping and bursting might describe this.: No - My pain doesn't really feel like this.
5. In the area where you have pain, does your skin feel unusually hot like a burning pain?: No - I don't have burning pain
6. Gently rub the painful area with your index finger and then a non-painful area (for example, an area of skin further away or no the opposite side from the pain area).: The painful area feels no different from the non-painful area
7. Gently press on the painful area with your finger tip then gently press in the same way onto a non-painful are. (the same non-painful area that you chose in the last question). How does this feel in the painful area?: N/A
Seen by pain management nurse (XaAU3)
Pain score (Ua2Bc) 8 -
Pain Score: 8
Seen by pain management nurse (XaAU3)
Patient health questionnaire (PHQ-9) score (XaLDN) 12 -
Little interest or pleasure in doing things?: More than half the days
Feeling down, depressed or hopeless?: More than half the days
Trouble falling or staying asleep, or sleeping too much?: Several Days
Feeling tired or having little energy?: Nearly every day
Poor appetite or overeating?: Not at all
Feeling bad about yourself - or that you are a failure or have let yourself or family down?: Nearly every day
Trouble concentrating on things such as reading the newspaper or watching television?: Several Days
Moving or speaking slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot

more than usual?: Not at all
Thoughts that you would be better off dead or of hurting yourself in some way?:
Not at all
Generalised anxiety disorder 7 item score (XaNkT) 9 -
Feeling nervous, anxious or on edge?: Several Days
Not being able to stop or control worrying?: More than half the days
Worrying too much about different things?: More than half the days
Trouble relaxing?: Several Days
Being so restless it's hard to sit still?: Several Days
Becoming easily annoyed or irritable?: Several Days
Feeling afraid as if something awful may happen?: Several Days
Opioid screening (X77WU)
Opioid Risk Tool (Male) - questionnaire started

25 Apr 2017 10:24	HMP Prison: Dr Shahzad Arif (Clinical Practitioner Access Role) Entered at: HMP Lindholme

Problem: Lumbar disc prolapse with radiculopathy (N12C2)
History: Has seen RH to discuss pain management. Has agreed to come off amitriptyline and focus on six-monthly joint injections.
Plan: Discussed the fact to return to wean off amitriptyline once joint injection given in May (exact date has not been disclosed). The reason I disclosed the month is because of the psychosomatic element and in his best interests to know the appointment is there and that he is not simply waiting for a response from MMH.
Referrals to Mr Thomas Murphy

25 Apr 2017 15:06	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
25 Apr 2017 15:06	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
25 Apr 2017 15:06	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
25 Apr 2017 15:06	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
26 Apr 2017 09:44	Surgery: Wayne Newman (Health Professional Access Role) Entered at: HMP Lindholme

Carbon dioxide breath test (X77gs) - 0
Smoking Target Notes (Y0018) - W/K 8-9-10 given due to A/L.OF COURSE.
Smoking Cessation Advice Outcome - Quit (Y2503)
Seen by smoking cessation advisor (Xalye)
Week number attending clinic (Y1201) 8

26 Apr 2017 10:45	Surgery: Julie Murray (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Hospital Referral to pain management service updated: Appointment Booked

27 Apr 2017 06:44	Surgery: Unknown Staff Member Entered at: HMP Lindholme

Diagnosis Marked in Error:
21 Oct 2016 15:58, Computer summary updated (XaKIK),

28 Apr 2017 13:10	Surgery: Julie Murray (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

30 Apr 2017 10:41	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme

(R) Co-codamol 30mg/500mg tablets - 112 tablets - 2 bd (28 tablets every 7 days) (Future dated medication 07 May 2017)
Custom script: Printed On Sun 30 Apr 2017 10:41 By Michelle Jones

30 Apr 2017 10:41	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme	
02 May 2017 09:00	Surgery: Mark Hayes Entered at: HMP Lindholme	Entered: 02 May 2017 11:31

Did not attend for Secondary Mental Health appointment with Mark Hayes.
Did not attend (Xa1kG)

02 May 2017 11:29	Surgery: Mark Hayes (Nurse Access Role) Entered at: HMP Lindholme

DNA - Did not attend mental health review (XaLIb)
Care planning and problem solving actions (Ua1LU) - appointment booked
Impressions of the prisoners behaviour and mental state (YX023) - Attended wing at agreed time however he i was informed by officers that he was having a remedial gym assessment and was not back as yet. writer waited 15 minutes but he did not return and wasnt seen enroute back to office. rebooked appointmenbt

04 May 2017 14:26	Surgery: Julie Murray (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

05 May 2017 10:16	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme

(R) Aripiprazole 5mg tablets - 56 tablets - [09:00-2 tablets] (14 tablets every 7 days) (Future dated medication 16 May 2017)
Custom script: Printed On Sat 06 May 2017 14:33 By Emma Bedford

05 May 2017 10:16	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
05 May 2017 10:19	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme

05 May 2017 10:19	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
05 May 2017 10:19	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
05 May 2017 11:42	Surgery: Mark Hayes (Nurse Access Role) Entered at: HMP Lindholme

Care planning and problem solving actions (Ua1LU) - contact GP when he is next in
Mental health in-reach team review (XaX04)
Impressions of the prisoners behaviour and mental state (YX023)
SMH Notes. Seen in Healthcare. dressed in clean clothing and appeared generally well kempt. speech rate tone and flow normal. good eye contact maintained. no evidence of thought disorder nor responding to unseen stimuli.

States that his mood is good and that he has been managing well over the last few weeks. states tha his medication is not fully sorted and he has not recieved his sertraline. No GP in today soi this will be resolved on earliest convience. no other issues raised

06 May 2017 14:33	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
07 May 2017 10:43	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme
07 May 2017 10:43	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme
10 May 2017 14:48	Surgery: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

11 May 2017 10:33	Surgery: Aleck Ruzani (Nurse Access Role) Entered at: HMP Lindholme

Follow up substance misuse assessment (XaJy7)
Substance misuse team (XaJRs)
Attended appointment to discuss relapse prevention work, reports that he has been attending remedial gym. States he has no concerns regarding using illicit drug use at present and that he has no intentions to use again.

Discussed about cravings and triggers, Thomas states that he has been able to deal with cravings and triggers with no concerns . Reports he hash identified coping strategies that he is using to deal with these. states he has been spending more time in the gym and that its helping him to cope with the challenges.

Agreed that writer will give Thomas relapse prevention work to complete in his cell and will discuss the work in our next session which will be in 6 weeks time.

Presented as settled in mood and mental state, dressed in his own clothes. Tone of voice and speech rate was normal. No evidence of any psychotic nature or thought disorders. Denied any suicidal thoughts or self harm ideation.

Next appointment on 21/06/17

11 May 2017 11:23	Surgery: Angela Mitchell (Nurse Access Role) Entered at: HMP Lindholme

Seen in Nurse Assessment Clinic
Lumbar Disc Prolapse with Radiculopathy.
Wanting to see GP for review of analgesia.
Was seeing Pain Management Nurse prior to her leaving.
I have reviewed Mr Murphy's records and note that he is booked for an appointment with Pain Management at Montagu Hospital very soon.
Plan
I have advised him to continue with his current medication
Cocodamol 30/500mg x 2 BD and Amitriptilline 10mg ON
and that he has got an appointment booked with Pain Management at the hospital.
He is happy to persevere until he has been seen.
No need for GP appointment at this time.
Seen by nurse (XaATp)

14 May 2017 10:34	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme

(R) Amitriptyline 10mg tablets - 28 tablets - [16:00-1 tablets] (7 tablets every 7 days) (Future dated medication 21 May 2017)
(R) Propranolol 40mg tablets - 56 tablets - 1 To be taken Twice Daily (14 tablets every 7 days) (Future dated medication 21 May 2017)
Custom script: Printed On Sun 14 May 2017 14:19 By Mrs Sarah Harris

14 May 2017 10:34	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme	
22 May 2017	Surgery: Unknown Staff Member Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Mother: Mrs M MURPHY

25 May 2017 15:51	Surgery: Debbie Charlesworth (Systems Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

26 May 2017	HMP Prison: Lian Fisher (Systems Support Access Role) Entered at: HMP Lindholme	Entered: 30 Jun 2017 15:41

Letter to Patients to HMP Lindholme

26 May 2017 09:18	Surgery: Mark Hayes (Nurse Access Role) Entered at: HMP Lindholme

Mental health in-reach team review (XaX04)
Impressions of the prisoners behaviour and mental state (YX023)
SMH Notes. seen for 30 minutes. pleasant and approrptae dressed in clean prsion clothing. no issues raised.report sthat he has visual flashes in his head, been laid on the settee at sisters house and hearing a conversation that his dad didnt die of natural causes, states that these flashes only happen when he gets stressed and themn wants to find out who caused his dads death an gets angry
states otherwise alright, has somne physical aches and pains but he is waiting to see GP. had injection in his knee worked for a few days and then has gone back to normal being painful.

26 May 2017 15:39	Surgery: Debbie Charlesworth (Systems Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

27 May 2017 15:14	Surgery: Sarah Plummer (Health Professional Access Role) Entered at: HMP Lindholme

(R) Co-codamol 30mg/500mg tablets - 112 tablets - 2 bd (28 tablets every 7 days) (Future dated medication 03 Jun 2017)
Custom script: Printed On Sat 27 May 2017 15:16 By Sarah Plummer

28 May 2017 10:51	Surgery: Ms Carol Sheppard (Nurse Access Role) Entered at: HMP Lindholme	
28 May 2017 10:52	Surgery: Ms Carol Sheppard (Nurse Access Role) Entered at: HMP Lindholme	
28 May 2017 10:52	Surgery: Ms Carol Sheppard (Nurse Access Role) Entered at: HMP Lindholme	
28 May 2017 10:52	Surgery: Ms Carol Sheppard (Nurse Access Role) Entered at: HMP Lindholme	
28 May 2017 10:52	Surgery: Ms Carol Sheppard (Nurse Access Role) Entered at: HMP Lindholme	
30 May 2017 09:30	Surgery: Ramneesh Puri Entered at: HMP Lindholme	Entered: 30 May 2017 09:44

Did not attend for Psychiatrist Clinic appointment with Ramneesh Puri.
Did not attend (Xa1kG)

30 May 2017 10:18	Surgery: Ramneesh Puri (Clinical Practitioner Access Role) Entered at: HMP Lindholme

Psychiatric observation (8A21.)
Mr Wilcock arrived 40 minutes late for his appointment.

I saw hi m briefly and explained that we would have to rebook as this was initial appointment and we need an hours slot.
He appeared to accept that.

He explained the delay saying he had been to remedial gym in the morning. (he had a bandaged left knee).
He added that the slip should have been delibvered to him the night before but he just noticed it lying on his bed following his return from the gym. I assured him that I will note this in records.

In terms of his mental state, he presented as a caucasian male of short stature and athletic build. He was dressed in T shirt and shorts and looked kempt. He engaged well in our brief discussion and expressed his diassapointment approipriately. Throughout the meeting he gave good eye contact and smiled appropriately. There were no obvious signs of depression or psychosis.

PLAN:
Rebooked for 27 June
Initial psychiatric assessment (6653.)
Seen by psychiatrist (XaATC)

31 May 2017	Surgery: Mrs Sophie Charlesworth (Systems Support Access Role) Entered at: HMP Lindholme	Entered: 29 Jun 2017 11:50

Appointment Letter to HMP Lindholme

31 May 2017	Surgery: Kathryn Wiggins (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 27 Jun 2017 11:04

Consent Forms to HMP Lindholme

31 May 2017 15:27	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme

Ex-cigarette smoker (Xa1bv)
Non-Smoker (History Unknown) (Y121c)
Practice based smoking cessation programme start date (XaW0h)
Practice based smoking cessation programme start date (XaW0h)
Nicotine patches (x008D)

Practice based smoking cessation programme start date (XaW0h)

01 Jun 2017	Surgery: Mrs Sophie Charlesworth (Systems Support Access Role) Entered at: HMP Lindholme	Entered: 13 Jul 2017 13:40

Clinic Letter to HMP Lindholme

01 Jun 2017	Surgery: Kathryn Wiggins (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 27 Jun 2017 11:08

Hospital Letter to HMP Lindholme

01 Jun 2017 13:10	Doncaster Royal Infirmary: Mrs Lorna Herbert (Clerical Access Role) Entered at: DBTH Orthotics

General Letter to Mr Thomas Murphy
Activity: Administration (5 minutes) Administration note with Admin Contact (for Admin Team only)
Patient Contact: 0 minutes Total Contact: 5 minutes

01 Jun 2017 14:47	Surgery: Dr Jamshid Nazari-Anarestani Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

CPA Level Assessment: 01 Jun 2017 14:47
Staff Member: Dr Jamshid Nazari-Anarestani

01 Jun 2017 14:48	Surgery: Janine Lindley Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

CPA Review - questionnaire started - (finalised: 02 Jun 2017 10:21)

01 Jun 2017 14:48	Surgery: Janine Lindley Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'CPA Review' - questionnaire amended

02 Jun 2017 10:21	Surgery: Dr Jamshid Nazari-Anarestani Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'CPA Review' - questionnaire amended

02 Jun 2017 10:21	Surgery: Janine Lindley Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 18:42
02 Jun 2017 10:45	Surgery: Andreya Kersey (Nurse Access Role) Entered at: HMP Lindholme	Entered: 27 Jul 2017 16:19

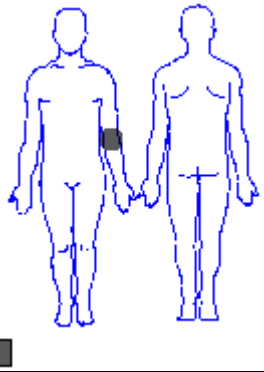
Serum albumin level (XE2eA) 42 g/L [35 - 50]
Serum total protein level (XE2e9) 71 g/L [60 - 80]
Bone profile (44Z2.)
Serum calcium level (XE2q3) 2.46 mmol/L [2.03 - 2.45] - Above high reference limit
Serum alkaline phosphatase level (XE2px) 128 iu/L [30 - 130]
Serum globulin level (XE2eB) 29 g/L [23 - 40]
Serum inorganic phosphate level (XE2q4) 0.7 mmol/L [0.8 - 1.5] - Below low reference limit
Calcium adjusted level (XaZyY) 2.51 mmol/l [2.2 - 2.6]
Bone profile Report, Normal, No Further Action. Review not applicable

02 Jun 2017 10:45	Surgery: Andreya Kersey (Nurse Access Role) Entered at: HMP Lindholme	Entered: 27 Jul 2017 16:19

25-OH Vitamin D: Quoted reference range is for optimal vitamin D status
Serum albumin level (XE2eA) 42 g/L [35 - 50]
Calcium adjusted level (XaZyY) 2.51 mmol/l [2.2 - 2.6]
Serum calcium level (XE2q3) 2.46 mmol/L [2.03 - 2.45] - Above high reference limit
Serum 25-Hydroxy vitamin D3 level (XaEQa) 123.2 nmol/L [> 75]
25-OH Vitamin D Report, Normal, No Further Action. Review not applicable

02 Jun 2017 11:30	Surgery: Wayne Newman (Health Professional Access Role) Entered at: HMP Lindholme

Blood sampling (X74UV)
Consent given for blood test (Xab7v)
Blood test: other (Y3615) - Vit d.



03 Jun 2017 11:42	Surgery: Lynsey Wood (Health Professional Access Role) Entered at: HMP Lindholme

03 Jun 2017 11:42	Surgery: Lynsey Wood (Health Professional Access Role) Entered at: HMP Lindholme
03 Jun 2017 11:42	Surgery: Lynsey Wood (Health Professional Access Role) Entered at: HMP Lindholme
03 Jun 2017 11:42	Surgery: Lynsey Wood (Health Professional Access Role) Entered at: HMP Lindholme
03 Jun 2017 11:43	Surgery: Lynsey Wood (Health Professional Access Role) Entered at: HMP Lindholme
03 Jun 2017 11:43	Surgery: Lynsey Wood (Health Professional Access Role) Entered at: HMP Lindholme
03 Jun 2017 12:13	Surgery: Lynsey Wood (Health Professional Access Role) Entered at: HMP Lindholme

(R) Aripiprazole 5mg tablets - 56 tablets - [09:00-2 tablets] (14 tablets every 7 days) (Future dated medication 10 Jun 2017)
Custom script: Printed On Sat 03 Jun 2017 12:14 By Lynsey Wood

07 Jun 2017 13:38	Surgery: Mark Hayes (Nurse Access Role) Entered at: HMP Lindholme

Action taken (YA794)
regular 1-1 sessions
demonstrate warmth empathy and understanding
Assess voice hearing experiance
Liase with GP and external services to gain collateral information.
commence coping skills
support creating a meaningful day
assess by psychiatrist if required once all collateral information and assesments gathered
Assessment of needs (Ua1P6) - Thomas reports that he has a diagnosis of schizophreania and experiances voices that he feels distressing.
Review of mental health care plan (Xaa8q)
Risk assessment (Ua1P1)
Outcome of assessment (YA821)
review monthly
for Thomas to manage mental health
Responsible to (Xaljx)
Thomas
Mark
Thomas
Dr Puri
Admin
Risk Assessment (Level 1) - questionnaire started

10 Jun 2017 10:58	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme

(R) Amitriptyline 10mg tablets - 28 tablets - [16:00-1 tablets] (7 tablets every 7 days) (Future dated medication 17 Jun 2017)
(R) Propranolol 40mg tablets - 56 tablets - 1 To be taken Twice Daily (14 tablets every 7 days) (Future dated medication 17 Jun 2017)
(R) Stexerol-D3 25,000unit tablets (Grunenthal Ltd) - 12 tablets - 2 weekly for 6 weeks (2 tablets every 7 days) (Future dated medication 17 Jun 2017)
Custom script: Printed On Sat 10 Jun 2017 14:01 By Mrs Sarah Harris
Custom script: Printed On Sat 10 Jun 2017 14:01 By Mrs Sarah Harris

10 Jun 2017 10:58	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme	
10 Jun 2017 10:58	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme	
10 Jun 2017 10:58	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme	
10 Jun 2017 10:58	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme	
10 Jun 2017 10:59	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme	
10 Jun 2017 14:00	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme	
17 Jun 2017 11:44	Surgery: Angela Mitchell (Nurse Access Role) Entered at: HMP Lindholme	
17 Jun 2017 11:44	Surgery: Angela Mitchell (Nurse Access Role) Entered at: HMP Lindholme	
17 Jun 2017 11:44	Surgery: Angela Mitchell (Nurse Access Role) Entered at: HMP Lindholme	
17 Jun 2017 11:44	Surgery: Angela Mitchell (Nurse Access Role) Entered at: HMP Lindholme	
17 Jun 2017 11:44	Surgery: Angela Mitchell (Nurse Access Role) Entered at: HMP Lindholme	
17 Jun 2017 11:44	Surgery: Angela Mitchell (Nurse Access Role) Entered at: HMP Lindholme	
19 Jun 2017	Surgery: Kathryn Wiggins (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 19 Jun 2017 10:43

Hospital Letter to HMP Lindholme

19 Jun 2017 03:46	Surgery: Andrea Eustis (Health Professional Access Role) Entered at: HMP Lindholme

History: Paramedic AE HMP Doncaster ECG review
Examination: Pt taking Aripiprazole.
ECG obtained 3/4 17
ECG normal (3216.)

Sinus rhythm
Normal PR interval
Normal QRS interval
QTc within normal range
Nil acute

19 Jun 2017 10:34	Surgery: Kathryn Wiggins (Admin/Clinical Support Access Role) Entered at: HMP Lindholme
19 Jun 2017 10:36	Doncaster Royal Infirmary: Richard Phillips (Clerical Access Role) Entered at: DBTH Orthotics

Appointment Letter to Mr Thomas Murphy
Activity: Administration (2 minutes) Administration note with Admin Contact (for Admin Team only)
Patient Contact: 0 minutes Total Contact: 2 minutes

20 Jun 2017 15:19	Surgery: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

21 Jun 2017	Surgery: Kathryn Wiggins (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 21 Jun 2017 13:11

Hospital Letter to HMP Lindholme

21 Jun 2017 09:12	Surgery: Aleck Ruzani (Nurse Access Role) Entered at: HMP Lindholme

Follow up substance misuse assessment (XaJy7)
Substance misuse team (XaJRs)
Thomas attended appointment this morning to discuss relapse prevention give to him 6 weeks ago. He reported that he cant remember what happened with the paper work that he was given. States he wants to continue engaging with the service and that he would like to be given the work again to complete. Apologised that he did not complete that work as we had discussed. Writer agreed that he will give Thomas the work to completed then will discuss it in the next session.

States he recognise that he had problems with cocaine and alcohol in the past, reports he wants to address the problem before his release and also before his Cat D review. States he his Cat D review is coming up in November this year. States he would also want to be referred for group work.

Thomas also requested to be referred for the recovery programme on A wing as he feels it would help with his recovery journey. Writer agreed to add him on the waiting list for the recovery programme. States he has got over to years left on his sentence and that he would like to cover as much work during this period. States he is still attending remedial gym.

Thomas presented as settled in mood and mental state, No evidence of any psychotic nature or thought disorder. Maintained a good eye contact and an open body posture throughout the session. Tone of voice and speech rate was normal. Denied any suicidal thoughts or self harm ideation.

Next appointment scheduled in 5 weeks time.

23 Jun 2017	Surgery: Mrs Sophie Charlesworth (Systems Support Access Role) Entered at: HMP Lindholme	Entered: 26 Jun 2017 12:09

MRI to HMP Lindholme

23 Jun 2017 11:59	Surgery: Mrs Charlotte Barber (Receptionist Access Role) Entered at: Trinity Medical Centre
24 Jun 2017 11:05	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme

(R) Amitriptyline 10mg tablets - 28 tablets - [16:00-1 tablets] (7 tablets every 7 days) (Future dated medication 17 Jul 2017)
Custom script: Printed On Sat 24 Jun 2017 11:07 By Jessica Lambert

26 Jun 2017 09:42	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme

Pharmacy technician (03K9.) - Patient came to the hatch stating he had blood in his urine, I have issued him with a urine sample bottle and asked him to bring it back to me asap.

26 Jun 2017 13:27	Surgery: Stephanie Randerson (Health Professional Access Role) Entered at: HMP Lindholme
26 Jun 2017 14:33	Surgery: Mrs Sophie Charlesworth (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

27 Jun 2017 10:30	Surgery: Ramneesh Puri Entered at: HMP Lindholme	Entered: 27 Jun 2017 12:21

No access visit for Nurse Clinic - Psychiatrist Clinic appointment with Ramneesh Puri
Home visit - no reply (9NFC.)

29 Jun 2017 09:57	Surgery: Mark Hayes (Nurse Access Role) Entered at: HMP Lindholme

Screening (XE1TS)

Generalised anxiety disorder 7 item score (XaNkT) 7 -
Feeling nervous, anxious or on edge?: Several Days
Not being able to stop or control worrying?: Several Days
Worrying too much about different things?: Several Days
Trouble relaxing?: Several Days
Being so restless it's hard to sit still?: Several Days
Becoming easily annoyed or irritable?: Several Days
Feeling afraid as if something awful may happen?: Several Days
Patient health questionnaire (PHQ-9) score (XaLDN) 0 -
Little interest or pleasure in doing things?: Not at all
Feeling down, depressed or hopeless?: Not at all
Trouble falling or staying asleep, or sleeping too much?: Not at all
Feeling tired or having little energy?: Not at all
Poor appetite or overeating?: Not at all
Feeling bad about yourself - or that you are a failure or have let yourself or family down?: Not at all
Trouble concentrating on things such as reading the newspaper or watching television?: Not at all
Moving or speaking slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?: Not at all
Thoughts that you would be better off dead or of hurting yourself in some way?: Not at all
Care planning and problem solving actions (Ua1LU) - book follow up appointment
Impressions of the prisoners behaviour and mental state (YX023)
SMH Notes. Seen on wing for approx 25 minutes.

Dressed in shorts and prison jumper which appeared clean and he was generally well kempt, speech rate tone and flow normal, able to follow conversation no evidence of thought disorder, rouminating or low mood and subjectively reported that he was "doing ok".

reports that mental state is currently good and that he has had a few things going off partner is in court at moment, also he has attended hospital for epidural injections into spine. reports that back is still causing him pain and that he was better managed when he was on gabapentin. informed him that he must speak to the GP about this but highlighted that the specialist as he stated was happy that he was on the right medication. which he accepted but still feels that the pain was better managed whilst prescribed gabapentin.

PHQ 9 score 0

Gad score 7 hilighting mild anxiety
Mental health in-reach team review (XaX04)

01 Jul 2017 10:45	Surgery: Lynsey Wood (Health Professional Access Role) Entered at: HMP Lindholme

(R) Aripiprazole 5mg tablets - 56 tablets - [09:00-2 tablets] (14 tablets every 7 days) (Future dated medication 15 Jul 2017)
Custom script: Printed On Sat 01 Jul 2017 11:49 By Lynsey Wood

01 Jul 2017 10:45	Surgery: Lynsey Wood (Health Professional Access Role) Entered at: HMP Lindholme
01 Jul 2017 10:45	Surgery: Lynsey Wood (Health Professional Access Role) Entered at: HMP Lindholme
01 Jul 2017 10:45	Surgery: Lynsey Wood (Health Professional Access Role) Entered at: HMP Lindholme
01 Jul 2017 10:45	Surgery: Lynsey Wood (Health Professional Access Role) Entered at: HMP Lindholme
01 Jul 2017 11:49	Surgery: Lynsey Wood (Health Professional Access Role) Entered at: HMP Lindholme
05 Jul 2017 14:22	Surgery: Abib Hussain (Nurse Access Role) Entered at: HMP Lindholme

History: Prescription issued as per Dr Pickerings instruction
(R) Co-codamol 30mg/500mg tablets - 112 tablets - 2 bd (28 tablets every 7 days) (Future dated medication 06 Jul 2017)
Co-codamol 30mg/500mg tablets - 112 tablets - 2 bd
Ended 27 Sep 2017 Re-Authorised by Dr Gaynor Mountcastle
Custom script: Printed On Wed 05 Jul 2017 14:26 By Abib Hussain

06 Jul 2017	Surgery: Katie Savill (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 06 Jul 2017 10:26

Consent Forms to HMP Lindholme

06 Jul 2017 15:46	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
06 Jul 2017 15:47	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
10 Jul 2017	Surgery: Kathryn Wiggins (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 10 Jul 2017 15:09

Appointment Letter to HMP Lindholme

10 Jul 2017 11:52	Surgery: Ms Carol Sheppard (Nurse Access Role) Entered at: HMP Lindholme

History: Informed writer that he was passing blood in urine
Plan: Sample bottle provided for urine dip test
To arrange nurse appointment if symptoms persist
Seen by nurse (XaATp)
Urine blood test = negative (4692.)
Urine protein test negative (4672.)
Urine glucose test negative (4662.)
Urine nitrite negative (XaEYo)
Urine leucocyte test = negative (Xalf8)
Urine ketone test negative (4682.)

12 Jul 2017 15:45	Surgery: Katie Savill (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

13 Jul 2017 10:13	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
13 Jul 2017 10:14	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
13 Jul 2017 10:22	Surgery: Laura Konkle (Nurse Access Role) Entered at: HMP Lindholme

Problem: Knee pain (Xa0wx)
History: past knee pain, had injections
Examination: knees still painful and states no stiff and creaking
Plan: Appt made for AP clinic
Knee pain (Xa0wx)
Knee pain (Xa0wx)

14 Jul 2017 14:59	Surgery: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

14 Jul 2017 18:13	Surgery: Dr Mark Pickering (Clinical Practitioner Access Role) Entered at: HMP Lindholme

Co-codamol 30mg/500mg tablets - 112 tablets - 2 bd
Ended 14 Jul 2017 Other (Duplicate) by Dr Mark Pickering

17 Jul 2017	HMP Prison: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 31 Jul 2017 13:55

Letter to Patients to HMP Lindholme

17 Jul 2017	Surgery: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 31 Jul 2017 13:55

SMS Recovery wing decision letter

17 Jul 2017 08:26	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
17 Jul 2017 08:27	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
17 Jul 2017 08:27	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
17 Jul 2017 08:27	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
17 Jul 2017 11:48	Surgery: Pamela Smith (Health Professional Access Role) Entered at: HMP Lindholme
17 Jul 2017 14:51	Surgery: Katie Savill (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

17 Jul 2017 14:51	Surgery: Katie Savill (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

18 Jul 2017 11:42	Surgery: Abib Hussain (Nurse Access Role) Entered at: HMP Lindholme

History: Attending ANP clinic today
Lt knee pain on going on for yrs-
Working as a builder
had recent steroid injection- Not really helping
Examination: Alert –looks well- Well perfused-
Mobilised independently with slight limp to lt side into the assessment room
lt knee: no bruising or deformity- No swelling
Patella in alignment, nil crepitus palpated
No bony tenderness to femur, patella, lateral or medial condyle, tibia or fibular
Able to flex knee to over 90 degrees- full extension
Able to straight leg raise
Draw test nad- No laxity palpable- No nv deficit
No redness, heat
Pedal pulse present
Diagnosis: MSK- Lt knee pain
Plan: X ray Lt knee- Cont with current pain management
Referral to physio- For advice and management

Advised rest, position of comfort, Gentle exercise
Rt nay concern sor new sx
Pt happy with outcome
Routine (X78uI)
Diagnosis (Xa4HD) - Rt knee pain
Referral to physiotherapist (XaBT0)
Referral to physiotherapy service (XaAde)
Further investigation required (Y1405) - For advice and management
Presenting complaint (XaIm8) - Previously worked as a builder- Ongoing Knee pains- locking
Duration (X75Ob)
Treatment given (8BC..) - Advised rest, gentle exercise

20 Jul 2017 08:21	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
20 Jul 2017 08:21	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
20 Jul 2017 09:12	Surgery: Ruth Tomlinson (Health Professional Access Role) Entered at: HMP Lindholme

Referral In to HMP Hatfield for Physiotherapy: Ended on 25 Jan 2019 00:00
Status Update for Physiotherapy Referral In: Waiting For Assessment, Status changed: 20 Jul 2017 09:12

20 Jul 2017 14:09	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme

History: notes accessed for cuffing

20 Jul 2017 15:13	Surgery: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

20 Jul 2017 15:17	Surgery: Lian Fisher (Systems Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

21 Jul 2017 14:30	Surgery: Ramneesh Puri Entered at: HMP Lindholme	Entered: 21 Jul 2017 15:09

Did not attend for Nurse Clinic - Psychiatrist Clinic appointment with Ramneesh Puri.
Did not attend (Xa1kG)

22 Jul 2017	Surgery: Mrs Sophie Charlesworth (Systems Support Access Role) Entered at: HMP Lindholme	Entered: 31 Jul 2017 16:09

X Ray Report to HMP Lindholme

24 Jul 2017 08:31	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme

(R) Propranolol 40mg tablets - 56 tablets - 1 To be taken Twice Daily (14 tablets every 7 days)
(R) Stexerol-D3 25,000unit tablets (Grunenthal Ltd) - 12 tablets - 2 weekly for 6 weeks (2 tablets every 7 days)
(Future dated medication 30 Jul 2017)
Custom script: Printed On Tue 25 Jul 2017 11:51 By Lynsey Wood
Custom script: Printed On Tue 25 Jul 2017 11:51 By Lynsey Wood

24 Jul 2017 08:31	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
24 Jul 2017 08:32	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
24 Jul 2017 08:32	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
24 Jul 2017 08:33	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
24 Jul 2017 08:54	Surgery: Lian Fisher (Systems Support Access Role) Entered at: HMP Lindholme
25 Jul 2017 11:51	DRI Orthotics Clinic: Katie Thomson (Therapist) Entered at: DBTH Orthotics

Seen by professional allied to medicine (XaAUO)

S - Patient attended clinic for assessment for knee brace with 2 prison officers
Patient gave verbal consent for treatment

O - Patient presents as 49 year old male with OA of left knee
Patient reports pain and swelling on medial aspect of knee
Currently not a candidate for surgery
Mild OA - medial compartment affected

A - Some medial ligament laxity and swelling around medial aspect of knee
Fitted with Medi OA knee brace in medium, brace chosen as cannot have brace with removable side steels (supplied from stock)
Fitting well, demonstrated to patient how to don and doff and advised on wear and care

P - To contact if any problems arise.
Discharged
Consent obtained (Y001d)
Status Update for DRI - Orthotics - Outpatients Referral In: Receiving Care, Status changed: 25 Jul 2017 11:56
Activity: First Assessment (30 minutes) Face to face with Non-Consultant Referral - Hospital Site (Direct Access

Hospital)
Patient Contact: 0 minutes Total Contact: 30 minutes

25 Jul 2017 11:51	Surgery: Lynsey Wood (Health Professional Access Role) Entered at: HMP Lindholme
25 Jul 2017 11:56	DRI Orthotics Clinic: Katie Thomson (Therapist) Entered at: DBTH Orthotics

Outcome Recorded for Appointment 25 Jul 2017 10:10 - 10:40
Status Update for DRI - Orthotics - Outpatients Referral In: Discharged From Care, Status changed: 25 Jul 2017 11:56

25 Jul 2017 14:15	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme

History: Seen just outside healthcare with officer present as arrived back from DRI after attending orthotic appointment.
Examination: Has been issued with a knee brace to wear- does not need to wear all the time, only when knee pain is at its worse.
Checked the knee brace- no metal parts to brace noted.
Details of brace supplied from DRI: M.3s OA Medi Functional Knee Brace Medium.
Seen by nurse (XaATp)

25 Jul 2017 15:13	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme

Follow up substance misuse assessment (XaJy7)
Substance misuse team (XaJRs)
seen on recovery wing this pm,
discussed and given how do i feel pack and journal,
Thomas states that he is feeling ok, he feels that things are going well aqt present,
Thomas states that he is able to play the guitar and is attending the lessons to help teach this pm.
Thomas states that he would like to have extra time at the gym due to having recently attended hospital for a brace fitting and feels that gym work would help build his strength in his knee area.
advised will see in two weeks,
Thomas happy with this,

26 Jul 2017 09:53	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme

History: Tue 25 Jul 15:29 - Andrea Ardron
i have seen this gentleman on wing this pm,
Thomas has explained that he needs to wear his brace when his pain is at its worse to his knee area,
please could he have an f35 to attend servery to get his meals as he cannot get his greens on over his brace,

thanks
andrea
Plan: F35 done as requested.
GP Letter to Mr Thomas Murphy

27 Jul 2017 08:27	Surgery: Lynsey Wood (Health Professional Access Role) Entered at: HMP Lindholme

(R) Co-codamol 30mg/500mg tablets - 112 tablets - 2 bd (28 tablets every 7 days) (Future dated medication 03 Aug 2017)
Custom script: Printed On Thu 27 Jul 2017 09:07 By Lynsey Wood

27 Jul 2017 08:27	Surgery: Lynsey Wood (Health Professional Access Role) Entered at: HMP Lindholme
27 Jul 2017 09:07	Surgery: Lynsey Wood (Health Professional Access Role) Entered at: HMP Lindholme
27 Jul 2017 16:15	Surgery: Andreya Kersey (Nurse Access Role) Entered at: HMP Lindholme

Recall: NHS Health Check (27 Jul 2022)

01 Aug 2017 08:25	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
02 Aug 2017	Surgery: Katie Savill (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 09 Aug 2017 14:40

Clinic Letter to HMp Lindholme

02 Aug 2017 08:07	Surgery: Andreya Kersey (Nurse Access Role) Entered at: HMP Lindholme

Patient fit to be transferred from Custody (Y0c10)
N/A (Y0426)
Destination(s) (Y3525) - Mexbrough Montague
Registration status unknown (912D.)
Medication given (8B311) - medication to be administered prior to discharge
Medically fit to attend hospital appointment (XaQfO)
N/A (Y0426)
Prisoner has outstanding hospital or doctors appointment (YX006)
Discharge from establishment (XaAl3)
Transfer of patient (XaBPp)

02 Aug 2017 14:15	Surgery: Unknown Staff Member Entered at: HMP Lindholme	Entered: 31 Aug 2017 12:01

No access visit on 02 Aug 2017 14:15, no clinician assigned
Home visit - no reply (9NFC.)

03 Aug 2017 09:56	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme

Custom script: Re-printed On Thu 03 Aug 2017 09:56 By Jessica Lambert

03 Aug 2017 15:17	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
03 Aug 2017 15:18	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
09 Aug 2017 15:33	Surgery: Victoria Knowles (Health Professional Access Role) Entered at: HMP Lindholme

Telephone consultation (XaIge)
Substance misuse team (XaJRs) - Call from A wing officer, Thomas has enquired about the BSR programme. Message sent through officer that he needs to discuss this with his substance misuse worker and if appropriate a referral can be made. This will be relayed to his worker, Andrea.

10 Aug 2017 08:32	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
10 Aug 2017 08:33	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
10 Aug 2017 13:52	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme

Follow up substance misuse assessment (XaJy7)
Substance misuse team (XaJRs)
seen on wing as part of recovery programme,
Thomas has been using and competing his journals and diary,
Thomas states that he needs to do BSR as part of his sentence plan,
Thomas states that he also needs to do resolve but is running out of time, and is due his cat D review in november 2nd,
Thomas has been completing a victim empathy booklet but would like another one due to all the crossings out he has made,
Thomas states that his offender supervisor is Mr Phil Shaw,
Thomas states he is already participating in guitar lessons but was unaware of the gym session, and will go this afternoon.
we review in two weeks, thomas happy with plan,
High risk drug monitoring monthly review (XaPx4)

14 Aug 2017 08:35	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme

(R) Propranolol 40mg tablets - 56 tablets - 1 To be taken Twice Daily (14 tablets every 7 days) (Future dated medication 21 Aug 2017)
Custom script: Printed On Tue 15 Aug 2017 11:49 By Lynsey Wood

14 Aug 2017 08:36	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
14 Aug 2017 08:37	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
14 Aug 2017 10:56	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme

(R) Amitriptyline 10mg tablets - 28 tablets - [16:00-1 tablets] (7 tablets every 7 days) (Future dated medication 15 Aug 2017)
(R) Aripiprazole 5mg tablets - 56 tablets - [09:00-2 tablets] (14 tablets every 7 days) (Future dated medication 15 Aug 2017)
Custom script: Printed On Mon 14 Aug 2017 10:57 By Mrs Sarah Harris

15 Aug 2017 08:38	Surgery: Peter Goulding (Nurse Access Role) Entered at: HMP Lindholme
15 Aug 2017 08:40	Surgery: Peter Goulding (Nurse Access Role) Entered at: HMP Lindholme
15 Aug 2017 08:40	Surgery: Peter Goulding (Nurse Access Role) Entered at: HMP Lindholme
15 Aug 2017 08:40	Surgery: Peter Goulding (Nurse Access Role) Entered at: HMP Lindholme
15 Aug 2017 11:49	Surgery: Lynsey Wood (Health Professional Access Role) Entered at: HMP Lindholme
16 Aug 2017 11:07	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
16 Aug 2017 11:11	Surgery: Hayley Pocklington (Health Records Manager Access Role) Entered at: HMP Lindholme

History: letter recieved from pain consultant - patient DNA appointment
Plan: admin to re arrange appointment

16 Aug 2017 13:49	Surgery: Nicola Wraith (Health Records Manager Access Role) Entered at: HMP Lindholme

Diagnosis: x ray results normal dated the 21st July 2017. Normal knee joint

16 Aug 2017 14:04	Surgery: Julie Murray (Admin/Clinical Support Access Role) Entered at: HMP Lindholme
16 Aug 2017 14:38	Surgery: Julie Murray (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

16 Aug 2017 14:40	Surgery: Julie Murray (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

17 Aug 2017 08:31	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
17 Aug 2017 08:32	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
17 Aug 2017 11:59	Surgery: Malgorzata Kahl (Clinical Practitioner Access Role) Entered at: HMP Lindholme

Comment note (XaIg6)
UL1 rct treated outside,
URQ sensitive , need filling UR5
Oral hygiene instruction (X71FM)
Tooth brushing instruction (X71FN)
Dental caries (J010.)
Reason and justification (Xa4H0) - IP Caries Detection
Overview Notes (Y0028)

Severe Loss
Overview Notes (Y0028) - UR5
Dietary advice (8CA4.)
Overview Notes (Y0028) - Low Risk
Overview Notes (Y0028) - High Risk
Overview Notes (Y0028) - Low Risk
Dental Payment: Treatment Category - Band 3 (Y0c97)
Advice about treatment (Ua02O)
Requires continuing dental treatment (Y1684)
UR5 filling
SP
p/ denture
Discussion about treatment options (YA517)
Pros/Cons/Risks/Benefits of treatment discussed. Short term and long term prognosis discussed. Patient given time to think about options.
Patient given opportunity to ask questions? Yes
Patient understands options, risks, alternatives, consents and agrees with treatment plan.

Level 1 (Xa0VO)
Examination of lips (XM1DL)
Facial symmetry (X768X)
Examination of tongue (XM1DY)
Examination of lymph nodes (Xa2id)
Dental examination (3165.)
Ex-smoker (Ub1na)
Examination of temporomandibular joint (Xa2i7)
Overview Notes (Y0028) - BPI212/222
Dental X-ray bitewing (X70di)
Dental X-ray periapical (X70dj)
Examination of gingivae (XM1DH)
Floor of mouth (X75Cf)
Exam - palate - treatment (Y003a)
Oral mucosa observation (X76aa)

17 Aug 2017 14:29	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme

Substance misuse team (XaJRs) - unable to attend peer support group due to not having an officer to facilitate.

17 Aug 2017 15:00	Surgery: Andrea Ardron Entered at: HMP Lindholme

No access visit for Substance Misuse appointment with Andrea Ardron
Home visit - no reply (9NFC.)

19 Aug 2017 14:45	Surgery: Mrs Rachel Lowe (Health Professional Access Role) Entered at: HMP Lindholme
21 Aug 2017 08:27	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
21 Aug 2017 08:28	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
21 Aug 2017 08:28	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
22 Aug 2017 08:22	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
22 Aug 2017 08:25	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
22 Aug 2017 08:25	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
24 Aug 2017 11:08	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme

(R) Co-codamol 30mg/500mg tablets - 112 tablets - 2 bd (28 tablets every 7 days) (Future dated medication 31 Aug 2017)
Custom script: Printed On Fri 25 Aug 2017 11:09 By Mr Christopher Lambert

24 Aug 2017 11:10	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
24 Aug 2017 14:52	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme

Substance misuse team (XaJRs)

unable to see ofr appointment today due to Thoms being on peer support group,
appointment to be rebooked

24 Aug 2017 15:00	Surgery: Andrea Ardron Entered at: HMP Lindholme

No access visit for Substance Misuse appointment with Andrea Ardron
Home visit - no reply (9NFC.)

25 Aug 2017 11:09	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
28 Aug 2017 15:11	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
28 Aug 2017 15:12	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
29 Aug 2017 15:02	Surgery: Mark Hayes (Nurse Access Role) Entered at: HMP Lindholme

Mental health in-reach team review (XaX04)
Impressions of the prisoners behaviour and mental state (YX023)
SMH Notes. Attended wing at the agreed time but he had left for work, as he was only in textiles across from the wing i ventured over. saw briefly in office 10 mins. dressed in prison work attire, appeared generally well kempt. speech rate tone and flow normal.. concentration good able to follow flow of content.

no concerns states that he is doing well and has nothing to report. agreed to meet on a monthly basis whilst he is doing well.
Care planning and problem solving actions (Ua1LU) - follow up appointment

31 Aug 2017 10:49	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
31 Aug 2017 10:49	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
04 Sep 2017 16:16	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme

Follow up substance misuse assessment (XaJy7)
Substance misuse team (XaJRs)
seen on wing for 1:1 keyworker appointment,
completed weekly plan and work required and requested around sentence plan,
Thomas states he has completed his victim awareness and handed that in to OMU,
Thomas states he needs to do BSR and resolve, advised resolve is work with prison and Thomas is aware that BSR is not running at present advised will contact offender supervisor and find out what work he needs to do for his cat d which he is due for review innovember.
Thomas states his offender supervisor is Mr p Shaw.
Thomas has been completing his grateful and revovery journals which were discussed during the session.
advised will revisit in 3 weeks

05 Sep 2017 08:15	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme

(R) Amitriptyline 10mg tablets - 28 tablets - [16:00-1 tablets] (7 tablets every 7 days) (Future dated medication 12 Sep 2017)
(R) Aripiprazole 5mg tablets - 56 tablets - [09:00-2 tablets] (14 tablets every 7 days) (Future dated medication 12 Sep 2017)
(R) Stexerol-D3 25,000unit tablets (Grunenthal Ltd) - 12 tablets - 2 weekly for 6 weeks (2 tablets every 7 days) (Future dated medication 12 Sep 2017)
Custom script: Printed On Thu 07 Sep 2017 09:26 By Jessica Lambert
Custom script: Printed On Thu 07 Sep 2017 09:26 By Jessica Lambert

08 Sep 2017 11:21	Surgery: Mark Hayes (Nurse Access Role) Entered at: HMP Lindholme

Action taken (YA794)
regular 1-1 sessions
demonstrate warmth empathy and understanding
Assess voice hearing experiance
Liase with GP and external services to gain collateral information.
commence coping skills
support creating a meaningful day
assess by psychiatrist if required once all collateral information and assesments gathered
Responsible to (XaIjx)
Thomas
Mark
Thomas
Dr Puri
Admin
Outcome of assessment (YA821)
review monthly
for Thomas to manage mental health
Review of mental health care plan (Xaa8q)
Assessment of needs (Ua1P6) - Thomas reports that he has a diagnosis of schizophreania and experiances voices that he feels distressing.

11 Sep 2017 10:33	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
12 Sep 2017 11:32	Surgery: Uwais Jamil (Health Professional Access Role) Entered at: HMP Lindholme

(R) Propranolol 40mg tablets - 56 tablets - 1 To be taken Twice Daily (14 tablets every 7 days) (Future dated medication 19 Sep 2017)
Custom script: Printed On Tue 12 Sep 2017 16:23 By Jessica Lambert

12 Sep 2017 11:33	Surgery: Uwais Jamil (Health Professional Access Role) Entered at: HMP Lindholme
12 Sep 2017 11:33	Surgery: Uwais Jamil (Health Professional Access Role) Entered at: HMP Lindholme
12 Sep 2017 11:33	Surgery: Uwais Jamil (Health Professional Access Role) Entered at: HMP Lindholme
12 Sep 2017 11:33	Surgery: Uwais Jamil (Health Professional Access Role) Entered at: HMP Lindholme
12 Sep 2017 14:43	Surgery: Mark Hayes (Nurse Access Role) Entered at: HMP Lindholme

Mental health in-reach team review (XaX04)
Impressions of the prisoners behaviour and mental state (YX023)
Seen on wing for approx 40 minutes. dressed in clean own attire. appeared generally well kempt, noted to be wearing a leg brace on left leg. speech rate tone and flow normal, no evidence of thought disorder or experinacing any auditory hallucinations. mood objectively good and subjectively reported same.

highlighted that he has a CAT D shout in november and he hopes that he gets it as he has not had any negatives nor nickings since he has been here. he stated that he is occupying himself on the wing adn that he has started an art class now that runs untill december. no other issues raised.

discussed all work completed so i will now put him to a monthly appointment which he was happy with

12 Sep 2017 16:23	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
14 Sep 2017 08:14	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
14 Sep 2017 08:16	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
14 Sep 2017 11:20	Surgery: Dr Nabeel Hussain (General Medical Practitioner) Entered at: HMP Lindholme

History: disc degeneration noted on the MRI scan results , struggled with lower back pain for a while , also left leg tends to go numb from time to time
Examination: local: tender lower lumbar from L2 downwards , no neurology
Diagnosis: Patient reviewed (6A...)
Plan: on discussion , start gabapentin - gradually build up to 2BD , review in 4 wks
Gabapentin 100mg capsules - Variable Dose - 15/09 08:00 (0 capsule) 16:00 (1 capsule)
16/09 - 21/09 08:00 (1 capsule) 16:00 (1 capsule)
22/09 08:00 (1 capsule) 16:00 (2 capsule)
23/09 - 12/10 08:00 (2 capsule) 16:00 (2 capsule) Quantity: 96 capsules (Oral) (Future dated medication 15 Sep 2017)
Stopped 10 Oct 2017 Form, strength, or route change by Dr Gaynor Mountcastle
Custom script: Printed On Thu 14 Sep 2017 11:27 By Dr Nabeel Hussain

15 Sep 2017 15:40	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme

Pharmacy technician (03K9.) - DNA pm supervised meds despite being called for

21 Sep 2017 15:17	Surgery: Uwais Jamil (Health Professional Access Role) Entered at: HMP Lindholme

Custom script: Printed On Thu 21 Sep 2017 15:18 By Uwais Jamil

21 Sep 2017 15:21	Surgery: Abib Hussain (Nurse Access Role) Entered at: HMP Lindholme

History: Re signed script- 7/7 Pt to See GP ? continuation has been on this medication over 1yr no rev-
Co-codamol 30mg/500mg tablets - 56 tablets - ONE or TWO to be taken up to FOUR times daily (56 tablets every 7 days)
Custom script: Printed On Thu 21 Sep 2017 15:29 By Uwais Jamil

21 Sep 2017 15:29	Surgery: Uwais Jamil (Health Professional Access Role) Entered at: HMP Lindholme
21 Sep 2017 15:41	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme

Follow up substance misuse assessment (XaJy7)
Substance misuse team (XaJRs) - attended and participated in recovery support group

22 Sep 2017 08:25	Surgery: Jacqueline Gerald (Nurse Access Role) Entered at: HMP Lindholme
22 Sep 2017 08:26	Surgery: Jacqueline Gerald (Nurse Access Role) Entered at: HMP Lindholme
22 Sep 2017 15:14	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
22 Sep 2017 15:14	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
22 Sep 2017 15:15	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
23 Sep 2017 15:07	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme

Pharmacy technician (03K9.) - Waited until 11:30am and patient did not attend for morning medication.

23 Sep 2017 15:07	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
23 Sep 2017 15:25	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
23 Sep 2017 15:25	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme

24 Sep 2017 11:02	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme
24 Sep 2017 11:02	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme
24 Sep 2017 15:20	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
24 Sep 2017 15:20	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
25 Sep 2017 08:27	Surgery: Laura Konkle (Nurse Access Role) Entered at: HMP Lindholme
25 Sep 2017 08:27	Surgery: Laura Konkle (Nurse Access Role) Entered at: HMP Lindholme
25 Sep 2017 11:03	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme

Substance misuse team (XaJRs)
seen on wing for followup keyworker appointment,
Thomas has completed his alcohol work booklet, brought to session and answers discussed, brought back to hub for scanning.
Thomas has already done his victim awareness and is not sure what else he needs to cover, continues to complete his recovery journals and diary.
advised may be worthwhile doing some work around drug awareness which thomas agreed,
Thomas is now working in arts and is enjoying his new job, discussed his work and Thomas states he did not realise he was good at art work. states he is working on an art project.
advised will rebook in three weeks and return alcohol work booklet when it has been scanned.
Thomas states he is working well with people on recovery programme and would like to continue working with people on the recovery programme once he has completed it as a support worker.
Follow up substance misuse assessment (XaJy7)
Activity: Substance Misuse Recovery Support (Care Plan) (30 minutes) Face to face with Patient
Substance Misuse Recovery Support Instruction: 3)
Need:To explore alcohol awareness
Intervention:To complete alcohol incell work
Time Scale:2-3 weeks
completed 25/09/2017
Substance Misuse Recovery Support Notes: completed and brought back for scanning
Substance Misuse Recovery Support performed (1 out of 8)
Patient Contact: 30 minutes Total Contact: 30 minutes

25 Sep 2017 15:00	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme	Entered: 26 Sep 2017 15:00
26 Sep 2017 15:00	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme	
27 Sep 2017 08:03	Surgery: Dr Gaynor Mountcastle (Clinical Practitioner Access Role) Entered at: HMP Lindholme	

(R) Co-codamol 30mg/500mg tablets - 112 tablets - 2 bd (28 tablets every 7 days) (Future dated medication 04 Oct 2017)
Stopped 10 Oct 2017 Form, strength, or route change by Dr Gaynor Mountcastle
Co-codamol 30mg/500mg tablets - 112 tablets - 2 bd
Ended 27 Sep 2017 Form, strength, or route change by Dr Gaynor Mountcastle
Custom script: Printed On Wed 27 Sep 2017 08:04 By Dr Gaynor Mountcastle

27 Sep 2017 08:22	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
27 Sep 2017 08:23	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
27 Sep 2017 13:55	Surgery: Dr Gaynor Mountcastle (Clinical Practitioner Access Role) Entered at: HMP Lindholme

Co-codamol 30mg/500mg tablets - 110 tablets - 2 tablet - admin times: 08:00, 16:00 (Oral) (Future dated medication 28 Sep 2017)
Custom script: Printed On Wed 27 Sep 2017 13:57 By Dr Gaynor Mountcastle

27 Sep 2017 13:58	Surgery: Dr Gaynor Mountcastle (Clinical Practitioner Access Role) Entered at: HMP Lindholme

Letter Marked in Error: Wrong data entered
Recipient
Attachment Marked in Error: Wrong data entered
27 Sep 2017 13:58, Scanned Image

27 Sep 2017 14:18	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme

Drug Dispensing Schedule Marked in Error: Wrong data entered
21 Sep 2017 15:17
Medication Marked in Error: Wrong data entered
21 Sep 2017 15:17, Co-codamol 30mg/500mg tablets, 2 bd, 112 tablets, , 29
Drug Chart Details Marked in Error: Wrong data entered
21 Sep 2017 15:17
Drug Dispensing Schedule Marked in Error: Wrong data entered
21 Sep 2017 15:17

27 Sep 2017 15:10	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
27 Sep 2017 15:10	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme

28 Sep 2017 08:29	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
28 Sep 2017 08:29	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
28 Sep 2017 15:22	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
28 Sep 2017 15:22	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
28 Sep 2017 15:22	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
29 Sep 2017	HMP Prison: Kathryn Wiggins (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 29 Sep 2017 09:55

Referral Letter to DRI, Pain Clinic Referral

29 Sep 2017 08:35	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
29 Sep 2017 08:36	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
29 Sep 2017 08:36	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
29 Sep 2017 09:50	Surgery: Kathryn Wiggins (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Referral In to HMP Hatfield for Other Clinical Intervention: Ended on 25 Jan 2019 00:00
Status Update for Other Clinical Intervention Referral In: Waiting for out patient appointment, Status changed: 29 Sep 2017 09:50

29 Sep 2017 15:36	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
29 Sep 2017 15:36	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
29 Sep 2017 15:36	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
30 Sep 2017 11:02	Surgery: Jane Craven (Health Professional Access Role) Entered at: HMP Lindholme
30 Sep 2017 11:02	Surgery: Jane Craven (Health Professional Access Role) Entered at: HMP Lindholme
30 Sep 2017 11:02	Surgery: Jane Craven (Health Professional Access Role) Entered at: HMP Lindholme
30 Sep 2017 15:24	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
30 Sep 2017 15:24	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
30 Sep 2017 15:24	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
30 Sep 2017 16:34	Surgery: Uwais Jamil (Health Professional Access Role) Entered at: HMP Lindholme

History: Pharmacy technician (03K9.) aciclovir cream given for coldsore

01 Oct 2017 10:14	Surgery: Uwais Jamil (Health Professional Access Role) Entered at: HMP Lindholme

At risk state (Xa1qc) 9 -
Presentation: Orientated, cheerful, communicative, Co-operative
Previous Mental Health Problems: None
Previous In-Possession: Yes
History of self- harm: Never or more than 5 years ago
History of overdose: Never/ once, more than 5 years ago
Cell Sharing (Refer to cell sharing risk assessment): Double
Any history of palming/ hoarding/misuse of medication: No
Have you checked whether the patient is on an ACCT?: Yes
Suitable for in-possession medication (XaYM5)
Medication In Possession Status: In possession - 7 days

01 Oct 2017 10:38	Surgery: Ms Carol Sheppard (Nurse Access Role) Entered at: HMP Lindholme
01 Oct 2017 10:39	Surgery: Ms Carol Sheppard (Nurse Access Role) Entered at: HMP Lindholme
01 Oct 2017 10:39	Surgery: Ms Carol Sheppard (Nurse Access Role) Entered at: HMP Lindholme
01 Oct 2017 15:20	Surgery: Uwais Jamil (Health Professional Access Role) Entered at: HMP Lindholme
01 Oct 2017 15:20	Surgery: Uwais Jamil (Health Professional Access Role) Entered at: HMP Lindholme
01 Oct 2017 15:21	Surgery: Uwais Jamil (Health Professional Access Role) Entered at: HMP Lindholme
02 Oct 2017 08:23	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
02 Oct 2017 08:23	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
02 Oct 2017 08:23	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
02 Oct 2017 15:16	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
02 Oct 2017 15:17	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
02 Oct 2017 15:17	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
02 Oct 2017 17:20	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
03 Oct 2017 08:30	Surgery: Andreya Kersey (Nurse Access Role) Entered at: HMP Lindholme

(R) Aripiprazole 5mg tablets - 56 tablets - [09:00-2 tablets] (14 tablets every 7 days) (Future dated medication 10 Oct 2017)
Custom script: Printed On Wed 04 Oct 2017 08:40 By Jessica Lambert

03 Oct 2017 08:30	Surgery: Andreya Kersey (Nurse Access Role) Entered at: HMP Lindholme
03 Oct 2017 08:30	Surgery: Andreya Kersey (Nurse Access Role) Entered at: HMP Lindholme
03 Oct 2017 08:31	Surgery: Andreya Kersey (Nurse Access Role) Entered at: HMP Lindholme
03 Oct 2017 08:31	Surgery: Andreya Kersey (Nurse Access Role) Entered at: HMP Lindholme
03 Oct 2017 08:31	Surgery: Andreya Kersey (Nurse Access Role) Entered at: HMP Lindholme

03 Oct 2017 08:31	Surgery: Andreya Kersey (Nurse Access Role) Entered at: HMP Lindholme
03 Oct 2017 15:01	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
03 Oct 2017 15:01	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
03 Oct 2017 15:01	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
04 Oct 2017 08:16	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
04 Oct 2017 08:16	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
04 Oct 2017 08:16	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
04 Oct 2017 08:17	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
04 Oct 2017 08:40	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
04 Oct 2017 15:13	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
04 Oct 2017 15:14	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
04 Oct 2017 15:14	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
04 Oct 2017 15:18	Surgery: Laura Matthews (Health Professional Access Role) Entered at: HMP Lindholme

Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Mr Murphy said he had lost his family as a consequence of his substance use. He contributed to the discussion around 'how does change feel?' and acknwoledged there are positive as well as negative aspects of substance use that needed to be acknwoledged and overcome.

Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Mr Murphy attended today's session o time and was a cheerful and amiable presence in the group. He seemed to know some of the other group members and joked with them. He contributed to group discussions and sub-group work, and shared his personal thoughts and opinions appropriately.

Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - tier 2 group: "Motivation and Change" session 1

Substance misuse team (XaJRs) - Mr Murphy attended the first of three 'Motivation and Change' group sessions today. See Interventions Feedback Report.

Follow up substance misuse assessment (XaJy7)

Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - In today's session the group agreed a definition of 'motivation', as well as identifying factors that influence people in a positive or negative way. Key learning points they summarised included "change is possible" and that it was important to be honest about what you will lose by changing, as well as thinking about what you will gain.

05 Oct 2017 08:33	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
05 Oct 2017 08:33	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
05 Oct 2017 08:33	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
05 Oct 2017 13:58	Surgery: Victoria Knowles (Health Professional Access Role) Entered at: HMP Lindholme

Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Tier 2 motivation and change group - session 2

Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Thomas has one more session to attend to complete the motivation and change group.

Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Thomas got involved in all the group discussions, he noted that for him most things he valued in life and that drove his motivation was around his family. He said that his family were close knit and had strong family values and that was what he wanted to return to on his release. He was able to understand the connection he had to others and how behaviours have a knock on effect to others.

Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Thomas attended the session today and engaged well. He continues to be a positive person in the group as well as respectful. When another group member was quite aggressive to a facilitator, Thomas helped to manage the situaiton and then later apologised on the others persons behalf despite not having to do that.

05 Oct 2017 15:09	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
05 Oct 2017 15:09	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
05 Oct 2017 15:09	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
06 Oct 2017 08:22	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme
06 Oct 2017 08:23	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme
06 Oct 2017 08:23	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme
06 Oct 2017 13:28	Surgery: Dr Gaynor Mountcastle (Clinical Practitioner Access Role) Entered at: HMP Lindholme

Gabapentin 100mg capsules - Variable Dose - 13/10 08:00 (0 capsule) 16:00 (1 capsule)
14/10 - 19/10 08:00 (1 capsule) 16:00 (1 capsule)
20/10 08:00 (1 capsule) 16:00 (2 capsule)
21/10 - 09/11 08:00 (2 capsule) 16:00 (2 capsule) Quantity: 96 capsules (Oral) (Future dated medication 13 Oct 2017)
Stopped 10 Oct 2017 Form, strength, or route change by Dr Gaynor Mountcastle
Custom script: Printed On Fri 06 Oct 2017 13:29 By Dr Gaynor Mountcastle

Drug Chart Details Marked in Error: Wrong data entered
06 Oct 2017 13:28
Medication Marked in Error: Wrong data entered
06 Oct 2017 13:28, Gabapentin 100mg capsules, Variable Dose, Total: 96 capsule Quantity: 96 capsules, , 18
Diagnosis Drug Marked in Error: Wrong data entered
06 Oct 2017 13:28, Gabapentin 100mg capsules for Patient reviewed (6A...)
Drug Dispensing Schedule Marked in Error: Wrong data entered
06 Oct 2017 13:28

06 Oct 2017 15:03	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
06 Oct 2017 15:03	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
06 Oct 2017 15:03	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
07 Oct 2017 11:12	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme	
07 Oct 2017 11:12	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme	
07 Oct 2017 11:12	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme	
08 Oct 2017 10:51	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
08 Oct 2017 10:51	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
08 Oct 2017 10:51	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
08 Oct 2017 15:33	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
08 Oct 2017 15:34	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
08 Oct 2017 15:34	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
09 Oct 2017 08:40	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
09 Oct 2017 08:40	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
09 Oct 2017 08:40	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
09 Oct 2017 15:25	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
09 Oct 2017 15:25	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
09 Oct 2017 15:25	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
10 Oct 2017	Prison: Julie Murray (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 17 Oct 2017 10:04

Referral Letter to Ultrasound

10 Oct 2017	HMP Prison: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 15 Dec 2017 14:18

Miscellaneous to HMP Lindholme

10 Oct 2017	Surgery: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 15 Dec 2017 14:19

SMS Motivation and Change Feedback form

10 Oct 2017 08:14	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme

(R) Propranolol 40mg tablets - 56 tablets - 1 To be taken Twice Daily (14 tablets every 7 days) (Future dated medication 17 Oct 2017)
Custom script: Printed On Tue 10 Oct 2017 10:29 By Jessica Lambert

10 Oct 2017 08:14	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
10 Oct 2017 08:14	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
10 Oct 2017 08:15	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
10 Oct 2017 08:15	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
10 Oct 2017 08:15	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
10 Oct 2017 08:30	Surgery: Dr Gaynor Mountcastle (Clinical Practitioner Access Role) Entered at: HMP Lindholme

History: says 100 mg gabapentin not helping . wear off and a lot of pain at night . has most meds ip so give as ip and then can be tds
Plan: cocodamol 30/500 redcued to an IP dose
History: left shoulder pain for ages
Examination: reduced rom and clinically has impingemnt at end of abduction . full power
Diagnosis: ? Rotator cuff shoulder syndrome and allied disorders (N211.)
Plan: u/s and then look at steroid injection
(R) Co-codamol 15mg/500mg capsules - 224 capsules - [08:00-2][20:00-2][16:00-2][22:00-2] (56 capsules every 7 days) (Future dated medication 17 Oct 2017)
(R) Gabapentin 300mg capsules - 84 capsules - [08:00-1][20:00-1][16:00-1] (21 capsules every 7 days) (Future dated medication 11 Oct 2017)
Co-codamol 15mg/500mg capsules - 224 capsules - [08:00-2][20:00-2][16:00-2][22:00-2]
Ended 22 Feb 2018 Form, strength, or route change by Dr Patrick Law
Gabapentin 300mg capsules - 84 capsules - [08:00-1][20:00-1][16:00-1]
Ended 24 Jan 2018 Form, strength, or route change by Dr Gaynor Mountcastle

Custom script: Printed On Tue 10 Oct 2017 08:42 By Dr Gaynor Mountcastle

10 Oct 2017 10:29	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
10 Oct 2017 10:34	Surgery: Julie Murray (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Referral In to HMP Hatfield for Other Clinical Intervention: Ended on 25 Jan 2019 00:00
Status Update for Other Clinical Intervention Referral In: Waiting For Assessment, Status changed: 10 Oct 2017 10:34

10 Oct 2017 12:17	Surgery: Laura Matthews (Health Professional Access Role) Entered at: HMP Lindholme

Follow up substance misuse assessment (XaJy7)
Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - The group explored goals (including the SMART technique), reviewed motivation levels and reasons to change, and explored useful coping strategies and where to find help if needed. Certificates were presented, and the group were told to expect the follow-up one-to-one session within two weeks of this session.
Substance misuse team (XaJRs) - Mr Murphy completed the final session of the 'Motivation and Change' course today. He was presented with a certificate and is now waiting for the follow up one-to-one session that will consolidate the learning. Mr Murphy is on the list for the 5-session Relapse Prevention course, which is scheduled to start within the next two weeks.
Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Mr Murphy completed this group today. He arrived on time and was amiable throughout the session. He shared personal experiences of where he had made changes to his motivation. He completed the written and sub-group work, and his group identified a series of useful ways of coping, including "constructive use of time".
Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Mr Murphy shared his example of where his physical health had impacted upon his feelings of motivation in the past, but that he had looked around and seen people around him working and had thought "come on, get going". Mr Murphy said his goal was to get back into employment.
Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Tier 2 'Motivation and Change' group: session 3

10 Oct 2017 15:26	Surgery: Uwais Jamil (Health Professional Access Role) Entered at: HMP Lindholme
10 Oct 2017 15:26	Surgery: Uwais Jamil (Health Professional Access Role) Entered at: HMP Lindholme
11 Oct 2017 14:59	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme

Drug Administration Marked in Error: Wrong data entered
Co-codamol 30mg/500mg tablets, Quantity given: 2.0, Entered: 11/10/2017 14:59, Desc: Fully administered, Done: 11/10/2017 14:59, Given for: 11/10/2017 16:00

11 Oct 2017 14:59	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
11 Oct 2017 15:00	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
11 Oct 2017 15:01	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
12 Oct 2017 08:13	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme	
12 Oct 2017 08:15	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme	
12 Oct 2017 14:45	Surgery: Stephanie Randerson Entered at: HMP Lindholme	Entered: 12 Oct 2017 15:43

No access visit for Dentist appointment with Stephanie Randerson
Home visit - no reply (9NFC.)

12 Oct 2017 14:50	Surgery: Julie Murray (Admin/Clinical Support Access Role) Entered at: HMP Lindholme
12 Oct 2017 15:45	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
12 Oct 2017 15:54	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
12 Oct 2017 15:54	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
13 Oct 2017 07:44	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme

Substance misuse team (XaJRs) - attended and participated in peer support group
Other relevant information (Y4331)

13 Oct 2017 08:24	Surgery: Peter Goulding (Nurse Access Role) Entered at: HMP Lindholme
13 Oct 2017 08:28	Surgery: Peter Goulding (Nurse Access Role) Entered at: HMP Lindholme
14 Oct 2017 10:48	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme
14 Oct 2017 10:48	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme
14 Oct 2017 14:53	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme

History: cocodamol reprinted due to not making it to pharmacy
Custom script: Re-printed On Sat 14 Oct 2017 14:54 By Mr Christopher Lambert

14 Oct 2017 15:25	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
14 Oct 2017 15:25	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
15 Oct 2017 10:56	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
15 Oct 2017 10:56	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
15 Oct 2017 15:36	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
15 Oct 2017 15:36	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
16 Oct 2017 08:25	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme

16 Oct 2017 08:26	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
16 Oct 2017 12:43	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme

Substance misuse team (XaJRs)
seen on wing for review of recovery journal and diary,
Thomas continues to complete his recovery journal and diary and is still working through his alcohol work booklet.
Thomas is due to start relapse prevention programme tomorrow and is looking forward to it.
Thomas is aware that he is getting close to completing the programme and would like to become a role model after, advised will disucss with team as writer feels that this would be appropriate as writer has had many compliments and discussions about how much help and support Thomas is offering other people that are on the recovery programme, advised will see again in two weeks
Follow up substance misuse assessment (XaJy7)

16 Oct 2017 14:21	Surgery: Tomasz Motyka (Clinical Practitioner Access Role) Entered at: HMP Lindholme

History: TM/SR
Dentist TM to dental therapist
Please see and treat
1) take primary impressions for p/- dentures.

16 Oct 2017 15:36	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
16 Oct 2017 15:36	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
17 Oct 2017 08:48	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
17 Oct 2017 08:48	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
17 Oct 2017 08:50	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
17 Oct 2017 08:50	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
17 Oct 2017 08:50	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
17 Oct 2017 08:50	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
17 Oct 2017 12:40	Surgery: Victoria Knowles (Health Professional Access Role) Entered at: HMP Lindholme

Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Tom arrived to session and informed facilitators that he had to collect his medication but wanted to attend. He arrived back in time for the first section and settled into the group discussions. He engages well but he can sometimes have side coversations but will apologise and re focus when prompted.
Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Tier 2 relapse prevention group - session 1
Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Tom made a number of contributions today and was able to get involved in the group discussions. He understood the concept of developing associations and was able to give some suggestions. He identifed family as a reason to change and following the motivation and change group he recalled and understood the cycle of change. He felt that pressure from those around you was one of the main risky situaitons to be aware of and manage effectively. He said that gym was a good distraction as it helped to produce postive hormones. he also said that pain relief was one reason for substance use
Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Tom stated that he would be happy to attend the following sessions, there are 4 more group sessions before completing this group.

17 Oct 2017 15:22	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
17 Oct 2017 15:23	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
18 Oct 2017 08:33	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme

Drug Administration Marked in Error: Wrong data entered
Co-codamol 30mg/500mg tablets, Quantity given: 2.0, Entered: 18/10/2017 08:34, Desc: Fully administered, Done: 18/10/2017 08:34, Given for: 18/10/2017 08:00

18 Oct 2017 08:34	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
18 Oct 2017 08:35	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
18 Oct 2017 16:00	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
18 Oct 2017 16:00	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
19 Oct 2017 11:43	Surgery: Laura Matthews (Health Professional Access Role) Entered at: HMP Lindholme

Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - The session today provided the participants with the opportunity to explore emotional, mental and physical stages of lapse/relapse. They explored the 'ABC' model of how an 'activating event' or trigger led to beliefs which led to consequences. They discussed the importance of being aware of their beliefs, and the fact that they needed to monitor their thinking and behaviour in order to make changes to it.
Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Mr Murphy attended today's session, arriving on time and going for his medication and returning quickly before the last person arrived. As usual, he was in a cheery mood and added humour to the group. He actively participated and shared his experiences. He related to much of the material, and supported the learning by saying how he agreed. Mr Murphy appeared to get along with the other group members well.
Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Mr Murphy said that he could

relate to the idea of how emotional and mental relapses happened before physical ones. He said that he could relate to how people would create situations that would give them an "excuse" to use or to blame others for their lapses. He was supportive of others who were asking questions about ways to challenge their thinking or change their situation. His positive at the beginning of the session was that it had been 42 weeks since he had stopped smoking.
Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Tier 2 Group: Relapse Prevention session 2

20 Oct 2017 09:15	Surgery: Stephanie Randerson Entered at: HMP Lindholme	Entered: 20 Oct 2017 11:22

Did not attend for Dentist appointment with Stephanie Randerson.
Did not attend (Xa1kG)

22 Oct 2017 08:28	Surgery: Pharmacy 3 Entered at: HMP Lindholme	Entered: 22 Oct 2017 14:30

Did not attend for Nurse Clinic - Pharmacy Medication appointment with Pharmacy 3.
Did not attend (Xa1kG)

23 Oct 2017 13:04	Surgery: Laura Matthews (Health Professional Access Role) Entered at: HMP Lindholme

Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Mr Murphy arrived on time to the session, explaining he wanted planning to attend but needed to collect his medication first as usual. He said he was in a lot of pain with his back and was going to see if the nurses would give him some pain relief. He said he might be able to cope with the session if he was allowed more pain relief, but wasn't sure he would be able to attend otherwise. It was therefore to his credit that he returned and completed the session even when he hadn't been given any further pain relief. Mr Murphy actively participated in the group, and laughed and joked with the other group members. He had to fight the giggles during the practise of relaxation, but apologised and was clearly trying hard to regain control. He worked with others during sub-group work, and was polite and respectful throughout the session.
Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Mr Murphy was supportive of the programme material, and suggested the importance of having purposeful activities, including 'horse racing' as a distraction. He showed a good sense of humour when another group member encouraged him to get involved with the sub-group work by joking "come on, you mouldy old cripple". This was indicative of his role in the group - one group member said "where would we be without Tom, eh?".
Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - In today's session, the group were able to explore the different characteristics of assertive, aggressive and passive behavior and the advantages and disadvantages of each. They also explored the benefits of meaningful and purposeful activities, exploring a 24-hour clock and planning activities to avoid boredom and high-risk situations. The group also considered the various benefits of relaxation and practised breathing and physical relaxation techniques.
Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Tier 2 group: "Relapse Prevention" session 3

24 Oct 2017 08:43	Surgery: Andreya Kersey (Nurse Access Role) Entered at: HMP Lindholme
24 Oct 2017 08:43	Surgery: Andreya Kersey (Nurse Access Role) Entered at: HMP Lindholme
24 Oct 2017 08:43	Surgery: Andreya Kersey (Nurse Access Role) Entered at: HMP Lindholme
24 Oct 2017 08:43	Surgery: Andreya Kersey (Nurse Access Role) Entered at: HMP Lindholme
25 Oct 2017 08:26	Surgery: Ms Carol Sheppard (Nurse Access Role) Entered at: HMP Lindholme
25 Oct 2017 08:27	Surgery: Ms Carol Sheppard (Nurse Access Role) Entered at: HMP Lindholme
25 Oct 2017 12:35	Surgery: Laura Matthews (Health Professional Access Role) Entered at: HMP Lindholme

Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Mr Murphy was able to show good perspective-taking skills when considering the thoughts and feelings of the "parent" of a hypothetical person who had changed. He suggested they might be pleased and supportive, and encouraging of change.
Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - In today's session, the group were encouraged to think about the role of relationships in their personal recovery journeys. They discussed the impact of their problem behaviour on other people, and the different influences that others had on themselves. The group considered the different perspectives of people with different relationships to a person who is making changes, and understood that people might not always be pleased they are changing. the group also considered changes they had made or might need to make to their relationships, and different ways to make changes and manage those relationships.
Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Mr Murphy attended today's session. He reported still being in pain with his back, and being "in tears" the evening before. Despite this he actively participated in the session and shared personal examples and opinions.
Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Tier 2 group: "Relapse Prevention " session 4 of 5

27 Oct 2017 12:51	Surgery: Laura Matthews (Health Professional Access Role) Entered at: HMP Lindholme

Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Mr Murphy completed the group this morning, arriving on time and actively participating throughout. He was cheery as usual, joking and chatting with others. He actively participated in the discussions, and completed the written work as required.
Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Tier 2 group: "Relapse Prevention" session 5 of 5
Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - In this final session, the group

explored a refresher of the key learning points from the programme, as well as exploring what "SMART" goals were and how they contributed to effective relapse prevention. They had a good discussion around a holistic approach to recovery, and the importance of considering a range of lifestyle factors when recovery planning. Each group member was issued with their completion certificate and an explanation of the 1:1 follow-up session they could expect within the next two weeks.
Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Mr Murphy completed his personal recovery plan, inlcuding reference to SMART goal-setting. he said he had enjoyed this group, and understood that he also had the "mind traps" group on his care plan. He said he would be happy to attend this group when it starts in the next two weeks.

30 Oct 2017 11:40	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme

Follow up substance misuse assessment (XaJy7)
Substance misuse team (XaJRs)
seen on wing for 1:1 keyworker appointment to review recovery journal and diary and consolidate work around relapse prevention,
Thomas continues to complete his recovery journal and diary,
Thomas states that he found relapse prevention a very useful course, and brought all of his work sheets for writer to review. All elements of worksheets completed and Thomas able to discuss his worksheets.
Thomas is feeling quite low this week due to his relationship breaking down so was able to identify the impacts that his alcohol use had on his relationship and where he wants to go from here,
Thomas disucssed getting his cat d and working towards getting out of prison finding somewhere to live and getting a job,
Thomas discussed well the work sheet around mental relapse and able to talk about making a mental tape to play over in his head to rpevent him from going back to his old ways.
Thomas appears to have understood a lot of what was taught and able to explain and use the information well. advised will review again in two weeks.
Activity: Substance Misuse Recovery Support (Care Plan) (30 minutes) Face to face with Patient
Substance Misuse Recovery Support Instruction: 2)
Need:To explore relapse prevention
Intervention:Focus on high risk situations, coping strategies , triggers and cravings
Time Scale: completed 30/11/2017
Substance Misuse Recovery Support Notes: all sessions completed including follow up session
Substance Misuse Recovery Support performed (1 out of 8)
Patient Contact: 30 minutes Total Contact: 30 minutes

31 Oct 2017	Hospital: Kathryn Wiggins (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 02 Nov 2017 13:59

Appointment Letter to HMP Lindholme

31 Oct 2017 00:31	Surgery: Unknown Staff Member Entered at: Trinity Medical Centre

Patient record merged (XaR4R)

31 Oct 2017 00:31	Surgery: Unknown Staff Member Entered at: HMP Lindholme

Patient record merged (XaR4R)

31 Oct 2017 14:25	Surgery: Nelly Dombo (Nurse Access Role) Entered at: HMP Lindholme

Substance misuse team (XaJRs)
Mr Murphy attended the Recovery Hub this afternoon and had a urine drug test carried out.
Urine test results recorded.

Urine opiate positive (XaLK5) - currently prescribed Co-codamol
Urine benzodiazepine negative (XaLMk)
Urine amphetamine negative (XaLMj)
Drug abuse screening test (XM0cm)
Urine buprenorphine negative (XaPY0)
Urine methadone negative (XaLMn)
Urine cocaine negative (XaLMm)
Urine cannabinoid negative (XaLMl)

31 Oct 2017 14:54	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme

(R) Gabapentin 300mg capsules - 84 capsules - [08:00-1][20:00-1][16:00-1] (21 capsules every 7 days) (Future dated medication 07 Nov 2017)
Custom script: Printed On Tue 31 Oct 2017 14:56 By Mrs Sarah Harris

31 Oct 2017 14:55	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
31 Oct 2017 14:55	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
31 Oct 2017 14:55	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
31 Oct 2017 14:55	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme

07 Nov 2017 08:28	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme

(R) Co-codamol 15mg/500mg capsules - 224 capsules - [08:00-2][20:00-2][16:00-2][22:00-2] (56 capsules every 7 days) (Future dated medication 14 Nov 2017)
Custom script: Printed On Tue 07 Nov 2017 15:53 By Jessica Lambert

07 Nov 2017 08:29	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
07 Nov 2017 08:29	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
07 Nov 2017 08:30	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
07 Nov 2017 10:14	Surgery: Dr Gaynor Mountcastle (Clinical Practitioner Access Role) Entered at: HMP Lindholme

(R) Aripiprazole 5mg tablets - 56 tablets - [09:00-2 tablets] (14 tablets every 7 days) (Future dated medication 08 Nov 2017)
(R) Fultium-D3 800unit capsules (Thornton & Ross Ltd) - 28 capsules - [08:00-1] (7 capsules every 7 days) (Future dated medication 14 Nov 2017)
(R) Propranolol 40mg tablets - 56 tablets - 1 To be taken Twice Daily (14 tablets every 7 days) (Future dated medication 14 Nov 2017)
Aripiprazole 5mg tablets - 56 tablets - [09:00-2 tablets]
Ended 22 Feb 2018 Form, strength, or route change by Dr Patrick Law
Fultium-D3 800unit capsules (Thornton & Ross Ltd) - 28 capsules - [08:00-1]
Ended 22 Feb 2018 End of course by Dr Patrick Law
Propranolol 40mg tablets - 56 tablets - 1 To be taken Twice Daily
Ended 22 Feb 2018 Form, strength, or route change by Dr Patrick Law
Custom script: Printed On Tue 07 Nov 2017 10:16 By Dr Gaynor Mountcastle

07 Nov 2017 15:53	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
08 Nov 2017 08:30	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
08 Nov 2017 08:31	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
14 Nov 2017 08:57	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme	
14 Nov 2017 09:00	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme	
14 Nov 2017 09:00	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme	
14 Nov 2017 09:00	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme	
14 Nov 2017 09:00	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme	
15 Nov 2017	Surgery: Mrs Sophie Charlesworth (Systems Support Access Role) Entered at: HMP Lindholme	Entered: 15 Nov 2017 11:08

Appointment Letter to HMP Lindholme

16 Nov 2017 11:28	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme

Substance misuse team (XaJRs)
seen this am on wing for keyworker appointment,
Thomas is on his last week of the programme, and then needs to complete his goals at the end of his journal.
Thomas would then like to become a role model on his spur.
discussed having a presentation with Thomas at the family day, Thomas does not want this as he does not get visits and does not like "too much of a fuss", advised that this is fine.
advised will see in 2 weeks to complete journals
Follow up substance misuse assessment (XaJy7)

16 Nov 2017 11:42	Surgery: Tomasz Motyka (Clinical Practitioner Access Role) Entered at: HMP Lindholme

History: TM/SR
Dental procedure (X20JI)
Oral, dental and salivary procedures (Xa05u)
DENTURE PRIMARY IMPRESSIONS P/-
Consent given
Tx: Used a well fitting stock tray (sprayed with tray adhesive) to take alginate impressions.
Disinfected. Stored in damp tissue and sent to lab.

N/V: Jaw reg

Take impression for denture (X20L1)

21 Nov 2017 08:44	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme	
21 Nov 2017 08:47	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme	
21 Nov 2017 08:47	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme	
21 Nov 2017 08:47	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme	
21 Nov 2017 08:47	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme	
23 Nov 2017	Prison: Julie Murray (Admin/Clinical Support Access Role) Entered	Entered: 24 Nov 2017 10:26

	at: HMP Lindholme	

Appointment Letter to HMP Lindholme

28 Nov 2017 08:26	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme

(R) Gabapentin 300mg capsules - 84 capsules - [08:00-1][20:00-1][16:00-1] (21 capsules every 7 days) (Future dated medication 05 Dec 2017)
Custom script: Printed On Thu 30 Nov 2017 11:03 By Emma Bedford

28 Nov 2017 08:29	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
28 Nov 2017 08:29	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
28 Nov 2017 08:29	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
28 Nov 2017 08:29	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
28 Nov 2017 11:36	Surgery: Joanne Jones (Health Professional Access Role) Entered at: HMP Lindholme

Non-Smoker (History Unknown) (Y121c)

30 Nov 2017 11:03	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
04 Dec 2017 09:13	Surgery: Kathryn Wiggins (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Ultrasound appointment for 05/12 changed due to no escort as per Sophie Charlesworth

04 Dec 2017 19:05	Surgery: Dr Pravin Jayakumar (General Medical Practitioner) Entered at: Trinity Medical Centre

Mandanol 500mg tablets (Crescent Pharma Ltd) - 100 tablet - 2 four times daily
Ended 14 Jun 2018 Re-Authorised by Mrs Charlotte Barber

05 Dec 2017	Surgery: Katie Savill (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 05 Dec 2017 14:52

Appointment Letter to HMP Lindholme

05 Dec 2017 08:25	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme

(R) Co-codamol 15mg/500mg capsules - 224 capsules - [08:00-2][20:00-2][16:00-2][22:00-2] (56 capsules every 7 days) (Future dated medication 12 Dec 2017)
(R) Fultium-D3 800unit capsules (Thornton & Ross Ltd) - 28 capsules - [08:00-1] (7 capsules every 7 days) (Future dated medication 12 Dec 2017)
(R) Propranolol 40mg tablets - 56 tablets - 1 To be taken Twice Daily (14 tablets every 7 days) (Future dated medication 12 Dec 2017)
Custom script: Printed On Tue 05 Dec 2017 09:33 By Emma Bedford

05 Dec 2017 08:26	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
05 Dec 2017 08:26	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
05 Dec 2017 08:27	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
05 Dec 2017 08:27	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
05 Dec 2017 09:33	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
06 Dec 2017 11:46	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme

Follow up substance misuse assessment (XaJy7)
Substance misuse team (XaJRs)
seen on wing for keyworker appointment,
Thomas has now completed his journals and diary.
Thomas spent time talking about his drug and alcohol use prior to being in prison and how he feels stronger and his goal is to refrain from alcohol and drugs,
Thomas would like to go onto be a role model now which writer feels would be beneficial to the wing,
Thomas also agreed to do the mentor programme and possibly become a mentor when he feels comfortable at being a role model.
Thomas is aware that he has been helping other people on the recovery programme, advised Thomas that writer has been given positive remarks from several people on the wing about his attitude towards helping other people.
Activity: Substance Misuse Recovery Support (Care Plan) (30 minutes) Face to face with Patient
Substance Misuse Recovery Support Instruction: 4)
Need:to gain further skills to aid in recovery journey.
Intervention: to complete recovery programme including ay groups identified and recovery journal
Time Scale:3 months.
Substance Misuse Recovery Support Notes: completed group work
Substance Misuse Recovery Support Notes: completed group work
Substance Misuse Recovery Support Notes: completed 06/12/2017
Substance Misuse Recovery Support performed (3 out of 8)
Patient Contact: 30 minutes Total Contact: 30 minutes

11 Dec 2017	HMP Prison: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 13 Dec 2017 11:02

Letter to Patients to HMP Lindholme

11 Dec 2017	Surgery: Caroline Button (Admin/Clinical Support Access Role)	Entered: 13 Dec 2017 11:03

	Entered at: HMP Lindholme	

SMS Recovery Mentor decision letter

11 Dec 2017 14:22	Surgery: Bradley Richardson (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre

Clinic Letter to Mr Thomas Murphy

11 Dec 2017 14:27	Surgery: Bradley Richardson Entered at: Trinity Medical Centre

Mental health monitoring first letter (XaJuT)

11 Dec 2017 14:37	Surgery: Pamela Smith (Health Professional Access Role) Entered at: HMP Lindholme

Substance misuse team (XaJRs) - Thomas attended an interview to be a mentor. He was successful, letter sent for scanning, sending.

12 Dec 2017 07:30	Surgery: Miss Ellie Mack (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre

Summary Care Record Update

12 Dec 2017 15:17	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
12 Dec 2017 15:18	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
12 Dec 2017 15:18	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
12 Dec 2017 15:18	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
12 Dec 2017 15:18	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
18 Dec 2017 14:47	Surgery: Miss Laura Turton (Nurse Access Role) Entered at: HMP Lindholme

Destination(s) (Y3525) - DRI
Transfer of patient (XaBPp)
Registered GP (XaIjE)
Patient fit to be transferred from Custody (Y0c10)

19 Dec 2017	Surgery: Miss Laura Turton (Nurse Access Role) Entered at: HMP Lindholme

Discharge from establishment (XaAl3)

20 Dec 2017 08:15	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
20 Dec 2017 08:17	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
20 Dec 2017 08:17	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
20 Dec 2017 08:17	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
20 Dec 2017 08:17	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
20 Dec 2017 11:36	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme

Follow up substance misuse assessment (XaJy7)
Substance misuse team (XaJRs)
seen on wing for keyworker appointment,
Thomas is now a Mentor, discussed being a Mentor and how Tommy states he is looking forward to the training,
Thomas has now got his T shirt.
Thomas states he would like to stay under the service at present until he feels more comfortable in his role,
advised will see on a regular basis but will leave on case load until he is ready.
rebooked for 8 weeks
Substance Misuse Recovery Support Review next due on 20 Jan 2018 11:44

21 Dec 2017 12:40	Surgery: Andrew Harvey Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

Paper Records Management - questionnaire started - (finalised: 21 Dec 2017 12:42)
Assessment: 21 Dec 2017 12:40
Staff Member: Andrew Harvey

21 Dec 2017 12:42	Surgery: Andrew Harvey Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 18:42
21 Dec 2017 12:42	Surgery: Andrew Harvey Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

'Paper Records Management' - questionnaire amended

21 Dec 2017 12:42	Surgery: Joanne Worrall Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 18:42
21 Dec 2017 13:31	Surgery: Laura Matthews (Health Professional Access Role) Entered at: HMP Lindholme	

Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Mr Murphy arrived to the session on time and stayed until he had to leave at 9:50 for his graduation presentation for the Recovery Programme.
Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Tier 1 awareness group "Peer Pressure and Substance use"
Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - In this session, the mentors

were encouraged to explore their understanding of "peer pressure" and its link to substance use. They were also encouraged to think about the negative uses of peer pressure and the effects. They discussed ways to combat peer pressure and protective factors, including skills, that can help people resist peer pressure.
Client involved in other treatment sub interventions related to Psychosocial (Y0fc3) - Mr Murphy contributed to the group rules and discussions around the impact and various types of peer pressure.

22 Dec 2017 08:46	Surgery: Blagorodna Smith (Nurse Access Role) Entered at: HMP Lindholme

(R) Aripiprazole 5mg tablets - 56 tablets - [09:00-2 tablets] (14 tablets every 7 days) (Future dated medication 26 Dec 2017)
Custom script: Printed On Fri 22 Dec 2017 12:21 By Jessica Lambert

22 Dec 2017 12:21	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
25 Dec 2017 13:47	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme

Complaints about care (9U...) - notes accessed to be able to respond to complaint HC114

26 Dec 2017 11:02	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme

(R) Gabapentin 300mg capsules - 84 capsules - [08:00-1][20:00-1][16:00-1] (21 capsules every 7 days) (Future dated medication 30 Dec 2017)
Stopped 24 Jan 2018 Form, strength, or route change by Dr Gaynor Mountcastle
Custom script: Printed On Tue 26 Dec 2017 11:45 By Jessica Lambert

26 Dec 2017 11:02	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
26 Dec 2017 11:02	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
26 Dec 2017 11:03	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
26 Dec 2017 11:03	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
26 Dec 2017 11:03	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
26 Dec 2017 11:45	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
27 Dec 2017 15:35	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme

Drug Administration Marked in Error: Wrong data entered
Co-codamol 15mg/500mg capsules, Quantity given: 0.0, Entered: 26/12/2017 11:03, Desc: null, Done: 26/12/2017 11:03, Given for: 26/12/2017 23:59

27 Dec 2017 15:36	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
27 Dec 2017 16:00	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme

Ex-smoker (Ub1na)

28 Dec 2017 15:10	Surgery: Blagorodna Smith (Nurse Access Role) Entered at: HMP Lindholme

Referral to GP (8H62.)
Requesting meds review
Placed on Doctor clinic waiting list

29 Dec 2017	Surgery: Mrs Sophie Charlesworth (Systems Support Access Role) Entered at: HMP Lindholme	Entered: 29 Dec 2017 14:47

Reports to HMP Lindholme

30 Dec 2017 11:15	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme

(R) Co-codamol 15mg/500mg capsules - 224 capsules - [08:00-2][20:00-2][16:00-2][22:00-2] (56 capsules every 7 days) (Future dated medication 06 Jan 2018)
(R) Fultium-D3 800unit capsules (Thornton & Ross Ltd) - 28 capsules - [08:00-1] (7 capsules every 7 days) (Future dated medication 06 Jan 2018)
(R) Propranolol 40mg tablets - 56 tablets - 1 To be taken Twice Daily (14 tablets every 7 days) (Future dated medication 06 Jan 2018)
Custom script: Printed On Sat 30 Dec 2017 11:20 By Emma Bedford

30 Dec 2017 11:19	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
30 Dec 2017 11:19	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
30 Dec 2017 11:19	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
30 Dec 2017 11:19	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
30 Dec 2017 11:19	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
06 Jan 2018 10:56	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
06 Jan 2018 10:56	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
06 Jan 2018 10:57	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
06 Jan 2018 10:57	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
06 Jan 2018 10:57	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
06 Jan 2018 10:57	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
07 Jan 2018 17:44	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme

History: Tue 02 Jan 12:20 - Dr Gaynor Mountcastle
see dr to discuss results ? patrick law as he may inject
Plan: Appointment booked to see in Dr Law clinic as per GP task- review xray shoulder (dated 29 December 2017).

11 Jan 2018 10:03	Surgery: Dr Patrick Law (Clinical Practitioner Access Role) Entered at: HMP Lindholme

History: Came to discuss USS Lt Shoulder
Still pain
Not overly keen on injection
Hasn't tried NSAID
Plan: Agreed to give Naproxen a go for 4 weeks
May help his Lt knee and back too

Asking re his Gabapentin as low dose, has helped and may benefit from an increase

I will review in 4 weeks and see if Naproxen has had effect on anything, then can talk re ?Injn to Shoulder and d/w him re Gabapentin dose
Naproxen 500mg tablets - 2 packs of 28 tablet(s) - Take ONE tablet TWICE a day, with or after food (14 tablets every 7 days) (Future dated medication 13 Jan 2018)
Custom script: Printed On Thu 11 Jan 2018 10:09 By Dr Patrick Law

11 Jan 2018 10:51	Surgery: Mrs Sophie Charlesworth (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Other to Mr Thomas Murphy

11 Jan 2018 15:25	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme

Follow up substance misuse assessment (XaJy7)
Substance misuse team (XaJRs) - attended wing for peer support group

13 Jan 2018 10:35	Surgery: Blagorodna Smith (Nurse Access Role) Entered at: HMP Lindholme
13 Jan 2018 11:31	Surgery: Miss Laura Turton (Nurse Access Role) Entered at: HMP Lindholme
13 Jan 2018 11:32	Surgery: Miss Laura Turton (Nurse Access Role) Entered at: HMP Lindholme
13 Jan 2018 11:32	Surgery: Miss Laura Turton (Nurse Access Role) Entered at: HMP Lindholme
13 Jan 2018 11:32	Surgery: Miss Laura Turton (Nurse Access Role) Entered at: HMP Lindholme
13 Jan 2018 11:32	Surgery: Miss Laura Turton (Nurse Access Role) Entered at: HMP Lindholme
13 Jan 2018 11:33	Surgery: Miss Laura Turton (Nurse Access Role) Entered at: HMP Lindholme
13 Jan 2018 11:33	Surgery: Miss Laura Turton (Nurse Access Role) Entered at: HMP Lindholme
20 Jan 2018 11:32	Surgery: Lynsey Wood (Health Professional Access Role) Entered at: HMP Lindholme

(R) Gabapentin 300mg capsules - 84 capsules - [08:00-1][20:00-1][16:00-1] (21 capsules every 7 days) (Future dated medication 27 Jan 2018)
Stopped 24 Jan 2018 Form, strength, or route change by Dr Gaynor Mountcastle
Custom script: Printed On Sat 20 Jan 2018 14:03 By Lynsey Wood

20 Jan 2018 11:32	Surgery: Lynsey Wood (Health Professional Access Role) Entered at: HMP Lindholme
20 Jan 2018 11:32	Surgery: Lynsey Wood (Health Professional Access Role) Entered at: HMP Lindholme
20 Jan 2018 11:32	Surgery: Lynsey Wood (Health Professional Access Role) Entered at: HMP Lindholme
20 Jan 2018 11:32	Surgery: Lynsey Wood (Health Professional Access Role) Entered at: HMP Lindholme
20 Jan 2018 11:32	Surgery: Lynsey Wood (Health Professional Access Role) Entered at: HMP Lindholme
20 Jan 2018 14:03	Surgery: Lynsey Wood (Health Professional Access Role) Entered at: HMP Lindholme
24 Jan 2018 08:25	Surgery: Dr Gaynor Mountcastle (Clinical Practitioner Access Role) Entered at: HMP Lindholme

History: struggling with knee pain . brace on left knee but says rt knee is worst pain .
rt knee pain main issue.
describes pain as 10/10
prev having facet joint injections from pain clinic
mri last jume confirms disc bulge and nerve root entrapment esp on rt side
Examination: rt knee a bit puffy tender lateral over joint margin but stable and good rom
Diagnosis: Knee sprain NOS (S54y.)
Plan: on waiting list for physio
agree to increase on gabapentin after review of mri confirms pathology
(R) Gabapentin 300mg capsules - 168 capsules - [08:00-2][20:00-2][16:00-2] (42 capsules every 7 days) (Future dated medication 27 Jan 2018)
Gabapentin 300mg capsules - 168 capsules - [08:00-2][20:00-2][16:00-2]
Ended 22 Feb 2018 End of course by Dr Patrick Law
Custom script: Printed On Wed 24 Jan 2018 08:34 By Dr Gaynor Mountcastle

26 Jan 2018 10:41	Surgery: Bradley Richardson (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre
26 Jan 2018 10:42	Surgery: Bradley Richardson Entered at: Trinity Medical Centre

Mental health monitoring second letter (XaJuV) - text message sent

26 Jan 2018 11:03	Surgery: Bradley Richardson (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre

Letter Marked in Error: Wrong data entered
Recipient Mr Thomas Murphy
Attachment Marked in Error: Wrong data entered
26 Jan 2018 10:41, Word Letter

26 Jan 2018 14:26	Surgery: Hina Hameed (Health Professional Access Role) Entered at: HMP Lindholme
27 Jan 2018 11:13	Surgery: Blagorodna Smith (Nurse Access Role) Entered at: HMP Lindholme

(R) Co-codamol 15mg/500mg capsules - 224 capsules - [08:00-2][20:00-2][16:00-2][22:00-2] (56 capsules every 7 days) (Future dated medication 03 Feb 2018)
Stopped 22 Feb 2018 Form, strength, or route change by Dr Patrick Law
(R) Fultium-D3 800unit capsules (Thornton & Ross Ltd) - 28 capsules - [08:00-1] (7 capsules every 7 days) (Future dated medication 03 Feb 2018)
Stopped 22 Feb 2018 Form, strength, or route change by Dr Patrick Law
(R) Propranolol 40mg tablets - 56 tablets - 1 To be taken Twice Daily (14 tablets every 7 days) (Future dated medication 03 Feb 2018)
Stopped 22 Feb 2018 Form, strength, or route change by Dr Patrick Law
Custom script: Printed On Sat 27 Jan 2018 11:28 By Jessica Lambert

27 Jan 2018 11:13	Surgery: Blagorodna Smith (Nurse Access Role) Entered at: HMP Lindholme
27 Jan 2018 11:13	Surgery: Blagorodna Smith (Nurse Access Role) Entered at: HMP Lindholme
27 Jan 2018 11:13	Surgery: Blagorodna Smith (Nurse Access Role) Entered at: HMP Lindholme
27 Jan 2018 11:14	Surgery: Blagorodna Smith (Nurse Access Role) Entered at: HMP Lindholme
27 Jan 2018 11:14	Surgery: Blagorodna Smith (Nurse Access Role) Entered at: HMP Lindholme
27 Jan 2018 11:15	Surgery: Blagorodna Smith (Nurse Access Role) Entered at: HMP Lindholme
27 Jan 2018 11:28	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
27 Jan 2018 14:51	Surgery: Ms Ella Hancock (Health Professional Access Role) Entered at: HMP Lindholme

(R) Aripiprazole 5mg tablets - 56 tablets - [09:00-2 tablets] (14 tablets every 7 days) (Future dated medication 03 Feb 2018)
Stopped 22 Feb 2018 Form, strength, or route change by Dr Patrick Law
Custom script: Printed On Sat 27 Jan 2018 15:14 By Jessica Lambert

27 Jan 2018 15:14	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
30 Jan 2018 15:26	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme

Pharmacy technician (03K9.) - 1x21 gabapentin 300mg given to make up new dose

30 Jan 2018 15:31	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme

Custom script: Re-printed On Tue 30 Jan 2018 15:32 By Mrs Sarah Harris

03 Feb 2018 11:20	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme
03 Feb 2018 11:20	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme
03 Feb 2018 11:21	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme
03 Feb 2018 11:21	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme
03 Feb 2018 11:21	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme
03 Feb 2018 11:21	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme
03 Feb 2018 11:21	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme
08 Feb 2018 08:55	Surgery: Dr Patrick Law (Clinical Practitioner Access Role) Entered at: HMP Lindholme

History: Naproxen hasn't really helped re his Shoulder
I note he had a Gabapentin increase 2 weeks later re his knee
Plan: We discussed the USS report again and option of Injn.
He is prepared to try this
Depo-medrone oredered and injn for 2-3 weeks time
Depo-Medrone 40mg/1ml suspension for injection vials (Pfizer Ltd) - 1 vial - 40 mg - Once only (Intra-articular) (Future dated medication 15 Feb 2018)
Stopped 20 Nov 2019 Sentence Ended by Mrs Michele Hayes
Custom script: Printed On Thu 08 Feb 2018 09:00 By Dr Patrick Law

10 Feb 2018 10:55	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme
10 Feb 2018 10:55	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme
10 Feb 2018 10:55	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme
10 Feb 2018 10:55	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme
10 Feb 2018 10:55	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme
10 Feb 2018 10:55	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme
12 Feb 2018 14:59	Surgery: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme
14 Feb 2018 12:04	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme

Follow up substance misuse assessment (XaJy7)
Substance misuse team (XaJRs)

attended wing for keyworker appointment,
Thomas has no concerns or problems around being a mentor at present,
Thomas denies having any issues and is excited to have a family day today,
advised will rebook for 8 weeks but can contact writer if he has any concerns
Advice on drugs of addiction (XE1TQ) - discussed issues around clients using on A wing and his role as a mentor to give support and listen.
Substance Misuse Recovery Support Review next due on 15 Nov 2018 12:07

15 Feb 2018 15:00	Surgery: Mark Hayes (Nurse Access Role) Entered at: HMP Lindholme	Entered: 16 Feb 2018 10:39

Mental health in-reach team review (XaX04)
Impressions of the prisoners behaviour and mental state (YX023)
SMH Notes

Dressed in prison attire, annoyed in presentation and noted through body language and tone.

Annoyed towards probation officer who he feels has "mugged him off" states tht he has been rouminating on issues and probation just let you down. discussion held around being aware of his anger and managing his frustrations. he states taht he is aware of this and that he wont react to her but he needed to vent.

States mental state is ok.. discussion to be had with MDT about dischage as all work is completed and should he be monitored or discharged
Care planning and problem solving actions (Ua1LU) - discuss in MDT

17 Feb 2018 10:58	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme

(R) Gabapentin 300mg capsules - 168 capsules - [08:00-2][20:00-2][16:00-2] (42 capsules every 7 days) (Future dated medication 24 Feb 2018)
Stopped 22 Feb 2018 End of course by Dr Patrick Law
Custom script: Printed On Sat 17 Feb 2018 15:43 By Jessica Lambert

17 Feb 2018 10:58	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
17 Feb 2018 10:59	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
17 Feb 2018 10:59	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
17 Feb 2018 10:59	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
17 Feb 2018 10:59	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
17 Feb 2018 15:43	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
18 Feb 2018 14:09	Surgery: Mrs Sophie Charlesworth (Admin/Clinical Support Access Role) Entered at: HMP Lindholme
19 Feb 2018 14:02	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme

High risk drug monitoring review (XaPx3) - Gabapentin,propranolol,co-codamol,aripiprazole,vit d
Concordance and compliance level 2 medication review (XaW0T)
Prescription writing recommendation messages (wm94.) - Failed medication audit 19/02/18. Task sent to prescriber to make aware of failed meds audit.
Medicines adherence checked (XaRF1)
gabapentin should have 24 caps left only has 6
propranolol should have 8 tabs left has 28
co-codamol correct amount 32
aripiprazole should have 8 tabs has 14
vit d should have 4 caps left has 14

22 Feb 2018 11:27	Surgery: Dr Patrick Law (Clinical Practitioner Access Role) Entered at: HMP Lindholme

(R) Aripiprazole 5mg tablets - 56 tablets - 2 tablet - admin times: 08:00 (Oral) (Future dated medication 24 Feb 2018)
(R) Co-codamol 15mg/500mg capsules - 112 capsules - 2 capsule - admin times: 08:00, 16:00 (Oral) (Future dated medication 24 Feb 2018)
(R) Fultium-D3 800unit capsules (Thornton & Ross Ltd) - 28 capsules - 1 capsule - admin times: 08:00 (Oral) (Future dated medication 24 Feb 2018)
(R) Gabapentin 300mg capsules - 112 capsules - 2 capsule - admin times: 08:00, 16:00 (Oral) (Future dated medication 24 Feb 2018)
(R) Propranolol 40mg tablets - 56 tablets - 1 tablet - admin times: 08:00, 16:00 (Oral) (Future dated medication 24 Feb 2018)
Aripiprazole 5mg tablets - 56 tablets - 2 tablet
Ended 01 Mar 2018 Form, strength, or route change by Dr Patrick Law
Co-codamol 15mg/500mg capsules - 112 capsules - 2 capsule
Ended 01 Mar 2018 Form, strength, or route change by Dr Patrick Law
Fultium-D3 800unit capsules (Thornton & Ross Ltd) - 28 capsules - 1 capsule
Ended 01 Mar 2018 Form, strength, or route change by Dr Patrick Law

Gabapentin 300mg capsules - 112 capsules - 2 capsule
Ended 01 Mar 2018 Form, strength, or route change by Dr Patrick Law
Propranolol 40mg tablets - 56 tablets - 1 tablet
Ended 01 Mar 2018 Form, strength, or route change by Dr Patrick Law
Custom script: Printed On Fri 23 Feb 2018 11:16 By Jessica Lambert

22 Feb 2018 12:03	Surgery: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme
23 Feb 2018 11:16	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
23 Feb 2018 11:52	Surgery: Bradley Richardson Entered at: Trinity Medical Centre

Mental health monitoring third letter (XaJuW) - text message sent

24 Feb 2018 11:54	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme
24 Feb 2018 11:57	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme
24 Feb 2018 11:57	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme
24 Feb 2018 11:57	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme
24 Feb 2018 11:57	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme
24 Feb 2018 11:57	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme
24 Feb 2018 12:32	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme

History: Thu 08 Feb 09:00 - Dr Patrick Law
Assigned to Administration
Morning

Appt with ME in 2-3 weeks please for Shoulder injection
Thanks x
Mon 19 Feb 14:20 - Emma Bedford (Health Professional Access Role)
Assigned to Doctors
Hello

Patient failed medication audit.

Thanks Emma

Thu 22 Feb 11:34 - Dr Patrick Law
Assigned to Emma Bedford (Health Professional Access Role)
Status: Started
Hi
All issued NIP from 24th Feb (when his next IP collection was due)
Note a reduction in Co-codamol from QDS to BD and Gabapentin from TDS to BD as now NIP - he can request a GP review if this is not sufficient
Thanks x
Examination: Seen this morning for issuing of medication. Noted recent change from IP to NIP, due to recent failed medication audit.
Thomas states he disputes this as was given a box of 21 Gabapentin instead of 42 capsules- has had a dose increase.
It is plausible that Thomas was given one of the older boxes which only contained 21 capsules instead of the correct amount which would tally with the apparent failed medication audit.
Plan: Appointment booked for next Dr Law clinic for steroid injection and also to review IP status.
Seen by nurse (XaATp)

24 Feb 2018 12:53	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme

(From PGD or Homely Remedy) Paracetamol 500mg tablets - 16 tablets - 16 tablet - Once only (Oral)
Stopped 24 Feb 2018 Medication has been administered by Claire Wilson

24 Feb 2018 12:53	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme
24 Feb 2018 15:53	Surgery: Georgine Leary (Health Professional Access Role) Entered at: HMP Lindholme

Drug Administration Marked in Error: Wrong data entered
Co-codamol 15mg/500mg capsules, Quantity given: 2.0, Entered: 24/02/2018 15:53, Desc: Fully administered, Done: 24/02/2018 15:53, Given for: 24/02/2018 16:00

24 Feb 2018 15:53	Surgery: Georgine Leary (Health Professional Access Role) Entered at: HMP Lindholme
24 Feb 2018 15:53	Surgery: Georgine Leary (Health Professional Access Role) Entered at: HMP Lindholme
24 Feb 2018 15:53	Surgery: Georgine Leary (Health Professional Access Role) Entered at: HMP Lindholme
24 Feb 2018 15:55	Surgery: Georgine Leary (Health Professional Access Role) Entered at: HMP Lindholme
25 Feb 2018 11:08	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme

26 Feb 2018 08:43	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
26 Feb 2018 12:58	Surgery: Mark Hayes (Nurse Access Role) Entered at: HMP Lindholme

H/O: drug abuse: no (Y09a9)
Reduced Insight (Y4345)
Risk assessment (Ua1P1)
Normal behaviour (3AB0.)
Social isolation (XE0pH)
Responsible to (Xaljx)
cpn
Dr Green
Thomas
Outcome of assessment (YA821)
completed
voice hearing
coping skills
time line
ongoing monitoring
Mental health assessment (XaIYN)
Review of mental health care plan (Xaa8q)
Assessment of needs (Ua1P6) - Thomas reports that he has a diagnosis of schizophreania but has remained in recovery the whole time whilst at HMP Lindholme
Action taken (YA794)
1-1 sessions to maintain therapeutic relationship.
voice hearing assessment
coping skills
px medication
monitor mental state
Psychotic symptoms absent (Xa1Pm)
Does manage medication (Xa2yE)
At risk of neglect by others (XaKbS)
Physical violence: no (Y094b)
At risk of DSH - deliberate self harm: no (Y09a3)
Risk of self neglect: no (Y09a4)

01 Mar 2018 09:44	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
01 Mar 2018 09:55	Surgery: Dr Patrick Law (Clinical Practitioner Access Role) Entered at: HMP Lindholme

History: Wishes to delay Shoulder injn - says he isn't ready
Re-booked for 4 weeks time and explained procedure to him.
Plan: Also note S1 entry from 24/2/18 regarding the previosu failed medication audit. IAs a result I had changed his meds to NIP. However it may have been a smaller box he was given and hence the lesser quantities in his cell.
I am happy to redo Meds back to WIP (was on Gabapentin TDS and Co-codamol QDS prior to going to NIP so he is suffering from a reduction in meds too whilst NIP)
(R) Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - TWO to be taken DAILY (14 tablets every 7 days) (Future dated medication 05 Mar 2018)
(R) Co-codamol 15mg/500mg capsules - 224 capsules - 2 QDS (56 capsules every 7 days) (Future dated medication 05 Mar 2018)
Stopped 19 Mar 2018 Form, strength, or route change by Dr Gaynor Mountcastle
(R) Fultium-D3 800unit capsules (Thornton & Ross Ltd) - 28 capsules - 1 daily (7 capsules every 7 days) (Future dated medication 05 Mar 2018)
(R) Gabapentin 300mg capsules - 168 capsules - 2 tds (42 capsules every 7 days) (Future dated medication 05 Mar 2018)
Stopped 14 Mar 2018 Form, strength, or route change by Dr Gaynor Mountcastle
Propranolol 40mg tablets - 56 tablets - 1bd (14 tablets every 7 days) (Future dated medication 05 Mar 2018)
Stopped 19 Mar 2018 Form, strength, or route change by Dr Gaynor Mountcastle
Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - TWO to be taken DAILY
Ended 07 Sep 2018 Re-Authorised by Dr Gaynor Mountcastle
Co-codamol 15mg/500mg capsules - 224 capsules - 2 QDS
Ended 19 Mar 2018 Form, strength, or route change by Dr Gaynor Mountcastle
Fultium-D3 800unit capsules (Thornton & Ross Ltd) - 28 capsules - 1 daily
Ended 07 Sep 2018 Re-Authorised by Dr Gaynor Mountcastle
Gabapentin 300mg capsules - 168 capsules - 2 tds
Ended 14 Mar 2018 Form, strength, or route change by Dr Gaynor Mountcastle
Custom script: Printed On Thu 01 Mar 2018 10:08 By Dr Patrick Law

05 Mar 2018 14:59	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
06 Mar 2018 16:18	Surgery: Bradley Richardson (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre

Except from mental health quality indicators: Informed diss (XaJ4x) - 3 letters sent, no reply, see notes

07 Mar 2018	HMP Prison: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 14 Mar 2018 15:40
07 Mar 2018	Surgery: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 14 Mar 2018 15:40

SMS Service withdrawal

12 Mar 2018 10:24	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
12 Mar 2018 10:25	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
12 Mar 2018 10:25	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
12 Mar 2018 10:25	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
12 Mar 2018 10:25	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
12 Mar 2018 10:25	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
12 Mar 2018 13:34	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme

History: Retrospective entry from 11am this morning; phone call from officer Reid on A wing. Prisoner Murphy claimed I had not given him his gabapentin and that I had left it on the side. This is completely false - I had counted out the 5 medications he was due to collect. I had also counted the gabapentin in the box to check the correct amount, and then put the medications in a carrier bag for Mr Murphy.
Examination: Later at approx 12 noon Officer Reid again called and spoke to pharmacy technician Harris, the spur wings in the prison had been on lockdown all morning, and officers searched another prisoner on A wing who was found to be in possession of the full amount of this mans gabapentin. These have been returned to pharmacy
Plan: Task doctor for advice and to notify of the above; ideally needs to be on supervised medication.
Medicines adherence checked (XaRF1) - Officers searched another prisoner on A wing who was found to be in possession of the full weekly amount of this mans gabapentin in the named box. See entry from 12/03/2018 13:34 for full details
Prescription writing recommendation messages (wm94.) - Task sent to doctor to make aware
Concordance and compliance level 2 medication review (XaW0T)
High risk drug monitoring review (XaPx3) - Gabapentin

12 Mar 2018 14:40	Surgery: Claire Wilson (Nurse Access Role) Entered at: HMP Lindholme

Reminder/Alert: X2 failed medication audit for IP medication and a cell search found medication belonging to Mr Murphy in another patient's possession. - Priority: Normal

13 Mar 2018 08:22	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme	
14 Mar 2018	HMP Prison: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 14 Mar 2018 15:39
14 Mar 2018	Surgery: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 14 Mar 2018 15:39

SMS Tolerance and overdose risks

14 Mar 2018 08:01	Surgery: Dr Gaynor Mountcastle (Clinical Practitioner Access Role) Entered at: HMP Lindholme

History: gabapentin recommenced as not IP see pharmacy entry
Gabapentin 300mg capsules - 168 capsules - 3 capsule
Ended 19 Mar 2018 Form, strength, or route change by Dr Gaynor Mountcastle
Custom script: Printed On Wed 14 Mar 2018 08:03 By Dr Gaynor Mountcastle

14 Mar 2018 09:36	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme

Pharmacy technician (03K9.) - patient is requesting his gabapentin sooner than 19/03/2018 as he stated thsat all gabapentin that has been lost has been given back to pharmacy. I have advised I will task the Dr as this is not our decision. He has become very aggressive to myself this morning and I had to have him removed from healthcare.

14 Mar 2018 12:38	Surgery: Dr Gaynor Mountcastle (Clinical Practitioner Access Role) Entered at: HMP Lindholme

Gabapentin 300mg capsules - 168 capsules - 2 capsule - admin times: 08:00, 12:00, 16:00 (Oral) (Future dated medication 15 Mar 2018)
Stopped 19 Mar 2018 Form, strength, or route change by Dr Gaynor Mountcastle
Custom script: Printed On Wed 14 Mar 2018 12:41 By Dr Gaynor Mountcastle
Drug Dispensing Schedule Marked in Error: Duplicate data
14 Mar 2018 08:01
Drug Chart Details Marked in Error: Duplicate data
14 Mar 2018 08:01
Medication Marked in Error: Duplicate data
14 Mar 2018 08:01, Gabapentin 300mg capsules, 3 capsule, 168 capsules, , 16

14 Mar 2018 15:40	Surgery: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme

Letter Marked in Error: Entered on wrong patient
Recipient
Attachment Marked in Error: Entered on wrong patient
07 Mar 2018, Scanned Document
Letter Marked in Error: Entered on wrong patient
Recipient
Attachment Marked in Error: Entered on wrong patient
14 Mar 2018, Scanned Document

19 Mar 2018 08:15	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
19 Mar 2018 12:32	Surgery: Dr Gaynor Mountcastle (Clinical Practitioner Access Role) Entered at: HMP Lindholme

History: task re meds - his gabapentin was in someones elses possession . therefore meds changed to non ip . tasked imht re aripirazole for them to decide re this.
cocodamol not in formulary therfore changed to codeine
(R) Gabapentin 300mg capsules - 165 capsules - 3 capsule - admin times: 08:00, 16:00 (Oral)
(R) Propranolol 40mg tablets - 56 tablets - 1 tablet - admin times: 08:00, 16:00 (Oral) (Future dated medication 26 Mar 2018)
Gabapentin 300mg capsules - 165 capsules - 3 capsule
Ended 31 May 2018 Form, strength, or route change by Dr Gaynor Mountcastle
Propranolol 40mg tablets - 56 tablets - 1 tablet
Ended 31 May 2018 Form, strength, or route change by Dr Gaynor Mountcastle
Custom script: Printed On Mon 19 Mar 2018 12:38 By Dr Gaynor Mountcastle
Custom script: Printed On Mon 19 Mar 2018 12:38 By Dr Gaynor Mountcastle

21 Mar 2018 10:40	Surgery: Ms Sarah Widdop (Health Professional Access Role) Entered at: HMP Lindholme

Drug Dispensing Schedule Marked in Error: Entered on wrong date
19 Mar 2018 12:32
Drug Chart Details Marked in Error: Entered on wrong date
19 Mar 2018 12:32
Medication Marked in Error: Entered on wrong date
19 Mar 2018 12:32, Codeine 30mg tablets, 2 tablet, 112 tablets, , 16

22 Mar 2018 14:38	Surgery: Tomasz Motyka (Clinical Practitioner Access Role) Entered at: HMP Lindholme

History: TM/SR
Try-in of denture (X20LJ)
Oral, dental and salivary procedures (Xa05u)
JAW REGISTRATION
Jaw registration completed with wax rim and bite recorded.
Centre, canine, smile lines marked on wax rim.
Disinfected. Imps stored in damp tissue and sent to lab.
Shade chosen with patient: 15

duraphat placed on UR5 as very sensitive to cold hot , possibly will need new filling
N/V: Try in

Dental procedure (X20JI)

22 Mar 2018 14:55	Surgery: Hina Hameed (Health Professional Access Role) Entered at: HMP Lindholme
22 Mar 2018 14:55	Surgery: Hina Hameed (Health Professional Access Role) Entered at: HMP Lindholme
23 Mar 2018 07:47	Surgery: Dr Gaynor Mountcastle (Clinical Practitioner Access Role) Entered at: HMP Lindholme

(R) Codeine 30mg tablets - 112 tablets - 2 tablet - admin times: 08:00, 16:00 (Oral) (Future dated medication 24 Mar 2018)
Stopped 26 Mar 2018 Patient Preference by Dr Gaynor Mountcastle
Codeine 30mg tablets - 112 tablets - 2 tablet
Ended 26 Mar 2018 Form, strength, or route change by Dr Gaynor Mountcastle
Custom script: Printed On Fri 23 Mar 2018 07:48 By Dr Gaynor Mountcastle
Drug Chart Details Marked in Error: Duplicate data
19 Mar 2018 12:32
Repeat Template Marked in Error: Duplicate data
19 Mar 2018 12:32, Codeine 30mg tablets, 2 tablet, 112 tablets, , 26 Mar 2018-23 Mar 2018, 16
Medication End Details Marked in Error: Duplicate data
19 Mar 2018 12:32, Codeine 30mg tablets Stopped: 23 Mar 2018 End of course
Drug Dispensing Schedule Marked in Error: Duplicate data
19 Mar 2018 12:32

23 Mar 2018 09:01	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme

25 Mar 2018 15:23	Surgery: Georgine Leary (Health Professional Access Role) Entered at: HMP Lindholme
26 Mar 2018 08:44	Surgery: Mark Hayes (Nurse Access Role) Entered at: HMP Lindholme

Discharge from mental health inreach service (XaZrg)
Multidisciplinary meeting (Ua2Ce) - Discharged from service as all treatment completed and maintained in recovery since transfer. Medication to be reviewed by Psychiatrist . refferal if required to be made to single point of access on release from HMP Lindholme
Status Update for Secondary Mental Health Referral In: Discharged From Care, Status changed: 26 Mar 2018 08:44
Status Update for Secondary Mental Health Referral In: Discharged From Care, Status changed: 26 Mar 2018 08:47

26 Mar 2018 08:46	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme

(R) Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - TWO to be taken DAILY (14 tablets every 7 days) (Future dated medication 16 Apr 2018)
(R) Fultium-D3 800unit capsules (Thornton & Ross Ltd) - 28 capsules - 1 daily (7 capsules every 7 days) (Future dated medication 16 Apr 2018)
Custom script: Printed On Tue 27 Mar 2018 10:24 By Ms Sarah Widdop

26 Mar 2018 10:21	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme

Drug Administration Marked in Error: Wrong data entered
Codeine 30mg tablets, Quantity given: 2.0, Entered: 26/03/2018 08:47, Desc: Fully administered, Done: 26/03/2018 08:47, Given for: 26/03/2018 08:00

26 Mar 2018 10:21	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
26 Mar 2018 10:23	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
26 Mar 2018 10:32	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
26 Mar 2018 10:38	Surgery: Dr Gaynor Mountcastle (Clinical Practitioner Access Role) Entered at: HMP Lindholme

Co-codamol 30mg/500mg tablets - 112 tablets - 2 tablet - admin times: 08:00, 16:00 (Oral)
Custom script: Printed On Mon 26 Mar 2018 10:39 By Dr Gaynor Mountcastle

26 Mar 2018 15:30	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
26 Mar 2018 15:30	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
26 Mar 2018 15:30	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
26 Mar 2018 15:30	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
26 Mar 2018 15:31	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme

Drug Administration Marked in Error: Wrong data entered
Co-codamol 30mg/500mg tablets, Quantity given: 2.0, Entered: 26/03/2018 15:31, Desc: Fully administered, Done: 26/03/2018 15:31, Given for: 26/03/2018 08:00
Drug Administration Marked in Error: Wrong data entered
Co-codamol 30mg/500mg tablets, Quantity given: 2.0, Entered: 26/03/2018 15:30, Desc: Fully administered, Done: 26/03/2018 15:30, Given for: 28/03/2018 16:00

29 Mar 2018 15:27	Surgery: Dr Patrick Law (Clinical Practitioner Access Role) Entered at: HMP Lindholme

History: Came for Lt Shoulder injn
Postponed by himself from 4 weeks ago
Plan: Verbal consent from patient for the injn - possible s/effects explained
Anterior to Lt shoulder
Aseptic technique
1ml Depo-Medrone 40mg/ml (2ml vial used)
BN R81395 01.2021
Dry dressing and advice

30 Mar 2018 16:36	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme

Pharmacy technician (03K9.) - Called for patient and he did not attend for his medication

06 Apr 2018 16:44	Surgery: Liliade Munuo (Health Professional Access Role) Entered at: HMP Lindholme

Pharmacy technician (03K9.) - pt caught diverting all his AM medication , please review his meds

10 Apr 2018 08:31	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
10 Apr 2018 15:22	Surgery: Miss Faye Berdinner (Pharmacy Technician) Entered at: HMP Lindholme

(R) Gabapentin 300mg capsules - 165 capsules - 3 capsule - admin times: 08:00, 16:00 (Oral) (Future dated medication 16 Apr 2018)
Custom script: Printed On Tue 10 Apr 2018 15:23 By Miss Faye Berdinner

10 Apr 2018 15:23	Surgery: Miss Faye Berdinner (Pharmacy Technician) Entered at: HMP Lindholme
10 Apr 2018 15:23	Surgery: Miss Faye Berdinner (Pharmacy Technician) Entered at: HMP Lindholme
10 Apr 2018 15:23	Surgery: Miss Faye Berdinner (Pharmacy Technician) Entered at: HMP Lindholme
11 Apr 2018 08:14	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
11 Apr 2018 08:14	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
11 Apr 2018 08:14	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
11 Apr 2018 08:14	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme

11 Apr 2018 15:42	Surgery: Hina Hameed (Health Professional Access Role) Entered at: HMP Lindholme	
11 Apr 2018 15:42	Surgery: Hina Hameed (Health Professional Access Role) Entered at: HMP Lindholme	
11 Apr 2018 15:42	Surgery: Hina Hameed (Health Professional Access Role) Entered at: HMP Lindholme	
11 Apr 2018 15:42	Surgery: Hina Hameed (Health Professional Access Role) Entered at: HMP Lindholme	
12 Apr 2018	HMP Prison: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 01 May 2018 15:33

Assessments to HMP Lindholme

12 Apr 2018	HMP Prison: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 01 May 2018 15:31

Miscellaneous to HMP Lindholme

12 Apr 2018	Surgery: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 01 May 2018 15:31

SMS Service withdrawal

12 Apr 2018	Surgery: Caroline Button (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 01 May 2018 15:33

SMS Tolerance and Overdose Risks

12 Apr 2018 08:19	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
12 Apr 2018 08:20	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
12 Apr 2018 08:20	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
12 Apr 2018 08:20	Surgery: Julie Elliott (Nurse Access Role) Entered at: HMP Lindholme
12 Apr 2018 11:40	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme

Substance misuse team (XaJRs)
seen on wing for keyworker appointment,
Thomas reiterated about how he had dropped his medication and under no circumstances would he ever sell or give his medication away due to needing it for his pain.
Discussed his mentoring skills and how Thomas feels about his mentoring, Thomas states that he feels comfortable talking to other participants and offering assistance and guidance.
discussed service withdrawal and Thomas is happy to service withdraw at this time as he feels there is no further issues at this time. Thomas is aware that due to being a Mentor he can still access SMS as required.
Thomas states that he was reviewed for his cat D on Tuesday and is awaiting his results.
High risk drug monitoring three monthly review (XaPx5)
Follow up substance misuse assessment (XaJy7)
Substance misuse treatment withdrawn (XaLJF)
completed all work and now a practising Mentor on A wing,
aware of how to access the service should he require in the future.
Substance misuse treatment programme completed (XaLJG)
Advice on drugs of addiction (XE1TQ)
Discussed overdose and tolerance levels and how by abstaining from substances can reduce tolerance levels,
Discussed how omeone would look if they had ovrdosed, discussed from being intoxicated and slurring words to being unconcious.

12 Apr 2018 12:08	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme
12 Apr 2018 12:09	Surgery: Andrea Ardron (Nurse Access Role) Entered at: HMP Lindholme

Status Update for Substance misuse Referral In: Discharged From Care, Status changed: 12 Apr 2018 12:09

17 Apr 2018 15:41	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme

(R) Propranolol 40mg tablets - 56 tablets - 1 tablet - admin times: 08:00, 16:00 (Oral) (Future dated medication 23 Apr 2018)
Custom script: Printed On Thu 19 Apr 2018 09:03 By Ms Sarah Widdop

19 Apr 2018 15:05	Surgery: Hina Hameed (Health Professional Access Role) Entered at: HMP Lindholme
20 Apr 2018 08:44	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme

(R) Propranolol 40mg tablets - 56 tablets - 1 tablet - admin times: 08:00, 16:00 (Oral) (Future dated medication 21 May 2018)
Custom script: Printed On Sat 12 May 2018 17:05 By Mrs Sarah Harris

20 Apr 2018 10:08	Surgery: Aubrey Amar-Ojok (Health Professional Access Role) Entered at: HMP Lindholme

Impressions of the prisoners behaviour and mental state (YX023)
Mr Murphy was seen for a mental health review this morning. We also discussed physical health issues relating to severe pain he is having in his knees, shoulders and joints. Thomas also told about a physiotherapy appointment he says he is still waiting for.
Thomas was also mentioning that he would like to have his medications back, as IN POSSESSION! He said they were previously taken away from him, as in possession because he misplaced them a few months ago. He said, another prisoner got hold of them, and now discipline staff are allegedly treating him with suspicion, due to the

incident.
Thomas told me it was purely accidental that he misplaced the medications and said he had no alterior/dubious motive with his medications or with other prisoners. As far as his mental health is concerned, Thomas presented as fully functioning Cognitively. No signs whatsoever of psychotic traits or deterioration in his mental health. Intellectually sound and coherent in his speech content and able to be comprehended by myself the RMN assessing him. He was also previously DISCHARGED by my former RMN colleague M.H. when he was working with Mr Murphy, on his case load.

Crisis/short term interventions in mental health care (XaIOi) - General informal mental health review. No intensive psychiatric work necesssary, as was all completed under RMN M.H previously.
Care planning and problem solving actions (Ua1LU)
For discussion in MDT for impending discharge and to discuss his Aripiprazole medication. Mr Murphy is wanting a review/reduction of this medication.
No psychiatric concerns from my point of view, as his Keyworker.
To send a TASK to the GP for his pain relief medication to be made in possession if possible.
Mental health in-reach team review (XaX04)

20 Apr 2018 13:44	Surgery: Aubrey Amar-Ojok (Health Professional Access Role) Entered at: HMP Lindholme

Assessment of needs (Ua1P6)
Thomas is aware that he has a diagnosis of schizophrenia. He current mental health is very stable and he reports this way, in our first assessment this morning. From my former colleagues hand over, Mark Hayes (RMN) ; Thomas's mental health has remained in good condiditon throughout his time in Lindholme. No episodes of psychotic relapse reported.
He was seen for a follow up appointment this morning, which went very well.
Review of mental health care plan (Xaa8q)
Action taken (YA794)
Maintain 1-1 appointments in order to sustain a therapeutic relationship.

Sessions completed by his previous Keyworker:-
1. Coping skills work with auditory hallucinations.
2. Monitor progress with medication.
3. Continue to monitor mental state.
4. Discuss in MDT meeting, with a view to possible discharge from mental health services.
Outcome of assessment (YA821)
Completed work.
On going time scale
Care plan to be reviewed monthly.
Responsible to (XaIjx)
Keyworker
Psychiatrist - Dr. Green
Mr Murphy (prisoner).

23 Apr 2018 08:17	Surgery: Dr Walter Freeman (Health Professional Access Role) Entered at: HMP Lindholme

(R) Co-codamol 30mg/500mg tablets - 112 tablets - 2 tablet - admin times: 08:00, 16:00 (Oral)
Co-codamol 30mg/500mg tablets - 112 tablets - 2 tablet
Ended 31 May 2018 Form, strength, or route change by Dr Gaynor Mountcastle
Custom script: Printed On Mon 23 Apr 2018 08:18 By Dr Walter Freeman

26 Apr 2018 15:00	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
26 Apr 2018 15:12	Surgery: Tomasz Motyka (Clinical Practitioner Access Role) Entered at: HMP Lindholme

History: TM/SR
Try-in of denture (X20LJ)
Oral, dental and salivary procedures (Xa05u)
TRY IN
Retentive try in denture.
Occlusion checked & adjusted as necessary
Patient happy with shade and mould of teeth
Clasps to be placed on: UR45,UL4,LL6,LR5
Disinfected & returned to lab.

N/V: Fit

Dental procedure (X20JI)

03 May 2018 08:22	Surgery: Mr Adam Swarbrick (Health Professional Access Role) Entered at: HMP Lindholme
03 May 2018 10:22	Surgery: Julie Murray (Systems Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

03 May 2018 10:22	Surgery: Aubrey Amar-Ojok (Health Professional Access Role) Entered at: HMP Lindholme
03 May 2018 11:01	Surgery: Aubrey Amar-Ojok (Health Professional Access Role) Entered at: HMP Lindholme

Impressions of the prisoners behaviour and mental state (YX023)
Mr Murphy was seen for a follow up mental assessment this morning. He reports that his mental health is still generally stable; albeit he says he does get good days and bad days mainly of occasional irritability. Nothing more than this in terms of his mental health.
Generally Thomas continues to remain positive in his outlook on life. No evidence of psychosis or depressive symptoms presented or observed by the RMN in the assessment.
The on going issue of getting his medications reinstated as, IN POSSESSION still prevails. I have sent a TASK to the GP, requesting a review of his current medications - for in Possession status. Says he is annoyed and frustrated that losing his in possession medication, has caused all these problems for him. Pleasant and polite to me in the assessment. He said he never intended to do anything devious or disruptive with the medication - he says he just innocently misplaced the medications. Says he was treated with suspicion by discipline staff, when another prisoner found the medications and handed it in to an officer. Thomas said he was then placed on report and consequently had his medications rescinded as in possession.

Mental health in-reach team review (XaX04)
Care planning and problem solving actions (Ua1LU)
1.TASK sent to the GP to try and speed up getting Thomas seen by the GP.
2. Due to see him again in approximately 1 months time; on the 7th June 2018, for another mental and physical health update/review assessment.
Crisis/short term interventions in mental health care (XaIOi)
Checked the waiting list, to see where Mr Murphy is, for seeing the GP regarding the physical health concerns.He is on waiting list, as a high priority.
No suicidal concerns or self-harm issues mentioned.
Informed that he remains on 6 monthly reviews by the psychiatrist Dr. Green. He said he is very happy with this arrangement.

03 May 2018 14:15	Surgery: Julie Murray (Systems Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

03 May 2018 14:15	Surgery: Julie Murray (Systems Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

03 May 2018 14:15	Surgery: Julie Murray (Systems Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

03 May 2018 14:25	Surgery: Julie Murray (Systems Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

03 May 2018 14:25	Surgery: Julie Murray (Systems Support Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

03 May 2018 15:05	Surgery: Miss Faye Berdinner (Pharmacy Technician) Entered at: HMP Lindholme
07 May 2018 12:23	Surgery: Mr Sachin Vijayan (Health Professional Access Role) Entered at: HMP Lindholme

(R) Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - TWO to be taken DAILY (14 tablets every 7 days) (Future dated medication 19 May 2018)
(R) Co-codamol 30mg/500mg tablets - 112 tablets - 2 tablet - admin times: 08:00, 16:00 (Oral) (Future dated medication 21 May 2018)
(R) Fultium-D3 800unit capsules (Thornton & Ross Ltd) - 28 capsules - 1 daily (7 capsules every 7 days) (Future dated medication 19 May 2018)
(R) Gabapentin 300mg capsules - 165 capsules - 3 capsule - admin times: 08:00, 16:00 (Oral) (Future dated medication 14 May 2018)
Custom script: Printed On Sat 12 May 2018 17:05 By Mrs Sarah Harris
Custom script: Printed On Wed 09 May 2018 15:32 By Mr Christopher Lambert

14 May 2018 10:01	Surgery: Hina Hameed (Health Professional Access Role) Entered at: HMP Lindholme

Custom script: Re-printed On Mon 14 May 2018 10:01 By Hina Hameed

17 May 2018 08:50	Surgery: Miss Faye Berdinner (Pharmacy Technician) Entered at: HMP Lindholme
17 May 2018 11:10	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme

Pharmacy technician (03K9.) - I have seen Mr Murphy in a concerns clinic today HC374 he has complained about a memeber of staff being rude at the hatch. He said they has excused him of diverting his mediation. I have looked through his notes and there is nothing documented that he has diverted his medication. Mr Murphy is happy to close the concern and I said I will speak to member of staff that was on duty that day.

17 May 2018 14:55	Surgery: Miss Faye Berdinner (Pharmacy Technician) Entered at: HMP Lindholme
17 May 2018 14:56	Surgery: Miss Faye Berdinner (Pharmacy Technician) Entered at: HMP Lindholme

18 May 2018 09:38	Surgery: Ruth Tomlinson (Health Professional Access Role) Entered at: HMP Lindholme

Template Entry Marked in Error: Entered on wrong patient

Diagnosis Marked in Error: Entered on wrong patient
18 May 2018 09:18, Consent obtained (Y001d),
Note Marked in Error: Entered on wrong patient
18 May 2018 09:18, Amatriptyline, fluoxetine
Attends the gym avoids training legs as scared it will give way
in NVQ catering
Template Entry Marked in Error: Entered on wrong patient

Diagnosis Marked in Error: Entered on wrong patient
18 May 2018 09:18, Past medical history (14...),
Diagnosis Marked in Error: Entered on wrong patient
18 May 2018 09:18, Referral by nurse practitioner (XaAqZ),
Template Entry Marked in Error: Entered on wrong patient

Template Entry Marked in Error: Entered on wrong patient

Template Entry Marked in Error: Entered on wrong patient

Diagnosis Marked in Error: Entered on wrong patient
18 May 2018 09:18, Seen by physiotherapist (9N28.),
Diagnosis Marked in Error: Entered on wrong patient
18 May 2018 09:18, VAS overall wellbeing (Y0e56), 3.0 ,
Template Entry Marked in Error: Entered on wrong patient

Template Entry Marked in Error: Entered on wrong patient

Diagnosis Marked in Error: Entered on wrong patient
18 May 2018 09:18, Presenting complaint (XaIm8),
Note Marked in Error: Entered on wrong patient
18 May 2018 09:18, left leg pain was on a trampoline and knee went went to hospital said it wasn't broken so discharged. now feels like its going to give way coming down stairs on uneven surfaces or if turns quickly feels like it gives way if puts all weight on it.
pain when it gives way then it aches
Diagnosis Marked in Error: Entered on wrong patient
18 May 2018 09:18, In-house physiotherapy first appointment (XaLp9),
Consultation Marked in Error: Entered on wrong patient
18 May 2018 09:18 - Surgery: Ruth Tomlinson (Health Professional Access Role)
Note Marked in Error: Entered on wrong patient
18 May 2018 09:18, History: <<Read code marked in error>>
Diagnosis Marked in Error: Entered on wrong patient
18 May 2018 09:18, EuroQol five dimension five level scale (XaYwj),
Note Marked in Error: Entered on wrong patient
18 May 2018 09:18, 0
Template Entry Marked in Error: Entered on wrong patient

Template Entry Marked in Error: Entered on wrong patient

Diagnosis Marked in Error: Entered on wrong patient
18 May 2018 09:18, Subjective history (Y2443),
Note Marked in Error: Entered on wrong patient
18 May 2018 09:18, All ligaments in tact
lateal muscles tight
visable wastage of VMO
VMO weakness difficulty maintaining contraction for more than a a couple of seconds
Template Entry Marked in Error: Entered on wrong patient

Diagnosis Marked in Error: Entered on wrong patient
18 May 2018 09:18, Objective (X80tg),
Note Marked in Error: Entered on wrong patient

18 May 2018 09:18, Aggs- stairs, uneven surfaces,
Ease- rest
Consultation Contact Link Marked in Error: Entered on wrong patient
18 May 2018 09:18, Appointment - 18 May 2018 09:10, Clinician: Ruth Tomlinson (Physiotherapist)
Diagnosis Marked in Error: Entered on wrong patient
18 May 2018 09:18, Overview Notes (Y0028),
Note Marked in Error: Entered on wrong patient
18 May 2018 09:18, clicks, feels like can't bend leg after it has given way but will ease if moves slowly
Template Entry Marked in Error: Entered on wrong patient

Diagnosis Marked in Error: Entered on wrong patient
18 May 2018 09:18, Knee pain (Xa0wx),
Template Entry Marked in Error: Entered on wrong patient

Template Entry Marked in Error: Entered on wrong patient

Diagnosis Marked in Error: Entered on wrong patient
18 May 2018 09:18, Overview Notes (Y0028),
Note Marked in Error: Entered on wrong patient
18 May 2018 09:18, Strengthening exercises
Diagnosis Marked in Error: Entered on wrong patient
18 May 2018 09:18, Yes (Y0427),
Template Marked in Error: Entered on wrong patient

Template Entry Marked in Error: Entered on wrong patient

Diagnosis Marked in Error: Entered on wrong patient
18 May 2018 09:18, Care plan (Xa0jb),
Note Marked in Error: Entered on wrong patient
18 May 2018 09:18, Review in 4/52

18 May 2018 09:40	Surgery: Ruth Tomlinson (Health Professional Access Role) Entered at: HMP Lindholme

History: In-house physiotherapy first appointment (XaLp9)
Objective (X80tg)
Objective (X80tg)
Full range of movement in both knees crepitus and clicking present
Weak quads poor patella tracking
left weaker than right
Overview Notes (Y0028)
Strengthening exercises
Kinesiology tape applied
VAS overall wellbeing (Y0e56) 8
Overview Notes (Y0028)
Aggs: running, stairs,
Ease: Painkillers, rest
Knee pain (Xa0wx)
Yes (Y0427)
Care plan (Xa0jb) - Review in 4/52
Past medical history (14...)
gabapentin, co-codamol, propanolol, Aripiprazole
wing cleaner light duties and education
Attends the gym tends to do cardio- slow jog rowing machine
Consent obtained (Y001d)
Seen by physiotherapist (9N28.)
Presenting complaint (XaIm8)
Bilateral knee pain has nerve damage from a problem in back left knee worse than right wears a brace on left knee which was issued by doncaster royal infirmary.
right knee now clicking
left left goes numb in a morning often stumbles but this is due to nerve damage.
Right leg clicks on extending
has had cortisone injection in left knee 7-8 month ago but not noticing any difference
EuroQol five dimension five level scale (XaYwj) - 0
Referral by nurse practitioner (XaAqZ)

19 May 2018 15:49	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
19 May 2018 17:03	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme

Drug Administration Marked in Error: Wrong data entered
Gabapentin 300mg capsules, Quantity given: 0.0, Entered: 19/05/2018 15:49, Desc: Did not attend, Done: 19/05/2018 15:49, Given for: 19/05/2018 16:00
Drug Administration Marked in Error: Wrong data entered
Propranolol 40mg tablets, Quantity given: 0.0, Entered: 19/05/2018 15:49, Desc: Did not attend, Done: 19/05/2018 15:49, Given for: 19/05/2018 16:00
Drug Administration Marked in Error: Wrong data entered
Co-codamol 30mg/500mg tablets, Quantity given: 0.0, Entered: 19/05/2018 15:49, Desc: Did not attend, Done: 19/05/2018 15:49, Given for: 19/05/2018 16:00

23 May 2018 14:03	Surgery: Elizabeth Ford (Information Officer Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

23 May 2018 14:03	Surgery: Elizabeth Ford (Information Officer Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

25 May 2018 14:03	Surgery: Maisie Wise (Information Officer Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

25 May 2018 14:03	Surgery: Maisie Wise (Information Officer Access Role) Entered at: HMP Lindholme

Appointment Letter to Mr Thomas Murphy

26 May 2018 11:43	Surgery: Ms Ella Hancock (Health Professional Access Role) Entered at: HMP Lindholme

Pharmacy technician (03K9.) - DNA AM meds round called on wing and unlocked for activites

31 May 2018 09:46	Surgery: Dr Gaynor Mountcastle (Clinical Practitioner Access Role) Entered at: HMP Lindholme

History: would like to have meds ip . had lost a box and states lost a box and wants to look at cat d soon
Plan: meds given ip so as to facilitate cat d
(R) Co-codamol 8mg/500mg tablets - 224 tablets - [08:00-2][20:00-2][16:00-2][22:00-2] (56 tablets every 7 days) (Future dated medication 02 Jun 2018)
(R) Gabapentin 300mg capsules - 168 capsules - [08:00-3 capsules][16:00-3 capsules] (42 capsules every 7 days) (Future dated medication 02 Jun 2018)
(R) Propranolol 40mg tablets - 56 tablets - [08:00-1][20:00-1] (14 tablets every 7 days) (Future dated medication 02 Jun 2018)
Co-codamol 8mg/500mg tablets - 224 tablets - [08:00-2][20:00-2][16:00-2][22:00-2]
Ended 19 Oct 2018 Re-Authorised by Dr Gaynor Mountcastle
Gabapentin 300mg capsules - 168 capsules - [08:00-3 capsules][16:00-3 capsules]
Ended 19 Oct 2018 Re-Authorised by Dr Gaynor Mountcastle
Propranolol 40mg tablets - 56 tablets - [08:00-1][20:00-1]
Ended 19 Oct 2018 Re-Authorised by Dr Gaynor Mountcastle
Custom script: Printed On Thu 31 May 2018 09:53 By Dr Gaynor Mountcastle

31 May 2018 15:17	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme	
31 May 2018 15:17	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme	
31 May 2018 15:17	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme	
31 May 2018 15:17	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme	
01 Jun 2018 08:32	Surgery: Pharmacy 3 Entered at: HMP Lindholme	Entered: 03 Jun 2018 02:15

Did not attend for Nurse Clinic - Pharmacy Medication appointment with Pharmacy 3.
Did not attend (Xa1kG)

01 Jun 2018 09:07	Surgery: Mrs Joy Smith (Health Professional Access Role) Entered at: HMP Lindholme	
01 Jun 2018 09:11	Surgery: Mrs Joy Smith (Health Professional Access Role) Entered at: HMP Lindholme	
01 Jun 2018 09:11	Surgery: Mrs Joy Smith (Health Professional Access Role) Entered at: HMP Lindholme	
01 Jun 2018 09:11	Surgery: Mrs Joy Smith (Health Professional Access Role) Entered at: HMP Lindholme	
01 Jun 2018 15:17	Surgery: Pharmacy 3 Entered at: HMP Lindholme	Entered: 03 Jun 2018 02:15

Did not attend for Nurse Clinic - Pharmacy Medication appointment with Pharmacy 3.
Did not attend (Xa1kG)

01 Jun 2018 16:38	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
01 Jun 2018 16:38	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
01 Jun 2018 16:38	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
01 Jun 2018 16:38	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme	
02 Jun 2018 08:32	Surgery: Pharmacy 3 Entered at: HMP Lindholme	Entered: 03 Jun 2018 02:15

Did not attend for Nurse Clinic - Pharmacy Medication appointment with Pharmacy 3.
Did not attend (Xa1kG)

02 Jun 2018 11:32	Surgery: Ms Ella Hancock (Health Professional Access Role) Entered at: HMP Lindholme
02 Jun 2018 11:33	Surgery: Ms Ella Hancock (Health Professional Access Role) Entered at: HMP Lindholme

02 Jun 2018 11:33	Surgery: Ms Ella Hancock (Health Professional Access Role) Entered at: HMP Lindholme	
02 Jun 2018 11:33	Surgery: Ms Ella Hancock (Health Professional Access Role) Entered at: HMP Lindholme	
02 Jun 2018 11:33	Surgery: Ms Ella Hancock (Health Professional Access Role) Entered at: HMP Lindholme	
02 Jun 2018 11:33	Surgery: Ms Ella Hancock (Health Professional Access Role) Entered at: HMP Lindholme	
02 Jun 2018 15:17	Surgery: Pharmacy 3 Entered at: HMP Lindholme	Entered: 03 Jun 2018 02:15

Did not attend for Nurse Clinic - Pharmacy Medication appointment with Pharmacy 3.
Did not attend (Xa1kG)

03 Jun 2018 08:32	Surgery: Pharmacy 3 Entered at: HMP Lindholme	Entered: 03 Jun 2018 21:45

Did not attend for Nurse Clinic - Pharmacy Medication appointment with Pharmacy 3.
Did not attend (Xa1kG)

03 Jun 2018 15:17	Surgery: Pharmacy 3 Entered at: HMP Lindholme	Entered: 03 Jun 2018 21:45

Did not attend for Nurse Clinic - Pharmacy Medication appointment with Pharmacy 3.
Did not attend (Xa1kG)

07 Jun 2018 09:15	Surgery: Tomasz Motyka (Clinical Practitioner Access Role) Entered at: HMP Lindholme

History: TM/SR
Fit denture (XE2uB)
Oral, dental and salivary procedures (Xa05u)
DENTURE FIT P/P
Denture tried in- good retention/ stable.
Occlusion checked & adjusted as necessary
Showed patient how to insert/remove. Patient happy with fit & appearance.
Denture hygiene advice given.
Advised to return for denture ease if sore.
Warned that denture may require reline in future if it becomes loose.

Dentist TM to dental therapist
Please see and treat
1. All aspects of periodontal tissues which require treatment such a scaling , subgingival debridment, irrigate with chlorhexidine.
Please use LA as necessary with your choice of
Lidocaine 2% 1:80000 2.2 ml
Buccal infiltration max dose 2 cartridges
Or Articaine 4% 1:100000/1:200000 2.2 ml
Buccal infiltration max dose 2 cartridges.

2. please make restoration in UR5 with your choice of
Lidocaine 2% 1:80000 2.2 ml
Buccal infiltration / ID max dose 2 cartridges
Or Articaine 4% 1:100000/1:200000 2.2 ml
Buccal infiltration max dose 2 cartridges

Please set further app and recall intervals with your choice.

Dental procedure (X20JI)

07 Jun 2018 09:24	Surgery: Aubrey Amar-Ojok (Health Professional Access Role) Entered at: HMP Lindholme

Crisis/short term interventions in mental health care (XaIOi) - None required during the assessment.
Care planning and problem solving actions (Ua1LU)
To remain on monthly follow up assessments.
Already discussed in MDT.
Dr. Green to do 6 monthly follow up as agreed in a previous MDT meeting.
Not currently on case load, as there have been no indications of mental health relapse or deterioration observed or reported to RMN staff; or from other healthcare professionals.
Mental health in-reach team review (XaX04)
Impressions of the prisoners behaviour and mental state (YX023)
Thomas has been seen this morning by the Mental Health Nurse, for a follow up assessment. No significant concerns mentioned regarding his mental state. He said he has now managed to get his medications back as In Possession. Says he is very happy about this and thanked me for trying to facilitate this for him.
No issues or problems reported, regarding sleep pattern. No diet or fluid intake concerns mentioned either.
Physically, Thomas's leg is looking a lot better. Vast improvement in his overall mobility. Polite and pleasant in his interactions with me; mood and affect presented s vry good.
No (Y0428)

No thoughts of deliberate self harm (Xaluw)
No (Y0428)
No suicidal thoughts (XaIJ7)
Self-harm: no (Y0961)

09 Jun 2018 11:39	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme

(R) Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - TWO to be taken DAILY (14 tablets every 7 days) (Future dated medication 16 Jun 2018)
(R) Fultium-D3 800unit capsules (Thornton & Ross Ltd) - 28 capsules - 1 daily (7 capsules every 7 days) (Future dated medication 16 Jun 2018)
Custom script: Printed On Sun 10 Jun 2018 11:12 By Tauseef Khan

09 Jun 2018 11:40	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme	
09 Jun 2018 11:40	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme	
09 Jun 2018 11:40	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme	
09 Jun 2018 11:40	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme	
09 Jun 2018 11:40	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme	
10 Jun 2018 11:12	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme	
14 Jun 2018 08:32	Surgery: Pharmacy 3 Entered at: HMP Lindholme	Entered: 14 Jun 2018 14:42

Did not attend for Pharmacy Medication appointment with Pharmacy 3.
Did not attend (Xa1kG)

14 Jun 2018 09:41	Surgery: Mrs Charlotte Barber (Receptionist Access Role) Entered at: Trinity Medical Centre

Changed review date to birthday month
Aripiprazole 10mg tablets - 56 tablet - 2 tab each am
Ended 30 Jul 2018 Clinical grounds (not ordered for over 6 months) by Mrs Joanne Chapman
Aripiprazole 5mg tablets - 28 tablet - take one daily
Ended 30 Jul 2018 Clinical grounds (not ordered for over 6 months) by Mrs Joanne Chapman
Gabapentin 100mg capsules - 180 capsule - 2 To be taken Three Times Daily
Ended 30 Jul 2018 Clinical grounds (not ordered for over 6 months) by Mrs Joanne Chapman
Gabapentin 300mg capsules - 100 capsule - 1 tds
Ended 30 Jul 2018 Clinical grounds (not ordered for over 6 months) by Mrs Joanne Chapman
Mandanol 500mg tablets (Crescent Pharma Ltd) - 100 tablet - 2 four times daily
Ended 30 Jul 2018 Clinical grounds (not ordered for over 6 months) by Mrs Joanne Chapman
Propranolol 40mg tablets - 56 tablet - 1 TWICE DAILY
Ended 30 Jul 2018 Clinical grounds (not ordered for over 6 months) by Mrs Joanne Chapman
Sertraline 50mg tablets - 28 tablet - One To Be Taken Each Day
Ended 30 Jul 2018 Clinical grounds by Mrs Joanne Chapman
Tramadol 50mg capsules - 100 capsule - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours
Ended 30 Jul 2018 Clinical grounds (not ordered for over 6 months) by Mrs Joanne Chapman
Summary Care Record Update

16 Jun 2018 11:05	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
16 Jun 2018 11:06	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
16 Jun 2018 11:06	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
16 Jun 2018 11:06	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
16 Jun 2018 11:06	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
16 Jun 2018 11:06	Surgery: Emma Bedford (Health Professional Access Role) Entered at: HMP Lindholme
18 Jun 2018 16:18	Surgery: Ruth Tomlinson (Health Professional Access Role) Entered at: HMP Lindholme

History: In-house physiotherapy follow-up appointment (XaLpB)
Consent obtained (Y001d)
Seen by physiotherapist (9N28.)
Number of physiotherapy appointments attended (Y1a04) 2
Yes (Y0427)
Physiotherapy (Xa9EJ)
hasn't beencompleting exercises has been doing some exercise in the gym which has caused pain on medial aspect of shin of left leg tender to palpate.
Acupuncture - felt easier after. print out of exercises given

21 Jun 2018 15:30	Surgery: Corrie Rowland (Health Professional Access Role) Entered at: HMP Lindholme

Pulse regular (XM02J)
Pulse rate (X773s) 82 bpm
145 / 82 mmHg

23 Jun 2018 09:27	Surgery: Mr David Gough (Clinical Practitioner Access Role) Entered at: HMP Lindholme

Alcohol intake (136..) 0 Units/Week

23 Jun 2018 16:01	Surgery: Blagorodna Smith (Nurse Access Role) Entered at: HMP Lindholme

(R) Co-codamol 8mg/500mg tablets - 224 tablets - [08:00-2][20:00-2][16:00-2][22:00-2] (56 tablets every 7 days) (Future dated medication 30 Jun 2018)
(R) Gabapentin 300mg capsules - 168 capsules - [08:00-3 capsules][16:00-3 capsules] (42 capsules every 7 days) (Future dated medication 30 Jun 2018)
(R) Propranolol 40mg tablets - 56 tablets - [08:00-1][20:00-1] (14 tablets every 7 days) (Future dated medication 30 Jun 2018)
Custom script: Printed On Sun 24 Jun 2018 11:43 By Mr Adam Swarbrick

23 Jun 2018 16:07	Surgery: Blagorodna Smith (Nurse Access Role) Entered at: HMP Lindholme
23 Jun 2018 16:07	Surgery: Blagorodna Smith (Nurse Access Role) Entered at: HMP Lindholme
23 Jun 2018 16:07	Surgery: Blagorodna Smith (Nurse Access Role) Entered at: HMP Lindholme
23 Jun 2018 16:07	Surgery: Blagorodna Smith (Nurse Access Role) Entered at: HMP Lindholme
23 Jun 2018 16:07	Surgery: Blagorodna Smith (Nurse Access Role) Entered at: HMP Lindholme
24 Jun 2018 11:43	Surgery: Mr Adam Swarbrick (Health Professional Access Role) Entered at: HMP Lindholme
29 Jun 2018 10:37	Surgery: Samantha Hands (Health Professional Access Role) Entered at: HMP Lindholme

Insertion of amalgam restoration into tooth (X20LR)
Oral, dental and salivary procedures (Xa05u)
Mh checked
Pco nil
inf vc given
secondary decay removed UR5do caries removed lock cut into existing sound amalgam

BPE
333
333

BWINGS SHOW BONE LOSS AND ID SUB CALC
today gross sub calc removal
oh/idc reinforced
AMALGAM UR5DO
Ohi, TBI, Diet advice, Scale, Smoking cessation advice, TFL application
Risks: Caries very deep and may result in exposure of pulp resulting in need for RCT/ XLA, chipping & fracture, sensitivity, discoloration, lost fill, discoloration,
Patient happy to proceed _ Consent given
LA - 2.2ml 2% Lidocaine with 1/80K Adrenaline infiltration POIG WNTBC/L
Caries removed & tooth isolated
Dycal liner to protect pulp
Restored with amalgam using matrix band/wedge
Occlusion, contact points and margins checked + POIG
Patient satisfied

SNH

30 Jun 2018 11:15	Surgery: Ms Ella Hancock (Health Professional Access Role) Entered at: HMP Lindholme

Custom script: Re-printed On Sat 30 Jun 2018 11:17 By Ms Ella Hancock

30 Jun 2018 11:15	Surgery: Ms Ella Hancock (Health Professional Access Role) Entered at: HMP Lindholme
30 Jun 2018 11:15	Surgery: Ms Ella Hancock (Health Professional Access Role) Entered at: HMP Lindholme
30 Jun 2018 11:19	Surgery: Ms Ella Hancock (Health Professional Access Role) Entered at: HMP Lindholme
30 Jun 2018 11:19	Surgery: Ms Ella Hancock (Health Professional Access Role) Entered at: HMP Lindholme
30 Jun 2018 11:19	Surgery: Ms Ella Hancock (Health Professional Access Role) Entered at: HMP Lindholme
07 Jul 2018 10:21	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme

(R) Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - TWO to be taken DAILY (14 tablets every 7 days) (Future dated medication 14 Jul 2018)
(R) Fultium-D3 800unit capsules (Thornton & Ross Ltd) - 28 capsules - 1 daily (7 capsules every 7 days) (Future dated medication 14 Jul 2018)
Custom script: Printed On Sat 07 Jul 2018 10:23 By Mrs Sarah Harris

07 Jul 2018 10:21	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
07 Jul 2018 10:22	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
07 Jul 2018 10:22	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
07 Jul 2018 10:22	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
07 Jul 2018 10:23	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
14 Jul 2018 10:59	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme

14 Jul 2018 11:02	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme
14 Jul 2018 11:02	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme
14 Jul 2018 11:02	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme
14 Jul 2018 11:02	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme
14 Jul 2018 11:02	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme
16 Jul 2018 14:29	Surgery: Ruth Tomlinson (Health Professional Access Role) Entered at: HMP Lindholme

History: In-house physiotherapy first appointment (XaLp9)
In-house physiotherapy follow-up appointment (XaLpB)
Physiotherapy (Xa9EJ)
has been trying to complete all exercises finding wall squats very difficult. pain in shin has now gone. Pain in shoulder has returned as cortisone has wore off. pain on resisted rotationflexion and abduction. palpation muscular tightness with crepitus deep tissue release reduced pain after. Discussed exercises and how to strengthen shoulder. Review in 4/52
Yes (Y0427)
Number of physiotherapy appointments attended (Y1a04) 3
Consent obtained (Y001d)
Seen by physiotherapist (9N28.)

21 Jul 2018 11:01	Surgery: Ms Ella Hancock (Health Professional Access Role) Entered at: HMP Lindholme

(R) Co-codamol 8mg/500mg tablets - 224 tablets - [08:00-2][20:00-2][16:00-2][22:00-2] (56 tablets every 7 days) (Future dated medication 28 Jul 2018)
(R) Gabapentin 300mg capsules - 168 capsules - [08:00-3 capsules][16:00-3 capsules] (42 capsules every 7 days) (Future dated medication 28 Jul 2018)
(R) Propranolol 40mg tablets - 56 tablets - [08:00-1][20:00-1] (14 tablets every 7 days) (Future dated medication 28 Jul 2018)
Custom script: Printed On Sat 21 Jul 2018 11:04 By Ms Ella Hancock

21 Jul 2018 11:02	Surgery: Ms Ella Hancock (Health Professional Access Role) Entered at: HMP Lindholme	Entered: 21 Jul 2018 11:04
21 Jul 2018 11:02	Surgery: Ms Ella Hancock (Health Professional Access Role) Entered at: HMP Lindholme	Entered: 21 Jul 2018 11:04
21 Jul 2018 11:02	Surgery: Ms Ella Hancock (Health Professional Access Role) Entered at: HMP Lindholme	Entered: 21 Jul 2018 11:04
21 Jul 2018 11:02	Surgery: Ms Ella Hancock (Health Professional Access Role) Entered at: HMP Lindholme	Entered: 21 Jul 2018 11:04
21 Jul 2018 11:02	Surgery: Ms Ella Hancock (Health Professional Access Role) Entered at: HMP Lindholme	
22 Jul 2018 16:04	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme	

Custom script: Re-printed On Sun 22 Jul 2018 16:04 By Mrs Sarah Harris

28 Jul 2018 11:02	Surgery: Jordan Reynolds (Health Professional Access Role) Entered at: HMP Lindholme
28 Jul 2018 11:02	Surgery: Jordan Reynolds (Health Professional Access Role) Entered at: HMP Lindholme
28 Jul 2018 11:02	Surgery: Jordan Reynolds (Health Professional Access Role) Entered at: HMP Lindholme
28 Jul 2018 11:02	Surgery: Jordan Reynolds (Health Professional Access Role) Entered at: HMP Lindholme
28 Jul 2018 11:02	Surgery: Jordan Reynolds (Health Professional Access Role) Entered at: HMP Lindholme
28 Jul 2018 11:02	Surgery: Jordan Reynolds (Health Professional Access Role) Entered at: HMP Lindholme
30 Jul 2018 20:46	Surgery: Mrs Joanne Chapman (Receptionist Access Role) Entered at: Trinity Medical Centre

Community Pharmacy - Amendment via PDSPrevious data: Lloydspharmacy, Thornhill Street, Wakefield, West Yorkshire WF1 1PG
Tel: 01924373062
Summary Care Record Update

04 Aug 2018 15:12	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme

(R) Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - TWO to be taken DAILY (14 tablets every 7 days) (Future dated medication 11 Aug 2018)
(R) Fultium-D3 800unit capsules (Thornton & Ross Ltd) - 28 capsules - 1 daily (7 capsules every 7 days) (Future dated medication 11 Aug 2018)
Custom script: Printed On Mon 06 Aug 2018 10:24 By Mr Christopher Lambert

04 Aug 2018 15:12	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
04 Aug 2018 15:13	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
04 Aug 2018 15:13	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
04 Aug 2018 15:13	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
04 Aug 2018 15:13	Surgery: Mrs Sarah Harris (Health Professional Access Role) Entered at: HMP Lindholme
06 Aug 2018 10:24	Surgery: Mr Christopher Lambert (Health Professional Access Role) Entered at: HMP Lindholme
08 Aug 2018 09:23	Surgery: Samantha Hands (Health Professional Access Role) Entered at: HMP Lindholme

Periodontal operation (X20JS)
Oral, dental and salivary procedures (Xa05u)
3/12 perio appt
Mh checked
Pco nil
inf vc given

BPE
333
333

nil bop
avg pocket depth 4mm
better plaque control

SN
TC

11 Aug 2018 10:39	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme
11 Aug 2018 10:40	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme
11 Aug 2018 10:40	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme
11 Aug 2018 10:40	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme
11 Aug 2018 10:40	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme
11 Aug 2018 10:40	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme
13 Aug 2018 12:05	Surgery: Ruth Tomlinson (Health Professional Access Role) Entered at: HMP Lindholme

History: In-house physiotherapy follow-up appointment (XaLpB)
Consent obtained (Y001d)
Seen by physiotherapist (9N28.)
Number of physiotherapy appointments attended (Y1a04) 4
Yes (Y0427)
Physiotherapy (Xa9EJ)
completing some of the set exercises but continuing to do what he wants which may be an agrivating factor.printout of exercises for shoulder, back and knee given
Acupuncture BL27,28,29 53
review in 4/52

18 Aug 2018 10:38	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme

(R) Co-codamol 8mg/500mg tablets - 224 tablets - [08:00-2][20:00-2][16:00-2][22:00-2] (56 tablets every 7 days) (Future dated medication 25 Aug 2018)
(R) Gabapentin 300mg capsules - 168 capsules - [08:00-3 capsules][16:00-3 capsules] (42 capsules every 7 days) (Future dated medication 25 Aug 2018)
(R) Propranolol 40mg tablets - 56 tablets - [08:00-1][20:00-1] (14 tablets every 7 days) (Future dated medication 25 Aug 2018)
Custom script: Printed On Sat 18 Aug 2018 10:39 By Mrs Sarah Parker

18 Aug 2018 10:38	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
18 Aug 2018 10:38	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
18 Aug 2018 10:38	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
18 Aug 2018 10:38	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
18 Aug 2018 10:38	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
25 Aug 2018 11:19	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
25 Aug 2018 11:20	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
25 Aug 2018 11:20	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
25 Aug 2018 11:20	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
25 Aug 2018 11:20	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
25 Aug 2018 11:20	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
01 Sep 2018 10:36	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme

(R) Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - TWO to be taken DAILY (14 tablets every 7 days) (Future dated medication 08 Sep 2018)
Custom script: Printed On Sat 01 Sep 2018 10:37 By Tauseef Khan

01 Sep 2018 10:36	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme

01 Sep 2018 10:36	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme
01 Sep 2018 10:37	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme
01 Sep 2018 10:37	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme
01 Sep 2018 10:38	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme

(R) Fultium-D3 800unit capsules (Thornton & Ross Ltd) - 28 capsules - 1 daily (7 capsules every 7 days) (Future dated medication 08 Sep 2018)
Custom script: Printed On Sat 01 Sep 2018 10:38 By Tauseef Khan

01 Sep 2018 10:38	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme
06 Sep 2018 11:05	Surgery: Ms Sarah Widdop (Health Professional Access Role) Entered at: HMP Lindholme
07 Sep 2018 10:36	Surgery: Dr Gaynor Mountcastle (Clinical Practitioner Access Role) Entered at: HMP Lindholme

Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - TWO to be taken DAILY
Ended 25 Jan 2019 Patient Deducted
Fultium-D3 800unit capsules (Thornton & Ross Ltd) - 28 capsules - 1 daily
Ended 25 Jan 2019 Patient Deducted

08 Sep 2018 11:07	Surgery: Mr Daniel Speight (Health Professional Access Role) Entered at: HMP Lindholme
08 Sep 2018 11:08	Surgery: Mr Daniel Speight (Health Professional Access Role) Entered at: HMP Lindholme
08 Sep 2018 11:08	Surgery: Mr Daniel Speight (Health Professional Access Role) Entered at: HMP Lindholme
08 Sep 2018 11:08	Surgery: Mr Daniel Speight (Health Professional Access Role) Entered at: HMP Lindholme
08 Sep 2018 11:08	Surgery: Mr Daniel Speight (Health Professional Access Role) Entered at: HMP Lindholme
08 Sep 2018 11:08	Surgery: Mr Daniel Speight (Health Professional Access Role) Entered at: HMP Lindholme
10 Sep 2018 11:56	Surgery: Ruth Tomlinson (Health Professional Access Role) Entered at: HMP Lindholme

History: In-house physiotherapy follow-up appointment (XaLpB)
Consent obtained (Y001d)
Seen by physiotherapist (9N28.)
Number of physiotherapy appointments attended (Y1a04) 5
Yes (Y0427)
Physiotherapy (Xa9EJ)
knee and shoulder particularly painful but has been playing Tennis has realised he is unable to do this at present without agrivating continues to wear a bandage dispite advise not to as causing muscles to weaken VMO visably wasted. advised on exercises and to stop wearing bandage.
Kinesiology tape applied both knees deep tissue release to shoulder and kinesiology tape applied
HCA to apply K-tape to knees

15 Sep 2018 11:23	Surgery: Liliade Munuo (Health Professional Access Role) Entered at: HMP Lindholme

(R) Co-codamol 8mg/500mg tablets - 224 tablets - [08:00-2][20:00-2][16:00-2][22:00-2] (56 tablets every 7 days) (Future dated medication 22 Sep 2018)
(R) Gabapentin 300mg capsules - 168 capsules - [08:00-3 capsules][16:00-3 capsules] (42 capsules every 7 days) (Future dated medication 22 Sep 2018)
(R) Propranolol 40mg tablets - 56 tablets - [08:00-1][20:00-1] (14 tablets every 7 days) (Future dated medication 22 Sep 2018)
Custom script: Printed On Sat 15 Sep 2018 11:25 By Liliade Munuo

15 Sep 2018 11:24	Surgery: Liliade Munuo (Health Professional Access Role) Entered at: HMP Lindholme	
15 Sep 2018 11:24	Surgery: Liliade Munuo (Health Professional Access Role) Entered at: HMP Lindholme	
15 Sep 2018 11:25	Surgery: Liliade Munuo (Health Professional Access Role) Entered at: HMP Lindholme	
15 Sep 2018 11:25	Surgery: Liliade Munuo (Health Professional Access Role) Entered at: HMP Lindholme	
15 Sep 2018 11:25	Surgery: Liliade Munuo (Health Professional Access Role) Entered at: HMP Lindholme	
17 Sep 2018 10:00	Surgery: Corrie Rowland Entered at: HMP Lindholme	Entered: 17 Sep 2018 14:34

No access visit for Nurse clinic appointment with Corrie Rowland
Home visit - no reply (9NFC.)

22 Sep 2018 11:02	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
22 Sep 2018 11:03	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
22 Sep 2018 11:03	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
22 Sep 2018 11:03	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
22 Sep 2018 11:04	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
22 Sep 2018 11:04	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
24 Sep 2018 11:42	Surgery: Corrie Rowland (Health Professional Access Role) Entered at: HMP Lindholme

History: Seen in clinic
Examination: Kinesiology Tape applied to Bilateral knees.
Plan: Rebook for 2 weeks time

29 Sep 2018 10:50	Surgery: Mr Daniel Speight (Health Professional Access Role) Entered at: HMP Lindholme
29 Sep 2018 10:51	Surgery: Mr Daniel Speight (Health Professional Access Role) Entered at: HMP Lindholme
29 Sep 2018 10:51	Surgery: Mr Daniel Speight (Health Professional Access Role) Entered at: HMP Lindholme

29 Sep 2018 10:51	Surgery: Mr Daniel Speight (Health Professional Access Role) Entered at: HMP Lindholme
29 Sep 2018 10:51	Surgery: Mr Daniel Speight (Health Professional Access Role) Entered at: HMP Lindholme
29 Sep 2018 10:51	Surgery: Mr Daniel Speight (Health Professional Access Role) Entered at: HMP Lindholme
06 Oct 2018 11:05	Surgery: Paula Hobson (Nurse Access Role) Entered at: HMP Lindholme
06 Oct 2018 11:05	Surgery: Paula Hobson (Health Professional Access Role) Entered at: HMP Lindholme
06 Oct 2018 11:05	Surgery: Paula Hobson (Health Professional Access Role) Entered at: HMP Lindholme
06 Oct 2018 11:05	Surgery: Paula Hobson (Health Professional Access Role) Entered at: HMP Lindholme
06 Oct 2018 11:06	Surgery: Paula Hobson (Health Professional Access Role) Entered at: HMP Lindholme

(R) Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - TWO to be taken DAILY (14 tablets every 7 days) (Future dated medication 11 Oct 2018)
(R) Fultium-D3 800unit capsules (Thornton & Ross Ltd) - 28 capsules - 1 daily (7 capsules every 7 days) (Future dated medication 11 Oct 2018)
Custom script: Printed On Sat 06 Oct 2018 11:06 By Paula Hobson

08 Oct 2018 10:25	Surgery: Corrie Rowland (Health Professional Access Role) Entered at: HMP Lindholme

History: Seen in clinic
Examination: K-Tape applied to bilateral knees.
Mr Murphy requested k-tape to left shoulder, applied.
Task sent to Dr's for Naproxen as previously prescribed.
Plan: Rebook bilateral k-tape to knees 2 weeks

08 Oct 2018 13:19	Surgery: Dr Walter Freeman (Health Professional Access Role) Entered at: HMP Lindholme

Naproxen 500mg tablets - 2 packs of 28 tablet(s) - Take ONE tablet TWICE a day, with or after food (14 tablets every 7 days) (Future dated medication 11 Oct 2018)
Custom script: Printed On Mon 08 Oct 2018 13:25 By Dr Walter Freeman

11 Oct 2018 09:05	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
11 Oct 2018 09:06	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
11 Oct 2018 09:06	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
11 Oct 2018 09:06	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
13 Oct 2018 11:42	Surgery: Ms Ella Hancock (Health Professional Access Role) Entered at: HMP Lindholme

(R) Co-codamol 8mg/500mg tablets - 224 tablets - [08:00-2][20:00-2][16:00-2][22:00-2] (56 tablets every 7 days) (Future dated medication 20 Oct 2018)
(R) Gabapentin 300mg capsules - 168 capsules - [08:00-3 capsules][16:00-3 capsules] (42 capsules every 7 days) (Future dated medication 20 Oct 2018)
(R) Propranolol 40mg tablets - 56 tablets - [08:00-1][20:00-1] (14 tablets every 7 days) (Future dated medication 20 Oct 2018)
Custom script: Printed On Sat 13 Oct 2018 11:44 By Ms Ella Hancock

13 Oct 2018 11:44	Surgery: Ms Ella Hancock (Health Professional Access Role) Entered at: HMP Lindholme
13 Oct 2018 11:44	Surgery: Ms Ella Hancock (Health Professional Access Role) Entered at: HMP Lindholme
13 Oct 2018 11:44	Surgery: Ms Ella Hancock (Health Professional Access Role) Entered at: HMP Lindholme
18 Oct 2018 11:19	Surgery: Ms Sarah Widdop (Health Professional Access Role) Entered at: HMP Lindholme
19 Oct 2018 09:41	Surgery: Dr Gaynor Mountcastle (Clinical Practitioner Access Role) Entered at: HMP Lindholme

Co-codamol 8mg/500mg tablets - 224 tablets - [08:00-2][20:00-2][16:00-2][22:00-2]
Ended 25 Jan 2019 Patient Deducted
Gabapentin 300mg capsules - 168 capsules - [08:00-3 capsules][16:00-3 capsules]
Ended 25 Jan 2019 Patient Deducted
Propranolol 40mg tablets - 56 tablets - [08:00-1][20:00-1]
Ended 25 Jan 2019 Patient Deducted

20 Oct 2018 12:11	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
20 Oct 2018 12:12	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
20 Oct 2018 12:12	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
20 Oct 2018 12:12	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
20 Oct 2018 12:12	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
20 Oct 2018 12:13	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
20 Oct 2018 12:13	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
22 Oct 2018 10:01	Surgery: Corrie Rowland (Health Professional Access Role) Entered at: HMP Lindholme

History: Seen in clinic
Examination: K-Tape applied, as instructed, to bilateral knees and left shoulder.
Plan: Book for 2 weeks time

27 Oct 2018 10:49	Surgery: Hina Hameed (Health Professional Access Role) Entered at: HMP Lindholme

Drug Administration Marked in Error: Wrong data entered
Naproxen 500mg tablets, Quantity given: 14.0, Entered: 27/10/2018 10:50, Desc: Fully administered, Done: 27/10/2018 10:50, Given for: 25/10/2018 23:59

27 Oct 2018 10:50	Surgery: Hina Hameed (Health Professional Access Role) Entered at: HMP Lindholme
27 Oct 2018 10:50	Surgery: Hina Hameed (Health Professional Access Role) Entered at: HMP Lindholme
27 Oct 2018 10:50	Surgery: Hina Hameed (Health Professional Access Role) Entered at: HMP Lindholme
27 Oct 2018 10:50	Surgery: Hina Hameed (Health Professional Access Role) Entered at: HMP Lindholme
27 Oct 2018 10:50	Surgery: Hina Hameed (Health Professional Access Role) Entered at: HMP Lindholme
27 Oct 2018 10:50	Surgery: Hina Hameed (Health Professional Access Role) Entered at: HMP Lindholme
01 Nov 2018 14:02	Surgery: Ms Carol Sheppard (Nurse Access Role) Entered at: HMP Lindholme

History: Requested to see Thomas whilst on A wing assessing another patient.
C/O flu like symptoms
No nausea (1981.)
No vomiting (1991.)
No other symptoms reported.
Examination: Unable to perform observation due to having no equipment to hand.
Plan: Advised to rest and to maintain adequate intake of fluids and to take Paracetamol if required
Advised to inform healthcare if symptoms persist or worsen.
Seen by nurse (XaATp)

03 Nov 2018 10:58	Surgery: Mr Daniel Speight (Health Professional Access Role) Entered at: HMP Lindholme
03 Nov 2018 10:58	Surgery: Mr Daniel Speight (Health Professional Access Role) Entered at: HMP Lindholme
03 Nov 2018 10:58	Surgery: Mr Daniel Speight (Health Professional Access Role) Entered at: HMP Lindholme
03 Nov 2018 10:58	Surgery: Mr Daniel Speight (Health Professional Access Role) Entered at: HMP Lindholme
03 Nov 2018 10:59	Surgery: Mr Daniel Speight (Health Professional Access Role) Entered at: HMP Lindholme
03 Nov 2018 11:00	Surgery: Mr Daniel Speight (Health Professional Access Role) Entered at: HMP Lindholme

(R) Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - TWO to be taken DAILY (14 tablets every 7 days) (Future dated medication 10 Nov 2018)
(R) Fultium-D3 800unit capsules (Thornton & Ross Ltd) - 28 capsules - 1 daily (7 capsules every 7 days) (Future dated medication 10 Nov 2018)
Custom script: Printed On Sat 03 Nov 2018 11:00 By Mr Daniel Speight

03 Nov 2018 11:00	Surgery: Mr Daniel Speight (Health Professional Access Role) Entered at: HMP Lindholme	
03 Nov 2018 11:00	Surgery: Mr Daniel Speight (Health Professional Access Role) Entered at: HMP Lindholme	
05 Nov 2018 10:00	Surgery: Corrie Rowland Entered at: HMP Lindholme	Entered: 05 Nov 2018 11:04

No access visit for Nurse clinic appointment with Corrie Rowland
Home visit - no reply (9NFC.)

05 Nov 2018 11:26	Surgery: Corrie Rowland (Health Professional Access Role) Entered at: HMP Lindholme

History: Seen in clinic
Examination: Patient attended at 11:20am, over an hour late for appointment, due to prison regieme.
Appointment had already been no accessed and rebooked, however have seen this morning as planned.
K-Tape applied to bilateral knees. Left shoulder not K-Taped as Mr Murphy states it irritates him in bed.
Plan: Re-book for 2 weeks time

10 Nov 2018 11:28	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme
10 Nov 2018 11:28	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme
10 Nov 2018 11:28	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme
10 Nov 2018 11:28	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme
10 Nov 2018 11:29	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme
10 Nov 2018 11:29	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme
10 Nov 2018 11:29	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme
10 Nov 2018 11:30	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme
10 Nov 2018 11:34	Surgery: Dr Patrick Law (Clinical Practitioner Access Role) Entered at: HMP Lindholme

Naproxen 500mg tablets - 2 packs of 28 tablet(s) - Take ONE tablet TWICE a day, with or after food (14 tablets every 7 days) (Future dated medication 17 Nov 2018)
Custom script: Printed On Sun 11 Nov 2018 15:17 By Tauseef Khan

11 Nov 2018 15:17	Surgery: Tauseef Khan (Health Professional Access Role) Entered at: HMP Lindholme
17 Nov 2018 10:39	Surgery: Ms Sarah Widdop (Health Professional Access Role) Entered at: HMP Lindholme
17 Nov 2018 10:40	Surgery: Ms Sarah Widdop (Health Professional Access Role) Entered at: HMP Lindholme
17 Nov 2018 10:40	Surgery: Ms Sarah Widdop (Health Professional Access Role) Entered at: HMP Lindholme
17 Nov 2018 10:40	Surgery: Ms Sarah Widdop (Health Professional Access Role) Entered at: HMP Lindholme
17 Nov 2018 10:41	Surgery: Ms Sarah Widdop (Health Professional Access Role) Entered at: HMP Lindholme

(R) Co-codamol 8mg/500mg tablets - 224 tablets - [08:00-2][20:00-2][16:00-2][22:00-2] (56 tablets every 7 days)
(R) Gabapentin 300mg capsules - 168 capsules - [08:00-3 capsules][16:00-3 capsules] (42 capsules every 7 days)
(R) Propranolol 40mg tablets - 56 tablets - [08:00-1][20:00-1] (14 tablets every 7 days)
Custom script: Printed On Sat 17 Nov 2018 10:42 By Ms Sarah Widdop

17 Nov 2018 10:42	Surgery: Ms Sarah Widdop (Health Professional Access Role) Entered at: HMP Lindholme
17 Nov 2018 10:42	Surgery: Ms Sarah Widdop (Health Professional Access Role) Entered at: HMP Lindholme
17 Nov 2018 10:42	Surgery: Ms Sarah Widdop (Health Professional Access Role) Entered at: HMP Lindholme
19 Nov 2018 14:13	Surgery: Corrie Rowland (Health Professional Access Role) Entered at: HMP Lindholme

Examination: K-Tape applied, as instructed by physio, to bilateral knees.
Plan: Re-book 2 weeks.
Patient happy with plan.

24 Nov 2018 11:33	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
24 Nov 2018 11:33	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
24 Nov 2018 11:33	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
24 Nov 2018 11:33	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
24 Nov 2018 11:33	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
24 Nov 2018 11:33	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
24 Nov 2018 11:33	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
01 Dec 2018 11:08	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme

(R) Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - TWO to be taken DAILY (14 tablets every 7 days) (Future dated medication 08 Dec 2018)
(R) Fultium-D3 800unit capsules (Thornton & Ross Ltd) - 28 capsules - 1 daily (7 capsules every 7 days) (Future dated medication 08 Dec 2018)
Custom script: Printed On Tue 04 Dec 2018 08:22 By Jessica Lambert

01 Dec 2018 11:08	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
01 Dec 2018 11:08	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
01 Dec 2018 11:08	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
01 Dec 2018 11:08	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
01 Dec 2018 11:08	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
01 Dec 2018 11:08	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
03 Dec 2018 14:32	Surgery: Corrie Rowland (Health Professional Access Role) Entered at: HMP Lindholme

Examination: K -Tape applied to bilateral knees
Re-book 2 weeks time.

04 Dec 2018 08:22	Surgery: Jessica Lambert (Health Professional Access Role) Entered at: HMP Lindholme
08 Dec 2018 10:44	Surgery: Ms Sarah Widdop (Health Professional Access Role) Entered at: HMP Lindholme

(R) Co-codamol 8mg/500mg tablets - 224 tablets - [08:00-2][20:00-2][16:00-2][22:00-2] (56 tablets every 7 days) (Future dated medication 15 Dec 2018)
(R) Gabapentin 300mg capsules - 168 capsules - [08:00-3 capsules][16:00-3 capsules] (42 capsules every 7 days) (Future dated medication 15 Dec 2018)
(R) Propranolol 40mg tablets - 56 tablets - [08:00-1][20:00-1] (14 tablets every 7 days) (Future dated medication 15 Dec 2018)
Custom script: Printed On Sat 08 Dec 2018 15:39 By Jessica Lambert

15 Dec 2018 10:53	Surgery: Mr Daniel Speight (Health Professional Access Role) Entered at: HMP Lindholme
17 Dec 2018 10:20	Surgery: Corrie Rowland (Health Professional Access Role) Entered at: HMP Lindholme

History: Seen in clinic
Examination: K-Tape applied to bilateral knees.
Re-booked for 2 weeks time.

22 Dec 2018 10:43	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
22 Dec 2018 10:43	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
22 Dec 2018 10:44	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
22 Dec 2018 10:44	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
22 Dec 2018 10:44	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
22 Dec 2018 10:44	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
29 Dec 2018 11:02	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme

(R) Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - TWO to be taken DAILY (14 tablets every 7 days) (Future dated medication 05 Jan 2019)
(R) Fultium-D3 800unit capsules (Thornton & Ross Ltd) - 28 capsules - 1 daily (7 capsules every 7 days) (Future dated medication 05 Jan 2019)
Custom script: Printed On Sat 29 Dec 2018 11:04 By Mrs Sarah Parker

29 Dec 2018 11:02	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
29 Dec 2018 11:03	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
29 Dec 2018 11:03	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
29 Dec 2018 11:03	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme
29 Dec 2018 11:03	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme

31 Dec 2018 09:30	Surgery: Corrie Rowland (Health Professional Access Role) Entered at: HMP Lindholme	

Examination: K-Tape applied to bilateral knees
Plan: Book appointment for 2 weeks time.
Patient happy with plan.

02 Jan 2019 14:07	Surgery: Mr Daniel Speight (Health Professional Access Role) Entered at: HMP Lindholme	

(R) Propranolol 40mg tablets - 56 tablets - [08:00-1][20:00-1] (14 tablets every 7 days) (Future dated medication 12 Jan 2019)
Stopped 28 Jan 2019 Other (relocation) by Dr Caroline Lennox
Custom script: Printed On Wed 02 Jan 2019 14:09 By Mr Daniel Speight

05 Jan 2019 10:53	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme	

(R) Co-codamol 8mg/500mg tablets - 224 tablets - [08:00-2][20:00-2][16:00-2][22:00-2] (56 tablets every 7 days) (Future dated medication 12 Jan 2019)
(R) Gabapentin 300mg capsules - 168 capsules - [08:00-3 capsules][16:00-3 capsules] (42 capsules every 7 days) (Future dated medication 12 Jan 2019)
Stopped 28 Jan 2019 Other (relocation) by Dr Caroline Lennox
Custom script: Printed On Mon 07 Jan 2019 17:49 By Miss Elizabeth Ferguson

05 Jan 2019 10:53	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme	
05 Jan 2019 10:53	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme	
05 Jan 2019 10:53	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme	
05 Jan 2019 10:53	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme	
05 Jan 2019 10:54	Surgery: Mrs Sarah Parker (Health Professional Access Role) Entered at: HMP Lindholme	
07 Jan 2019 17:49	Surgery: Miss Elizabeth Ferguson (Health Professional Access Role) Entered at: HMP Lindholme	
10 Jan 2019 10:52	Surgery: Mrs Victoria Dwyer (Clinical Practitioner Access Role) Entered at: HMP Lindholme	

History: review of ongoing F35 - patient no longer wearing knee brace therefore does not need F35 to permit the wearing of shorts instead of long trousers. Letter sent to patient advising him of the review.
Referrals to Mr Thomas Murphy

10 Jan 2019 23:38	Surgery: Unknown Staff Member Entered at: Trinity Medical Centre	

Diagnosis Marked in Error:
02 Jul 2012, Health education - smoking (6791.),
Diagnosis Marked in Error:
10 May 2011, Health education - smoking (6791.),
Diagnosis Marked in Error:
30 Jun 2010, Health education - smoking (6791.),

11 Jan 2019 10:06	Surgery: Corrie Rowland (Health Professional Access Role) Entered at: HMP Lindholme	

Examination: K-Tape applied to bilateral knees

12 Jan 2019 10:59	Surgery: Muhammad Ashraf (Health Professional Access Role) Entered at: HMP Lindholme	
12 Jan 2019 11:00	Surgery: Muhammad Ashraf (Health Professional Access Role) Entered at: HMP Lindholme	
12 Jan 2019 11:00	Surgery: Muhammad Ashraf (Health Professional Access Role) Entered at: HMP Lindholme	
12 Jan 2019 11:00	Surgery: Muhammad Ashraf (Health Professional Access Role) Entered at: HMP Lindholme	
12 Jan 2019 11:00	Surgery: Muhammad Ashraf (Health Professional Access Role) Entered at: HMP Lindholme	
12 Jan 2019 11:00	Surgery: Muhammad Ashraf (Health Professional Access Role) Entered at: HMP Lindholme	
19 Jan 2019 10:34	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme	
19 Jan 2019 10:34	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme	
19 Jan 2019 10:34	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme	
19 Jan 2019 10:34	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme	
19 Jan 2019 10:35	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme	
19 Jan 2019 10:35	Surgery: Michelle Jones (Nurse Access Role) Entered at: HMP Lindholme	
24 Jan 2019	Prison: Julie Murray (Admin/Clinical Support Access Role) Entered at: HMP Lindholme	Entered: 29 Jan 2019 12:05

ECG to HMP Lindholme

24 Jan 2019 11:22	Surgery: Amy Hatfield (Health Professional Access Role) Entered at: HMP Lindholme	

ECG requested (3211.) - Obtained and left for DR to review.

25 Jan 2019	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield	Entered: 28 Jan 2019 15:14

Miscellaneous to HMP Hatfield

25 Jan 2019 08:39	Surgery: Dr Gaynor Mountcastle (Clinical Practitioner Access Role) Entered at: HMP Lindholme	

History: Normal ECG (X77At)

25 Jan 2019 10:42	Surgery: Corrie Rowland (Health Professional Access Role) Entered at: HMP Lindholme	

Examination: K-Tape applied to bilateral knees,

Not booked back in as Thomas is transfreeing to Cat D prison today.
Advised to ask at reception if anybody could continue to provide K-Tape for him.

25 Jan 2019 14:14	Surgery: Miss Lauren Kelly (Nurse Access Role) Entered at: HMP Lindholme

Prisoner receiving prescribed medication (YX007)
Transfer moved out (Y3425)
Reason for action (XaIVN) - Patient has IP medication.
Medically fit for prison transfer (XaQfN)
Has no outstanding hospital/ Doctors appointments (Y07f8)

25 Jan 2019 15:38	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield

SystmOne Outgoing Record Sharing consent changed to: No

25 Jan 2019 15:38	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield

SystmOne Incoming Record Sharing consent changed to: Not asked - Record not shared

25 Jan 2019 15:39	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
25 Jan 2019 15:39	Surgery: Unknown Staff Member Entered at: HMP Hatfield

(Admission Med) Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - TWO to be taken DAILY
(Admission Med) Co-codamol 8mg/500mg tablets - 224 tablets - [08:00-2][20:00-2][16:00-2][22:00-2]
(Admission Med) Depo-Medrone 40mg/1ml suspension for injection vials (Pfizer Ltd) - 1 vial - 40 mg - Once only (Intra-articular)
(Admission Med) Fultium-D3 800unit capsules (Thornton & Ross Ltd) - 28 capsules - 1 daily
(Admission Med) Gabapentin 100mg capsules - 2 - 100mg
(Admission Med) Gabapentin 300mg capsules - 168 capsules - [08:00-3 capsules][16:00-3 capsules]
(Admission Med) Propranolol 40mg tablets - 56 tablets - [08:00-1][20:00-1]
(Admission Med) Tramadol 50mg capsules - 2 - 50 mg

25 Jan 2019 15:39	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
25 Jan 2019 15:41	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield

Are you taking any medicines that have been prescribed for you on prescription or do you take any medicines that you buy yourself? - Yes
Before coming here, for example at home, did you look after your medicines yourself? - Yes
Before coming here, for example at home, did you take your medicines yourself? - Yes
Do you have any problems understanding how to take your medicines? - No
- difficulties with reading the label
- language issues
- confusing intructions on when to take them
- other issues (please specify)
Does the patient have a problem with alcohol or using drugs? - No
Has the patient had any problems in the last 12 months with bullying or trading medicines? - No
Has the patient had any problems in the last 12 months with not taking, or not remembering to take their medicines as prescribed? - No
Has the patient had any problems in the last 12 months with not being able to collect their medicines? - No
Has the patient had any problems in the last 12 months with not being able to get their medicines out of their containers? - No
Has the patient self-harmed or attempted suicide in the last 12 months? - No
Has the patient overdosed with medicines in the last 12 months? - No
Does the patient have an open ACCT document? - No
Is the patient confused or disorrientated? - No
Is it the patient's first time in prison? - No
Has there been a change in their custodial status? (e.g. licence recall; long sentence to serve; manslaughter or murder charge) - No
Other recent life changing event? - No
Assessment Outcome:
IP Status: Full In Possession
Low Risk Score: 0-9
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
Prisoner has not tried to harm themselves (in prison) (Y09f9)
No thoughts of deliberate self harm (Xaluw)
No (Y0428)
Prisoner has not tried to harm themselves (outside prison) (Y09fa)
No (Y0428)

No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No (Y0428)
No suicidal thoughts (XaIJ7)
Able to perform personal care activity (Xa2u6)
No further action required (Y0488)
History of cocaine misuse (XaMf6) (Ongoing Episode)
Referral to substance abuse service refused (Y04de)
Has not been homeless in the past year (Y08db)
N/A (Y0426)
Tuberculosis screening (6831.)
Relevant medical information (XaYmG) - kinetic tape on knees - arthritis (Ongoing Episode)
History of cannabis misuse (XaMf9) (Ongoing Episode)
Has not stayed in a psychiatric hospital (Y08e2)
Prisoner has received treatment from a psychiatrist outside prison (YX016)
Prisoner has received medication for mental health problems (YX019)
Prisoner has a psychiatric nurse or care worker in the community (YX018)
Impressions of the prisoners behaviour and mental state (YX023)
very talkative engaging and conversive
has had problems in past but feels fine now
has medication
Referral to substance abuse service refused (Y04de)
H/O: mental health problem (YA741) (Ongoing Episode)
H/O: depression (1465.) (Ongoing Episode)
Brief intervention for excessive alcohol consumptn declined (XaPty)
Alcohol screen - AUDIT PC completed (XaMyj) 1 -
How often do you have a drink containing alcohol?: Monthly or less
How many units of alcohol do you drink on a typical day when you are drinking?: N/A
How often during the last year have you found that you were not able to stop drinking once you had started?: N/A
How often during the last year have you failed to do what was normally expected from you because of your drinking?: N/A
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?: N/A
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?: N/A
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?: N/A
How often during the last year have you had a feeling of guilt or remorse after drinking?: N/A
How often during the last year have you been unable to remember what happened the night before because you had been drinking?: N/A
Have you or somebody else been injured as a result of your drinking?: N/A
Main spoken language English (XaG5t)
Assessment of risk of prisoner in-possession medication (Xab5S)
Comment note (XaIg6)
Ex-smoker (Ub1na)
Tuberculosis screening (6831.)
Prisoner has been in prison before (YX004)
Interpreter not needed (XaI8Y)
No (Y0428)
Record transfer administration (XaIfR)
No (Y0428)
Medical records review (XaE42)
Other Consent Given (Y9959) - Confirmed that information can be shared with all agencies involved in medical care
Patient consented to sharing of information (Y3358)
No (Y0428)
Transfer moved in (Y3424)
Body mass index - observation (22K..) 27.3 Kg/m²
Prisoner receiving prescribed medication (YX007)

Has no outstanding hospital/ Doctors appointments (Y07f8)
Current medication as reported by patient (XaQnH) - 1 day suppluy left
Current medication as reported by patient (XaQnH)
co codamol
gabapentin
propanalol
vit d
ariprasole
No (Y0428)
No (Y0428)
Has not seen Doctor in previous few months (Y08d6)
No (Y0428)
Is informed (Ua29U)
Pulse rate (X773s) 65 bpm
O/E - weight (22A..) 78.9 Kg (~ 12 st 6 lb)
O/E - height (229..) 1.7 m (~ 5 ' 7 ")
Prison first reception health assessment completed (XaYXV)
Fit for normal location, work and any cell occupancy (YX035)
Attended new patient screening (9OW1.)
Patient registered (XaBI9)
155 / 87 mmHg
Consent Form to Mr Thomas Murphy
Medication In Possession Status: In possession - 7 days

25 Jan 2019 15:48	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield	
26 Jan 2019 07:50	Surgery: Marie O'Donnell (Health Professional Access Role) Entered at: HMP Hatfield	
27 Jan 2019 09:41	Surgery: Vincent Farrell (Nurse Access Role) Entered at: HMP Hatfield	
27 Jan 2019 09:41	Surgery: Vincent Farrell (Nurse Access Role) Entered at: HMP Hatfield	Entered: 27 Jan 2019 09:43
27 Jan 2019 09:48	Surgery: Vincent Farrell (Nurse Access Role) Entered at: HMP Hatfield	

History: two tablets given co codamol from stock.Awaiting new meds from pharmacy.

28 Jan 2019 08:38	Surgery: Maisie Wise (Clerical Access Role) Entered at: HMP Lindholme
28 Jan 2019 08:38	Surgery: Maisie Wise (Clerical Access Role) Entered at: HMP Lindholme
28 Jan 2019 08:38	Surgery: Maisie Wise (Clerical Access Role) Entered at: HMP Lindholme
28 Jan 2019 08:39	Surgery: Maisie Wise (Clerical Access Role) Entered at: HMP Lindholme
28 Jan 2019 08:39	Surgery: Maisie Wise (Clerical Access Role) Entered at: HMP Lindholme
28 Jan 2019 09:04	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
28 Jan 2019 09:05	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
28 Jan 2019 09:09	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
28 Jan 2019 09:15	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
28 Jan 2019 09:15	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
28 Jan 2019 09:16	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
28 Jan 2019 09:59	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield

HIV test offered (XaDvy)
Hepatitis B screening offered (XaLFK)
Hepatitis B screening counselling (XaLTv)
HIV screening counselling (XaLIE)
Advice on effects of smoking on health (Ua1O0)
Sexual advice (X71FD)
Hepatitis C screening offered (XaLDh)
Hepatitis C screening counselling (XaLTu)
Patient given advice NOS (8CAZ.)
Advice about exercise (Xa9zF)
Patient given advice (8CA..)
Advice on alcohol consumption (Xa1dA)
Health assessment questionnaire (XM0e6) 1 -
1. Can the prisoner tell the time?: Yes
2. Can the prisoner read?: Yes
3. Can the prisoner write?: Yes
4. Does the prisoner live independently?: Yes
5. Does the prisoner have a job?: No
6. has the prisoner had previous contact with LD Services?: No

7. Has the client had special schooling?: No
Learning disability screening questionnaire (XaXwn)
Dietary advice (8CA4.)
Other medication management (XaJr2)
Second Reception Screening (Y0da6)
FH: Myocardial infarction (XE0oI) - father
Meningitis C vaccination offered (XaQGB)
Family history of chronic obstructive lung disease (Xa6ai)
FH: Diabetes mellitus (1252.)
Chlamydia test offered (XaLHg)
Screening offered (6812.)
Measles mumps rubella catch-up vaccination invitation (XaQPt)
Hep B Vacc - immunised already (Y075d)
Has no outstanding hospital/ Doctors appointments (Y07f8)
Pulse rate (X773s) 51 bpm
Screening (XE1TS)
Healthy lifestyle programme offered (XabUG)
Personal wellbeing: Discussed (Y2834)
Ex-smoker (Ub1na)
Personal wellbeing: Action required (Y2836)
124 / 72 mmHg

28 Jan 2019 10:54	Surgery: Marie O'Donnell (Health Professional Access Role) Entered at: HMP Hatfield

Advice to continue with drug treatment (XaAsN) - please see task for medication to be continued
Medication changed (8B316) - nil
Further background information (Y2299) - nil
Advice to stop drug treatment (XaA02) - nil
Other medication management (XaJr2) - nil
Over the counter medication (YA459) - nil
Sources of information (XaIKS)
H/O: high risk medication (14P..) - nil
Herbal medicine (x00yv) - nil

28 Jan 2019 12:52	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield

(R) Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - 2 od (14 tablets every 7 days) (Future dated medication 29 Jan 2019)
(R) Co-codamol 8mg/500mg tablets - 224 tablets - ONE or TWO to be taken up to FOUR times daily (56 tablets every 7 days) (Future dated medication 29 Jan 2019)
(R) Fultium-D3 800unit capsules (Thornton & Ross Ltd) - 28 capsules - 1 od (28 capsules every 28 days) (Future dated medication 29 Jan 2019)
(R) Gabapentin 300mg capsules - 168 capsules - 3 bd (42 capsules every 7 days) (Future dated medication 29 Jan 2019)
(R) Propranolol 40mg tablets - 56 tablets - 1 bd (14 tablets every 7 days) (Future dated medication 29 Jan 2019)
Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - 2 od
Ended 05 Aug 2019 Re-Authorised by Dr Caroline Lennox
Co-codamol 8mg/500mg tablets - 224 tablets - ONE or TWO to be taken up to FOUR times daily
Ended 06 Mar 2019 Change of Dosage by Dr Caroline Lennox
Fultium-D3 800unit capsules (Thornton & Ross Ltd) - 28 capsules - 1 od
Ended 06 Mar 2019 Condition resolved by Dr Caroline Lennox
Gabapentin 300mg capsules - 168 capsules - 3 bd
Ended 29 Mar 2019 Other (schedule 3 CD from april 1st needs represcribing.) by Mrs Rachel Rogers
Propranolol 40mg tablets - 56 tablets - 1 bd
Ended 05 Aug 2019 Re-Authorised by Dr Caroline Lennox
Custom script: Printed On Mon 28 Jan 2019 12:56 By Dr Caroline Lennox

28 Jan 2019 14:36	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield

History: Knee pain (Xa0wx)
Examination: requesting knee support
previous notes from physio report not to wear this due to muscle wasting
has kinetic tape in situ
Plan: no further action regarding knee support bandage
No FH: Cardiovascular disease (1224.)
Meningitis C vaccination offered (XaQGB)
No FH: Ischaemic Heart Disease >60 (Y0ce2)
FH: Myocardial infarction (XE0oI)

Measles mumps rubella catch-up vaccination invitation (XaQPt)
Screening offered (6812.)
Hepatitis C screening counselling (XaLTu)
Hep B Vacc - immunised already (Y075d)
Chlamydia test offered (XaLHg)
No FH: Ischaemic Heart Disease <60 (Y0ce1)
Personal wellbeing: Action required (Y2836)
Healthy lifestyle programme offered (XabUG)
Screening (XE1TS)
Ex-smoker (Ub1na)
Personal wellbeing: Discussed (Y2834)
FH: Diabetes mellitus (1252.)
No FH: Hypertension (1227.)
Has no outstanding hospital/ Doctors appointments (Y07f8)
Family history of chronic obstructive lung disease (Xa6ai)
Hepatitis C screening offered (XaLDh)
Dietary advice (8CA4.)
Advice on effects of smoking on health (Ua1O0)
Patient given advice NOS (8CAZ.)
Advice about exercise (Xa9zF)
Sexual advice (X71FD)
Nurse (XaBrW) (New Episode)
Referral to nurse (Xa1dg) - mental health
Second Reception Screening (Y0da6)
Advice on alcohol consumption (Xa1dA)
Hepatitis B screening counselling (XaLTv)
Hepatitis B screening offered (XaLFK)
HIV screening counselling (XaLIE)
HIV test offered (XaDvy)
Referral to mental health team (XaIPw)
Other medication management (XaJr2)
Patient given advice (8CA..)
Learning disability screening questionnaire (XaXwn)
Health assessment questionnaire (XM0e6) 0 -
1. Can the prisoner tell the time?: Yes
2. Can the prisoner read?: Yes
3. Can the prisoner write?: Yes
4. Does the prisoner live independently?: Yes
5. Does the prisoner have a job?: Yes
6. has the prisoner had previous contact with LD Services?: No
7. Has the client had special schooling?: No

28 Jan 2019 15:14	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
28 Jan 2019 15:45	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
28 Jan 2019 16:10	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
28 Jan 2019 16:10	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
29 Jan 2019 12:22	Surgery: Kelly Wraith (Nurse Access Role) Entered at: HMP Hatfield

Referral to primary care mental health team (XaMhM)

29 Jan 2019 15:39	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield

all patients own labled medication now arrived from pharmacy, patient would prefer to collect all medication same day so to returned 5x fultimum tablets and 27 x gabapentin 300mg so his collection day will be Tuesdays
(R) Fultium-D3 800unit capsules (Thornton & Ross Ltd) - 28 capsules - 1 od (28 capsules every 28 days) (Future dated medication 27 Feb 2019)
Custom script: Printed On Tue 29 Jan 2019 16:10 By Amanda Hannigan

29 Jan 2019 15:40	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
29 Jan 2019 15:40	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
29 Jan 2019 15:41	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
29 Jan 2019 15:41	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
29 Jan 2019 15:42	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
30 Jan 2019 16:00	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield

Examination: attends meds hatch requesting f35 for light duties, states he had 1 at last establishment. Advised i cannot discuss this at present as i am dispensing meds.Arranged next available nurse appointment to discuss. i am

unable to see a light duty F35 ON SYS 1.

31 Jan 2019 09:45	Surgery: Kelly Wraith Entered at: HMP Hatfield	Entered: 31 Jan 2019 09:55

Appointment to be rebooked.
Did not attend (Xa1kG) - Called to centre office to attend for appointment, I also attended Thomas's cell however he was not there.

31 Jan 2019 11:46	Surgery: Kelly Wraith (Nurse Access Role) Entered at: HMP Hatfield
31 Jan 2019 11:50	Surgery: Kelly Wraith (Nurse Access Role) Entered at: HMP Hatfield
04 Feb 2019 15:00	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield

(R) Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - 2 od (14 tablets every 7 days) (Future dated medication 27 Feb 2019)
(R) Co-codamol 8mg/500mg tablets - 224 tablets - ONE or TWO to be taken up to FOUR times daily (56 tablets every 7 days) (Future dated medication 27 Feb 2019)
(R) Gabapentin 300mg capsules - 168 capsules - 3 bd (42 capsules every 7 days) (Future dated medication 27 Feb 2019)
(R) Propranolol 40mg tablets - 56 tablets - 1 bd (14 tablets every 7 days) (Future dated medication 05 Mar 2019)
Custom script: Printed On Mon 04 Feb 2019 15:01 By Jane Craven

04 Feb 2019 15:13	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield

Over the counter medication (YA459) - no
Herbal medicine (x00yv) - no
Sources of information (XaIKS)
Single assessment process summary care plan completed (XaKSG)
Medication changed (8B316) - no
Medicines reconciliation performed (XaRF0)
Medication reconciliation (XaXfG)
Further background information (Y2299) - no
Advice to continue with drug treatment (XaAsN) - aripiazole co-codamol gabapentin propranolol
Advice to stop drug treatment (XaA02) - no

05 Feb 2019 09:15	Surgery: Vincent Farrell (Nurse Access Role) Entered at: HMP Hatfield

History: Attended for f35 for light duties
Examination: He had a f35 in lindholme for this for a short timestill having problems with back and knees.
Plan: see gp for poss f35 review.

05 Feb 2019 15:35	Surgery: Vincent Farrell (Nurse Access Role) Entered at: HMP Hatfield
05 Feb 2019 15:36	Surgery: Vincent Farrell (Nurse Access Role) Entered at: HMP Hatfield
05 Feb 2019 15:36	Surgery: Vincent Farrell (Nurse Access Role) Entered at: HMP Hatfield
05 Feb 2019 15:36	Surgery: Vincent Farrell (Nurse Access Role) Entered at: HMP Hatfield
05 Feb 2019 15:36	Surgery: Vincent Farrell (Nurse Access Role) Entered at: HMP Hatfield
05 Feb 2019 15:37	Surgery: Vincent Farrell (Nurse Access Role) Entered at: HMP Hatfield
05 Feb 2019 15:37	Surgery: Vincent Farrell (Nurse Access Role) Entered at: HMP Hatfield

Drug Administration Marked in Error: Entered on wrong date
Co-codamol 8mg/500mg tablets, Quantity given: 56.0, Entered: 05/02/2019 15:37, Desc: Fully administered, Done: 05/02/2019 15:37, Given for: 02/02/2019 23:59

06 Feb 2019	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield	Entered: 07 Feb 2019 09:47

Miscellaneous to HMP Hatfield

06 Feb 2019	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield	Entered: 07 Feb 2019 09:47

X RAY REQUEST

06 Feb 2019 08:30	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
06 Feb 2019 10:25	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield

History: Several years of R shoulder pain, has lioma or similar (seen at Pinderfields 2.5y ago for this) on point of L shoulder & seems to be impinging on abduction & possibly causing pain over outer upper arm. Requesting Naproxen reissue which has helped before. Has also been aware for several weeks of central chest pain, no radiation, possibly related to exercise, lasts seconds only. Father died from MI aged 64. Ex smoker, quit 2y ago, formerly 2oz/ week.
Examination: HS NAD. Normotensive.P=64 reg.
Diagnosis: Chest pain (182..)
Plan: Pain may be MSK, ref physio, but need to exclude CHD. GTN spray on stand by, F35 light duties, baseline bloods & CXR requested, rev with results. SOS advice+++.
Diclofenac diethylammonium 1.16% gel - 100 grams - apply bd (100 grams every 28 days) (Future dated medication 07 Feb 2019)
Glyceryl trinitrate 400micrograms/dose pump sublingual spray - 1 spray - 2 sprays under tongue in case of chest pain (1 spray every 28 days) (Future dated medication 07 Feb 2019)

(R) Naproxen 500mg tablets - 56 tablets - 1 bd (14 tablets every 7 days) (Future dated medication 07 Feb 2019)
Naproxen 500mg tablets - 56 tablets - 1 bd
Ended 20 Nov 2019 Patient Deducted (Sentence Ended)
Custom script: Printed On Wed 06 Feb 2019 10:42 By Dr Caroline Lennox

06 Feb 2019 10:38	Surgery: Kelly Wraith (Nurse Access Role) Entered at: HMP Hatfield

Psychotic symptoms absent (Xa1Pm)
Risk of self neglect: no (Y09a4)
At risk of DSH - deliberate self harm: no (Y09a3)
Does manage medication (Xa2yE)
Reduced Insight (Y4345)
Social isolation (XE0pH)
At risk of neglect by others (XaKbS)
Physical violence: no (Y094b)
H/O: deliberate self harm (XaF9U)
Cut arm in 1996, reports felt sorry for himself.
No further episodes reported.
No thoughts of deliberate self harm (Xaluw)
Patient consented to sharing of information: no (Y09da)
Mental health assessment (XaIYN)
No (Y0428)
Mental health assessment (XaIYN)
No (Y0428)
No suicidal thoughts (XaIJ7)
Mental symptom findings (XaBfp)
Thomas reports that his mental health is fine/stable at present.
Discussed mental health history diagnosis, contact with mental health services in past.
Thomas feels that he currently manages/functions well on a day to day basis and does not require support from mental health services. He reports that he can have the odd bad days were he will spend time thinking about past events "that have "niggled him" however this does not last long. Thomas stated that his medication prescribed for mental health issues does help and he does not want to stop taking it. Thomas advised that we would not stop his medication if there weren't any issues.

Impressions of the prisoners behaviour and mental state (YX023)
Thomas presented as bright in mood, chatty throughout appointment with good eye contact.
Appears to have good insight into past mental health issues.
Denies any hallucinations, no evidence of psychosis observed during appointment.
Relaxed and polite in manner.
Appearance fine.
Reports settled at Lakes, working in gardens with no issues.
Appetite and sleep pattern fine.
Observed around the establishment socialising with other prisoners.

Risk information (XaZ6u)
Denies any thoughts of self harm/suicidal ideation.
Self harm episode in 1996 reports cut his arm "due to feeling sorry for himself", no further episodes reported.
H/O: mental health problem (YA741)
Contact with mental health services in the community before coming to prison diagnosis Schizophrenia.
Also seen by mental health at HMP Lindholme and was discharged June 2018.
Task from reception nurse due to history of mental health issues.
(GP surgery, Alms House Wakefield)
Normal behaviour (3AB0.)
H/O: drug abuse: no (Y09a9)
Seen by mental health triage nurse (XaL0u)
Yes (Y0427) - No
No suicidal thoughts (XaIJ7)
Care planning and problem solving actions (Ua1LU)
Discharge from service as no support required.
Discussed with Thomas that he can refer himself back into the service if required in the future, Thomas is fine with this.
Discharged from care of mental health triage nurse (XaL0w)
No thoughts of deliberate self harm (Xaluw)

Prisoner has received medication for mental health problems (YX019)
Aripiprazole 5mg x 2, OD, no issues with prescribed medication.

Prisoner has received medication for mental health problems (YX019)
Substance misuse behaviour (XaJz5)
Past history of substance misuse issues has used cocaine and alcohol.
States no current issues.

06 Feb 2019 13:06	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield

GP Letter to HMP Hatfield

07 Feb 2019	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield	Entered: 07 Feb 2019 14:45

Medical Reports to HMP Hatfield

07 Feb 2019	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield	Entered: 07 Feb 2019 14:45

SMS: Induction and overdose risks

07 Feb 2019 09:34	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield

Referral In to HMP Hatfield for Diagnostic Imaging: Ended on 20 Nov 2019 00:00
With the Following Intervention(s)
Transferred - in custody
Status Update for Diagnostic Imaging Referral In: Receiving Care, Status changed: 07 Feb 2019 09:34

07 Feb 2019 09:35	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
07 Feb 2019 09:41	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
07 Feb 2019 10:07	Surgery: Vincent Farrell (Nurse Access Role) Entered at: HMP Hatfield

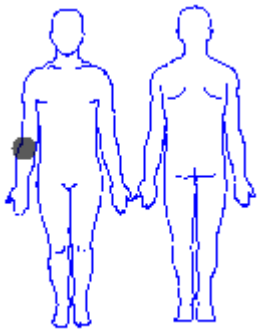
History: Attended c/o hearing loss over tha last two years.
Examination: o/e both ears are clear of wax drum seen.no signs of infection .
Plan: for review by gp for poss ref to outside hearing service

07 Feb 2019 14:44	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
07 Feb 2019 15:35	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
07 Feb 2019 15:35	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
07 Feb 2019 15:35	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
07 Feb 2019 15:35	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
07 Feb 2019 15:48	Surgery: Maria Chappell (Health Professional Access Role) Entered at: HMP Hatfield

Other relevant information (Y4331)
Substance misuse team (XaJRs)
Tom has been seen today for a 1-1 induction
.
He states that he has a history of heroin use and has worked with services for a period of time. He states that he was signed off as work completed early last year and has been a Recovery mentor at lindholme since this time. He says that this is not something that he wants to continue at this time as he wants to concentrate on his own progression
.
Advised of services available, 1-1, groups, mutual aid and through care support - Tom states that he is in a good place and does not require our services whilst at Hatfield.
.
Discussed overdose risks and harm reduction in relation to substance use in custody
.
Advised how to contact us, should his needs change
MC
Advice on drugs of addiction (XE1TQ) - Discussed overdose risks and harm reduction in relation to substance use in custody

08 Feb 2019 10:41	Surgery: Miss Helen Brownbill (Admin/Clinical Support Access Role) Entered at: HMP Hatfield

Full blood count (424..)
Haemoglobin A1c level (X772q)
Consent given for blood test (Xab7v)
Blood sampling (X74UV)
Liver function tests (X77WP)
Blood test: other (Y3615) - Lipids
Health care assistant (Ua0Zb)
Thyroid function test (X77Wg)
Urea and electrolytes (X77Wi)



08 Feb 2019 10:50	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield	Entered: 11 Feb 2019 12:43

Serum free T4 level (XaERr) 12.2 pmol/L [9 - 19]
Serum TSH level (XaELV) 1.73 miu/L [0.35 - 4.94]
Thyroid function test (X77Wg)
Thyroid function test Report, Normal, No Further Action. Review not applicable

08 Feb 2019 10:50	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield	Entered: 11 Feb 2019 12:44

HBA1C: Quoted Reference Range is for a non-diabetic.
Haemoglobin A1c level - IFCC standardised (XaPbt) 38 mmol/mol [20 - 41] - Non Diabetic Range 20-42 mmol/mol
HBA1C Report, Normal, No Further Action. Review not applicable

08 Feb 2019 10:50	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield	Entered: 11 Feb 2019 12:42

Monocyte count - observation (42N..) 0.6 10^9/L [0.2 - 0.95]
Eosinophil count - observation (42K..) 0.1 10^9/L [0.01 - 0.7]
Full blood count (424..)
Total white blood count (XaIdY) 6.4 10^9/L [4 - 12]
Haemoglobin concentration (Xa96v) 138 g/L [126 - 180] - This value has been converted from: 138.0 g/L
Basophil count (42L..) 0 10^9/L [0 - 0.1]
Red blood cell distribution width (XE2mO) 13.9 % [11 - 16]
Platelet count - observation (42P..) 207 10^9/L [140 - 450]
Differential white blood cell count (42I..)
Lymphocyte count (42M..) 2 10^9/L [1.5 - 4]
Neutrophil count (42J..) 3.7 10^9/L [2 - 7.5]
Haematocrit (X76tb) 0.412 [0.42 - 0.52] - Below low reference limit
Red blood cell count (426..) 4.63 10^12/L [4.4 - 6]
Mean cell volume (42A..) 89 fL [78 - 100]
Mean cell haemoglobin concentration (429..) 33.5 g/dL [31 - 35] - This value has been converted from: 335.0 g/L
Mean cell haemoglobin level (XE2pb) 29.8 pg [27 - 32]
Full blood count;Differential white blood cell count Report, Normal, No Further Action. Review not applicable

08 Feb 2019 10:50	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield	Entered: 11 Feb 2019 12:43

Serum urea level (XM0lt) 6.4 mmol/L [2.5 - 7.8]
Serum sodium level (XE2q0) 140 mmol/L [133 - 146]
Serum creatinine level (XE2q5) 97 umol/L [64 - 104]
Urea and electrolytes (X77Wi)
Stage G2 CKD - Mildly reduced kidney function unless there is existing
laboratory or clinical evidence of kidney disease.
Interpret with caution bearing in mind that estimates of GFR become
less accurate as the true GFR increases.
*For people of African-Caribbean or African family origin: multiply
the laboratory eGFR-EPI result by 1.159
Serum potassium level (XE2pz) 4.7 mmol/L [3.5 - 5.3]
Serum non high density lipoprotein cholesterol level (XabE1) 4.9 mmol/L
Serum LDL cholesterol level (44P6.) - Invalid.TG>4.6 or non fasting
Serum HDL cholesterol level (44P5.) 0.9 mmol/L
Serum triglyceride levels (XE2q9) 2.8 mmol/L
Serum cholesterol level (XE2eD) 5.8 mmol/L
Serum cholesterol/HDL ratio (XaEUq) 6.4 mmol/mmol
Serum albumin level (XE2eA) 44 g/L [35 - 50]

Serum globulin level (XE2eB) 30 g/L [23 - 40]
Serum total protein level (XE2e9) 73 g/L [60 - 80]
GFR calculated abbreviated MDRD (XaK8y) 78 mL/min/1.73m*2
Liver function tests (X77WP)
Serum total bilirubin level (XaERu) 7 umol/L [0 - 21]
Serum lipid levels (XE2q7)
Please refer to appropriate national guidelines for recommended target levels.
Serum alkaline phosphatase level (XE2px) 95 iu/L [30 - 130]
Serum alanine aminotransferase level (XaLJx) 26 iu/L [0 - 55]
Urea and electrolytes;Liver function tests;Serum lipid levels Report, Normal, No Further Action. Review not applicable

08 Feb 2019 10:59	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield	

Patient attended DRI for xray with no pink form so turned away. Rebooked for 14/2/19

08 Feb 2019 11:26	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield	
10 Feb 2019 22:47	Surgery: Unknown Staff Member Entered at: SWYFT - Inpatients	Entered: 21 Feb 2019 00:00

SystmOne Outgoing Record Sharing consent changed to: Not asked - Record not shared - Automatically generated by SystmOne
SystmOne Incoming Record Sharing consent changed to: Not asked - Record shared - Automatically generated by SystmOne

10 Feb 2019 22:47	Surgery: Unknown Staff Member Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Feb 2019 00:00

SystmOne Outgoing Record Sharing consent changed to: Not asked - Record not shared - Automatically generated by SystmOne
SystmOne Incoming Record Sharing consent changed to: Not asked - Record shared - Automatically generated by SystmOne

11 Feb 2019 08:59	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield	
11 Feb 2019 08:59	Surgery: Mrs Michele Hayes Entered at: HMP Hatfield	

Provision of patient escort (XagSZ) - Added in bulk

11 Feb 2019 11:05	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield	
11 Feb 2019 12:42	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield	
11 Feb 2019 12:42	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield	
11 Feb 2019 12:43	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield	
11 Feb 2019 12:43	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield	
12 Feb 2019	HMP Prison: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield	Entered: 19 Feb 2019 13:20

Consent Forms to HMP Hatfield

12 Feb 2019	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield	Entered: 19 Feb 2019 13:20

script for gabapentin

12 Feb 2019 15:54	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
12 Feb 2019 15:55	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
12 Feb 2019 15:55	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
12 Feb 2019 15:55	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
12 Feb 2019 15:56	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
15 Feb 2019 11:21	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
15 Feb 2019 11:21	Surgery: Mrs Michele Hayes Entered at: HMP Hatfield

Provision of patient escort (XagSZ) - Added in bulk

20 Feb 2019 08:28	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
20 Feb 2019 08:31	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
20 Feb 2019 08:31	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
20 Feb 2019 08:31	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
20 Feb 2019 08:31	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
20 Feb 2019 08:55	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
20 Feb 2019 10:37	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield

Activa class 2 knee support large - 1 unit(s) - as dir UNCHECKED UNITS (1 unit(s) every 28 days) (Future dated medication 21 Feb 2019)
Non-Multilex medication added - Medication: Activa class 2 knee support large
Reason: not on formulary
Custom script: Printed On Wed 20 Feb 2019 10:39 By Dr Caroline Lennox

21 Feb 2019 11:30	Surgery: Amanda Lilley (Systems Support Access Role) Entered at: HMP Hatfield

Address Changed From: 'HMP LINDHOLME CO MEDICAL OFFICER Lindholme, Doncaster DN7 6EE'
Previous Home Address: HMP Hatfield, Moorland Open, Thorne Road, Hatfield, Doncaster DN7 6EL
Home telephone number: 01405 746553

21 Feb 2019 16:15	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
21 Feb 2019 16:16	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
27 Feb 2019 07:56	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield

(R) Fultium-D3 800unit capsules (Thornton & Ross Ltd) - 28 capsules - 1 od (28 capsules every 28 days) (Future dated medication 27 Mar 2019)
Stopped 06 Mar 2019 Condition resolved by Dr Caroline Lennox
Custom script: Printed On Wed 27 Feb 2019 07:59 By Jane Craven

27 Feb 2019 07:56	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield	Entered: 27 Feb 2019 07:59
27 Feb 2019 07:57	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield	
27 Feb 2019 07:59	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield	
27 Feb 2019 07:59	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield	
27 Feb 2019 08:38	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield	

Clotrimazole 1% cream - 7 - 1 daily

01 Mar 2019 07:57	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield

Cetirizine 10mg tablets - 7 - 1 daily

01 Mar 2019 08:29	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield

History: bitten by insect right lower jaw yesterday.
Examination: inflamed swollen area noted, feels well, no other concerns, advised antihistamine and hydrocortisone 1% review as necessary.
Seen by nurse (XaATp)
Insect bite NOS (XE224)
Hydrocortisone 1% cream - 15g - [08:00-sparingly][18:00-sparingly]

04 Mar 2019 08:42	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield

History: as previous, area around bit red and swollen, warm to touch area approx3 cm diameter to right lower jaw.
Examination: otherwise well. task to GP for consideration of antibiotics.

04 Mar 2019 12:27	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield

(R) Cetirizine 10mg capsules - 28 capsules - 1 od (28 capsules every 28 days) (Future dated medication 10 Apr 2019)
Flucloxacillin 250mg capsules - 20 capsules - 1 qds (20 capsules every 5 days)
Stopped 04 Mar 2019 Other (quantity chage) by Dr Caroline Lennox
Cetirizine 10mg capsules - 28 capsules - 1 od
Ended 06 Mar 2019 Condition resolved by Dr Caroline Lennox
Custom script: Printed On Mon 04 Mar 2019 12:28 By Dr Caroline Lennox

04 Mar 2019 15:28	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield

Examination: attends to collect antibiotics, has ben prescribed 20 capsules, our stock boxes contain 28. message to GP to consider ammending quantity to allow dispensing today to avoid further delay in treatment.

04 Mar 2019 15:29	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield

Flucloxacillin 250mg capsules - 1 pack of 28 capsule(s) - Take ONE capsule FOUR times a day. (28 capsules every 7 days)
Custom script: Printed On Mon 04 Mar 2019 15:29 By Dr Caroline Lennox

04 Mar 2019 15:30	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield
04 Mar 2019 15:31	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield
06 Mar 2019 08:07	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
06 Mar 2019 08:08	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
06 Mar 2019 08:08	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
06 Mar 2019 08:08	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
06 Mar 2019 08:08	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
06 Mar 2019 10:33	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield

History: Chest pains have settled, used GTN once with equivocal results. Pain seems to eminate from L upper arm/ rotator cuff area where has known injury. Pending physio later this week. CXR no results yet. Baseline bloods all reassuring, can stop Vit D supps. Has had L shoulder cortisone injection approx 8/12 ago at Lindholme , not helpful at the time. Could consider redo. Cocodamol dose increased 8 to 15mg pro temp. Using NSAIDs prn, suggest short courses in pulses might be more effective.
Also mentioned gradual deepening of voice & tends to feel slightly " croaky". Not painful, nil dramatic, quit smoking 2y ago. No dyspnoea.

Examination: Oropharynx NAD.
Diagnosis: Decreased vocal resonance (X76Ie)
Plan: Will report any further vocal change to consider ENT ref. No clear indicatio at present.
(R) Co-codamol 15mg/500mg capsules - 224 capsules - 1-2 qds max prn for pain (56 capsules every 7 days) (Future dated medication 07 Mar 2019)
Co-codamol 15mg/500mg capsules - 224 capsules - 1-2 qds max prn for pain
Ended 03 Jun 2019 Change of Dosage by Dr Caroline Lennox
Custom script: Printed On Wed 06 Mar 2019 10:53 By Dr Caroline Lennox

06 Mar 2019 12:01	Surgery: Maria Chappell (Health Professional Access Role) Entered at: HMP Hatfield

Referral to substance misuse service (XaLKJ)
Misuses drugs (Ub0mt)
Self referral to substance misuse service (XaNPH) - self request - asked by OMU to complete relapse prevention work
Substance misuse team (XaJRs)
Thomas states that he been asked to complete relapse prevention - he has requested to be seen
Referral in completed and appointment booked for Friday
MC
Other relevant information (Y4331)
Copy of referral letter offered to patient (Y0cf1)

07 Mar 2019 15:50	Surgery: Ann Beacham (Nurse Access Role) Entered at: HMP Hatfield
07 Mar 2019 15:51	Surgery: Ann Beacham (Nurse Access Role) Entered at: HMP Hatfield
07 Mar 2019 15:57	Surgery: Ann Beacham (Nurse Access Role) Entered at: HMP Hatfield

History: 40 Co-Codamol 8/500 returned on 7th March 2019.
Nurse (XaBrW) (Ongoing Episode)

08 Mar 2019	HMP Prison: Maria Chappell (Health Professional Access Role) Entered at: HMP Hatfield	Entered: 19 Mar 2019 08:18

Consent Forms to HMP Hatfield

08 Mar 2019	Surgery: Maria Chappell (Health Professional Access Role) Entered at: HMP Hatfield	Entered: 19 Mar 2019 08:19

SMS: Consent form

08 Mar 2019 08:17	Surgery: Ann Beacham (Nurse Access Role) Entered at: HMP Hatfield
08 Mar 2019 08:18	Surgery: Ann Beacham (Nurse Access Role) Entered at: HMP Hatfield
08 Mar 2019 08:19	Surgery: Ann Beacham (Nurse Access Role) Entered at: HMP Hatfield

(R) Naproxen 500mg tablets - 56 tablets - 1 bd (14 tablets every 7 days) (Future dated medication 15 Mar 2019)
Custom script: Printed On Fri 08 Mar 2019 08:19 By Ann Beacham

08 Mar 2019 11:00	Surgery: Maria Chappell (Health Professional Access Role) Entered at: HMP Hatfield	Entered: 10 Mar 2019 10:27

Other relevant information (Y4331)
Substance misuse team (XaJRs)
Thomas has been seen today for an intial assessment of needs a nd review of assessments from his last establishment.
.
Explained confidentiality and agreed informed consent.
.
Reviewed past assessment and updated accordingly around work completed whilst at Linholme which includes motivation and relapse prevention tier two groups, the recovery programme and then as a recovery mentor.
.
Thomas has been requested to compelte relapse prevention and discussed the opportunity of reviewing and strenghtening skills already in place.
.
Care plan opened
CSMA update to be written up
MC

On substance misuse program (Y2876)
Initial substance misuse assessment (XaJy6)
Substance misuse clinical management plan agreed (XaJzj)
Referral In to HMP Hatfield for Psychosocial Substance Misuse: Ended on 20 Jun 2019 11:46
With the Following Intervention(s)
Discharged - Treatment completed

Status Update for Psychosocial Substance Misuse Referral In: Receiving Care, Status changed: 08 Mar 2019 11:00
Substance Misuse Recovery Support Care Plan Created
Substance Misuse Recovery Support Instruction: 1)
Need:
Intervention:
Time Scale: (Deleted 10 Mar 2019 10:37)
Substance Misuse Recovery Support Instruction: 1)
Need: Explore understanding of own relapse prevnetion strategies
Intervention: Attend 1-1 to review how personal risk factors change, to review, strenghten and further develop coping strategies and reviwe recovery plans for release
Time Scale: review every 4 -6 weeks (Deleted 12 Mar 2019 09:40)
Substance Misuse Recovery Support Instruction: 2)
Need:
Intervention:
Time Scale:
Substance Misuse Recovery Support Instruction: 3)
Need:
Intervention:
Time Scale:
Substance Misuse Recovery Support Instruction: 4)
Need:
Intervention:
Time Scale:
Substance Misuse Recovery Support Instruction: 5)
Need:
Intervention:
Time Scale:
Substance Misuse Recovery Support Instruction: 6)
Need:
Intervention:
Time Scale:
Substance Misuse Recovery Support Instruction: 7)
Need:
Intervention:
Time Scale:
Substance Misuse Recovery Support Instruction: 8)
Need:
Intervention:
Time Scale:
Substance Misuse Recovery Support Review next due on 30 Mar 2019 10:36

08 Mar 2019 15:51	Surgery: Ruth Tomlinson (Health Professional Access Role) Entered at: HMP Hatfield

History: In-house physiotherapy follow-up appointment (XaLpB)
Physiotherapy (Xa9EJ)
Seen in Lindholme has started with shoulder pain again had a cortisone injection but ? worn off
FAROM pain on abduction and external rotation constant ache feels heavy on bringing arm down from 45 degrees abduction.
palpation tight infraspinatus and teres major
Acupuncture LU1,2 LI4 14,15,16 SI 10, 11,12,13
kinesiology tape applied to shoulder and knees
shoulder exercises advised
HCA to apply every 2 week
Yes (Y0427)
Number of physiotherapy appointments attended (Y1a04) 6
Seen by physiotherapist (9N28.)
Consent obtained (Y001d)

12 Mar 2019 09:38	Surgery: Maria Chappell (Health Professional Access Role) Entered at: HMP Hatfield

Has never shared drug injection equipment (XaOcK)
Brief intervention for excessive alcohol consumptn completed (XaPPv)
Discussion about treatment options (YA517)
He stated that he would not like to use any substances in his llife.
He would take any help available to make a change to his lifestyle
..

08.03.19
He states that he does not want to return to any substance use in the future
Previous treatments (Y2413)
reports that he has never engaged in any psychosocial intervention.
reports not using any substances in priosn.
.
08.03.19
Whilst at HMP Lindholme he has done groups Relapse Prevention and Motivation to Change - both Tier 2.
He has also completed the recovery programme and 1:1 work
He says that the last months he acted as a mentor to others.
Drug-related offending behaviour (Ub0nz)
Current offence is ABH
Denies any issues with unsafe sex and route of administration.
.
08.03.19 No changes
In prison (XE0pK) - ABH
Criminal behaviour (X765i)
History of violence
Denies sexual or arson offences
Drug-related offending behaviour (Ub0nz)
He report offending first before substance misuse. He stated that he does not know if he stop using he will stop offending as offending just happen without planning. He stated that he does not have any intentions of hurting anyone at the moment.
..
08.03.19
No changes
In prison (XE0pK) - 6years
Prisoner has been in prison before (YX004)
Charged with crime (13HM0)
Drug misuse behaviour (Ub0mp)
reports starting to drink with his friends on streets when he was 15.
he tried injecting amphetamines but he did not like it.
Reports drinking alcohol and sniffing coccaine socially
..
08.03.19
States started using cannabis at an approx age 13/14
He says that he started drinking alcohol from age 17-18 and amphetamines from age approx 20
He states that he used LSD and amphetamines daily from approx years 94-96 - He states that he says that bombed it in pints of beer.
.
He says that he stopped drug use other than some "dabbling" of cocaine and LSD use
.
He states that he had a period of approx 10 years in Scotland on his own and did really well
.
He says that he returned to the Yorkshire area and was in a relationship with an old friend. He says that her son would encourage him to go out and use both alcohol and cocaine which he did no a number of occassions. He denies being addicted or that alcohol use was problematic.
.
Thomas states that he has ended his relationship and does not want to see her son again
.
He says that he plans to live with his mother on release initially in Pontefract.
He says that he will be claiming sick pay due to his back - however hopes to start his own work to deliver small parcels / courier one off and to build this business up to levels that his health will enable.

Age at starting drug misuse (Ub0nZ) - 18
Route of administration of drug (XC00p) - sniff
Frequency of drug misuse (Ub0nC) - ocassionaly
Substance misuse assessment (XaXiD)
History of cocaine misuse (XaMf6)
average amount of other problem substance on a using day (pounds) (Y09f0) - free
Route of administration of drug (XC00p) - oral
average amount of other problem substance on a using day (pounds) (Y09f0) - £40-50

Age at starting drug misuse (Ub0nZ) - 15
Alcohol abuse (Xa1yZ)
Frequency of drug misuse (Ub0nC) - drink occassionally
Family details and household composition (Ua0Hb)
None visit him in prison
08.03.19
States not in a relationship now.
No thoughts of deliberate self harm (Xaluw) - He reports a history of self harming the last time he self harmed was in 1996 when he cut his arm.
No suicidal thoughts (XaIJ7)
Dual Diagnosis (Y0757)
Yes (Y0427)
H/O: mental health problem (YA741)
schizophrenia
08.03.19
States is engaged with mental helath services
Substance misuse team (XaJRs)
To engage in psychosocial intervention focusing on
Relapse prevention
Motivation to change
Alcohol incell work
..
08.03.19
Wants to refresh relapse prevention skills and techniques (requested by OMU)
Substance misuse clinical management plan agreed (XaJzj)
Initial substance misuse assessment (XaJy6)
Current health problems (Y3536) - 08.03.19 States has issues with vertebrae in his back
H/O: repeated overdose (XaIPy) - 08.03.19 Denies history of overdose. Discussed early signs of overdose.
Shares drug equipment (Ub0nJ)
08.03.19
Has shared notes/straws in the past
Awareness of problem (Y9961) - He understand overdose and low tolerance
Activities (X79tW) - no due to physical health problems
H/O: repeated overdose (XaIPy) - states none
Family history of substance misuse (XaMzo) - states none
Family problems (X76Gi) - He stated that it has caused a lot of stress to his mother.
Employment status (Ua0TA) - no
No history of deep vein thrombosis (XaaEe)
Comment note (XaIg6) - Reports that he has been screened
Physical health assessment (XaXiC) - States lower back nerve pain
Education and training (XaA2x) - no
Drugs - total non-compliance (XM1Xt) - he states no
Substance Misuse Recovery Support Instruction: 1)
Need: Explore understanding of own relapse prevnetion strategies
Intervention: Attend 1-1 to review how personal risk factors change, to review, strenghten and further develop coping strategies and review recovery plans for release
Time Scale: review every 4 -6 weeks (Deleted 12 Mar 2019 09:41)
Substance Misuse Recovery Support Instruction: 1)
Need: Explore understanding of own relapse prevention strategies
Intervention: Attend 1-1 to review how personal risk factors change, to review, strengthen and further develop coping strategies and review recovery plans for release
Time Scale: review every 4 -6 weeks

13 Mar 2019 08:10	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
13 Mar 2019 08:13	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
13 Mar 2019 08:13	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
13 Mar 2019 08:13	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
13 Mar 2019 08:14	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
13 Mar 2019 08:17	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield

(R) Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - 2 od (14 tablets every 7 days) (Future dated medication 27 Mar 2019)
(R) Gabapentin 300mg capsules - 168 capsules - 3 bd (42 capsules every 7 days) (Future dated medication 27 Mar 2019)

Stopped 01 Apr 2019 Other (cd) by Dr Caroline Lennox
(R) Propranolol 40mg tablets - 56 tablets - 1 bd (14 tablets every 7 days) (Future dated medication 03 Apr 2019)
Custom script: Printed On Wed 13 Mar 2019 08:18 By Jane Craven
Custom script: Printed On Wed 13 Mar 2019 08:18 By Jane Craven

13 Mar 2019 10:52	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield	

(R) Co-codamol 15mg/500mg capsules - 224 capsules - 1-2 qds max prn for pain (56 capsules every 7 days) (Future dated medication 03 Apr 2019)
Custom script: Printed On Wed 13 Mar 2019 10:52 By Jane Craven

13 Mar 2019 11:51	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield	Entered: 14 Mar 2019 11:51
13 Mar 2019 16:37	Surgery: Dr Pravin Jayakumar (General Medical Practitioner) Entered at: Trinity Medical Centre	

Except from mental health quality indicators: Patient unsuit (XaJ4w) - no meds or contact since 2016

14 Mar 2019 11:47	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield	
14 Mar 2019 11:55	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield	
18 Mar 2019	HMP Prison: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield	Entered: 18 Mar 2019 10:15

Consent Forms to HMP Hatfield

18 Mar 2019	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield	Entered: 18 Mar 2019 10:16

medication

19 Mar 2019 15:20	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
19 Mar 2019 15:20	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
20 Mar 2019 08:04	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
20 Mar 2019 08:09	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
20 Mar 2019 08:09	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
20 Mar 2019 08:09	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
21 Mar 2019 13:14	Surgery: Kelly Wraith Entered at: HMP Hatfield
21 Mar 2019 13:28	Surgery: Kelly Wraith (Nurse Access Role) Entered at: HMP Hatfield

Recall/Reminder Marked in Error: Wrong data entered
21 Mar 2019 13:14, 1st NHS Health Check, Pending, Added in bulk, 21 Mar 2020,
Note Marked in Error: Wrong data entered
21 Mar 2019 13:14, Added in bulk

21 Mar 2019 13:51	Surgery: Kelly Wraith Entered at: HMP Hatfield

Recall: IMH Annual Physical (21 Mar 2020) Added in bulk

22 Mar 2019	HMP Prison: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield	Entered: 22 Mar 2019 15:47

Prison Medical Record to HMP Hatfield

22 Mar 2019	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield	Entered: 22 Mar 2019 15:49

gabapentin script

22 Mar 2019 09:26	Surgery: Kelly Wraith (Nurse Access Role) Entered at: HMP Hatfield

Diagnosis Marked in Error: Wrong data entered
Not on CPA, from previous establishment.
09 Sep 2016 18:36, Minimal Care Plan Approach (CPA) (Y0437),
Template Entry Marked in Error: Wrong data entered
Not on CPA, from previous establishment.

22 Mar 2019 14:06	Surgery: Miss Helen Brownbill (Admin/Clinical Support Access Role) Entered at: HMP Hatfield

Comment note (XaIg6) - States he has previusly had issues with substance misuse; patient didnt expand on this
Physical activity level (Y00f3) 3 -
Wellbeing - Physical Health:: 3 – OK but it could be better
Comment note (XaIg6) - States that during his sentence he hasnt took any substances (illicit/ alcohol) whilst being in prison; states he has had no issues with peer pressure in doing so .
Comment note (XaIg6) - States he has been suffering long term with his mental health; is also taking medication for this; states he was seeing mental health in previous establishments. States at this time he is coping and has no worries at this time. ? if he knew how to refer himself to mental health/ know who to see/ ask if he is struggling with his mental health. Patient is aware of how to self refer himself or to go and see a member of staff.
Health of the Nation Outcome Scale item 3 - alcoh/drug probl (Xa1e4) 4 -
Wellbeing - Substance Misuse:: 4 – Pretty good
Personal wellbeing: Action required (Y2836)

Comment note (XaIg6)
Relies alot on medications such as Gabapentin, Cocodamol, Vitamin D suppliments, propanalol and aripiprazole
Also having his knees taped as per physio request due to suffering pain in them due to back problems.
Healthy lifestyle programme offered (XabUG)
Comment note (XaIg6) - States he is doing light duties at the minute, attends the gym but does light exercise inorder to keep him going and is also pleased with himself that he has stopped smoking for nearly 2 years
Personal wellbeing: Discussed (Y2834)
Personal wellbeing: Assessed (Y2835)
Health of the Nation Outcomes scale item 12 - occup/activit (Xa1eE) 4 -
Wellbeing - Resettlement and Reducing Reoffending:: 4 – Pretty good
Health care assistant (Ua0Zb)
Personal wellbeing: Discussed (Y2834)
Comment note (XaIg6) - States he previously had a partner but states he finished this relationship whilst in another establishment; states he has a good strong family; was getting visits often in Lindholme and has had a couple here.
Health of Nat Outcome Scale item 8 - other ment/behav probl (Xa1eA) 3 -
Wellbeing - Mental Health:: 3 – OK but it could be better
Comment note (XaIg6) - States he is in the process of practicing his drivers theory test as he would like to pass his test when released and try and gain a job working for a courier service.
Health of Nation Outcome Scale item 9 - relationship probl (Xa1eB) 4 -
Wellbeing - Relationships:: 4 – Pretty good
Recall: CUK Wellbeing 3 Months Review (24 Jun 2019)

22 Mar 2019 15:33	Surgery: Miss Helen Brownbill (Admin/Clinical Support Access Role) Entered at: HMP Hatfield

History: Both left and right knee taped as per physio request
Examination: Kinesiology tape applied to both L and R knees of patient
Tape appled as per physiotherapist guidance
Advised patient I will continue to tape his knees every 2 week as requested by physiotherapist.
Advised when patient moves to the other Hatfield site; I will continue to tape his knees when over there; if physio wishes me to do so
Patient happy for this to happen
Health care assistant (Ua0Zb)

26 Mar 2019 15:45	Surgery: Maria Chappell (Health Professional Access Role) Entered at: HMP Hatfield

Follow up substance misuse assessment (XaJy7)
Substance misuse team (XaJRs)
Thomas has been seen today for 1-1 on relapse prevention
.
Gave Thomas the "My Rap" workbook to complete in cell and to review his strategies.
.
Discussed plans for release and his intentions around drug use. Thomas states that he intends to remain drug free - he states that this sentence has given the opportunity to take a long look a himself and he knows that he has made mistakes in the past.
.
He says that he plans to return to live with his mother - he says that he has a close relationship with his mother and he plans to help her and to spend time with her especially as she is getting older now.
.
Thomas to complete the My Rap workbook and encouraged to pay attention to his own specific journey, the strategies he uses and his recvoery plans and goals.
.
Next appointment to discuss work completed
MC
Activity: Substance Misuse Recovery Support (Care Plan) (30 minutes) Face to face with Patient
Substance Misuse Recovery Support performed (1 out of 8)
Substance Misuse Recovery Support Review next due on 26 Apr 2019 15:48
Patient Contact: 30 minutes Total Contact: 30 minutes

27 Mar 2019 16:07	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
27 Mar 2019 16:08	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
27 Mar 2019 16:09	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
27 Mar 2019 16:09	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
27 Mar 2019 16:09	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
29 Mar 2019 09:19	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield

Custom script: Printed On Fri 29 Mar 2019 09:20 By Jane Craven

29 Mar 2019 09:21	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield

Custom script: Printed On Fri 29 Mar 2019 09:22 By Jane Craven
Drug Dispensing Schedule Marked in Error: Entered on wrong date
29 Mar 2019 09:19
Drug Dispensing Schedule Marked in Error: Entered on wrong date
29 Mar 2019 09:19
Medication Marked in Error: Entered on wrong date
29 Mar 2019 09:19, Gabapentin 300mg capsules, 3 bd, 168 capsules, , 29
Drug Chart Details Marked in Error: Entered on wrong date
29 Mar 2019 09:19

29 Mar 2019 09:34	Surgery: Mrs Rachel Rogers (Systems Support Access Role) Entered at: HMP Hatfield

Medication Marked in Error: schedule 3 CD from april 1st needs represcribing.
29 Mar 2019 09:21, Gabapentin 300mg capsules, 3 bd, 168 capsules, , 29
Drug Chart Details Marked in Error: schedule 3 CD from april 1st needs represcribing.
29 Mar 2019 09:21
Drug Dispensing Schedule Marked in Error: schedule 3 CD from april 1st needs represcribing.
29 Mar 2019 09:21
Drug Dispensing Schedule Marked in Error: schedule 3 CD from april 1st needs represcribing.
29 Mar 2019 09:21

29 Mar 2019 09:38	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
01 Apr 2019 12:50	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield

Gabapentin 300mg capsules - 168 capsules - 3 morning & 3 evening
Ended 18 Sep 2019 Re-Authorised by Dr Gaynor Mountcastle
Custom script: Printed On Mon 01 Apr 2019 12:54 By Dr Caroline Lennox

01 Apr 2019 13:40	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield

(R) Gabapentin 300mg capsules - 168 capsules - 3 morning & 3 evening (42 capsules every 7 days) (Future dated medication 03 Apr 2019)
Custom script: Printed On Mon 01 Apr 2019 13:42 By Jane Craven
Drug Dispensing Schedule Marked in Error: Entered on wrong date
01 Apr 2019 12:50
Drug Dispensing Schedule Marked in Error: Entered on wrong date
01 Apr 2019 12:50
Medication Marked in Error: Entered on wrong date
01 Apr 2019 12:50, Gabapentin 300mg capsules, 3 morning & 3 evening, 168 capsules, , 29
Drug Chart Details Marked in Error: Entered on wrong date
01 Apr 2019 12:50

03 Apr 2019 15:52	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
03 Apr 2019 15:54	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
03 Apr 2019 15:54	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
03 Apr 2019 15:54	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
03 Apr 2019 15:54	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
04 Apr 2019 11:10	Surgery: Claire Jenkinson (Nurse Access Role) Entered at: HMP Hatfield

Self-completed LANSS pain scale (XaYYk) 19 -
1. In the area where you have pain do you aslo have ' pins and needles', tingling or prickling sensation?: Yes - I get these sensations often
2. Does the painful area change colour? (perhaps looks mottled or more red) when the pain is particularly bad?: No - The pain does not affect the colour of my skin
3. Does your pain make the affected skin abnormally sensitive to touch? Getting unpleasant sensations or pain when lightly stroking the skin might describe this.: Yes - My skin in that area is particularly sensitive to touch
4. Does your pain come on suddenly and in burst for no apparent reason when you are completely still? Words like 'electric shocks', jumping and bursting might describe this.: Yes - I get these sensations often
5. In the area where you have pain, does your skin feel unusually hot like a burning pain?: Yes - I get a burning pain
6. Gently rub the painful area with your index finger and then a non-painful area (for example, an area of skin further away or no the opposite side from the pain area).: I feel discomfort, like pins and needles, tingling or burning in the painful area that is different from the non-painful area
7. Gently press on the painful area with your finger tip then gently press in the same way onto a non-painful are. (the same non-painful area that you chose in the last question). How does this feel in the painful area?: I feeling numbness or tenderness in the painful area that is different from the non-painful area.
Pain score (Ua2Bc) 9 -
Pain Score: 9
Seen by pain management nurse (XaAU3)
Pain management (Xa0iE)
Seen to review Gabapentin-currently prescribed 900mg Gabapentin Bd and co-codamol 15/500mg 1-2 tabs QDS

PRN. MRI report shows L4/L5 diffuse disc bulge which contact the Lt L4 nerve root. Shoulder x-ray shows clinical impingement to Lt shoulder and significant mechanical change tat the ACJ. Thomas states that he has had a facet joint injection prior to custody-unsure if did anything for his pain.

Gabapentin is working well for Thomas's neuropathic pain alongside Co-codamol. I don't see a clinical need to change this-to continue.

I will review in 3 months unless anything changes-Thomas happy with this plan.

04 Apr 2019 15:50	Surgery: Claire Jenkinson (Nurse Access Role) Entered at: HMP Hatfield
05 Apr 2019 13:59	Surgery: Ruth Tomlinson (Health Professional Access Role) Entered at: HMP Hatfield

History: In-house physiotherapy follow-up appointment (XaLpB)
Consent obtained (Y001d)
Seen by physiotherapist (9N28.)
Physiotherapy (Xa9EJ)
Has been going to the gym and walking on the treadmil and on the stepper reports has been doing rotator cuff exercises with just the weight of his arm.
Deep tissue release to neck left shoulder and pecs
Kinesiology tape applied to both knees and shoulder
Number of physiotherapy appointments attended (Y1a04) 7
Yes (Y0427)

08 Apr 2019 09:29	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
09 Apr 2019 10:33	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield

(R) Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - 2 od (14 tablets every 7 days) (Future dated medication 24 Apr 2019)
(R) Co-codamol 15mg/500mg capsules - 224 capsules - 1-2 qds max prn for pain (56 capsules every 7 days) (Future dated medication 01 May 2019)
(R) Gabapentin 300mg capsules - 168 capsules - 3 morning & 3 evening (42 capsules every 7 days) (Future dated medication 01 May 2019)
(R) Naproxen 500mg tablets - 56 tablets - 1 bd (14 tablets every 7 days) (Future dated medication 15 May 2019)
(R) Propranolol 40mg tablets - 56 tablets - 1 bd (14 tablets every 7 days) (Future dated medication 01 May 2019)
Custom script: Printed On Tue 09 Apr 2019 10:33 By Jane Craven
Custom script: Printed On Tue 09 Apr 2019 10:33 By Jane Craven
Custom script: Printed On Tue 09 Apr 2019 10:33 By Jane Craven

10 Apr 2019 08:12	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield	
10 Apr 2019 08:13	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield	
10 Apr 2019 08:13	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield	
10 Apr 2019 08:13	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield	
10 Apr 2019 08:14	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield	
10 Apr 2019 08:15	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield	
11 Apr 2019	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield	Entered: 01 May 2019 14:11

Assessments to HMP Hatfield

11 Apr 2019 09:13	Surgery: Maria Chappell (Health Professional Access Role) Entered at: HMP Hatfield

Follow up substance misuse assessment (XaJy7)
Substance misuse team (XaJRs)
Thomas has been seen today for 1-1 to continue work on relapse prevention.
.
He has completed some of the workbook and says that he needs help with some other parts - taken off him to read through and to identify elements still required.
.
Next appointments to discuss this work more in depth and to needs as present.
.
Appointment booked
MC
Activity: Substance Misuse Recovery Support (Care Plan) (30 minutes) Face to face with Patient
Substance Misuse Recovery Support performed (1 out of 8)
Substance Misuse Recovery Support Review next due on 31 May 2019 09:19
Patient Contact: 30 minutes Total Contact: 30 minutes

12 Apr 2019 10:20	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield	Entered: 15 Apr 2019 11:43

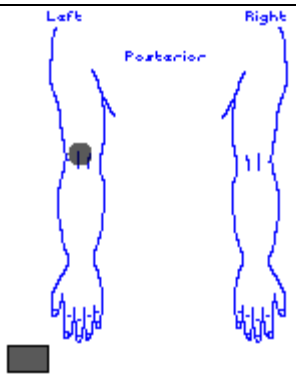
Differential white blood cell count (42I..)
Neutrophil count (42J..) 3.7 10^9/L [2 - 7.5]
Platelet count - observation (42P..) 222 10^9/L [140 - 450]
Red blood cell distribution width (XE2mO) 13.6 % [11 - 16]
Eosinophil count - observation (42K..) 0.2 10^9/L [0.01 - 0.7]
Basophil count (42L..) 0 10^9/L [0 - 0.1]
Lymphocyte count (42M..) 2.3 10^9/L [1.5 - 4]
Monocyte count - observation (42N..) 0.5 10^9/L [0.2 - 0.95]
Total white blood count (XaIdY) 6.8 10^9/L [4 - 12]
Red blood cell count (426..) 4.75 10^12/L [4.4 - 6]
Full blood count (424..)
Haemoglobin concentration (Xa96v) 141 g/L [126 - 180] - This value has been converted from: 141.0 g/L
Mean cell haemoglobin level (XE2pb) 29.7 pg [27 - 32]
Mean cell haemoglobin concentration (429..) 31.7 g/dL [31 - 35] - This value has been converted from: 317.0 g/L
Haematocrit (X76tb) 0.445 [0.42 - 0.52]
Mean cell volume (42A..) 93.7 fL [78 - 100]
Full blood count;Differential white blood cell count Report, Normal, No Further Action. Review not applicable

12 Apr 2019 10:20	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield	Entered: 15 Apr 2019 11:43

25-OH Vitamin D: Quoted reference range is for optimal vitamin D status.
Vitamin D >50 nmol/L = SUFFICIENT - Maintain vitamin D through safe
sun exposure and current diet/supplement use.
If patient is supplemented with Calciferol (Vitamin D2) then result
may be slightly lower than expected.
Serum calcium level (XE2q3) 2.47 mmol/L [2.03 - 2.45] - Above high reference limit
Serum inorganic phosphate level (XE2q4) 0.9 mmol/L [0.8 - 1.5]
Calcium adjusted level (XaZyY) 2.47 mmol/l [2.2 - 2.6]
Serum 25-Hydroxy vitamin D3 level (XaEQa) 58.8 nmol/L [> 50]
Serum albumin level (XE2eA) 42 g/L [35 - 50]
Calcium adjusted level (XaZyY) 2.47 mmol/l [2.2 - 2.6]
Serum albumin level (XE2eA) 42 g/L [35 - 50]
Serum total protein level (XE2e9) 70 g/L [60 - 80]
Bone profile (44Z2.)
Serum calcium level (XE2q3) 2.47 mmol/L [2.03 - 2.45] - Above high reference limit
Serum alkaline phosphatase level (XE2px) 95 iu/L [30 - 130]
Serum globulin level (XE2eB) 28 g/L [23 - 40]
Bone profile;25-OH Vitamin D Report, Satisfactory, No Further Action. Review not applicable

12 Apr 2019 10:20	Surgery: Vincent Farrell (Nurse Access Role) Entered at: HMP Hatfield

Blood test: other (Y3615) - vit d
Full blood count (424..)
Blood sampling (X74UV)



15 Apr 2019 11:43	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield
15 Apr 2019 11:43	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield
17 Apr 2019 08:07	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
17 Apr 2019 08:09	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
17 Apr 2019 08:09	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
17 Apr 2019 08:09	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
17 Apr 2019 08:09	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
17 Apr 2019 09:33	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield

sent to hatield 4 boxes of gabapentin 300mg
sent to hatfiled 1 box of co-codamol 4 x naproxen 500mg 4 x aripipazole
sent a script to well to go to hatfield for co-codamol and propranolol

17 Apr 2019 12:41	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield	
23 Apr 2019 08:08	Surgery: Maria Chappell (Health Professional Access Role) Entered at: HMP Hatfield	

Substance misuse team (XaJRs)
Task received to advise now residing at hatfield - Appointment moved to Thursday
MC

23 Apr 2019 09:39	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield	
24 Apr 2019 07:49	Surgery: Ms Kim Newson (Nurse Access Role) Entered at: HMP Hatfield	
24 Apr 2019 07:51	Surgery: Ms Kim Newson ('Other' Community Health Service) Entered at: HMP Hatfield	
24 Apr 2019 07:51	Surgery: Ms Kim Newson ('Other' Community Health Service) Entered at: HMP Hatfield	
24 Apr 2019 07:52	Surgery: Ms Kim Newson ('Other' Community Health Service) Entered at: HMP Hatfield	
24 Apr 2019 11:17	Surgery: Ms Kim Newson (Nurse Access Role) Entered at: HMP Hatfield	
24 Apr 2019 11:19	Surgery: Ms Kim Newson ('Other' Community Health Service) Entered at: HMP Hatfield	
25 Apr 2019	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield	Entered: 25 Apr 2019 13:23

Consent Forms to HMP Hatfield

25 Apr 2019 09:32	Surgery: Miss Helen Brownbill (Admin/Clinical Support Access Role) Entered at: HMP Hatfield

History: Patient attended to have both Left and Right knee taped with Kinesiology tape
Examination: 1 x set of templates applied to each knee (Left and Right) as per physiotherapists (RT) request
Tape applied as per guidance of physiotherapist

Patient complaining of shoulder pain; has been seen by physiotherapist for this and has had Kinesiology tape applied
However I have not been instructed/ guided in the application of shoulder tape for this patient so I am unable to do so
Next available GP slot is 20 May patient had previous Cortisone injection to shoulder due to pain

Patient has been added to physiotherapist list also in regards to shoulder pain
Plan: Booked in to see GP 20th May 2019
Added to physiotherapist list
Booked in to have kinesiology tape applied to both knees in 2/52 as per physio request
Health care assistant (Ua0Zb)

25 Apr 2019 11:32	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield

History: consent
Examination: consent obtained to pass information to DWP to support patients benefit clain
Plan: consent signed and imported onto system 1
Nurse (XaBrW) (New Episode)

25 Apr 2019 14:21	Surgery: Maria Chappell (Health Professional Access Role) Entered at: HMP Hatfield

Follow up substance misuse assessment (XaJy7)
Substance misuse team (XaJRs)
Thomas has been seen today following his move to the main site.
.
He states that he has settled in straight away and has no concerns. Denies any substance use or thoughts of using.
.
He says that he is due to go to A wing today to sign up for CBDT and is also to see his Offender Supervisor Leanne Mundin and hopes to find out about his home leaves at this time
.
I have his paperwork that he had completed from his last appointment - however there is limited amounts completed and suggested that we review this together.
.
On discussion around recovery plans - Thomas states that he is going to stay at his mothers and look after her - he says that he wants to give her his time and effort and states that they are a close family. Explored how this will be sustainable if only spending time there and what about his life - Thomas was resistant to explore at first and then stated that he would still socialise, with a couple of pints down at his local.
.
Next appointment to start at cycle for change to decipher intentions around substance use and where he feel that he is on his recovery.
.
Appointments booked in
MC

29 Apr 2019 09:37	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield

Examination: reviewed need for light duty f35. states curently working in greenhouses with no isues.to continuewith

current F35, requests referal for shoulder pain,has GP appt in May.

01 May 2019 08:26	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	
01 May 2019 08:28	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	Entered: 01 May 2019 08:31
01 May 2019 08:28	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	Entered: 01 May 2019 08:31
01 May 2019 08:28	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	Entered: 01 May 2019 08:31
01 May 2019 08:29	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	Entered: 01 May 2019 08:31
08 May 2019 08:50	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	
08 May 2019 08:50	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	
08 May 2019 08:50	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	
08 May 2019 08:51	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	
08 May 2019 08:51	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	
08 May 2019 08:53	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	

(R) Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - 2 od (14 tablets every 7 days) (Future dated medication 22 May 2019)
(R) Co-codamol 15mg/500mg capsules - 224 capsules - 1-2 qds max prn for pain (56 capsules every 7 days) (Future dated medication 29 May 2019)
Stopped 19 Jun 2019 Change of Dosage by Dr Caroline Lennox
(R) Gabapentin 300mg capsules - 168 capsules - 3 morning & 3 evening (42 capsules every 7 days) (Future dated medication 29 May 2019)
(R) Propranolol 40mg tablets - 56 tablets - 1 bd (14 tablets every 7 days) (Future dated medication 29 May 2019)
Custom script: Printed On Wed 08 May 2019 08:54 By Marie O'Donnell
Custom script: Printed On Wed 08 May 2019 08:54 By Marie O'Donnell

08 May 2019 15:20	Surgery: Miss Helen Brownbill (Admin/Clinical Support Access Role) Entered at: HMP Hatfield

History: Patient attended to have kinesiology tape applied to knee as per Physiotherapists RT request
Examination: 1 x template applied to both left and right knee as per Physiotherapist RT request and guidance
Patient happy with fit; sitting of tape on both knees
States this is comfortable
Plan: Advised I will book him in to have his knee tape applied again in the next 2 weeks.
Patient happy with this
Health care assistant (Ua0Zb)

09 May 2019 11:22	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield

Comment note (XaIg6)
Gabapentin 300mg capsules
All medication was correct counted 33 patient collected 08/05/2019
Drug compliance checked (XaJKn)
Drug compliance good (8B3E.)

14 May 2019 08:44	Surgery: Maria Chappell (Health Professional Access Role) Entered at: HMP Hatfield

Other relevant information (Y4331)
Substance misuse team (XaJRs)
Unable to see as off sick on 13.05.19 - therefore marked as Unit cancelled appointment
Appointment has been rebooked
MC

15 May 2019	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield	Entered: 22 May 2019 15:28

Miscellaneous to HMP Hatfield

15 May 2019	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield	Entered: 22 May 2019 15:28

USS REQUEST

15 May 2019 07:58	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
15 May 2019 07:59	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
15 May 2019 07:59	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
15 May 2019 07:59	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
15 May 2019 08:00	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
15 May 2019 08:00	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
15 May 2019 13:28	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield

History: attends at request of OMU, has received a letter from the policr who are investigating historical child abuse which occured at a school which patient was a pupil at, he states he was abused there and the letter has brought

back lots of memories, states letter was received last Friday and has not slept since.Denies all thoughts of DSH, looks tired but is alert and orientated, requesting to see GP earlier than planned appointment.Advised he has an appointment on Monday and GP not here until then, so he has the earliest possible appointment.Requesting assistance tosleep.Advised to discuss with GP on monday, offered Mental health appointment, patient declines at this time.

Seen by nurse (XaATp)

15 May 2019 14:25	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield

Zopiclone 7.5mg tablets - 3 tablets - 1 nocte (3 tablets every 3 days) (Future dated medication 17 May 2019)

Custom script: Printed On Wed 15 May 2019 14:26 By Dr Caroline Lennox

16 May 2019	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	Entered: 16 May 2019 15:08

Prescription or Medication details to HMP Hatfield

16 May 2019	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	Entered: 16 May 2019 15:11

CD Prescription Gabapentin 300mg capsules x28 start date 29/05/2019 x 28 days

17 May 2019 08:19	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	
17 May 2019 08:19	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	
20 May 2019 10:45	Surgery: Maria Chappell Entered at: HMP Hatfield	Entered: 20 May 2019 13:42

No access visit for Substance Misuse Session appointment with Maria Chappell

Home visit - no reply (9NFC.)

20 May 2019 11:05	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield

History: Feeling a bit more settled about making a statement re historical abuse whilst at an approved school .

Zopiclone helped- advised to have a few days off but can reissue*3 if needed. OK for now.

3y hx of gradual onset ? capsulitis L (non dom) shoulder. No hx of injry though has been " twisted up" a few times.

Examination: Unable to abduct beyond 90 deg L shoulder, restricted flex/ ext. Tender point of shoulderarea.

Diagnosis: Capsulitis NOS (N21z0)?

Plan: USS requested to check rotator cuff. Has had 1*steroid inj at Lindholme which helped a but, requesting redo.

Methylprednisolone 80mg/2ml / Lidocaine 20mg/2ml (1%) suspension for injection vials - 1 vial - for GP admin (1 vial every 1 day)

Custom script: Printed On Mon 20 May 2019 11:27 By Dr Caroline Lennox

20 May 2019 13:38	Surgery: Maria Chappell (Health Professional Access Role) Entered at: HMP Hatfield

Other relevant information (Y4331)

Substance misuse team (XaJRs)

Thomas came to the office to advise that he had an appointment wiht the Dr at the same time as this appointment.

Agreed to rebook

MC

22 May 2019 08:22	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
22 May 2019 08:24	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
22 May 2019 08:24	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
22 May 2019 08:24	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
22 May 2019 08:25	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
22 May 2019 08:25	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
22 May 2019 09:02	Surgery: Miss Helen Brownbill (Admin/Clinical Support Access Role) Entered at: HMP Hatfield

History: Kinesiology tape applied to Mr Murphys knee as per physiotherapists RTs request

Examination: 2 x templates of kineisology tape applied to both Left and Right knee

Tape applied as per guidance of physiotherapist RT

Patient happy with sitting and feel of tapes; states is comfortable

Plan: Appointment to be booked for next 2/52 as per physio request

Health care assistant (Ua0Zb)

23 May 2019 14:26	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield

(R) Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - 2 od (14 tablets every 7 days) (Future dated medication 19 Jun 2019)

(R) Co-codamol 15mg/500mg capsules - 224 capsules - 1-2 qds max prn for pain (56 capsules every 7 days) (Future dated medication 26 Jun 2019)

Stopped 03 Jun 2019 Change of Dosage by Dr Caroline Lennox

(R) Gabapentin 300mg capsules - 168 capsules - 3 morning & 3 evening (42 capsules every 7 days) (Future dated medication 26 Jun 2019)

(R) Naproxen 500mg tablets - 56 tablets - 1 bd (14 tablets every 7 days) (Future dated medication 12 Jun 2019)

(R) Propranolol 40mg tablets - 56 tablets - 1 bd (14 tablets every 7 days) (Future dated medication 26 Jun 2019)

Custom script: Printed On Thu 23 May 2019 14:27 By Marie O'Donnell

Custom script: Printed On Thu 23 May 2019 14:27 By Marie O'Donnell

Custom script: Printed On Thu 23 May 2019 14:27 By Marie O'Donnell

24 May 2019 11:31	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
28 May 2019 10:11	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
29 May 2019 08:09	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield
29 May 2019 08:10	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield
29 May 2019 08:10	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield
29 May 2019 08:10	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield
31 May 2019 10:03	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield

USS REQUEST POSTED TO DRI

31 May 2019 10:04	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield
03 Jun 2019 09:43	Surgery: Ms Kim Newson ('Other' Community Health Service) Entered at: HMP Hatfield

History: Went for USS last week, for some reason he was sent with the request form, and not appt had been made. Has spoken to admin and appt is being arranged.
Examination: In a lot of pain from shoulder, asking for injection. , has appt in 2 weeks
Plan: Task to gp for increase in cocodamol.
Seen by nurse (XaATp)

03 Jun 2019 13:59	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield

(R) Co-codamol 30mg/500mg tablets - 224 tablets - 1-2 qds max prn for pain (56 tablets every 7 days) (Future dated medication 04 Jun 2019)
Co-codamol 30mg/500mg tablets - 224 tablets - 1-2 qds max prn for pain
Ended 17 Jul 2019 Re-Authorised by Dr Caroline Lennox
Custom script: Printed On Mon 03 Jun 2019 14:02 By Dr Caroline Lennox

04 Jun 2019 16:10	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield
04 Jun 2019 16:11	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield
05 Jun 2019 08:10	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield
05 Jun 2019 08:10	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield
05 Jun 2019 08:10	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield
05 Jun 2019 08:10	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield
05 Jun 2019 08:10	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield
05 Jun 2019 08:12	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield
05 Jun 2019 09:49	Surgery: Miss Helen Brownbill (Admin/Clinical Support Access Role) Entered at: HMP Hatfield

History: Patient attended in order to have kinesiology tape applied to both left and right knees as per request of physiotherapist RT
Examination: 1 x template of kinesiology tape applied to both mr Murphys Left and Right knees as per physiotherapist guidance and request
Mr Murphy happy with the positioning and application of the tape; states it feels comfortable.

Mr Murphy is due to see physio therapist on 12th June 2019
I will ? with physiotherapist if the tape still needs to be applied to Mr Murphys knees on a 2/52 basis
Plan: Appointment for kinesiology tape to be applied again has been booked within the next 2 week
Discuss with physio continuation of kinesiology tape
Health care assistant (Ua0Zb)

06 Jun 2019 10:30	Surgery: Maria Chappell Entered at: HMP Hatfield	Entered: 06 Jun 2019 10:55

Did not attend for Substance Misuse Session appointment with Maria Chappell.
Did not attend (Xa1kG)

06 Jun 2019 10:55	Surgery: Maria Chappell (Health Professional Access Role) Entered at: HMP Hatfield

Did not attend substance misuse clinic (XaJsy)
Substance misuse team (XaJRs)
Thomas has not attended his appointment this morning
.
Checked with wing office and nomis and no reasons identified for non attendance.
.
Sent note to wing to adivse of non attendance and provided last part of worksheets that he had not completed around goals and strategies that he will use if around other users. Request to bring to next appointment.
.
Next appointment booked and if work completed will discharge
MC
Substance Misuse Recovery Support Review next due on 31 Jul 2019 10:55

12 Jun 2019 08:04	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
12 Jun 2019 08:04	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
12 Jun 2019 08:04	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield

12 Jun 2019 08:04	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
12 Jun 2019 08:07	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
12 Jun 2019 11:01	Surgery: Mrs Helen Dinneen (Health Professional Access Role) Entered at: HMP Hatfield

Physiotherapy (Xa9EJ)
Knees taped every fortnight good relief ,
shoulder booked corticostone injection on 17th , 3rd injection , in actue pain with shoulder
DH/ gabapectin
PMH/ Lsp injection in 2015,
left shoulder fAROM but tight upper traps , acupuncture consent Bl 11, SI 12, 13, GB 21//
easier taped to support shoulder
tx shoulder depression and retraction exercises
pect stretches ext rotaiton
review after injection
Consent obtained (Y001d)
Seen by physiotherapist (9N28.)
Number of physiotherapy appointments attended (Y1a04) 8
Yes (Y0427)

17 Jun 2019 11:15	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield

History: reports a flying insect has entered his right ear this morning.
Examination: large amount of wax evident in right ear canal, also ?flying insect.attempt to remove insect using swab. insect removed, TM visible, some redness to canal and wax also still evident.Patient states he believes that i have not removed the complete insect.Advised i cannot see any further insect, issued olive oil drops advised to return to his cell, instill drops and return after lunch if he has further concerns.
Foreign body in ear (SG1..)
Seen by nurse (XaATp)

17 Jun 2019 13:17	Surgery: Kelly Wraith (Nurse Access Role) Entered at: HMP Hatfield

Indirect (X791q)
Impressions of the prisoners behaviour and mental state (YX023)
Email from Leanne Mundin Offender supervisor advising that she had seen some OMU paperwork to suggest Thomas had been diagnosed with Schizophrenia and he was prescribed antipsychotic medication.
Discussed with Leanne via telephone that Thomas was not on my caseload and I was unable to disclose any medical information without his consent.

17 Jun 2019 13:38	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield

History: Steroid injection L shoulder, posterior approach with verbal consent. Last one, anterior & elsewhere, not helpful. BN X83152 exp 08/20.
USS appt aborted , no form recieved, needs rebooking.
Diagnosis: Injection of steroid into shoulder joint (XaBKK)

17 Jun 2019 13:46	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield

History: attends for a review of ear, reassured i cannot see any further FB in his auditory canal.

17 Jun 2019 13:50	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield
17 Jun 2019 14:19	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield

(R) Gabapentin 300mg capsules - 168 capsules - 3 morning & 3 evening (42 capsules every 7 days) (Future dated medication 24 Jul 2019)
Custom script: Printed On Mon 17 Jun 2019 14:19 By Marie O'Donnell

18 Jun 2019 10:10	Surgery: Miss Helen Brownbill (Admin/Clinical Support Access Role) Entered at: HMP Hatfield

History: Mr Murphy attended healthcare in order to have kinesiology tape applied to both his L and R knee as per physio request and guidance (RT)
Examination: 1 x template applied to each knee (left and right) as per physiotherapists guidance
Mr Murphy states the positioning of the tape is supportive and comfortable
Physio notes shpw the kinesiology tape being applied is effective for Mr Murphy
Agreed to continue applying kinesiology tape
Plan: Advised I will book his next appointment to have the tape re-applied in the next 2/52
Health care assistant (Ua0Zb)

19 Jun 2019	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield	Entered: 19 Jun 2019 14:48

Appointment Letter to HMP Hatfield

19 Jun 2019 07:56	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
19 Jun 2019 07:58	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
19 Jun 2019 07:59	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
19 Jun 2019 07:59	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield

19 Jun 2019 07:59	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
19 Jun 2019 07:59	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
19 Jun 2019 11:29	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield
19 Jun 2019 14:41	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield

Referral In to HMP Hatfield for Diagnostic Imaging 'USS': Ended on 20 Nov 2019 00:00
With the Following Intervention(s)
Transferred - not in custody
Status Update for Diagnostic Imaging Referral In: Receiving Care, Status changed: 19 Jun 2019 14:41

20 Jun 2019	HMP Prison: Maria Chappell (Health Professional Access Role) Entered at: HMP Hatfield	Entered: 20 Jun 2019 16:47

Miscellaneous to HMP Hatfield

20 Jun 2019	HMP Prison: Maria Chappell (Health Professional Access Role) Entered at: HMP Hatfield	Entered: 20 Jun 2019 16:48

Miscellaneous to HMP Hatfield

20 Jun 2019	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	Entered: 20 Jun 2019 13:54

Prescription or Medication details to HMP Hatfield

20 Jun 2019	Surgery: Maria Chappell (Health Professional Access Role) Entered at: HMP Hatfield	Entered: 20 Jun 2019 16:48

SMS: SWD

20 Jun 2019	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	Entered: 20 Jun 2019 13:54

cD Prescription Gabapentin 300mg capsulesx 168x 28 days 24/07/2019

20 Jun 2019	Surgery: Maria Chappell (Health Professional Access Role) Entered at: HMP Hatfield	Entered: 20 Jun 2019 16:47

SMS: worksheets

20 Jun 2019 11:40	Surgery: Maria Chappell (Health Professional Access Role) Entered at: HMP Hatfield

Advice on drugs of addiction (XE1TQ) - discussed overdose risks and harm reduction should he return to substance use, especially around low tolerance and drugs being mixed with different substances.
Substance misuse team (XaJRs)
Thomas has been seen today for a 1-1 to complete work on relapse prevention
.
Thomas brought with him completed worksheets that completed the my rap work book
.
Reviewed work on goals and recovery plans and discussed through each element. worksheets to be scanned on to system one
.
Review ed care plan goals. Thomas is happy that this work is now completed and does not feel that there is anything more to complete.
.
Denies any substance use and states his intentions are not to use again
.
Service withdrawl form completed and discharged from service
.
Thomas knows how to contact our service should his needs change
.
care plans ended
referral ended
ndtms to be updated
MC
Follow up substance misuse assessment (XaJy7)
Substance misuse treatment withdrawn (XaLJF) - relapse prevention - "my rap" completed and discussed on 1-1 . Thomas is happy that this has completed the work as required and no further treatment needs identified at this time.
Substance misuse treatment programme completed (XaLJG)
Status Update for Psychosocial Substance Misuse Referral In: Discharged From Care, Status changed: 20 Jun 2019 11:46
Activity: Substance Misuse Recovery Support (Care Plan) (45 minutes) Face to face with Patient
Substance Misuse Recovery Support performed (1 out of 8)
Patient Contact: 45 minutes Total Contact: 45 minutes

26 Jun 2019 08:10	Surgery: Ms Kim Newson (Nurse Access Role) Entered at: HMP Hatfield

26 Jun 2019 08:10	Surgery: Ms Kim Newson ('Other' Community Health Service) Entered at: HMP Hatfield
26 Jun 2019 08:10	Surgery: Ms Kim Newson ('Other' Community Health Service) Entered at: HMP Hatfield
26 Jun 2019 08:11	Surgery: Ms Kim Newson ('Other' Community Health Service) Entered at: HMP Hatfield
26 Jun 2019 08:22	Surgery: Ms Kim Newson (Nurse Access Role) Entered at: HMP Hatfield
26 Jun 2019 08:22	Surgery: Ms Kim Newson ('Other' Community Health Service) Entered at: HMP Hatfield
26 Jun 2019 08:22	Surgery: Ms Kim Newson ('Other' Community Health Service) Entered at: HMP Hatfield
01 Jul 2019 09:14	Surgery: Miss Helen Brownbill (Admin/Clinical Support Access Role) Entered at: HMP Hatfield

History: Mr Murphy attended to have kinesiology tape applied to both his R and L knee as per physiotherapist (RT) request
Examination: 1 x template of kinesiology tape applied to both Mr Murphys R and L knee
Mr Murphy is happy with the positioning and feels supportive
Advised I will book to apply the tape again in the next 2/52
Mr Murphy is happy with this plan
Plan: Book appointment for next 2/52
Health care assistant (Ua0Zb)

02 Jul 2019	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield	Entered: 11 Jul 2019 10:40

Ultrasound or Scan results to HMP Hatfield

03 Jul 2019 07:44	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield

(R) Naproxen 500mg tablets - 56 tablets - 1 bd (14 tablets every 7 days) (Future dated medication 10 Jul 2019)
Custom script: Printed On Wed 03 Jul 2019 07:47 By Amanda Hannigan

03 Jul 2019 07:45	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
03 Jul 2019 09:11	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield

(R) Co-codamol 30mg/500mg tablets - 224 tablets - 1-2 qds max prn for pain (56 tablets every 7 days)
Custom script: Printed On Wed 03 Jul 2019 09:12 By Jane Craven

03 Jul 2019 10:03	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
03 Jul 2019 11:24	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield

Co-codamol 30mg/500mg tablets - 224 tablets - ONE or TWO to be taken up to FOUR times daily (56 tablets every 7 days) (Future dated medication 31 Jul 2019)
Custom script: Printed On Wed 03 Jul 2019 11:25 By Dr Caroline Lennox

03 Jul 2019 13:34	Surgery: Mrs Michele Hayes Entered at: HMP Hatfield

Provision of patient escort (XagSZ) - Added in bulk

03 Jul 2019 13:35	Surgery: Mrs Michele Hayes Entered at: HMP Hatfield

Provision of patient escort (XagSZ) - Added in bulk

03 Jul 2019 16:20	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
03 Jul 2019 16:21	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
03 Jul 2019 16:21	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
03 Jul 2019 16:21	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
05 Jul 2019 09:00	Surgery: Kelly Wraith (Nurse Access Role) Entered at: HMP Hatfield

Exception reporting: mental health quality indicators (XaJ4V)

05 Jul 2019 09:54	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
08 Jul 2019 08:56	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
10 Jul 2019 08:02	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield

(R) Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - 2 od (14 tablets every 7 days) (Future dated medication 17 Jul 2019)
Custom script: Printed On Wed 10 Jul 2019 08:05 By Marie O'Donnell

10 Jul 2019 08:05	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
10 Jul 2019 08:05	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
10 Jul 2019 08:05	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
10 Jul 2019 08:05	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
15 Jul 2019 10:08	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield

(R) Propranolol 40mg tablets - 56 tablets - 1 bd (14 tablets every 7 days) (Future dated medication 24 Jul 2019)
Custom script: Printed On Mon 15 Jul 2019 10:08 By Marie O'Donnell

16 Jul 2019 10:51	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
17 Jul 2019 07:58	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
17 Jul 2019 08:00	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
17 Jul 2019 08:00	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
17 Jul 2019 08:00	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
17 Jul 2019 10:14	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield

(R) Co-codamol 30mg/500mg tablets - 224 tablets - 1-2 qds max prn for pain (56 tablets every 7 days) (Future dated medication 24 Jul 2019)
Co-codamol 30mg/500mg tablets - 224 tablets - 1-2 qds max prn for pain
Ended 20 Nov 2019 Patient Deducted (Sentence Ended)
Custom script: Printed On Wed 17 Jul 2019 10:14 By Dr Caroline Lennox

17 Jul 2019 17:37	Surgery: Vincent Farrell (Nurse Access Role) Entered at: HMP Hatfield	
17 Jul 2019 17:39	Surgery: Vincent Farrell (Nurse Access Role) Entered at: HMP Hatfield	
18 Jul 2019	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	Entered: 18 Jul 2019 15:05

Prescription or Medication details to HMP Hatfield

18 Jul 2019	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	Entered: 18 Jul 2019 15:05

CD Prescription Gabapentin 300mg capsules x 168 x 28 days start date 24/07/2019

18 Jul 2019 09:26	Surgery: Miss Helen Brownbill (Admin/Clinical Support Access Role) Entered at: HMP Hatfield

History: Mr Murphy attended to have kinesiology tape applied to both his knees as per physiotherapists RT request
Examination: 1 x template of Kinesiology tape applied to each knee (Left and Right)
Mr Murphy is happy with the positioning and feel of the tape; not too tight or uncomfortable
Plan: Advised I will booked to apply the tape again in the next 2/52
Mr Murphy is happy with this plan
Health care assistant (Ua0Zb)

23 Jul 2019 13:29	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield

Comment note (XaIg6)
(R) Gabapentin 300mg capsules - 168 capsules - 3 morning & 3 evening

Medication audit completed all medication was correct
Drug compliance checked (XaJKn)
Drug compliance good (8B3E.)

24 Jul 2019 07:42	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	
24 Jul 2019 07:43	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	
24 Jul 2019 07:43	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	
24 Jul 2019 07:43	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	
24 Jul 2019 07:43	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	
24 Jul 2019 07:44	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	
26 Jul 2019 08:22	Surgery: Beverley Beaumont (Clerical Access Role) Entered at: HMP Hatfield	
29 Jul 2019 10:35	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield	
31 Jul 2019 08:04	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield	
31 Jul 2019 08:04	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield	Entered: 31 Jul 2019 08:09
31 Jul 2019 08:05	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield	Entered: 31 Jul 2019 08:09
31 Jul 2019 08:05	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield	Entered: 31 Jul 2019 08:09
31 Jul 2019 08:05	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield	Entered: 31 Jul 2019 08:09
31 Jul 2019 08:06	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield	Entered: 31 Jul 2019 08:09
01 Aug 2019 09:07	Surgery: Miss Helen Brownbill (Admin/Clinical Support Access Role) Entered at: HMP Hatfield	

History: Mr Murphy attended to have kinesiology tape applied to both his knees as per physiotherapists request (RT)
Examination: 1 x template of kinesiology tape applied to R knee and 1 x template of kinesiology tape applied to L knee as per physiotherapist RT guidance and request
Mr Murphy is happy with the positioning of the tape and states it is comfortable and it feels supportive
Mr Murphy was complaining that his L knee has been "giving way" the past few days
He advised me he has a knee support in his pad but doesnt feel happy to wear it due to comments he has previously recieved from other prisoners
? any bullying or issues; Mr Murphy states there are no issues and that he has broad shoulders but the comments sometimes become tedious
Advised to wear the brace whilst in the comfort of his own pad and to also cut the gym out for a couple of days and rest his leg
Advised the kinesiology tape will also provide support to his knee
Mr Murphy was happy with this plan and left healthcare
Plan: To be rebooked in next 2/52 to have tape applied to both L and R knee again

Health care assistant (Ua0Zb)

01 Aug 2019 12:58	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield

(R) Co-codamol 30mg/500mg tablets - 224 tablets - 1-2 qds max prn for pain (56 tablets every 7 days) (Future dated medication 21 Aug 2019)
(R) Naproxen 500mg tablets - 56 tablets - 1 bd (14 tablets every 7 days) (Future dated medication 07 Aug 2019)
Custom script: Printed On Thu 01 Aug 2019 13:00 By Jane Craven
Custom script: Printed On Thu 01 Aug 2019 13:00 By Jane Craven

01 Aug 2019 13:00	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield

(R) Gabapentin 300mg capsules - 168 capsules - 3 morning & 3 evening (42 capsules every 7 days) (Future dated medication 14 Aug 2019)
Custom script: Printed On Thu 01 Aug 2019 13:01 By Jane Craven
Drug Dispensing Schedule Marked in Error: Entered on wrong date
01 Aug 2019 12:58
Drug Dispensing Schedule Marked in Error: Entered on wrong date
01 Aug 2019 12:58
Medication Marked in Error: Entered on wrong date
01 Aug 2019 12:58, Gabapentin 300mg capsules, 3 morning & 3 evening, 168 capsules, , 29
Drug Chart Details Marked in Error: Entered on wrong date
01 Aug 2019 12:58

01 Aug 2019 13:02	Surgery: Jane Craven (Medical Technical Officer) Entered at: HMP Hatfield
05 Aug 2019 13:20	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield

Propranolol 40mg tablets - 56 tablets - 1 bd (14 tablets every 7 days) (Future dated medication 14 Aug 2019)
Propranolol 40mg tablets - 56 tablets - 1 bd
Ended 20 Nov 2019 Patient Deducted (Sentence Ended)
Custom script: Printed On Mon 05 Aug 2019 13:21 By Dr Caroline Lennox

05 Aug 2019 13:21	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield

(R) Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - 2 od (56 tablets every 28 days) (Future dated medication 21 Aug 2019)
Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - 2 od
Ended 20 Nov 2019 Patient Deducted (Sentence Ended)
Custom script: Printed On Mon 05 Aug 2019 13:22 By Dr Caroline Lennox

07 Aug 2019 08:16	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
07 Aug 2019 08:18	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
07 Aug 2019 08:18	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
07 Aug 2019 08:19	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
07 Aug 2019 08:19	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
07 Aug 2019 08:20	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
08 Aug 2019 14:33	Surgery: Claire Jenkinson (Nurse Access Role) Entered at: HMP Hatfield

History: Contacted B unit as Thomas had not arrived for his pain management appointment and informed that Thomas was at the gym. I will rebook his appointment if he does not attend.

08 Aug 2019 14:42	Surgery: Claire Jenkinson (Nurse Access Role) Entered at: HMP Hatfield

Seen by pain management nurse (XaAU3)
Pain management (Xa0iE)
Seen to review Gabapentin-asked for MRI results of Left shoulder and briefly explained that it showed supraspinatus tendonosis with impingement. I have made Thomas a G.P appointment to dicuss this further. Thomas states that the pain in his Lt shoulder is "driving him mad" and cannot wait to hopefully get it sorted.

Does light duties in gardens. Has been to gym today-on treadmill.

To continue on current medication.

I have informed Thomas that should he need to see me he can ask for an appointment before the routine review.

13 Aug 2019 11:19	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
14 Aug 2019 07:48	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield

(R) Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - 2 od (14 tablets every 7 days) (Future dated medication 11 Sep 2019)
Custom script: Printed On Wed 14 Aug 2019 07:52 By Marie O'Donnell

14 Aug 2019 07:49	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
14 Aug 2019 07:50	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
14 Aug 2019 07:50	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
14 Aug 2019 07:50	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield

14 Aug 2019 07:50	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
14 Aug 2019 07:50	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
14 Aug 2019 07:50	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
14 Aug 2019 07:51	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
14 Aug 2019 09:09	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
15 Aug 2019 13:44	Surgery: Miss Helen Brownbill (Admin/Clinical Support Access Role) Entered at: HMP Hatfield

History: Mr Murphy attended healthcare to have kinesiology tape applied to both his L and R knee as per physiotherapist RT request
Examination: 1 x template of kinesiology tape applied to each knee
Mr Murphy is happy with the positioning and comfort of the tape
Happy with support provided
Plan: Advised I will rebook to apply tape again in next 2/52
Health care assistant (Ua0Zb)

19 Aug 2019	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield	Entered: 23 Aug 2019 14:29

Discharge Letter to HMP Hatfield

19 Aug 2019 08:36	Surgery: Vincent Farrell (Nurse Access Role) Entered at: HMP Hatfield

History: Attenedded stating last night trouble sleeping dure to passing urine alot in the night burning pain to penis . C/o joint pain and headache.
Examination: obs normal except for high temperature of 37.8code Telephone contact by consultant (XaFk5) states he had blood in urine a few monthsago but ignored this.spoke to dr kumar advice is this is a primary care issue and to seend to a/e.
Plan: telephoned consultant line,noone available until 9am no gp here today off sick.
Pulse rate (X773s) 68 bpm
Oxygen saturation at periphery (X770D) 99 %
O/E - temperature (XaBzA) 37.8 degC
On sick leave from work (Ua0Ur) - no gym
Duration of sickness certificate (Days) (Y1712) 2 Days
Unfit for work (13JJ.)
Urine leucocyte test = negative (XaIf8)
Urine nitrite negative (XaEYo)
Urine ketone test negative (4682.)
Urine glucose test negative (4662.)
Urine protein test negative (4672.)
Urine blood test = +++ (4697.)
125 / 75 mmHg

19 Aug 2019 09:24	Surgery: Vincent Farrell (Nurse Access Role) Entered at: HMP Hatfield

History: Officers informed arranging transport.

20 Aug 2019 08:23	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield

Pharmacy technician (03K9.) - Patient has returned from hospital with Nitrofurantoin tablets 50mg x 28 take one four times a day.

20 Aug 2019 08:26	Surgery: Vincent Farrell (Nurse Access Role) Entered at: HMP Hatfield

History: Post hospital review ,seen in hosp yesterday.Following tests he has been given abx for uti.
Examination: temp 36.1 this am feeling much better.
Plan: take abx and co codamol as usual

20 Aug 2019 08:28	Surgery: Claire Jenkinson (Nurse Access Role) Entered at: HMP Hatfield

History: Tue 20 Aug 08:24 - Marie O'Donnell
FYI
Patient has returned from hospital with Nitrofurantoin tablets 50mg x 28 take one four times a day.

No script needed
Thank you

21 Aug 2019 10:42	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield

Duration of sickness certificate (Months) (Y08c2) 0 months
Duration of sickness certificate (Weeks) (Y08c1) 0 weeks
Duration of sickness certificate (Days) (Y1712) 1 Days
On sick leave from work (Ua0Ur)
temporarily unfit for work
no gym
no association
review 22/8/19

Unfit for work (13JJ.)

21 Aug 2019 11:41	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
21 Aug 2019 11:42	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
21 Aug 2019 11:42	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
21 Aug 2019 11:42	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
21 Aug 2019 11:42	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
21 Aug 2019 11:42	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
21 Aug 2019 11:46	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
21 Aug 2019 13:15	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield

History: symptom review
Examination: urine tested NAD
no discomfort when passing urine
apyrexial - temperature 36.2 degrees
still has rest of course antibiotics to complete not slept well
advised to increase fluid intake
Plan: 1 further day sick note review 22/8/19
Nurse (XaBrW) (New Episode)

22 Aug 2019 13:41	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield

(R) Gabapentin 300mg capsules - 168 capsules - 3 morning & 3 evening (42 capsules every 7 days) (Future dated medication 11 Sep 2019)
Custom script: Printed On Thu 22 Aug 2019 13:43 By Marie O'Donnell
Custom script: Printed On Thu 22 Aug 2019 13:43 By Marie O'Donnell

22 Aug 2019 13:43	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield

(R) Propranolol 40mg tablets - 56 tablets - 1 bd (14 tablets every 7 days) (Future dated medication 11 Sep 2019)
Custom script: Printed On Thu 22 Aug 2019 13:44 By Marie O'Donnell
Drug Dispensing Schedule Marked in Error: Duplicate data
22 Aug 2019 13:41
Drug Dispensing Schedule Marked in Error: Duplicate data
22 Aug 2019 13:41
Medication Marked in Error: Duplicate data
22 Aug 2019 13:41, Propranolol 40mg tablets, 1 bd, 56 tablets, , 29
Drug Chart Details Marked in Error: Duplicate data
22 Aug 2019 13:41

27 Aug 2019 09:55	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
28 Aug 2019 08:01	Surgery: Ms Kim Newson (Nurse Access Role) Entered at: HMP Hatfield

(R) Naproxen 500mg tablets - 56 tablets - 1 bd (14 tablets every 7 days) (Future dated medication 04 Sep 2019)
Custom script: Printed On Thu 29 Aug 2019 13:32 By Marie O'Donnell

28 Aug 2019 08:02	Surgery: Ms Kim Newson ('Other' Community Health Service) Entered at: HMP Hatfield
28 Aug 2019 08:02	Surgery: Ms Kim Newson ('Other' Community Health Service) Entered at: HMP Hatfield
28 Aug 2019 08:02	Surgery: Ms Kim Newson ('Other' Community Health Service) Entered at: HMP Hatfield
28 Aug 2019 08:03	Surgery: Ms Kim Newson ('Other' Community Health Service) Entered at: HMP Hatfield
28 Aug 2019 09:57	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
28 Aug 2019 12:38	Base: Andrew Harvey (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Paper Records Management (PRM) - questionnaire started
Activity: Record Keeping Administration note with Patient Record

29 Aug 2019 13:32	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
29 Aug 2019 13:33	Surgery: Miss Helen Brownbill (Admin/Clinical Support Access Role) Entered at: HMP Hatfield

History: Mr Muprhy atteneded healthcare to have kinesiology tape applied to both his knees as per physiotherapists request
Examination: Mr Murphy has multiple insect bites (works in gardens) on both areas in which the tape would be situed
Mr Murphy has been scratching the bites and has caused them to bleed and now scab over
Advised if mr Murphy is happy to - to postpone applying the tape until next week when the bites are more settled
Advised that the tape may irritate the bites further and may also take the scabbed area off the bites causing further irritation
Plan: Mr murphy is happy to wait until next week to have the tape applied
Appointment booked
Health care assistant (Ua0Zb)

03 Sep 2019 09:50	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
04 Sep 2019 08:01	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
04 Sep 2019 08:03	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield

04 Sep 2019 08:03	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
04 Sep 2019 08:03	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
04 Sep 2019 08:03	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
04 Sep 2019 09:02	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
05 Sep 2019 08:26	Surgery: Miss Helen Brownbill (Admin/Clinical Support Access Role) Entered at: HMP Hatfield

History: Mr Murphy attended to have kinesiology tape applied to both legs are per physiotherapists (RT) request
Examination: Bites have now healed with 2 x bites on L leg uncovered due to Mr Murphy scratching the top layer of skin off them
2 x bites covered with plasters so kinesiology tape did not affect that area of skin
1 x template of kinesiology tape applied to each leg
Mr Murphy happy with fit and positioning of kinesiology tape
Plan: Advised I will book to see again in next 2 weeks
Health care assistant (Ua0Zb)

09 Sep 2019 10:16	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield

History: Discuss re supraspinatus tendonosis on USS report. Causing impingement sx to L side of neck & may benefit from orthops ref, but EDR 9/52 , home to Pontefract so will need to arrange wit home GP. Posterior approach steroid injection in June helped quite a lot & would like to have a further one before he leaves. Anterior approach in previous jail seemed to aggrevate sx. Using NSAID in short pulses, add PPI.
Diagnosis: Supraspinatus tendinitis (N2113)/ tendinosis
Methylprednisolone 80mg/2ml / Lidocaine 20mg/2ml (1%) suspension for injection vials - 1 vial - for GP admin (1 vial every 1 day)
(R) Omeprazole 20mg gastro-resistant tablets - 28 tablets - 1 od whilst on naproxen (28 tablets every 28 days)
(Future dated medication 10 Sep 2019)
Omeprazole 20mg gastro-resistant tablets - 28 tablets - 1 od whilst on naproxen
Ended 20 Nov 2019 Patient Deducted (Sentence Ended)
Custom script: Printed On Mon 09 Sep 2019 10:32 By Dr Caroline Lennox
Custom script: Printed On Mon 09 Sep 2019 10:32 By Dr Caroline Lennox

09 Sep 2019 14:26	Surgery: Jeanette Matthews (Nurse Access Role) Entered at: HMP Hatfield

Has influenza vaccination at home (9OX1.)
Best interest decision made on behalf of patient (MCA 2005) (XaYYQ)
Medically fit for immunisation (XaPwh)
Needs influenza immunisation (9OX4.)
Advice on immunisation (XE1TP)
Immunisation consent given (XaCFi)
Immunisation consent given (XaCFi)
Other note (XaIgC)
Medically fit for immunisation (XaPwh)
Needs influenza immunisation (9OX4.)
Administration of medication under patient group direction (XaQA7)
Influenza Tetra MYL vacc inj 0.5ml pre-filled syringes (Viatris UK Healthcare Ltd) 1 0.5ml
Vaccination Consent: INFLUENZA

10 Sep 2019 15:18	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield

(R) Omeprazole 20mg gastro-resistant tablets - 28 tablets - 1 od whilst on naproxen (28 tablets every 28 days)
(Future dated medication 09 Oct 2019)
Custom script: Printed On Tue 10 Sep 2019 15:20 By Marie O'Donnell

10 Sep 2019 15:18	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
11 Sep 2019 08:22	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
11 Sep 2019 08:23	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
11 Sep 2019 08:23	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
11 Sep 2019 08:23	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
11 Sep 2019 08:23	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
11 Sep 2019 08:23	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
13 Sep 2019 09:04	Surgery: Jose Carlos Cantero Carralero (Health Professional Access Role) Entered at: HMP Hatfield

No (Y0428)
Yes (Y0427) - Auntie/ GD.
Comment note (XaIg6) - Spine issues/ other issues.
Yes (Y0427) - Arapipresol/ gabapentin/ cocodemol/ propanolol/ naproxin.
Comment note (XaIg6) - +1.25/-0.50@90
Comment note (XaIg6) - +1.25/-0.50@90
Comment note (XaIg6) - +0.50/-0.50@90

Comment note (XaIg6) - +0.50/-0.50@90
Comment note (XaIg6) - Poor.
No (Y0428)
Comment note (XaIg6) - Last EE Dec. 16 @ Lindholme. NV seems worse. No other Sx's reported.
Comment note (XaIg6) - Not too bad.
Yes (Y0427) - Occ., takes cocodemol.
No (Y0428)
No (Y0428)
Yes (Y0427) - Used to get them but no recently.
Comment note (XaIg6) - 12 mm Hg @ 9:20 am
Comment note (XaIg6) - 6/5
Comment note (XaIg6) - 6/5
Comment note (XaIg6) - 13 mm Hg
Comment note (XaIg6) - i1070 C1
Comment note (XaIg6) - 62/59/12
Comment note (XaIg6)
New bifocals.
Eyes healthy.
Comment note (XaIg6) - Ortho
Comment note (XaIg6)
Eyelids&lashes _ clear
Conjunctiva- clear
Cornea & AC _ clear
Lens- clear
Vitreous _ clear
Disc _ distinct margins, ISNT obeyed, pink NRR, C/d=0.4
Vessels- even cal., A/v=2/3
Macula- dull reflex seen
Periphery _ flat & s lesions all quads checked with Direct handheld Ophth.
Pupils- D&C present & No RAPD.
Comment note (XaIg6)
Eyelids&lashes _ clear
Conjunctiva- clear
Cornea & AC _ clear
Lens- clear
Vitreous _ clear
Disc _ distinct margins, ISNT obeyed, pink NRR, C/d=0.4
Vessels- even cal., A/v=2/3
Macula- dull reflex seen
Periphery _ flat & s lesions all quads checked with Direct handheld Ophth.
Pupils- D&C present & No RAPD.
Comment note (XaIg6) - n5
Comment note (XaIg6) - +1.50
Comment note (XaIg6) - +1.50
Comment note (XaIg6) - n5

16 Sep 2019 08:19	Surgery: Kelly Wraith (Nurse Access Role) Entered at: HMP Hatfield

Except from mental health quality indicators: Patient unsuit (XaJ4w)

16 Sep 2019 08:39	Surgery: Miss Helen Brownbill (Admin/Clinical Support Access Role) Entered at: HMP Hatfield

History: Mr Murphy attended to have kinesiology tape applied to both L and R knee as per physiotherapist RT request
Examination: 1 x template applied to each leg (left and right)
Mr Murphy is happy with the positioning and support given by the tape

Mr Murphy disclosed that he had received a phone call from his mother informing him that his sister was ill in hospital
He states that they are unsure if his sister has stomach cancer and pleurisy
Emotion showed by Mr Murphy when he was explaining this
He advised he is due a home leave Friday and he is going to inform OMU regarding this matter in hopes he will be able to visit his sister on his home leave
No thoughts/ intentions of self harm disclosed at this time
Advised healthcare are here for support if Mr Murphy is in need of this
Mr Murphy grateful for this and left consultation
Plan: Patient to return to healthcare if needed

Appointment booked to see patient again in the next 2/52 to have kinesiology tape applied to both knees
Health care assistant (Ua0Zb)

16 Sep 2019 08:55	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield

(R) Gabapentin 300mg capsules - 168 capsules - 3 morning & 3 evening (42 capsules every 7 days) (Future dated medication 09 Oct 2019)
Custom script: Printed On Mon 16 Sep 2019 08:55 By Marie O'Donnell

16 Sep 2019 08:55	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
17 Sep 2019 10:47	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
18 Sep 2019 07:59	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
18 Sep 2019 08:00	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
18 Sep 2019 08:00	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
18 Sep 2019 08:00	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
18 Sep 2019 08:00	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
18 Sep 2019 08:06	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield

(R) Co-codamol 30mg/500mg tablets - 224 tablets - 1-2 qds max prn for pain (56 tablets every 7 days) (Future dated medication 25 Sep 2019)
Custom script: Printed On Wed 18 Sep 2019 08:07 By Marie O'Donnell

18 Sep 2019 08:13	Surgery: Dr Gaynor Mountcastle (Clinical Practitioner Access Role) Entered at: HMP Hatfield

Gabapentin 300mg capsules - 168 capsules - 3 morning & 3 evening
Ended 20 Nov 2019 Patient Deducted (Sentence Ended)

18 Sep 2019 09:46	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
23 Sep 2019 08:44	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield

(R) Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - 2 od (14 tablets every 7 days) (Future dated medication 09 Oct 2019)
(R) Co-codamol 30mg/500mg tablets - 224 tablets - 1-2 qds max prn for pain (56 tablets every 7 days) (Future dated medication 23 Oct 2019)
(R) Naproxen 500mg tablets - 56 tablets - 1 bd (14 tablets every 7 days) (Future dated medication 23 Oct 2019)
(R) Omeprazole 20mg gastro-resistant tablets - 28 tablets - 1 od whilst on naproxen (28 tablets every 28 days) (Future dated medication 20 Nov 2019)
Stopped 20 Nov 2019 Sentence Ended by Mrs Michele Hayes
(R) Propranolol 40mg tablets - 56 tablets - 1 bd (14 tablets every 7 days) (Future dated medication 09 Oct 2019)
Custom script: Printed On Mon 23 Sep 2019 08:45 By Marie O'Donnell
Custom script: Printed On Mon 23 Sep 2019 08:45 By Marie O'Donnell
Custom script: Printed On Mon 23 Sep 2019 08:45 By Marie O'Donnell
Custom script: Printed On Mon 23 Sep 2019 08:45 By Marie O'Donnell

23 Sep 2019 09:25	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
25 Sep 2019 07:46	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
25 Sep 2019 07:48	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
25 Sep 2019 07:48	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
25 Sep 2019 07:49	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
25 Sep 2019 07:49	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield
25 Sep 2019 08:56	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
02 Oct 2019 08:17	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
02 Oct 2019 08:18	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
02 Oct 2019 08:18	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
02 Oct 2019 08:18	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
02 Oct 2019 08:18	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
02 Oct 2019 10:11	Surgery: Miss Helen Brownbill (Admin/Clinical Support Access Role) Entered at: HMP Hatfield

History: Mr Murphy attended to have kinesiology tape applied to both L and R knee as per physiotherapist RT request
Examination: 1 x template of kinesiology tape applied to R knee
1 x template of kinesiology tape applied to L knee
Mr Murphy is happy with support and positioning of tape on both knees
Plan: Advised I will book to re-apply the tape in 2/52
Patient happy with this
Health care assistant (Ua0Zb)

03 Oct 2019	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	Entered: 03 Oct 2019 10:21

Clinic Letter to HMP Hatfield

03 Oct 2019	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	Entered: 03 Oct 2019 10:19

Clinic Letter to HMP Hatfield

03 Oct 2019	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	Entered: 03 Oct 2019 10:20

CD prescription Gabapentin start date 14/08/2019 x 28 days

03 Oct 2019	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	Entered: 03 Oct 2019 10:21

CD prescription gabapentin start date 11/09/2019 x 28 days

04 Oct 2019 09:23	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
07 Oct 2019 08:55	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
07 Oct 2019 10:17	Surgery: Dr Caroline Lennox (Clinical Practitioner Access Role) Entered at: HMP Hatfield

History: BN X83152 08/20 Steroid inj to L shoulder with verbal consent, posterior approach.
Diagnosis: Injection of steroid into shoulder joint (XaBKK)

09 Oct 2019 08:09	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
09 Oct 2019 08:11	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
09 Oct 2019 08:11	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
09 Oct 2019 08:11	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
09 Oct 2019 08:11	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
09 Oct 2019 08:12	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
09 Oct 2019 08:12	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
16 Oct 2019 08:50	Surgery: Miss Helen Brownbill (Admin/Clinical Support Access Role) Entered at: HMP Hatfield

History: Mr Murphy attended to have kinesiology tape applied to both knees as per physiotherapists (RT) request
Examination: 1 x template of kiesiology tape applied to both left and right knee
Tape applied as per physiotherapists (RT) request and guidance
Mr Murphy happy with the positioning and support given by the tape
Plan: Advised tape to be applied again in 2/52
Appointment booked
Health care assistant (Ua0Zb)

16 Oct 2019 08:50	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
16 Oct 2019 08:53	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
16 Oct 2019 08:53	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
16 Oct 2019 08:53	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
16 Oct 2019 08:53	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
17 Oct 2019 15:12	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield

(R) Aripiprazole 5mg tablets - 2 packs of 28 tablet(s) - 2 od (14 tablets every 7 days) (Future dated medication 06 Nov 2019)
Stopped 20 Nov 2019 Sentence Ended by Mrs Michele Hayes
(R) Co-codamol 30mg/500mg tablets - 224 tablets - 1-2 qds max prn for pain (56 tablets every 7 days) (Future dated medication 13 Nov 2019)
Stopped 20 Nov 2019 Sentence Ended by Mrs Michele Hayes
(R) Omeprazole 20mg gastro-resistant tablets - 28 tablets - 1 od whilst on naproxen (28 tablets every 28 days) (Future dated medication 03 Dec 2019)
Stopped 20 Nov 2019 Sentence Ended by Mrs Michele Hayes
(R) Propranolol 40mg tablets - 56 tablets - 1 bd (14 tablets every 7 days) (Future dated medication 06 Nov 2019)
Stopped 20 Nov 2019 Sentence Ended by Mrs Michele Hayes
Custom script: Printed On Thu 17 Oct 2019 15:13 By Marie O'Donnell
Custom script: Printed On Thu 17 Oct 2019 15:13 By Marie O'Donnell
Custom script: Printed On Thu 17 Oct 2019 15:13 By Marie O'Donnell

18 Oct 2019 14:00	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield

Pharmacy technician (03K9.) - Went to patient unit to do a medication audit on Gabapentin patient is on home leave so could not complete.

21 Oct 2019 09:28	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
21 Oct 2019 15:13	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield

(R) Gabapentin 300mg capsules - 168 capsules - 3 morning & 3 evening (42 capsules every 7 days) (Future dated medication 06 Nov 2019)
Stopped 20 Nov 2019 Sentence Ended by Mrs Michele Hayes
Custom script: Printed On Mon 21 Oct 2019 15:13 By Marie O'Donnell

23 Oct 2019 08:01	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
23 Oct 2019 08:02	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
23 Oct 2019 08:02	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
23 Oct 2019 08:03	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield

23 Oct 2019 08:03	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	
23 Oct 2019 08:03	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	
23 Oct 2019 08:52	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield	
24 Oct 2019	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	Entered: 24 Oct 2019 14:10

Prescription or Medication details to HMP Hatfield

24 Oct 2019	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield	Entered: 24 Oct 2019 14:11

CD prescription Gabapentin 300mg capsules start date 06/11/2019 x 28 days

30 Oct 2019 08:43	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
30 Oct 2019 08:45	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
30 Oct 2019 08:46	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
30 Oct 2019 08:46	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
30 Oct 2019 08:46	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
30 Oct 2019 08:54	Surgery: Miss Helen Brownbill (Admin/Clinical Support Access Role) Entered at: HMP Hatfield

History: Mr Murphy attended to have kinesiology tape applied to both knees (left and right) as per physiotherapists request RT
Examination: 1 x template of kinesiology tape applied to each knee as per physiotherapist (RT) request and guidance
Mr Murphy happy with support and positioning of the tape
Plan: Advised I will re-apply tape within 2 weeks as per physiotherapists guidance
Health care assistant (Ua0Zb)

31 Oct 2019 13:37	Surgery: Claire Jenkinson (Nurse Access Role) Entered at: HMP Hatfield

Pain management (Xa0iE)
Seen to review prior to discharge-has recently had cortisone injection into Left shoulder and has states has eased a little and range of movement is a little better. Thomas states that the Gabapentin eases his pain but does not want to increase as he does not like taking tablets.

Is due for release on 20/11/19. Is aware that he will be seen before he leaves by HCC for pre-discharge release. Will be issued with x7 days of TTO's. Advised that any concerns once released Thomas should see his own G.P.

Seen by pain management nurse (XaAU3)

01 Nov 2019	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield

Date (Xa0ck)

04 Nov 2019 13:37	Surgery: Miss Helen Brownbill (Admin/Clinical Support Access Role) Entered at: HMP Hatfield

Has no concerns over their physical health (Y08dd)
Refused consent for upload to local shared electronic record (XaKRw)
Has no outstanding hospital/ Doctors appointments (Y07f8)
Consent given to share patient data with specified 3rd party (XaNwR)
Referral to smoking cessation service declined (XaaDx)
Ex-smoker (Ub1na)
Patient registered (XaBI9)
Discharge procedure (XaAEj) - Due for release 20/11/19.
O/E - weight (22A..) 74.2 Kg (~ 11 st 10 lb)
Body mass index - observation (22K..) 25.67 Kg/m²
Health care assistant (Ua0Zb)
O/E - height (229..) 1.7 m (~ 5 ' 7 ")
Pulse rate (X773s) 73 bpm
O/E - temperature (XaBzA) 36.2 degC
Oxygen saturation at periphery (X770D) 97 %
142 / 80 mmHg
Address Changed From: 'HMP Hatfield, Moorland Open, Thorne Road, Hatfield, Doncaster DN7 6EL'
Current Home Address: 34, First Avenue, Fitzwilliam, Pontefract WF9 5BG

06 Nov 2019 08:31	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
06 Nov 2019 08:33	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
06 Nov 2019 08:33	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
06 Nov 2019 08:33	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
06 Nov 2019 08:33	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
12 Nov 2019 10:34	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield

13 Nov 2019 08:52	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
13 Nov 2019 08:55	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
13 Nov 2019 08:55	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
13 Nov 2019 08:55	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
13 Nov 2019 08:56	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
13 Nov 2019 08:56	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
13 Nov 2019 13:32	Surgery: Claire Jenkinson (Nurse Access Role) Entered at: HMP Hatfield

History: Tue 12 Nov 10:36 - Marie O'Donnell
Assigned to Doctors
Hi
Please could i have a script for the following medication for 20/11/2019 TTO DO NOT FAX using patient IP stock
Gabapentin 300mg caps x 42
Co-Codamol 30/500mg tablets x 56
Aripirazole 5mg tablets x 14
propranolol 40mg tablets x14
Thank you

Wed 13 Nov 10:49 - Marie O'Donnell
Please fax propranolol

Thank you
Aripiprazole 5mg tablets - TTO - 14 tablets - 2 od (Future dated medication 20 Nov 2019)
Co-codamol 30mg/500mg tablets - TTO - 56 tablets - 1-2 qds max prn for pain (Future dated medication 20 Nov 2019)
Gabapentin 300mg capsules - TTO - 42 capsules - 3 morning & 3 evening (Future dated medication 20 Nov 2019)
Propranolol 40mg tablets - TTO - 14 tablets - 1 bd (Future dated medication 20 Nov 2019)
Custom script: Printed On Wed 13 Nov 2019 13:40 By Claire Jenkinson

15 Nov 2019 10:09	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
19 Nov 2019 08:30	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
19 Nov 2019 13:34	Surgery: Miss Helen Brownbill (Admin/Clinical Support Access Role) Entered at: HMP Hatfield

Discharge letter given to patient (XaXIN)
Released from prison (Xa0re) - Expected to be released 20/11/19
Prisoner receiving prescribed medication (YX007)
Supply of discharge medication (XaaaH)
Current medication (Y3537)
Referral to smoking cessation service declined (XaaDx)
Ex-smoker (Ub1na)
O/E - height (229..) 1.7 m (~ 5 ' 7 ")
Body mass index - observation (22K..) 25.48 Kg/m²
O/E - weight (22A..) 73.65 Kg (~ 11 st 8 lb)
Pulse rate (X773s) 53 bpm
Oxygen saturation at periphery (X770D) 98 %
Refused consent for upload to local shared electronic record (XaKRw)
No (Y0428)
Health care assistant (Ua0Zb)
127 / 76 mmHg

20 Nov 2019	Surgery: Maria Chappell (Health Professional Access Role) Entered at: HMP Hatfield

Prison (Ua0fS)

20 Nov 2019 08:05	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield

Drug Administration Marked in Error: TTO given
Propranolol 40mg tablets, Quantity given: 14.0, Entered: 20/11/2019 08:05, Desc: Fully administered, Done: 20/11/2019 08:05, Given for: 20/11/2019 23:59
Drug Administration Marked in Error: TTO #given
Gabapentin 300mg capsules, Quantity given: 42.0, Entered: 20/11/2019 08:05, Desc: Fully administered, Done: 20/11/2019 08:05, Given for: 20/11/2019 23:59
Drug Administration Marked in Error: TTO Given
Co-codamol 30mg/500mg tablets, Quantity given: 56.0, Entered: 20/11/2019 08:05, Desc: Fully administered, Done: 20/11/2019 08:05, Given for: 20/11/2019 23:59
Drug Administration Marked in Error: TTO's given
Aripiprazole 5mg tablets, Quantity given: 14.0, Entered: 20/11/2019 08:05, Desc: Fully administered, Done: 20/11/2019 08:05, Given for: 20/11/2019 23:59

Drug Administration Marked in Error: TTO given
Aripiprazole 5mg tablets, Quantity given: 14.0, Entered: 13/11/2019 08:56, Desc: Fully administered, Done: 13/11/2019 08:56, Given for: 13/11/2019 23:59

20 Nov 2019 08:05	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
20 Nov 2019 08:05	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
20 Nov 2019 08:05	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
20 Nov 2019 08:05	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
20 Nov 2019 08:06	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield
20 Nov 2019 09:58	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
20 Nov 2019 09:59	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
20 Nov 2019 10:00	Surgery: Mrs Michele Hayes (Clerical Access Role) Entered at: HMP Hatfield
22 Nov 2019 13:47	Surgery: Marie O'Donnell (Medical Technical Officer) Entered at: HMP Hatfield

Pharmacy service (XaC7k)
patient released
naproxen 500mg tablets x 42
co-codamol 30/500mg tablets 224
aripiprazole 5mg tablets x14

25 Nov 2019	Surgery: Mrs Dawn Daw (Medical Secretary Access Role) Entered at: Trinity Medical Centre	Entered: 26 Nov 2019 09:23

NHS 111 Service to Unknown

25 Nov 2019	Surgery: Mrs Dawn Daw (Medical Secretary Access Role) Entered at: Trinity Medical Centre	Entered: 26 Nov 2019 09:23
25 Nov 2019 08:56	Surgery: Miss Shirley Fleming (Receptionist Access Role) Entered at: Trinity Medical Centre	

Appointment For Doctor (Y1307)
New appointment (Ua2Ca) - just released from prison needs meds

25 Nov 2019 09:47	Surgery: Mrs Shannon Harrison (Receptionist Access Role) Entered at: Trinity Medical Centre
25 Nov 2019 10:20	Trinity Medical Centre: Dr Yassar Altaf (General Medical Practitioner) Entered at: Trinity Medical Centre

History: released from prison on wednesday
struggling with anxiety
paranoid schizophrenia, occassional auditory/visual hallucinations lasting minutes
no tosh/suicidal thoughts or thoughts of harming others
wants referral back to psychiatry
brought in regular medications
Examination: good rapport
well dressed
good speech
Plan: aware red flags - A+E/crisis
referral back to psychiatry
med3 issued
return if any concerns
eMED3 (2010) new statement issued, not fit for work (XaX1E)
PNG Image: MED3Statement.png
Aripiprazole 5mg tablets - 56 tablet - take two tablets ONCE daily
Ended 27 Nov 2019 Patient Deducted (Trinity Medical Centre)
Co-codamol 30mg/500mg capsules - 112 capsule - take 1 or 2 4 times/day
Ended 27 Nov 2019 Patient Deducted (Trinity Medical Centre)
Gabapentin 300mg capsules - 42 capsule - take one 3 times/day
Ended 27 Nov 2019 Patient Deducted (Trinity Medical Centre)
Omeprazole 20mg gastro-resistant capsules - 28 capsule - take one daily
Ended 27 Nov 2019 Patient Deducted (Trinity Medical Centre)
Propranolol 40mg tablets - 56 tablet - take one twice daily
Ended 27 Nov 2019 Patient Deducted (Trinity Medical Centre)
Summary Care Record Update
New MED3 statement issued: Not fit for work - Valid from 20 Nov 2019 to 31 Jan 2020
Diagnosis: Paranoid Schizophrenia, Anxiety, Osteoarthritis requiring walking aids

25 Nov 2019 10:21	Surgery: Dr Penelope Navarro (General Medical Practitioner) Entered at: Trinity Medical Centre

eMED3 (2010) new statement issued, not fit for work (XaX1E)
PNG Image: MED3Statement.png
New MED3 statement issued: Not fit for work - Valid from 25 Nov 2019 to 24 Dec 2019
Diagnosis: osteoarthritis in the spine

25 Nov 2019 10:34	Surgery: Mrs Shannon Harrison (Receptionist Access Role) Entered at: Trinity Medical Centre	

SystmOne Outgoing Record Sharing consent changed to: Yes
SystmOne Incoming Record Sharing consent changed to: Yes

25 Nov 2019 10:34	Surgery: Unknown Staff Member	Entered: 26 Nov 2019 11:26

Previous Home Address: 34 First Avenue, Fitzwilliam, Pontefract WF9 5BG

25 Nov 2019 10:34	Surgery: Unknown Staff Member Entered at: SWYFT - Wakefield Mental Health Community	Entered: 29 Nov 2019 14:37

Previous Home Address: 34 First Avenue, Fitzwilliam, Pontefract WF9 5BG

25 Nov 2019 10:34	Surgery: Mrs Shannon Harrison (Receptionist Access Role) Entered at: Trinity Medical Centre	

Address Changed From: '55 Greenwood House George St, Wakefield WF1 1NF'
Previous Home Address: 34 First Avenue, Fitzwilliam, Pontefract WF9 5BG

25 Nov 2019 10:39	Surgery: Mrs Nicola Murrell (Receptionist Access Role) Entered at: Trinity Medical Centre	

Reminder/Alert: PATIENT NOW RESIDING WITH MUM IN PONTEFRACT, HAS BEEN INFORMED WILL NEED TO REGISTER TEMPORARILY WITH GP IN PONTEFRACT - Priority: High

25 Nov 2019	Surgery: Miss Karen Rushton (Manager)	Entered: 26 Nov 2019 11:27

Previous Home Address: 34 First Avenue, Fitzwilliam, Pontefract WF9 5BG

25 Nov 2019 12:34	Surgery: Dr Yassar Altaf (General Medical Practitioner) Entered at: Trinity Medical Centre	
26 Nov 2019	Surgery: Miss Karen Rushton (Manager)	Entered: 26 Nov 2019 14:00

Patient Information to The Grange Medical Centre

26 Nov 2019	Surgery: Mrs Victoria Burton (Manager)	Entered: 02 Apr 2020 14:19
26 Nov 2019 11:26	Surgery: Miss Karen Rushton (Manager)	
26 Nov 2019 11:26	Surgery: Miss Karen Rushton (Manager)	

SystmOne Incoming Record Sharing consent changed to: No

26 Nov 2019 11:26	Surgery: Miss Karen Rushton (Manager)	

SystmOne Outgoing Record Sharing consent changed to: No

26 Nov 2019 11:26	Surgery: Miss Karen Rushton (Manager)	

Reminder/Alert: This patient is newly registered here, make sure that patient data already on the system has been checked for conformity to policy. - Priority: Normal
Acceptance Code - Acceptance
Previous GP - Dr Penelope Navarro
Registered GP Entered

26 Nov 2019 11:28	Surgery: Miss Karen Rushton (Manager)	

SMS Message Consent - Consented
Mobile telephone number: 07535 310176

27 Nov 2019 10:11	Surgery: Unknown Staff Member Entered at: Trinity Medical Centre	

SystmOne Outgoing Record Sharing consent changed to: No

27 Nov 2019 10:11	Surgery: Mrs Victoria Burton (Manager)	

Registered GP Change - Dr James Johnston (General Medical Practitioner)
NHS Number Approval -

27 Nov 2019 10:11	Surgery: Mrs Victoria Burton (Manager)	
29 Nov 2019	Surgery: Tabassom Urrehman (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 29 Nov 2019 14:44

01 Referrals to WSPA

29 Nov 2019 13:37	Surgery: Mrs Michelle Stringer (Receptionist Access Role) Entered at: Trinity Medical Centre	

Referral to mental health team (XaIPw)
Hospital Referral to mental health team
Hospital Referral to mental health team updated: Waiting For Information
Summary Care Record Updated with Patient Deduction

29 Nov 2019 14:37	NHS Premises: Tabassom Urrehman (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community	

Mobile telephone number: 07757 121102
Home telephone number: 01977 614612

29 Nov 2019 14:37	Surgery: Tabassom Urrehman (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community	

SystmOne Outgoing Record Sharing consent changed to: Not asked - Record not shared

29 Nov 2019 14:38	Base: Tabassom Urrehman (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community	

Activity: Record Keeping Administration note with Patient Record

29 Nov 2019 14:51	Base: Tabassom Urrehman (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Activity: Record Keeping Administration note with Patient Record
Progress note:

GP - Dr Yassar Altaf, Trinity Medical Centre, referral received by WSPA, yet to be triaged , please see referral in communications and letters

02 Dec 2019 09:29	Surgery: Bradley Richardson (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre
03 Dec 2019 11:35	Surgery: Miss Karen Rushton (Manager)

General Letter to NP letter

03 Dec 2019 20:53	Surgery: Miss Elizabeth Brown (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre

Deduction code received from HA - Internal Transfer
Medical Records Status - Records waiting to be sent

05 Dec 2019 16:30	Base: Catherine Lynn (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Referral In: to Wakefield SPA (Refused by service) Ended 05 Dec 2019 16:44
Status Update for Assessment Referral In: Referral Not Appropriate, Status changed: 05 Dec 2019 16:20
Status Update for Assessment Referral In: Discharged From Care, Status changed: 05 Dec 2019 16:44
Status Update for Assessment Referral In: Discharged From Care, Status changed: 05 Dec 2019 16:44
Activity: Record Keeping (5 minutes) Record Keeping with Patient Record
Progress note:

WSPA
Referral reviewed. Further information required around presentation, risk and functioning, current medication any input from mental health services in prison, nature and content of voices. Any drug and alcohol use.
Letter to GP to follow, no further action from SPA at this time

Patient Contact: 0 minutes Total Contact: 5 minutes

05 Dec 2019 17:07	Surgery: Mrs. Kathryn Lamb

Obtaining information (Ua1FV) - Added in bulk

05 Dec 2019 17:11	Surgery: Mrs. Kathryn Lamb

Short message service text message sent to patient (XaMiI) - Added in bulk

06 Dec 2019	Surgery: Miss Karen Matysiak (Manager)	Entered: 11 Dec 2019 15:28

Clinic Letter to The Grange Medical Centre

06 Dec 2019	Surgery: Dr James Johnston (General Medical Practitioner)	Entered: 30 Dec 2019 08:47
06 Dec 2019	Surgery: Miss Karen Matysiak (Manager)	Entered: 30 Dec 2019 08:47

more information needed for single point access

Letter encounter (XaBYn) (New Episode)

06 Dec 2019 08:24	Surgery: Tabassom Urrehman (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

SystmOne Outgoing Record Sharing consent changed to: Not asked - Record not shared

06 Dec 2019 08:24	NHS Premises: Tabassom Urrehman (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Mobile telephone number: 07535 310176
Amendment via PDS

06 Dec 2019 08:30	Base: Tabassom Urrehman (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

General Letter to Dr Yassar Altaf
Activity: Record Keeping Administration note with Patient Record

06 Dec 2019 09:46	Surgery: Dr James Johnston (General Medical Practitioner)

Medication review done (XaF8d)
(R) Aripiprazole 5mg tablets - 28 tablet - two to be taken once daily
(R) Emcozin 30mg/500mg tablets (GlucoRx Ltd) - 100 tablet - "Co-codamol 30mg/500mg" Take ONE or TWO tablets

up to FOUR times a day when required for pain relief
(R) Gabapentin 300mg capsules - 84 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
Aripiprazole 5mg tablets - 56 tablet - two to be taken once daily
Ended 27 Mar 2020 Clinical grounds (changed from clinic letter 23.3.2020) by Miss Karen E Matysiak
Emcozin 30mg/500mg tablets (GlucoRx Ltd) - 100 tablet - "Co-codamol 30mg/500mg" Take ONE or TWO tablets up to FOUR times a day when required for pain relief
Ended 07 Jan 2020 At the Pharmacist's request (not in stock) by Miss Hayley Curtis
Gabapentin 300mg capsules - 168 capsule - 3 twice daily
Ended 17 Mar 2021 Re-Authorised by Dr Fiaz Choudhary
Propranolol 40mg tablets - 28 tablet - twice daily
Ended 17 Mar 2021 Re-Authorised by Dr Fiaz Choudhary
ETP FP10: Printed On Fri 06 Dec 2019 09:49 By Dr James Johnston
Summary Care Record Update

06 Dec 2019 12:48	Base: Tabassom Urrehman (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Activity: Record Keeping Administration note with Patient Record

06 Dec 2019 12:59	Base: Tabassom Urrehman (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Activity: Record Keeping Administration note with Patient Record
Progress note:

WSPA - letter sent to GP, copy saved in communications and letters

06 Dec 2019 16:30	Surgery: Kerrie Harkin (Receptionist Access Role)
09 Dec 2019 15:15	Surgery: Mrs Lorraine Stirland-Brown (Receptionist Access Role)

Community Pharmacy - Amendment via PDSPrevious data: Trinity - Pharmacy Plus Health, Trinity Medical Centre, Thornhill Street, Wakefield WF1 1PG
Tel: 01924 373062

16 Dec 2019 13:04	Base: Jeanette Govender (Social Worker Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Activity: A01 - Initial Assessment (20 minutes) Telephone with Patient
Activity: Record Keeping (15 minutes) Record Keeping with Patient Record
Progress note:

WSPA:
Tel.call from Thomas wanting an update on his GP referral.
He said he has been released from prison a month ago; was in prison for 3 years and 3 months due to a violent act; he said that he was attacked but the court found him guilty rather than the perpetrator of the crime.
Thomas explained that he needs to see Dr Nazari urgently because his medication is not working (Aripiprazole 5mg); he said that his medication was initially stopped in prison but then after 7 months was reinstated. He said that he is having increased visual hallucinations of guns and violent crime and his mood is also low. He spoke about family problems such as lack of care from his family towards his mum as well as having no money and losing his house which have caused his mood to deteriorate. He explained that his PIP was stopped and when he was in prison he signed a letter for WDH therefore losing his flat resulting in him staying with his 79 year old mum who he is caring for. He said that for the last fortnight, he's been going daily to DWP office to reinstate his benefits. He denied use of illicit drugs and alcohol.
Thomas insisted that he has to see Dr Nazari and nobody else. I explained that due to his residence he would need to see a psychiatrist on the east side. Thomas was not pleased although was still polite and said 'it is only Dr Nazari who knows me and my mind; only he can help me and treat me and I would go homeless in the Wakefield area to see him".
Thomas further explained that Dr Nazari wrote a letter to the Crown Court and telephoned Thomas's mum to inform her that he would see Thomas upon his discharge from prison.
Advised that I would make further enquiries and call him back.

Patient Contact: 20 minutes Total Contact: 35 minutes

20 Dec 2019 08:07	Surgery: Alison Firth (Receptionist Access Role)

Appointment Letter to Mr Thomas Murphy

23 Dec 2019 11:17	Base: Jeanette Govender (Social Worker Access Role) Entered at: SWYFT - Wakefield Mental

	Health Community

Activity: A01 - Initial Assessment (20 minutes) Telephone with Patient
Activity: Record Keeping (15 minutes) Record Keeping with Patient Record
Progress note:

WSPA:
Discussed with Dr Nazari who advised that Thomas needs to know that services have changed since he last saw him and whilst he would have advised that Thomas can be referred back to services, this would not necessarily mean him.

Tel.call to Thomas, I briefly advised that I spoke with Dr Nazari and as there has been changes to services and with him residing on the east side, he cannot see Dr Nazari. Thomas didn't challenge this further.
I advsied that I shall seek further advice from our medic which is likely to be in the new year and would call him back.
In the meantime I advised that should he feels that his mental health is getting worse then he needs to see his GP.
Thomas was pleased with this plan.

Patient Contact: 20 minutes Total Contact: 35 minutes

30 Dec 2019 09:24	Surgery: Dr James Johnston (General Medical Practitioner)

General Letter to LTCI re ref

01 Jan 2020	Surgery: Amanda Hannigan (Nurse Access Role) Entered at: HMP Hatfield

Risk assessment required (YA465)

01 Jan 2020 17:12	Base: Angela Taberner (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 06 Jan 2020 17:11

Referral In: to Wakefield Enhanced Team East (Accepted) End of Referral 24 Mar 2020 08:22
Status Update for Assessment Referral In: Waiting For Assessment, Status changed: 06 Jan 2020 17:11
Activity: Record Keeping Administration note with Patient Record

02 Jan 2020 08:49	Surgery: Mrs Karen Keeton (Healthcare Assistant)

Body mass index - observation (22K..) 26.72 Kg/m²
Waist circumference (Xa041) 99 cm (~ 39 ")
O/E - height (229..) 1.702 m (~ 5 ' 7 ")
British or mixed British - ethnic category 2001 census (XaJQv)
FH: Cardiac disorder (XM1Jv) - dad died MI age 64
O/E - weight (22A..) 77.4 Kg (~ 12 st 3 lb)
Main spoken language English (XaG5t)
Urine protein test negative (4672.)
Avoids even trivial exercise (1382.) - Has leg brace given by DRI
New patient screening (68R..) - completed.
Urine glucose test negative (4662.)
Smoker (137R.) - 10 daily
Never had paid employment/long-term unemployment (Y3235)
Normal diet (Ub04n)
Smoking cessation advice (Ua1Nz)
135 / 78 mmHg

02 Jan 2020 09:02	Surgery: Sally South (Receptionist Access Role)

Appointment Letter to Mr Thomas Murphy

02 Jan 2020 12:54	Surgery: Mrs Beverley Kirkham (Receptionist Access Role)

(R) Aripiprazole 5mg tablets - 28 tablet - two to be taken once daily
(R) Emcozin 30mg/500mg tablets (GlucoRx Ltd) - 100 tablet - "Co-codamol 30mg/500mg" Take ONE or TWO tablets up to FOUR times a day when required for pain relief
(R) Gabapentin 300mg capsules - 84 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
Summary Care Record Update

03 Jan 2020 08:37	Base: Jeanette Govender (Social Worker Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Activity: Record Keeping Record Keeping with Patient Record
Progress note:

WSPA:
Email sent to Dr James for advice.

04 Jan 2020 09:45	NHS Premises: Dr Delyth James (Clinical Practitioner Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Activity: Record Keeping (30 minutes) Administration note with Patient
Progress note:

Asked to review by S PA. No GP share out is in place so can you please confirm with the practice if this can be provided. The patient last saw Dr Nazari in August 2016 having been under ETW or equivalent since November 2013. He has a diagnosis of paranoid schizophrenia and was maintained on aripiprazole for several years, the dose in 2016 being 25 mg daily. He was also maintained on a small dose of sertraline. He is now living with his mother in the east of the district, having recently been released from prison and so has also changed GP. The recent S PA referral letter dated November 29 2019 does not list any medications, although the patient reported on December 16 that he had restarted aripiprazole 5 mg daily. He also reported breakthrough symptoms.

Given the established diagnosis and treatment regime it would be reasonable to inform him and his GP that he can proactively increase aripiprazole to 10 mg daily in the first instance and can further increase the dose to 15 mg daily thereafter if necessary. He will need all baseline bloods and repeat pulse/BP – I note his BP wasstated as 80/50 in the November referral letter. Given the length of time since his last presentation I suggest he has an S PA face-to-face assessment as soon as possible. This does not need to be a medical slot and should not be further delayed for a S PA medical assessment. It is likely that he will then require transfer to ETE.

Patient Contact: 30 minutes Total Contact: 30 minutes

06 Jan 2020	Surgery: Mrs Victoria Burton (Manager)	Entered: 07 Jan 2020 09:49

Clinic Letter to Dr James Johnston

06 Jan 2020	Surgery: Mrs Victoria Burton (Manager)	Entered: 13 Jan 2020 13:03

Seen by social worker (9N26.) - it would be reasonable to inform him and his GP that he can proactively increase aripiprazole to 10mg in the first instance and can further increase the dose to 15mg daily thereafter if necessary - apt 9.1.20 (New Episode)

06 Jan 2020	Surgery: Dr James Johnston (General Medical Practitioner)	Entered: 13 Jan 2020 13:03
06 Jan 2020 08:53	Base: Tina Jackson-Ball (Social Worker Access Role) Entered at: SWYFT - Wakefield Mental Health Community	

Activity: A01 - Initial Assessment (20 minutes) Telephone with Patient
Activity: Record Keeping (15 minutes) Record Keeping with Patient Record
Progress note:

WSPA
T/C to Jenny at the GP practice, share out to be actioned today.

Patient Contact: 20 minutes Total Contact: 35 minutes

06 Jan 2020 09:37	Surgery: Mrs Jennifer Reid (Receptionist Access Role)

SystmOne Incoming Record Sharing consent changed to: Yes
SystmOne Outgoing Record Sharing consent changed to: Yes

06 Jan 2020 09:37	Surgery: Unknown Staff Member Entered at: Trinity Medical Centre

SystmOne Outgoing Record Sharing consent changed to: Yes

06 Jan 2020 10:42	Base: Tina Jackson-Ball (Social Worker Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Activity: A01 - Initial Assessment (20 minutes) Telephone with Patient
Activity: Record Keeping (15 minutes) Record Keeping with Patient Record
Progress note:

WSPA
Telephpne triage to take place before booking in for a face to face assessment (recommended by Dr James). Advised that Thomas will be home after 4pm today, passed to SPA colleague to contact after this time.

Patient Contact: 20 minutes Total Contact: 35 minutes

06 Jan 2020 15:10	Base: Louise Wadding (Social Worker Access Role) Entered at: SWYFT - Wakefield Mental

	Health Community

Activity: Record Keeping Record Keeping with Patient Record
Progress note:

SPA MDT East: Dr James, Carmen Marchant and myself present. Dr James fed back her review of the notes following a request from SPA practitioner. Dr James has advised that a SPA assessment is arranged, it is not felt this needs to be by a medic; she has also requested that her medication advice is communicated to the GP. Same agreed, to be passed to triage.

06 Jan 2020 16:50	Base: Aimee Potter (Social Worker Access Role) Entered at: SWYFT - Wakefield Mental Health Community

General Letter to Dr James Johnston
Activity: Record Keeping Record Keeping with Patient Record
Progress note:

WSPA: Passed to me to triage. Unclear why support call needed however i have called Thomas and an appointment has been arranged for Thursday 9th January (i had a cancleation). I have also faxed Dr James advice to the GP. Thomas has the details of the appointment and is aware that it is too late for a letter to be sent out. He also has the contact details for SPA should he need to contact us prior to the appointment.

Although Thomas has been convicted of malicious wounding (2015) and has spent time in prison for this recently being released, he was remorseful of this and is not expressing thoughts to harm others. He said that he is experiencing visual hallucinations. He was pleasant on the phone and i explained what would happen at the time of the assessment. There has been no information in the past to suggest he needs a 2 person assessment. I explained that Dr Nazari would not be available for the appointment but explained i would be carrying out the assessment. Thomas was happy with this.

06 Jan 2020 17:17	Base: Angela Taberner (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Activity: Record Keeping Administration note with Patient Record
Progress note:

WSPA: Initial assessment booked with Aimee on Thursday 09th Jan 2020 at 09.30 at Baghill House. Appointment confirment over the phone with patient, no letter sent,

06 Jan 2020 17:34	NHS Premises: Aimee Potter (Social Worker Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Outcome recorded: Attended - Further Appointment to be Made Later - Appointment 06 Jan 2020 17:15 - 17:30

07 Jan 2020 08:33	Surgery: Dr Louise Davis (General Medical Practitioner)

History: Has just been released form prison. Served 3.5 years for physical assault. New patient. Has probation officer. Has been referred to mental health services & has appt Baghill house on Thursday. Shortly before prison rleease police visited him. He attended a school in childhood where accusations of abuse have been made and this has awakebned bad memories for him. Says no history sexual abuse but did have very bad time there. Seeing probation officer today.
Has ground floor flat due to MSK problems. Does not feel able to go to work currently. Has sick note until 24th jan.
Checked meds on repeat & advised available via Cohens.
Examination: Casually dressed. Good eye contact. Occasionally tearful. No TOSH. Feels can keep self safe.
Plan: To see MHT as planned.
Advised will need further appt when sick note expires if still not well enough to work - r/w 3/52 or sooner if required

07 Jan 2020 10:24	Surgery: Miss Hayley Curtis (Receptionist Access Role)

(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
Ended 17 Mar 2021 Re-Authorised by Dr Fiaz Choudhary
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update

09 Jan 2020	Surgery: Mrs Victoria Burton (Manager)	Entered: 09 Jan 2020 15:11

Clinic Letter to Dr James Johnston

09 Jan 2020	Surgery: Mrs Victoria Burton (Manager)	Entered: 14 Jan 2020 14:34

Clinic Letter to The Grange Medical Centre

09 Jan 2020	Surgery: Mrs Victoria Burton (Manager)	Entered: 14 Jan 2020 14:36

Mental health assessment (XaIYN)
I have transferred his are to Enhanced team east to prevent a further deterioration in Pt mental health
(New Episode)

09 Jan 2020 13:24	NHS Premises: Aimee Potter (Social Worker Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Outcome recorded: Additional Referral to Secondary Service - Appointment 09 Jan 2020 09:30 - 10:30

09 Jan 2020 13:30	Clinic Setting: Aimee Potter (Social Worker Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Triage (Ua1SN)
Limited a little by manual dexterity disability (Y160d) - Thomas has Osteoarthritis; he struggles with pain In his back, shoulder and knee. Thomas told me that he has injections to help with the pain.
Reason for referral (XaIpS)
Thomas was referred to Single Point of Access by Dr Altaf as he felt his medication is not working (Aripiprazole 5mg); and is experiencing increased visual hallucinations of guns and violent crime and his mood is also low.

Thomas attended his initial screening assessment at Baghill House Health and Wellbeing Centre. It was difficult to gather a clear picture of Thomas's current presentation as he would often forget what he was discussing and start talking about something else and his concentration appeared poor. He was able to maintain eye contact during the assessment and it was felt that there was no apparent issues in relation to capacity or cognition, he was orientated to time, place and person with having the capacity to consent and engage in the assessment. Thomas does have a diagnosis of Paranoid schizophrenia.

In November Thomas was released from prison as he received a sentence of six and half years of imprisonment for cutting someone's face with a knife. He is currently on probation for 3 years and 3 months and his probation worker is Sorrell Gunn. Thomas feels that his mental health began to deteriorate whilst he was in prison and for 7 months of his sentence his was unmediated and did not have access to mental health services. During the assessment there were no concerns regarding Thomas's behaviour he was pleasant throughout and remorseful of his actions and I did not feel at unease in any way.

Thomas was tearful at times during the assessment and said he would it difficult to speak and trust new professionals and said he is paranoid about being judged by others. When Thomas arrived for the appointment he had a large gym bag that was full of paperwork from mental health services and also information regarding his physical health. He said that he worries people think there is _nothing wrong with him_ and feels that he needs to _prove there is something wrong with him to others_.

Initially it was difficult to build a rapport however as the assessment progressed a rapport was established. Thomas reports that his mood is low every day and feels worn out by the visual, auditory and olfactory hallucinations that he experiences. Although during the assessment he did not appear to be responding to any visual stimuli he did lose track of our conversation numerous times which potentially may have been due to voice hearing, he said witnessed by family and friends telling the voices to _fuck off_. It was difficult to establish exactly what the voices are saying to him however he said they _try and make me to stuff I should be doing_, I did try to get Thomas to expand on what he means by this but he became tearful stating _he could not tell me_. Thomas described both male and female voices and does have insight that _these are not real_. He does try to distract himself by going swimming however he still experiences them when doing this. He also described a _command voice_ but could not elaborate further on stating _I will not do what it tells me_. Thomas said that when he was released from prison he would spend time sitting in the green house alone where it was quiet, _having a smoke_. Thomas said this is because he struggles to _determine what a real voice is and what are friends/family's voices_.

Thomas said that he also experiences increased visual hallucinations of guns and violent crime. He said this is a new presentation and feels that he has developed a _violent streak_. He described this as feeling that he is watching a violent film in his head and does have thoughts that _if people come near me I will do it_, but realistically he said he would not act this out. Thomas said that when people walk by him he can _see things_ and feels that he _has discovered things that people don't know about, and he knows what people are thinking_.

Thomas feels that he can also _smell cancer_. I asked what Thomas means by this and he said he nursed his grandad when he had cancer and there was a district smell before he passed away. He described that whilst in the post office he smelt the same smell and felt that the lady infront of him also had cancer. Thomas said that he has a good friend _Dot' who he sees often. He said that he knows that Dot has cancer as he can smell it when she is around but has not told her as he does not want to make her worry.
Thomas said his sleep is poor; he wakes numerous times during the night and feels _constantly tired_. He said that

during the night he is experiencing the _visual stuff_ and this can happen around 3 to 4 times per night. He said that he also has worries currently around his benefits and feels pressure to work from the job centre. He said they have advised that he can do work on the computer however Thomas struggles to concentrate because of the voices and does not feel that he could do this. Thomas reports that he struggles to concentrate on watching television because he struggles to determine what is on _TV and what is a voice_. It was evident during the assessment that Thomas was struggling with his concentration and often would lose track of conversation and starting talking about something else.

Thomas gave a history of cutting himself in 1996 however his intentions were intention not clear, he denied any current self-harming behaviours. Thomas also denied any current suicidal plans or intentions citing his mum as a protective factor. He told me that although he does have visions of harming others currently he will not act on these thoughts.

Service involved: Other (Y2888)
Sorrell Gunn (probation) 07971223960
01924853337
Interpreter not needed (XaI8Y)
Heterosexual (X766q)
Not disabled (Y3416)
Prison record and criminal activity details (Xa8Ex)
2016- Thomas was in prison and had received a sentence of six and half years of imprisonment for Section 18-Malicious Wounding, he appeared remorseful of this today. (He explains that he was in a car with his ex-partner's son (Lee) and Lee's two friends, one in the passenger side and the other one who was driving the car. He states that there was an escalated argument between Lee and the man on the passenger side, which led to a fight and according to him, when Thomas trying to intervene, the man on the passenger side pulled a knife and when Thomas was trying to push the knife away, it injured the man's face. He explains that he is not a violent man and he never intended to hurt anyone). Thomas said that he was under the influence of cocaine and alcohol when this happened and is aware that impulsive acts of violence increase when intoxicated.

Pervious assessments state:

Berliney prison at age of 15 for "abduction" (see personal history for clients interpretation for such).
Transferred to St Mary's secure unit (Bishop Briggs) and then to Borstal prison where he was released in 1985 at age of 18??
In 1987 client states he was in "Glenoccles? in Stirling for a driving offence serving 3 months.
Reports being in Armley Prison in Leeds in 1987? 88? 89? for theft and robbery ("pinching") - unclear for how long.
States was in Moor lands prison in Doncaster in 2010 for a driving offence and served 8 weeks and released on tag which was removed in Feb 2011.

Past medical history (14...) - Thomas has Osteoarthritis; he struggles with pain In his back, shoulder and knee. Thomas told me that he has injections to help with the pain.
Care planning and problem solving actions (Ua1LU) - Given the level of distress that Thomas is currently experiencing I have transferred his care to the Enhanced Team East to prevent a further deterioration in Thomas's mental health. I have sent medication advice to Thomas's GP as per Dr James's request to increase his Aripiprazole. It is felt that he would benefit from further monitoring as this is increased as he may require further outpatient's appointments until there has been an improvement in his presentation. It is also felt that he would benefit from support around challenging the visual and auditory hallucinations he is experiencing currently to help reduce level of distress.
Initial patient assessment (XaIBH)
Thomas is a 51 year old male with a diagnosis of paranoid schizophrenia and has been maintained on aripiprazole for several years. Thomas feels that his mental health started to deteriorate during his time in prison as for 7 months of his 3 year sentence he was not able access to the prisons mental health services and his medication was stopped but since he was released it has declined further.
Upon being released from prison Thomas is struggling with his mental health and has noticed an increase in his visual and auditory hallucinations. He describes the voices as commend in nature but does appear to have insight currently and is able to stop himself acting on what they are telling him to do. Thomas is worried that if these increase he may _do something he doesn't want to do_. The visual hallucinations he is experiencing appear to cause him significant distress and at times will prevent Thomas from leaving the house. Thomas is struggling to concentrate on everyday activities such as watching tv, getting on public transport and socialising with others due to feeling unable to distinguish what is real and what are hallucinations and feels judged by others particularly when he is responding to the voices out loud. Thomas feels that he has discovered things that people do not want him to know about and also feels that he can read what other people are thinking. Thomas also feels that his current medication

is having little impact on his mental health and would like this to be increased. As well deterioration in his mental health Thomas as the added pressure from the job centre as they feel that he is fit to work and currently he does not feel ready to do this although in the future he stated he would like to seek employment.

Treatment (Ua22j)
Aripiprazole 5mg tablets- two to be taken once daily
Propranolol 40mg tablets- twice daily
Gabapentin 300mg capsules
Emcozin 30mg/500mg tablets
Co-codamol 30mg/500mg" Take ONE or TWO tablets up to FOUR times a day when required for pain relief

Subjective history (Y2443)
Thomas did not wish to talk about his past, he said that he needs to get on with his life currently and he will never be able to move forward with his life referring to his past which he stated _is very hurtful_. He did today mention that he went to an approved school. He also said that he was abused in school and _battered_ by someone who was an ex police officer. He said that whilst he was in prison he received a letter from the police who are currently making investigation about the abuse that happened in this particular school and has not heard anything since.

From previous assessment:

Born and initially brought up in Clydebank until the age of 3. States he cannot remember anything before that time until he was living in Yorkshire at 4. States he attended Fitzwilliam primary school (Yorkshire) and completed his secondary schooling at Faithley school in Clydebank (Scotland). States he was 8 when moved back to Scotland? No qualifications gained, stating he "never really went" and "kept running away"?? States he ended up in Berliney (spelling?) prison at the age of 15?? for "abduction" - unable to define this other than he sped off on a motorbike in Clydebank with someone else on bike?? From there he was transferred to St Mary's secure unit in Bishop Briggs due to complaints by his mother for being placed in a prison at 15? Client states he was then transferred to Borstal (spelling?) until released in 1985 as was "getting demolished". From here he states he returned to live with his mother and father in Yorkshire. States he has always "been in trouble for stealing". Various employment history from 1988-1999 - with last job ending in 2000 due to lack of work at factory in 2000. Has x4 children (adults now) to different biological mothers - Stacey, Adele , Faye and Thomas - not in contact with them presently. Was unable to state why. States he is not in contact with any of there mothers presently.

H/O: mental health problem (YA741)
Thomas last saw Dr Nazari in August 2016 having been under ETW or equivalent since November 2013. He has a diagnosis of paranoid schizophrenia and was maintained on aripiprazole for several years, the dose in 2016 being 25 mg daily. He was also maintained on a small dose of sertraline.

-03 Aug 2011 to Wakefield Crisis Resolution & Home Treat for Crisis/SPA Services (Accepted) End of Referral 04 Aug 2011 23:59
- 31 Jul 2013 to Airedale CMHT for CMHTS (Accepted) End of Referral 16 Sep 2013 23:59
- 31 Jul 2013 to Wakefield SPA for Crisis/SPA Services (Accepted) End of Referral 31 Jul 2013 23:59
- 04 Nov 2013 to Wakefield Enhanced Team West for (WAA) Community Services (Accepted) End of Referral 01 Jun 2017 23:59

Social circumstances (XaIVT)
4 days ago Thomas moved into his new ground floor flat. He said this is a housing association and not WDH.

Thomas is unemployed and has not worked since approximately 2000. He is currently in receipt of universal credit. He has just sent an application form off to PIP. He had no support in filling in the form and struggles to read and write due to dropping out of school and is worried that this was not completed correctly. He said that he also has worries currently around his benefits and feels pressure to work from the job centre. He said they have advised that he can do work on the computer however Thomas struggles to concentrate because of the voices and does not feel that he could do this. Thomas also have other physical health problems that may impact on his ability to work. Thomas said that he would like to work in the future.

Thomas has recently signed up to a gym where he enjoys going swimming and said that he also plays the guitar.

He is currently single and has a close friend called _Dot'. Thomas also has a good relationship with his mum but his relationship with his siblings can be toxic at times. He said that his brother recently rang probation to tell them that Thomas has raised his voice. Thomas said this could have resulted in him being recalled to prison.

Thomas only has contact with one of his adult children (Stacey).

Sainsbury's Level 1 Risk Assessment. - questionnaire started
Activity: A01 - Initial Assessment (60 minutes) Face to face with Patient
Activity: Record Keeping (60 minutes) Record Keeping with Patient Record
Assessment: 09 Jan 2020 09:30
Staff Member: Aimee Potter
Team: Wakefield SPA

Risk Assessment: 09 Jan 2020 09:30
Staff Member: Aimee Potter
Team: Wakefield SPA

Progress note:

WSPA: Thomas attended his initial screening assessment today at Baghill House Health and Wellbeing Centre.

Given the level of distress that Thomas is currently experiencing I have transferred his care to the Enhanced Team East to prevent a further deterioration in Thomas's mental health. I have sent medication advice to Thomas's GP as per Dr James's request to increase his Aripiprazole. It is felt that he would benefit from further monitoring as this is increased as he may require further outpatient's appointments until there has been an improvement in his presentation. It is also felt that he would benefit from support around challenging the visual and auditory hallucinations he is experiencing currently to help reduce level of distress.

Thomas gave consent to share information with probation and the job centre. I called his probation worker Sorrell (07971223960, 01924853337) to make her aware of the outcome of the assesment. I have asked that Thomas liaises with his GP in regards to the increase of medication that was identified by Dr James. Thomas is aware that his care will be transferred to the Enhanced Team East and i have sent the outcome letter to the GP and allocated to the Enhanced Team (email sent to make them aware of the allocation).

Patient Contact: 60 minutes Total Contact: 120 minutes

09 Jan 2020 14:05	Base: Aimee Potter (Social Worker Access Role) Entered at: SWYFT - Wakefield Mental Health Community

03 Reports & Assessments to Dr Yassar Altaf
Activity: Record Keeping (20 minutes) Record Keeping with Patient Record
Patient Contact: 0 minutes Total Contact: 20 minutes

09 Jan 2020 14:23	Base: Aimee Potter (Social Worker Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Activity: Record Keeping Record Keeping with Patient Record

09 Jan 2020 14:23	Base: Tabassom Urrehman (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Address Changed From: '34 First Avenue, Fitzwilliam, Pontefract WF9 5BG'
Previous Home Address: 14 Mallard Mews, South Elmsall, Pontefract WF9 2SF
Activity: Record Keeping Administration note with Patient Record

10 Jan 2020 13:52	Surgery: Alison Firth (Receptionist Access Role)

Summary Care Record Update

10 Jan 2020 13:52	Surgery: Alison Firth (Receptionist Access Role)

(R) Aripiprazole 5mg tablets - 56 tablet - two to be taken once daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update

13 Jan 2020 12:54	Base: Morwenna Edwards (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Activity: Record Keeping Administration note with Patient Record
Care Programme Approach Started: 13 Jan 2020 12:53 (Ended: 24 Mar 2020 08:22)

13 Jan 2020 15:48	Base: Morwenna Edwards (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

General Letter to Mr Thomas Murphy
Activity: Record Keeping Administration note with Patient Record

20 Jan 2020	Surgery: Mrs Victoria Burton (Manager)	Entered: 21 Jan 2020 11:34

Clinic Letter to The Grange Medical Centre

20 Jan 2020	Surgery: Mrs Victoria Burton (Manager)	Entered: 21 Jan 2020 11:34

Seen by smoking cessation advisor (Xalye) (New Episode)

20 Jan 2020 17:52	Surgery: Dr James Johnston (General Medical Practitioner)

Nicotinell TTS 30 patches (Dr Reddy's Laboratories (UK) Ltd) - 14 patch - use daily
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
Summary Care Record Update

21 Jan 2020 13:00	NHS Premises: Laura Storey (Social Worker Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Jan 2020 14:19

Activity: Record Keeping (10 minutes) Administration note with Patient
Patient Contact: 10 minutes Total Contact: 10 minutes

21 Jan 2020 13:00	NHS Premises: Laura Storey (Social Worker Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 21 Jan 2020 14:19

Progress note:

Thomas phoned to cancel today's appointment, as he is seeing his probation officer. He requested a further appointment be sent.

21 Jan 2020 14:20	NHS Premises: Laura Storey (Social Worker Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Outcome recorded: Further Appointment Offered/Given - Appointment 21 Jan 2020 13:00 - 14:00

21 Jan 2020 14:42	Base: Morwenna Edwards (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

General Letter to Mr Thomas Murphy
Activity: Record Keeping Administration note with Patient Record

23 Jan 2020 10:41	Surgery: Alison Firth (Receptionist Access Role)

Appointment Letter to Mr Thomas Murphy

23 Jan 2020 15:42	Surgery: Mrs Victoria Burton (Manager)

Address Changed From: '34 First Avenue, Fitzwilliam, Pontefract WF9 5BG'
Previous Home Address: 14 Mallard Mews, South Elmsall, Pontefract WF9 2SF

23 Jan 2020 15:42	Surgery: Unknown Staff Member Entered at: SWYFT - Wakefield Mental Health Community	Entered: 12 May 2020 14:11

Previous Home Address: 14 Mallard Mews, South Elmsall, Pontefract WF9 2SF

28 Jan 2020 11:04	Surgery: Miss Karen Rushton (Manager)

Letter received (XaKqd) - Universal credtit

28 Jan 2020 12:09	Surgery: Miss Karen Rushton (Manager)

Letter sent to outside agency (9NC..) - universal credit

29 Jan 2020 08:02	Surgery: Steven Agar (Specialist Nurse Practitioner)

History: hx of paranoid schizophrenia, anxiety, osteoarthritis requiring walking aids
Examination: Interacting well, goood eye contact, communicating well on going of viloent abuse from past.
Diagnosis: paranoid schizophrenia, anxiety, osteoarthritis
Plan: Med3 3 months
MED3 (2010) issued by hand, not fit for work (XaX1R)
PNG Image: MED3Statement.png
MED3 statement issued by hand: Not fit for work - Valid from 29 Jan 2020 to 28 Apr 2020
Diagnosis: Parnoid shhizophrenia, anxiety, osteoarthritis, needs walking aids

29 Jan 2020 10:45	Base: Lynn Rose (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Activity: Record Keeping Administration note with Patient Record

29 Jan 2020 12:19	Surgery: Mrs Beverley Kirkham (Receptionist Access Role)

(R) Aripiprazole 5mg tablets - 56 tablet - two to be taken once daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 84 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update

31 Jan 2020 13:30	NHS Premises: Laura Storey (Social Worker Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 31 Jan 2020 17:14

Progress note:

Tom attended his appointment, as arranged. He reported that he was released from prison in November and now has accomodation in South Elmsall, which he is pleased with and reports settling in well. He has a support worker and probation officer, who he sees regularly and provides him with practical support.

Tom told me that his medication has been increased and he had noted some improvements in his voices. He said that he thought his mental health had been somewhat neglected by the prison service, but he had been back to the GP on release and ha his medication increased.

I asked Tom what support he thought he needed from ETE and he stated that Dr Nazari had informed him that he needed regular OPA to review. He said that he tended to feel better having talked about his mental health. He said that he is used to his voices increasing his paranoia, which frustrates him at times. He said that he is annoyed that he has thoughts that his family are trying to poison him, when he knows that they would never do this.

Throughout the appointment, Tom was polite and engaging. He showed good insight into his mental health and what maintains this, stating that he intends to stay away from substances and is only having alcohol occasionally.

Tom's physical health limits his activity. He sees his GP for problems with his spine and knees, but states that his pain management options are limited.

PLAN
To arrange a medical review for Tom
To continue to assess whether there is a role for ETE

31 Jan 2020 15:00	NHS Premises: Laura Storey (Social Worker Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 31 Jan 2020 17:12

Activity: Record Keeping (60 minutes) Face to face with Patient
Patient Contact: 60 minutes Total Contact: 60 minutes

31 Jan 2020 17:14	NHS Premises: Laura Storey (Social Worker Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Outcome recorded: Attended - Further Appointment to be Made Later - Appointment 31 Jan 2020 13:30 - 14:30

03 Feb 2020 10:44	NHS Premises: Laura Storey (Social Worker Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Activity: Record Keeping (20 minutes) Face to face with Patient
Patient Contact: 20 minutes Total Contact: 20 minutes

04 Feb 2020 13:56	Surgery: Miss Elizabeth Brown (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre

Sending of medical records to GP (XaAKn)

04 Feb 2020 13:56	Surgery: Miss Elizabeth Brown (Admin/Clinical Support Access Role) Entered at: Trinity Medical Centre

Medical Records Status - No records here

07 Feb 2020 08:55	Base: Lynn Rose (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

General Letter to Mr Thomas Murphy
Activity: Record Keeping Administration note with Patient Record
Attachment Marked in Error: Wrong data entered
07 Feb 2020 08:45, Word Letter
Letter Marked in Error: Wrong data entered
Recipient Mr Thomas Murphy

07 Feb 2020 13:56	NHS Premises: Jane Robson (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Appointment Letter to Mr Thomas Murphy

07 Feb 2020 14:09	Base: Jane Robson (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Activity: Record Keeping Administration note with Patient Record

14 Feb 2020 11:00	NHS Premises: Laura Storey (Social Worker Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 23 Mar 2020 16:15

Progress note:

Appointment cancelled by Thomas

17 Feb 2020	Surgery: Mrs Victoria Burton (Manager)	Entered: 17 Feb 2020 16:38

Lloyd George record received (XaF7O)

17 Feb 2020 16:38	Surgery: Mrs Victoria Burton (Manager)

Medical Records Status - Records here
Security Controlled Record Flag Amendment - No medical records (Previous Status)

21 Feb 2020 13:45	Surgery: Miss Hayley Curtis (Receptionist Access Role)

(R) Aripiprazole 5mg tablets - 56 tablet - two to be taken once daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 84 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
Summary Care Record Update

28 Feb 2020 10:00	NHS Premises: Laura Storey (Social Worker Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 23 Mar 2020 16:16

Progress note:

Appointment cancelled by Thomas - further one to be arranged

28 Feb 2020 13:30	HCP, Surgery: Andrew MacDonald Entered at: SWYFT - Wakefield Mental Health Community

Did not attend for Appointments appointment with Andrew MacDonald.
Did not attend (Xa1kG)

10 Mar 2020 13:30	NHS Premises: Jane Robson (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Appointment Letter to Mr Thomas Murphy

12 Mar 2020 11:26	NHS Premises: Marie Dunne (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Activity: Record Keeping (1 minutes) Administration note with Patient
'Paper Records Management (PRM)' - questionnaire amended
Patient Contact: 1 minutes Total Contact: 1 minutes

18 Mar 2020 13:44	Surgery: Miss Karen Rushton (Manager)

Plan: New patient screening first letter (9OW4.)
Informing patient of named accountable general practitioner (Xab9D)
Home telephone number: 01977 614612
Amendment via PDS

20 Mar 2020 10:00	NHS Premises: Marie Dunne (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Activity: Record Keeping (1 minutes) Administration note with Patient
Patient Contact: 1 minutes Total Contact: 1 minutes

23 Mar 2020	Surgery: Miss Karen Matysiak (Manager)	Entered: 27 Mar 2020 12:04

Clinic Letter to Dr James Johnston

23 Mar 2020	Surgery: Miss Karen Matysiak (Manager)	Entered: 27 Mar 2020 12:07

released from prison Nov 2019
trying to keep busy
Aripiprazole to be increased to 15mg od and can be further increased in increments of 5mg
no current risks identified,

Seen by psychiatrist (XaATC) (New Episode)

23 Mar 2020 13:13	Surgery: Mrs Jennifer Reid (Receptionist Access Role)

(R) Aripiprazole 5mg tablets - 56 tablet - two to be taken once daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 84 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update

23 Mar 2020 14:40	NHS Premises: Andrew MacDonald (Clinical Practitioner Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 23 Mar 2020 15:24

Activity: Assessment - Initial (20 minutes) Telephone with Patient
Activity: Record Keeping (10 minutes) Record Keeping with Patient Record
Patient Contact: 20 minutes Total Contact: 30 minutes

23 Mar 2020 14:40	NHS Premises: Andrew MacDonald (Clinical Practitioner Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 23 Mar 2020 15:25

Progress note:

Telephone appointment. See medical care plan.

23 Mar 2020 15:00	Base: Andrew MacDonald (Clinical Practitioner Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 23 Mar 2020 15:31

MH Medic Care Plan - questionnaire started - (finalised: 24 Mar 2020 10:01)
Activity: Record Keeping (20 minutes) Record Keeping with Patient Record
Assessment: 23 Mar 2020 15:31
Staff Member: Andrew MacDonald
Team: Wakefield Enhanced Team East

Patient Contact: 0 minutes Total Contact: 20 minutes

23 Mar 2020 15:10	NHS Premises: Hayley Kirk (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Outcome recorded: Further Appointment to be Made at a Later Date - Appointment 23 Mar 2020 13:30 - 14:30

23 Mar 2020 16:00	NHS Premises: Laura Storey (Social Worker Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 23 Mar 2020 16:37

Activity: Care Coordination - discharge meeting (30 minutes) Face to face with Patient
Patient Contact: 30 minutes Total Contact: 30 minutes

23 Mar 2020 16:00	NHS Premises: Laura Storey (Social Worker Access Role) Entered at: SWYFT - Wakefield Mental Health Community

CPA Review - questionnaire started - (finalised: 23 Mar 2020 16:00)
Activity: Care Coordination - care management (30 minutes) Telephone with Patient
CPA Review: 23 Mar 2020 16:22
Staff Member: Laura Storey
Team: Wakefield Enhanced Team East
Settled Accommodation Indicator: Settled
Accommodation Status: Mainstream Housing
Employment Status: Long-term sick or disabled, those who are receiving benefits
Weekly Hours Worked: Not applicable (PATIENT not employed)
Sexual Abuse Question Asked: Not known

Progress note:

Discussion with Dr MacDonald. He has spoken to Thomas today (documented in medical care plan) and it has been agreed that there is no current role for secondary mental health services. We will discharge Thomas to the care of his GP. Thomas is aware how to contact services should he need to in the future via his GP.

Patient Contact: 30 minutes Total Contact: 30 minutes

23 Mar 2020 16:37	NHS Premises: Laura Storey (Social Worker Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Outcome recorded: Attended - Discharge From CMHT - Appointment 23 Mar 2020 16:00 - 16:30

24 Mar 2020	Surgery: Miss Karen Matysiak (Manager)	Entered: 26 Mar 2020 15:33

Clinic Letter to Dr James Johnston

24 Mar 2020	Surgery: Miss Karen Matysiak (Manager)	Entered: 26 Mar 2020 17:27

mental health has improved
Discharged from follow-up (XM1T1) (New Episode)
Seen by social worker (9N26.) (Ongoing Episode)

24 Mar 2020 08:22	Base: Morwenna Edwards (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield

	Mental Health Community

02 General Correspondence to Dr James Johnston
Status Update for Assessment Referral In: Discharged From Care, Status changed: 24 Mar 2020 08:22
Status Update for Assessment Referral In: Discharged From Care, Status changed: 24 Mar 2020 08:22
Activity: Record Keeping Administration note with Patient Record

24 Mar 2020 09:35	Base: Angela Hollinworth (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Activity: Record Keeping Administration note with Patient Record
'MH Medic Care Plan' - questionnaire amended

24 Mar 2020 10:01	Base: Andrew MacDonald (Clinical Practitioner Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Paranoid schizophrenia (E103.) - (Added from Questionnaire)
Activity: Record Keeping (2 minutes) Record Keeping with Patient Record
'MH Medic Care Plan' - questionnaire amended
Patient Contact: 0 minutes Total Contact: 2 minutes

24 Mar 2020 10:11	Base: Angela Hollinworth (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Clinic Letter to Medical Care Plan 23.3.20
Activity: Record Keeping Administration note with Patient Record

27 Mar 2020 12:04	Surgery: Miss Karen Matysiak (Manager)

Aripiprazole 15mg tablets - 28 tablet - take one daily
Ended 17 Mar 2021 Re-Authorised by Dr Fiaz Choudhary

30 Mar 2020 08:38	Surgery: Mrs Victoria Burton (Manager)

Summary Care Record Update

10 Apr 2020 09:32	Surgery: Alison Firth (Receptionist Access Role)

(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 84 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update

27 Apr 2020 11:32	Surgery: Mrs Lorraine Stirland-Brown (Receptionist Access Role)

Alternate telephone number: 07870 618223
Mobile device

27 Apr 2020 11:40	Surgery: Dr James Johnston (General Medical Practitioner)

eMED3 (2010) new statement issued, not fit for work (XaX1E)
PNG Image: MED3Statement.png
New MED3 statement issued: Not fit for work - Valid from 27 Apr 2020 to 26 Jul 2020
Diagnosis: paranoid schizophenia, anxiety, osteoarthritis,

28 Apr 2020 09:16	Surgery: Miss Karen Matysiak (Manager)

MED3 - doctor's statement (9D1..) - posted

28 Apr 2020 18:07	Surgery: Sharon Fletcher

Short message service text message sent to patient (XaMiI) - Added in bulk

01 May 2020 02:16	Surgery: Miss Karen Matysiak (Manager)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
Summary Care Record Update sent as a part of a Central Bulk Upload - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

07 May 2020 12:24	Surgery: Mrs Beverley Kirkham (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 84 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

12 May 2020 14:11	Surgery: Angela Hollinworth (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

SystmOne Outgoing Record Sharing consent changed to: Not asked - Record shared

12 May 2020 14:11	NHS Premises: Angela Hollinworth (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Home telephone number: 01977 614612

12 May 2020 14:16	Base: Angela Hollinworth (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Activity: Record Keeping Administration note with Patient Record
Progress note:

Thomas phoned to query the dose of Aripiprazole he was one, I confirmed it had increased to 15mgs last time he was seen and he was happy with this.

27 May 2020 13:28	Surgery: Mrs Beverley Kirkham (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 84 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

22 Jun 2020 10:16	Surgery: Mrs Jennifer Reid (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 84 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

29 Jun 2020 17:26	Surgery: Mrs. Jayne Robson (Specialist Nurse Practitioner)

Under care of mental health in-reach team (XaaTC)
Except from mental health quality indicators: Patient unsuit (XaJ4w)
Additional SCR dataset uploaded under COPI Regulations (Y237d)
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

09 Jul 2020 15:48	Surgery: Kerrie Harkin (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Gabapentin 300mg capsules - 84 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

09 Jul 2020 15:49	Surgery: Kerrie Harkin (Receptionist Access Role)

Request for 'Co-codamol 30mg/500mg tablets' by patient
Request for 'Aripiprazole 15mg tablets' by patient

09 Jul 2020 15:49	Surgery: Kerrie Harkin (Receptionist Access Role)
17 Jul 2020 11:39	Surgery: Kerrie Harkin (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 84 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care

Record.

21 Jul 2020 16:44	Surgery: Sally South (Receptionist Access Role)
22 Jul 2020 12:22	Surgery: Mrs Beverley Kirkham (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

24 Jul 2020 13:45	Surgery: Dr Sorubini Meenadchisundaram (Salaried General Practitioner)

eMED3 (2010) new statement issued, not fit for work (XaX1E)
PNG Image: MED3Statement.png
New MED3 statement issued: Not fit for work - Valid from 24 Jul 2020 to 23 Oct 2020
Diagnosis: paranoid schizophrenia, anxiety, osteoarthritis

19 Aug 2020 11:19	Surgery: Carly Dove (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 84 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

09 Sep 2020 10:35	Surgery: Mrs Jennifer Reid (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 84 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

26 Sep 2020	Surgery: Miss Karen Matysiak (Manager)	Entered: 28 Sep 2020 09:54

Out of Hours to The Grange Medical Centre

26 Sep 2020	Surgery: Mrs Victoria Burton (Manager)	Entered: 28 Sep 2020 09:30

Out of Hours to The Grange Medical Centre

26 Sep 2020	Surgery: Miss Karen Matysiak (Manager)	Entered: 28 Sep 2020 09:54

NHS 111 report received (Xaafq) (New Episode)

26 Sep 2020	Surgery: Mrs Victoria Burton (Manager)	Entered: 28 Sep 2020 09:30
26 Sep 2020 08:32	GP Out of Hours Centre, DEPUTING REPORT: Mrs Victoria Burton (Administrator)	Entered: 28 Sep 2020 08:32
26 Sep 2020 15:47	Surgery: Unknown Staff Member Entered at: LCD Mobiles	Entered: 26 Sep 2020 15:58

Current Home Address: 14 Mallard Mews, South Elmsall, Pontefract WF9 2SF

26 Sep 2020 15:47	Surgery: Unknown Staff Member Entered at: Pontefract Hospital PCC

Current Home Address: 14 Mallard Mews, South Elmsall, Pontefract WF9 2SF

26 Sep 2020 15:58	Surgery: Dr Adrienne Crockett (General Medical Practitioner) Entered at: LCD Mobiles

SystmOne Outgoing Record Sharing consent changed to: Not asked - Record shared

26 Sep 2020 15:58	Surgery: Unknown Staff Member Entered at: Pontefract Hospital PCC

SystmOne Outgoing Record Sharing consent changed to: Not asked - Record shared

26 Sep 2020 15:58	Surgery: Dr Adrienne Crockett (General Medical Practitioner) Entered at: LCD Mobiles
26 Sep 2020 15:58	Surgery: Dr Adrienne Crockett (General Medical Practitioner) Entered at: LCD Mobiles

History: D/W Thomas.
Went out in Doncaster yesterday.
Had 3 pints of beer, he felt very lethargic and had difficulty getting up.
He then felt very sleepy.
He thinks he had been spiked.
Wanting a blood test to see what he might have been given.
Advised that this is not really a practical option.
I asked him if he was still feeling unwell, he said he was still having some hot flushes.
He then said that I was the 4th person he had spoken too, 'Forget it' and put the phone down.

Diagnosis: Believes that he was 'spiked' last night.
Plan: I tried to call back twice after he put the phone down, answerphone messages left x 2.
Advised to call back if he is still feeling unwell.

28 Sep 2020	GP Out of Hours Centre, DEPUTING REPORT: Mrs Victoria Burton (Administrator)	Entered: 28 Sep 2020 08:32

OOH report (Xalgs)

30 Sep 2020 11:57	Office Base: Mrs Elizabeth Rogers (Admin/Clinical Support Access Role) Entered at: Mid Yorks Outpatient Therapies

Activity: Administration (5 minutes) Administration with Patient Record
Patient Contact: 0 minutes Total Contact: 5 minutes

30 Sep 2020 11:57	Office Base: Mrs Elizabeth Rogers (Admin/Clinical Support Access Role) Entered at: Mid Yorks Outpatient Therapies

SystmOne Outgoing Record Sharing consent changed to: Not asked - Record shared

02 Oct 2020 13:46	Surgery: Miss Hayley Curtis (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 84 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

28 Oct 2020 12:48	Surgery: Mrs Beverley Kirkham (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 84 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

16 Nov 2020 14:49	Surgery: Mrs Jennifer Reid (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 84 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

07 Dec 2020 17:44	Surgery: Mr Joe Leeson

Influenza vaccination invitation 1st SMS text message sent (XaXjn) - Added in bulk (50-64)

10 Dec 2020 13:36	Surgery: Mrs Beverley Kirkham (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 84 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

29 Dec 2020 10:51	Surgery: Mrs Kirsty Hudson (Health Care Support Worker)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
ETP2 FP10: Not Yet Printed - Signed

Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

04 Jan 2021 11:07	Greenview Medical Centre, Surgery: Mrs Carol Hurst (Receptionist Access Role)

Request for 'Gabapentin 300mg capsules' by patient
Request for 'Propranolol 40mg tablets' by patient

04 Jan 2021 17:54	Surgery: Dr James Johnston (General Medical Practitioner)

(R) Gabapentin 300mg capsules - 84 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed

05 Jan 2021 08:08	Surgery: Mrs Victoria Burton (Manager)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

21 Jan 2021 14:32	Surgery: Mrs Beverley Kirkham (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
Request for 'Gabapentin 300mg capsules' by patient
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

21 Jan 2021 14:33	Surgery: Mrs Beverley Kirkham (Receptionist Access Role)
22 Jan 2021 10:58	Surgery: Mrs. Kathryn Lamb

Consumer satisfaction questionnaire (XM0c7) - Added in bulk

25 Jan 2021 12:16	Surgery: Alison Firth (Receptionist Access Role)

(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
ETP2 FP10: Not Yet Printed - Signed

26 Jan 2021 08:11	Surgery: Mrs Victoria Burton (Manager)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

03 Feb 2021	Boots: Nasir Iqbal	Entered: 03 Feb 2021 10:22

Seasonal influenza vaccination given by pharmacist (XaZfY)
Clinic Letter to The Grange Medical Centre
Influvac sub-unit (Mylan) 1 - See communication for further details.

04 Feb 2021 08:09	Surgery: Mrs Victoria Burton (Manager)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

17 Feb 2021 15:27	Surgery: Mrs. Kathryn Lamb

Severe acute respiratory syndrome coronavirus 2 vaccination invitation short message service text message sent (situation) (Y211f) - COVID Invite sent through AccuBook

19 Feb 2021 18:08	Surgery: Kerrie Harkin (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

23 Feb 2021 11:12	Surgery: Mrs Yvonne Graham (Receptionist Access Role)

Mobile telephone number: 07389 715982

23 Feb 2021 15:30	Surgery: Dr Sorubini Meenadchisundaram (Salaried General Practitioner)

mr.murphy called surgery-kerrie harkin put him through to me
mr.murphy says that he received 11 missed calls from dr.prasad this afternoon, the number when he ring it goes to grange,
he was worried about whether it was re:his mum,
i explained to mr.murphy that it was not me who tried to contact him. if he is worried about his mum he could speak to his brother. call back surgery to find out who contacted him, also mentioned that normally our calls-number is withheld so i am not sure how he could identify who called.

17 Mar 2021 13:58	Surgery: Mrs Beverley Kirkham (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

17 Mar 2021 14:08	GP Surgery: Dr Fiaz Choudhary (Salaried General Practitioner)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
Aripiprazole 15mg tablets - 28 tablet - take one daily
Ended 20 Apr 2022 Re-Authorised by Mr Vincent J Woods
Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
Ended 20 Apr 2022 Re-Authorised by Mr Vincent J Woods
Gabapentin 300mg capsules - 168 capsule - 3 twice daily
Ended 20 Apr 2022 Re-Authorised by Mr Vincent J Woods
Propranolol 40mg tablets - 28 tablet - twice daily
Ended 20 Apr 2022 Re-Authorised by Mr Vincent J Woods
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

17 Mar 2021 17:04	Surgery: Miss Karen Rushton (Manager)

General Letter to ltp med review

22 Mar 2021 12:14	Surgery: Dr Ismail Salu (General Medical Practitioner)

History: Tel consult with patient.
Multiple issues
- Med review.
Aripip and propranolol for MH. Working well doesn;t want to change it.
Co-codamol and gaba for lower back and knee pain. Says needs them .

- Wanted to discuss OA knees. Analgesia aworking well but wanting NSAID gel.
Advised to buy otc. Will do.

- Feels chest infection.
Few day history of cough with green sputum. Mild sob. No wheeze. No Pleurisy/cp/haemoptysis.
No fever.s NO other sx/concerns. E+D fine. No n+v.
well otherwise.
Plan - abx/fluids/analgesia.
Advised covid test/self iso.
Call back if o better/worsens/new sx/cocnerns.
Additional SCR dataset uploaded under COPI Regulations (Y237d)
Amoxicillin 500mg capsules - 15 capsule - take one 3 times/day
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

23 Mar 2021 10:11	Surgery: Mrs. Kathryn Lamb (Manager)

Severe acute respiratory syndrome coronavirus 2 vaccination invitation short message service text message sent (situation) (Y211f) - COVID-19 vaccination SMS invite sent

23 Mar 2021 10:11	Surgery: Mrs. Kathryn Lamb (Manager)
24 Mar 2021 08:10	Surgery: Mrs Victoria Burton (Manager)

Additional SCR dataset uploaded under COPI Regulations (Y237d)

Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

04 May 2021 13:50	Surgery: Miss Hayley Curtis (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

01 Jun 2021 11:16	Surgery: Ms Yvonne Adams (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

29 Jun 2021	Surgery: Mrs Victoria Burton (Manager)	Entered: 30 Jun 2021 09:27

Referral to referral t aspire health

29 Jun 2021	Surgery: Mrs Victoria Burton (Manager)	Entered: 30 Jun 2021 09:27
29 Jun 2021 08:59	Surgery: Mr Opoku Amoah (Specialist Nurse Practitioner)	

History: Telephone triage due to pandemic cov19. Patient wants referral to Aspire for swelling. Patient hang up when I asked what he wants aspire to do for him.

29 Jun 2021 09:13	Surgery: Mr Opoku Amoah (Specialist Nurse Practitioner)

History: Tried again. Telephone triage due to pandemic cov19. Patient wants referral to Aspire to register as member.
Examination: Patient explained he has problem with the knees, on going for years; had shoulder and neck problems; patient explained he had injection in the spine. Patient explained the pain getting worse. Patient explained the gabapentin and other pain medication not very helpful. Patient explained he had been with Aspire and would like to referred back for registration. Patient would like to go to swimming. He believes the swimming would help with his condition.
Plan: To discuss with Secretary or on call GP.

29 Jun 2021 09:24	Surgery: Mr Opoku Amoah (Specialist Nurse Practitioner)

History: 2nd CONSULTATION. Patient complained he is bringing out green phloem and coughing. 2-3/7
Examination: Patient explained he is coughing out green phloem; nil chest pain; sinuses dry; nil headache; nil fever
Diagnosis: URTI?
Plan: For abx cover; review prn; discussed red flags.
Additional SCR dataset uploaded under COPI Regulations (Y237d)
Doxycycline 100mg capsules - 8 capsule - two now then one daily
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

29 Jun 2021 09:44	Surgery: Mr Opoku Amoah (Specialist Nurse Practitioner)
29 Jun 2021 11:34	Surgery: Mrs Susan Brammer (Medical Secretary Access Role)

Clinic Letter to Unknown

29 Jun 2021 15:48	Surgery: Mr Opoku Amoah (Specialist Nurse Practitioner)
29 Jun 2021 16:20	Surgery: Mr Opoku Amoah (Specialist Nurse Practitioner)
29 Jun 2021 17:57	Surgery: Kerrie Harkin (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed

Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

30 Jun 2021 10:34	Surgery: Mr Opoku Amoah (Specialist Nurse Practitioner)

Clinic Letter to LTCI for BP reading for Aspire referral
Scheduled Task Creation (Completed) - Miscellaneous task (referral to Aspire returned 30.6.21, can we re-send referral form once we have up to date BP reading. 30.6.21 LTP to come in for BP check. Check if been in for this and re-send referral form.) to be sent to HEMSWORTH SECRETARIES on 30 Jul 2021.

12 Jul 2021 15:59	Surgery: Mrs Clair Collins (Healthcare Assistant)

Lower risk drinking (XaXjf)
Ex-smoker (Ub1na)
Body mass index - observation (22K..) 29.34 Kg/m²
O/E - weight (22A..) 84.8 Kg (~ 13 st 5 lb)
O/E - height (229..) 1.7 m (~ 5 ' 7 ")
User of electronic cigarette (XaaNL) - 12 or 18 mg of nicotine in juice
Smoking cessation advice (Ua1Nz)
138 / 76 mmHg

29 Jul 2021 13:00	Surgery: Mrs Beverley Kirkham (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

30 Jul 2021	Surgery: Miss Karen Matysiak (Manager)	Entered: 30 Jul 2021 11:39

Referral to The Grange Medical Centre

30 Jul 2021	Surgery: Miss Karen Matysiak (Manager)	Entered: 30 Jul 2021 11:39
30 Jul 2021 09:24	Surgery: Mrs Susan Brammer (Medical Secretary Access Role)	
30 Jul 2021 14:46	Surgery: Mrs Susan Brammer (Medical Secretary Access Role)	

Clinic Letter to LTP re mental health review

06 Aug 2021 09:54	Surgery: Mrs. Kathryn Lamb

Short message service text message sent to patient (XaMiI) - Added in bulk

23 Aug 2021 13:53	Surgery: Mrs Jennifer Reid (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

01 Sep 2021	Surgery: Jose Carlos Cantero Carralero (Health Professional Access Role) Entered at: HMP Hatfield

Date (Xa0ck)

20 Sep 2021 13:57	Surgery: Mrs Jennifer Reid (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

18 Oct 2021 14:42	Surgery: Mrs Jennifer Reid (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)

(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

02 Nov 2021 16:22	Surgery: Mrs Susan Brammer (Medical Secretary Access Role)

Clinic Letter to Unknown

08 Nov 2021 13:26	Surgery: Mrs Jennifer Reid (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

11 Nov 2021 16:16	Surgery: Steven Agar (Specialist Nurse Practitioner)

Ex-cigarette smoker (Xa1bv) - advice on self checks
Advice on cancer (X71Eu)
Lower risk drinking (XaXjf)
Diet good (XaCIx) - good fruit and veg intake
Does not misuse drugs (Ub0mq)
Mental health assessment (XaIYN)
annual assessment
Lives alone has housing support worker
Has female friend who supports well
Mental health review (XaIyU)
At risk of DSH - deliberate self harm: no (Y09a3)
No safeguarding issues identified (XaZwt)
No apparent risk of suicide (XaZ6R)
mum unwell, can have fleeting thoughts, never acted
advised to contact crisis team if needed, he has number at home
Enjoys moderate exercise (1384.) - goes swimming
Under care of mental health counsellor (XaAOh)
Review of mental health care plan (Xaa8q)
Plan (XaIVg) - bloods any concerns reivew
Additional SCR dataset uploaded under COPI Regulations (Y237d)
Mental health crisis plan (XaIvp) - Contact crisi team if needed
Health education - sexual health (XaIyP)
Oral health education (X71FL)
Is stable (XaIEF)
Medication satisfactory (8B3E1)
Lifestyle counselling (XaEFY)
Pathology Request (Request Sent):
Urea and Electrolytes (Requested), FBC (Requested), Ferritin (Requested), HbA1c (Requested), LFT (Requested), Lipid Profile (Random) (Requested), Thyroid Screen (TSH) (Requested), Vitamin D (Requested)
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

19 Nov 2021 12:16	Surgery: Mrs Jennifer Reid (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care

Record.

09 Dec 2021 13:40	Surgery: Mrs Beverley Kirkham (Receptionist Access Role)	

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

11 Dec 2021	Church View Health Centre - Covid Local Vaccination Service 2: Angela.Deakin (Angela Deakin)	Entered: 11 Dec 2021 16:34

Administration of first dose of SARS-CoV-2 vaccine (Y29e7)
Clinic Letter to The Grange Medical Centre
COVID-19 mRNA Vaccine Comirnaty 30micrograms/0.3ml dose conc for susp for inj MDV (Pfizer) 1 0.3ml - See communication for further details.

13 Dec 2021 08:27	Surgery: Miss Karen Matysiak (Manager)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

23 Dec 2021 09:16	Surgery: Mrs Victoria Burton (Manager)
30 Dec 2021 09:21	Surgery: Mrs Beverley Kirkham (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

10 Jan 2022 14:19	Surgery: Mrs Victoria Burton (Manager)	Entered: 11 Jan 2022 16:16

HAEMOGLOBIN A1C:
Clinical Information: annual
Haemoglobin A1c level - IFCC standardised (XaPbt) 38 mmol/mol [0 - 41.9]
HAEMOGLOBIN A1C Report, Normal, No Further Action. Review not applicable

10 Jan 2022 14:19	Surgery: Steven Agar (Specialist Nurse Practitioner)	Entered: 12 Jan 2022 12:29

UREA AND ELECTROLYTES (GP):
CKD STATUS: 2
CREATININE COMMENT: N.B. If patient treated with N-acetylcysteine
results may be falsely low.
Clinical Information: annual
eGFR using creatinine (CKD-EPI) per 1.73 square metres (XacUK) 77 mL/min
NICE no longer recommend any correction to eGFR
for ethnicity. Please interpret with caution in
patients with extremes of muscle mass, or other
confounding factors. For more info see
https://tinyurl.com/4hjbeaac
For KFRE calculator refer to:
https://www.nice.org.uk/guidance/ng203/resources
or a link on ICE.
Provided acute kidney injury has been excluded -
this eGFR is consistent with CKD stage G2 - mild
reduction in eGFR compared to young adult
Serum urea level (XM0lt) 6 mmol/L [2.5 - 7.8]
Serum potassium level (XE2pz) 4.1 mmol/L [3.5 - 5.3]
Serum creatinine level (XE2q5) 96 umol/L [53 - 97]
Serum sodium level (XE2q0) 138 mmol/L [133 - 146]
UREA AND ELECTROLYTES (GP) Report, Normal, No Further Action. Review not applicable

10 Jan 2022 14:19	Surgery: Steven Agar (Specialist Nurse Practitioner)	Entered: 12 Jan 2022 12:36

VITAMIN D:
25 HYDROXY VITAMIN D: 27.9 nmol/L
<25 nmol/L: Significant deficiency (replacement required)
25-50 nmol/l: Mild deficiency, consider Rx
>50 nmol/L: May be adequate
>220 nmol/L: High, increasing the risk of toxicity
Monitoring Vitamin D post Rx is not usually required
Clinical Information: annual
VITAMIN D Report, Normal, Patient To Pick Up Script, Communicate Patient: SMS. Review not applicable

10 Jan 2022 14:19	Surgery: Steven Agar (Specialist Nurse Practitioner)	Entered: 12 Jan 2022 12:36

Clinical Information: annual
Serum HDL cholesterol level (44P5.) 0.83 mmol/L
Serum cholesterol/HDL ratio (XaEUq) 7.6 mmol/mmol
Serum triglyceride levels (XE2q9) 10.28 mmol/L [0 - 1.7]
Above high reference limit
N.B. If patient treated with N-acetylcysteine results may be falsely low.
Serum lipid levels (XE2q7)
Serum cholesterol level (XE2eD) 6.3 mmol/L
N.B. If patient treated with N-acetylcysteine results may be falsely low.
Serum LDL cholesterol level (44P6.)
Calculation of LDL Cholesterol is invalid as Triglyceride is greater than 4.5 mmol/L. Please fast for >12 hours for future lipid requests.
Serum non high density lipoprotein cholesterol level (XabE1) 5.47 mmol/L
Serum lipid levels Report, Abnormal, Need to repeat test: SMS sent to repeat fasting blood test. Review not applicable

10 Jan 2022 14:19	Surgery: Mrs Victoria Burton (Manager)	Entered: 11 Jan 2022 09:19

Clinical Information: annual
Serum ferritin level (XE24r) 110 ng/ml [22 - 322]
Note ferritin units ng/mL are equivalent to ug/L.
Ferritin is an acute phase reactant which should be considered when interpreting results.
Serum ferritin level Report, Normal, No Further Action. Review not applicable

10 Jan 2022 14:19	Surgery: Mrs Victoria Burton (Manager)	Entered: 11 Jan 2022 09:19

Clinical Information: annual
Serum alkaline phosphatase level (XE2px) 106 iu/L [30 - 130]
Serum total protein level (XE2e9) 69 g/L [57 - 76]
Serum alanine aminotransferase level (XaLJx) 41 iu/L [10 - 49]
Patients receiving sulfasalazine may show falsely depressed results by up to 26%.
Liver function tests (X77WP)
Serum total bilirubin level (XaERu) 4 umol/L [0 - 20]
Serum globulin level (XE2eB) 23 g/L [18 - 32]
Serum albumin level (XE2eA) 46 g/L [35 - 50]
Liver function tests Report, Normal, No Further Action. Review not applicable

10 Jan 2022 14:19	Surgery: Mrs Victoria Burton (Manager)	Entered: 11 Jan 2022 09:19

FULL BLOOD COUNT:
RDW: 13.8 [12.2 - 15.4]
Clinical Information: annual
Neutrophil count (42J..) 4.5 10^9/L [1.7 - 6.6]
Mean cell haemoglobin concentration (429..) 33.1 g/dL [31.6 - 36.5] - This value has been converted from: 331.0 g/L
Mean cell haemoglobin level (XE2pb) 29.4 pg [27 - 32.5]
Lymphocyte count (42M..) 2.7 10^9/L [1 - 3]
Basophil count (42L..) 0 10^9/L [0 - 0.1]
Eosinophil count - observation (42K..) 0.2 10^9/L [0 - 0.45]
Monocyte count - observation (42N..) 0.5 10^9/L [0.2 - 0.8]
Mean cell volume (42A..) 88.7 fL [82 - 100]
Haemoglobin concentration (Xa96v) 145 g/L [132 - 169]

Total white blood count (XaIdY) 8.2 10^9/L [3.7 - 10]
Haematocrit (X76tb) 0.43 [0.39 - 0.49]
Red blood cell count (426..) 4.94 10^12/L [4.33 - 5.6]
Platelet count - observation (42P..) 238 10^9/L [150 - 450]
FULL BLOOD COUNT Report, Normal, No Further Action. Review not applicable

10 Jan 2022 14:19	Surgery: Mrs Victoria Burton (Manager)	Entered: 11 Jan 2022 09:19

THYROID FUNCTION:
Clinical Information: annual
Serum TSH level (XaELV) 2 miu/L [0.38 - 5.5]
THYROID FUNCTION Report, Normal, No Further Action. Review not applicable

10 Jan 2022 14:19	Surgery: Mrs Vanessa Sugden (Healthcare Assistant)

Infectious disease : prevention/control (XE1Sf)
Blood sample taken (XaEJK) - venous sample obtained from right arm
Use of aseptic technique (Ua1Rc)
Referral to practice phlebotomist (XaKvU)
Informed consent given (XaLQR)

11 Jan 2022 09:19	Surgery: Mrs Victoria Burton (Manager)
11 Jan 2022 09:19	Surgery: Mrs Victoria Burton (Manager)
11 Jan 2022 09:19	Surgery: Mrs Victoria Burton (Manager)
11 Jan 2022 09:19	Surgery: Mrs Victoria Burton (Manager)
11 Jan 2022 16:16	Surgery: Mrs Victoria Burton (Manager)
12 Jan 2022 12:29	Surgery: Steven Agar (Specialist Nurse Practitioner)
12 Jan 2022 12:30	Surgery: Steven Agar (Specialist Nurse Practitioner)

Colecalciferol 25,000unit tablets - 12 tablet - take 1 tablet twice weekly for 6 weeks then stop
Nurse Independent Prescriber FP10: Printed On Wed 12 Jan 2022 12:36 By Steven Agar

12 Jan 2022 12:35	Surgery: Steven Agar (Specialist Nurse Practitioner)

Patient telephone number (9159.) - 07389 715982
Vitamin D deficiency (XE112)
Short message service text message sent to patient (XaMiI)

Dear Mr Murphy,
Your recent blood test showed that your vitamin D level was low. This is a common issue that can be treated by taking vitamin D supplements. I have sent a prescription for these supplements to your nominated pharmacy. Here's some more information:
please can you make a appointment to repeat a lipid blood test, this needs to be fasting from midnight, so when you make a appointment it would be advisable to make a early morning time for the test.
https://www.nhs.uk/conditions/vitamins-and-minerals/vitamin-d/
Thanks, steven agar
The Grange Medical Centre

12 Jan 2022 12:36	Surgery: Steven Agar (Specialist Nurse Practitioner)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

12 Jan 2022 16:46	Surgery: Kerrie Harkin (Receptionist Access Role)

Nurse Independent Prescriber FP10: Re-printed On Wed 12 Jan 2022 16:49 By Kerrie Harkin

21 Jan 2022 14:57	Greenview Medical Centre, Surgery: Mrs Lorraine Stirland-Brown (Receptionist Access Role)
09 Feb 2022 17:45	Surgery: Ms Yvonne Adams (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

23 Feb 2022 13:01	Surgery: Mrs Claire Leeson (Manager)
23 Feb 2022 13:01	Surgery: Mrs Claire Leeson (Manager)

Severe acute respiratory syndrome coronavirus 2 vaccination invitation short message service text message sent (situation) (Y211f) - COVID-19 vaccination SMS invite for Second Dose sent

24 Feb 2022 08:06	Surgery: Mrs Victoria Burton (Manager)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

03 Mar 2022 12:40	Surgery: Mrs Beverley Kirkham (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

17 Mar 2022 08:25	Greenview Medical Centre, Surgery: Mrs Lorraine Stirland-Brown (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

17 Mar 2022 08:34	Surgery: Mrs Victoria Burton (Manager)

Home telephone number: 01405 746553

17 Mar 2022 11:37	Greenview Medical Centre, Surgery: Steven Agar (Specialist Nurse Practitioner)

Telephone consultation (XaIge)
hx of prolapsed disc and radiculopathy
Pain worsening in shoulders, back and heels of feet
On gabapentin 600mg TDS and co-codamol 30/55mg QDS
Was supposed to have nerve root injection, not had due to covid crisis
Wear insoles in trainers for back problems
Agreed to see F2F tomorrow t Kinsley
Telephone triage encounter (XaIvd)
Provision of advice, assessment or treatment limited due to coronavirus disease 19 caused by severe acute respiratory syndrome coronavirus 2 pandemic (situation) (Y22b6)
Additional SCR dataset uploaded under COPI Regulations (Y237d)
Plan (XaIVg) - F2F 18/3/22 at Kinsley
Differential diagnosis (XSMiS) - Back and heel pain
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

18 Mar 2022 16:44	Surgery: Steven Agar (Specialist Nurse Practitioner)

Clinical examination (XB001)
Weight dependent on left one side
No discrepancy in leg length, altered gait due to back condition
Feet warm, pink
Slight tenderness to lateral aspect of right ankle,no redness or inflammation
Left shoulder full extenison and rotation
Right shoulder 100 degrees extension unable to acheive internal rotation
No tenderness at cervical neck or across acromioclavicular line
decreased power, tone normal
Suspected adhesive capsulitis
Clinical history and observations (X76sV)
hx of multilevel disc bulge
Pain to shoulders and left ankle

Differential diagnosis (XSMiS) - Frozen shoulder
Additional SCR dataset uploaded under COPI Regulations (Y237d)
Plan (XaIVg) - NSAID gel for shoulder, refer to MSK
Ibuprofen 5% gel - 50 gram - apply 3 times/day
A Referral Letter to Unknown
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary

Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

21 Mar 2022 10:08	Surgery: Miss Karen Rushton (Manager)

Referral to musculoskeletal clinic (XaJW3)
Choice and booking enhanced services administration (XaMJa)
Hospital Referral to musculoskeletal clinic
General Letter to ltp refd msk
Hospital Referral to musculoskeletal clinic updated: Waiting For Information
Attachment Marked in Error: Wrong data entered
21 Mar 2022 10:08, Word Letter
Letter Marked in Error: Wrong data entered
Recipient

21 Mar 2022 10:13	Surgery: Unknown Staff Member Entered at: Novus Health Community Diagnostic Services	Entered: 04 Apr 2022 15:12

Current Home Address: 14 Mallard Mews, South Elmsall, Pontefract WF9 2SF

21 Mar 2022 10:13	Surgery: Unknown Staff Member Entered at: Wakefield MSK

Referral In to Wakefield MSK for CATS '000382113671': Ended on 04 Apr 2022 15:12
With the Following Intervention(s)
Discharged - Referred to other specialty/Service
Status Update for CATS Referral In: Waiting For Assessment, Status changed: 21 Mar 2022 10:13

21 Mar 2022 10:13	Surgery: Unknown Staff Member Entered at: Wakefield MSK

Current Home Address: 14 Mallard Mews, South Elmsall, Pontefract WF9 2SF

23 Mar 2022 09:20	Other patient related location: Erin Harrison (Admin/Clinical Support Access Role) Entered at: Wakefield MSK

SystmOne Incoming Record Sharing consent changed to: Yes
SystmOne Outgoing Record Sharing consent changed to: Not asked - Record shared

23 Mar 2022 09:20	Other patient related location: Erin Harrison (Admin/Clinical Support Access Role) Entered at: Wakefield MSK

Contact Task: Registration
Open pathway checks ran
Open pathway checks complete
Patient admin. data NOS (9RZ..)
Inbound referral (XaY57)
Complete (X793H)
Word Document: 18_Mar_2022_A_Referral_Letter.doc
Status Update for CATS Referral In: Receiving Care, Status changed: 23 Mar 2022 09:20
Home telephone number: 01405 746553
Mobile telephone number: 07389 715982

25 Mar 2022 13:47	Surgery: Miss Hayley Curtis (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

28 Mar 2022 11:57	Other patient related location: Mandy Ankers (Admin/Clinical Support Access Role) Entered at: Wakefield MSK

Open pathway checks ran
Open pathway checks complete
Contact Method: Telephone
Contact Source: Patient
Contact Task: Referral Enquiry
Consultation (Xa1qL) - Pt rang re referral advised on triage list
Patient admin. data NOS (9RZ..)
Communication from: (9ND6.)
Telephone encounter (9N31.)
Complete (X793H)
Patient "call" admin. NOS (9O3Z.)

Patient (Ub1lw)
Reminder/Alert: Email verified - Priority: Normal
Email changed. Previously unset

29 Mar 2022 07:40	Other patient related location: Mrs Rachel Chester (Health Professional Access Role) Entered at: Wakefield MSK

Shoulder pain (X75s9)
Referral to physiotherapy service (XaAde)
Triage (Ua1SN)
Administration (9....) - restricted shoulder movement, no previous physio

04 Apr 2022 15:11	Surgery: Adrian Isaac (Admin/Clinical Support Access Role) Entered at: Wakefield MSK

Referred to Physiotherapy
Open pathway checks ran
Open pathway checks complete
Administration NOS (9Z...) - Processing Completed
Referral by community-based physiotherapist (XaAbt)
Onward referral made (specify) (Y2619)
Complete (X793H)
Patient admin. data NOS (9RZ..)
Community Referral for Community Physiotherapy
Letter to Patients to Mr Thomas Murphy
Status Update for CATS Referral In: Discharged From Care, Status changed: 04 Apr 2022 15:12
Community Referral for Community Physiotherapy updated: Waiting For Information

04 Apr 2022 15:16	Surgery: Mrs Elaine Davies (Admin/Clinical Support Access Role) Entered at: Novus Health Community Diagnostic Services

Referral In to Novus Health Community Diagnostic Services for Community Physiotherapy: Ended on 17 Aug 2022 13:25
With the Following Intervention(s)
Discharged - Referred to other specialty/Service
Status Update for Community Physiotherapy Referral In: Receiving Care, Status changed: 04 Apr 2022 15:12
Status Update for Community Physiotherapy Referral In: Receiving Care, Status changed: 04 Apr 2022 15:16
SystmOne Outgoing Record Sharing consent changed to: Yes
SystmOne Incoming Record Sharing consent changed to: Yes

04 Apr 2022 15:16	Surgery: Mrs Elaine Davies (Admin/Clinical Support Access Role) Entered at: Novus Health Community Diagnostic Services

SMS Message Consent - Consented
Activity: Administration Administration with Patient Record
Home telephone number: 01405 746553
Mobile telephone number: 07389 715982

05 Apr 2022 14:44	Surgery: Elizabeth Butcher (Admin/Clinical Support Access Role) Entered at: Novus Health Community Diagnostic Services

Activity: Administration Administration with Patient Record

06 Apr 2022 14:37	Surgery: Mr Joe Leeson

Short form social support questionnaire (XaA71) - Added in bulk - veterans questionnaire

20 Apr 2022 12:12	Surgery: Mrs Yvonne Graham (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
Request for 'Aripiprazole 15mg tablets' by patient
Request for 'Co-codamol 30mg/500mg tablets' by patient
Request for 'Gabapentin 300mg capsules' by patient
Request for 'Propranolol 40mg tablets' by patient
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

20 Apr 2022 12:14	Kinsley Health Centre, Surgery: Mr Vincent Woods (Pharmacist)

Seen by clinical pharmacist (Y20a6)
Additional SCR dataset uploaded under COPI Regulations (Y237d)
Plan (XaIVg) - Under physio - authorised pain meds.
Medication requested (8B3H.)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily

Aripiprazole 15mg tablets - 28 tablet - take one daily
Ended 28 Jul 2023 Re-Authorised by Mr James Denning
Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
Ended 28 Jul 2023 Re-Authorised by Mr James Denning
Gabapentin 300mg capsules - 168 capsule - 3 twice daily
Ended 28 Jul 2023 Re-Authorised by Mr James Denning
Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
Ended 28 Jul 2023 Re-Authorised by Mr James Denning
ETP2 FP10: Not Yet Printed - Signed
Request for 'Gabapentin 300mg capsules' by patient
Request for 'Aripiprazole 15mg tablets' by patient
Request for 'Propranolol 40mg tablets' by patient
Request for 'Co-codamol 30mg/500mg tablets' by patient
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

13 May 2022 12:57	Surgery: Mrs Jennifer Reid (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

17 May 2022 07:59	Surgery: Elizabeth Sandiford (Physiotherapist) Entered at: Novus Health Community Diagnostic Services

Symptom started years ago (1D36.)
Shoulder injury (XA008)
Symptom very severe (1D75.)
O/E - musculoskeletal (XaBza)
Pt reported
Csp -
F - full - usual pull
Ext - full
RRotn - stiff
LRotn - stiff with pull into jaw

Full shoulder movement
Is worsening (Xa49W)
Musculoskeletal system (Xa0sI)
Csp - pain described as upper traps and into bicep - had problems for a long time. Also has issues with Lsp spine and has injections. Pain constant. No reason for onset. P&N in leg from Lsp. No headaches, no 5D's.
Aggs: nothing
Eases: voltarol gel, gabapentin, co-codomol, Csp LRotn
24hr: am worse, pm variable, sleep disturbed on turning
In-house physiotherapy first appointment (XaLp9)
Pre assessment questionnaire completed (YA488)
Telephone encounter (9N31.)
Referred by GP (XaJOS)
Waited 6-8 weeks (Y0aa6)
Risk assessment (Ua1P1) - No red flags
Clinical management plan (XaJYd)
R/V tel
Exs: neck retraction
Goal: full painfree function
Informed consent given for treatment (XaXHK)
Advice to return if problem persists or deteriorates (XabhI)
Severe pain at rest (Y1da3)
Neck pain (XE1F4)
Shared decision making without patient decision aid (XaYji)

Risk assessment (Ua1P1) - No yellow flags identified
Risk assessment (Ua1P1) - No red flags - Not aged <20 or >55, no ataxia, no bilateral arm symptoms, no dizziness or blackouts, no dysarthria or dysphasia, no dysphagia, no nystagmus, no severe constant headache, no tinnitus, no visual disturbance
Neck pain (XE1F4)
Therapeutic exercise (8E71.)
Patient given advice (8CA..)
Activity: PHYS LINE - New Telephone - Consultation with Patient

30 May 2022 16:56	Surgery: Steven Agar (Specialist Nurse Practitioner)

Acute swimmer's ear (F5013)
Clinical examination (XB001)
T 36.3
Swelling to anterior tragal regio, tender to touch.
No jaw locking/
Left ear canal red and inflamed
exudate present
no mastoid tenderness
Ear can feel blocked and itching.
In keeping with otitis media.
Wants to discuss mood
Since mother died, mood low
Brother has taken mortgage on mother house whilst she was dying.
Mood low
Sleep pattern poor
Eating ok
Low alcohol intake
On Ariprazole and gabapentin
Trialed sertraline before did not agree with him
Agreed low dose mirtazipine
He denies any suicidal ideology or self harm
Agreed to review in 1 month
Possible TP for talking therapies
Clinical history and observations (X76sV)
hx of painful swelling to left tragus.
Had dental surgery 3/12 still expereinces discomfort.

Additional SCR dataset uploaded under COPI Regulations (Y237d)
Plan (XaIVg)
ABX,otomize, simple analgesia
Trial mirtazipine,Review 4/52, any concerns review sooner or 111,OOH A&e,999
Differential diagnosis (XSMiS) - low mood
Flucloxacillin 500mg capsules - 28 capsule - take one 4 times/day
Mirtazapine 15mg tablets - 28 tablet - use as directed
Otomize ear spray (Ennogen Healthcare International Ltd) - 5 ml - use as directed
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

31 May 2022 14:33	Surgery: Miss Hayley Curtis (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

07 Jun 2022 09:50	Surgery: Elizabeth Sandiford (Physiotherapist) Entered at: Novus Health Community Diagnostic Services

Musculoskeletal system (Xa0sI) - Csp - S/B GP - Px antibiotics for ear infection and other tabs as having family

issues. Shoulder feeling sl better but cont with pain in bed on turning.
O/E - musculoskeletal (XaBza)
Pt reported
R sh -
F - 130*
Abd - 130* - Pain
HBH - full
HBB - not wanting to test
Neck pain (XE1F4)
Pre assessment questionnaire completed (YA488)
In-house physiotherapy follow-up appointment (XaLpB)
Telephone encounter (9N31.)
Patient given advice (8CA..)
Clinical management plan (XaJYd)
R/V tel
Exs: added F at wall
Advice to return if problem persists or deteriorates (XabhI)
Moderate pain at rest (Y1da4)
Therapeutic exercise (8E71.)
Shared decision making without patient decision aid (XaYji)
Informed consent given for treatment (XaXHK)
Activity: PHYS LINE - Review Telephone - Consultation with Patient
Community Referral for Community Physiotherapy updated: Receiving Care

15 Jun 2022 12:41	Surgery: Elizabeth Sandiford (Physiotherapist) Entered at: Novus Health Community Diagnostic Services

In-house physiotherapy follow-up appointment (XaLpB)
Telephone encounter (9N31.)
Musculoskeletal system (Xa0sI) - Was due FTF but DNA - rung - no buses running. Csp and shoulder cont with same pain and cont worse when in bed. Cont with meds and not feeling much better.
Advice to return if problem persists or deteriorates (XabhI)
Moderate pain at rest (Y1da4)
Pre assessment questionnaire completed (YA488)
Shared decision making without patient decision aid (XaYji)
Informed consent given for treatment (XaXHK)
Clinical management plan (XaJYd)
R/V FTF
Exs: advised to cont with exs and push function as able
O/E - musculoskeletal (XaBza) - Pt reported cont with same ROM
Patient given advice (8CA..)
Therapeutic exercise (8E71.)
Activity: PHYS LINE - Review Telephone - Consultation with Patient

21 Jun 2022 13:31	Surgery: Mrs Yvonne Graham (Receptionist Access Role)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
Request for 'Aripiprazole 15mg tablets' by patient
Request for 'Gabapentin 300mg capsules' by patient
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

24 Jun 2022 15:56	Surgery: Mr Vincent Woods (Pharmacist)

Additional SCR dataset uploaded under COPI Regulations (Y237d)
(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

27 Jun 2022 11:34	Surgery: Steven Agar (Specialist Nurse Practitioner)

Telephone consultation (XaIge)
Commenced on Mirtazipine for low mod

Mood still fluctuating, over thinks about past life.
Sleeping better
Eating ok
No excess alcohol or substance misuse
Declined counselling, previous before, did not feel it made much difference
He denies any suicidal ideology
He is currently happy to continue on meds
Telephone triage encounter (XaIvd)
Differential diagnosis (XSMiS) - Low mood and anxiety
Additional SCR dataset uploaded under COPI Regulations (Y237d)
Plan (XaIVg) - Continue current dose of meds, review in 4 weeks, ? increase dose of meds, any concerns review or 111,OOH,A&E,999
(R) Mirtazapine 15mg tablets - 28 tablet - use as directed
Mirtazapine 15mg tablets - 28 tablet - one to be taken each night
Ended 28 Jul 2023 Re-Authorised by Mr James Denning
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

14 Jul 2022 12:32	Surgery: Mrs Beverley Kirkham (Receptionist Access Role)

Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

15 Jul 2022 09:23	Surgery: Alison Firth (Receptionist Access Role)

(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

20 Jul 2022 12:56	Surgery: Elizabeth Sandiford (Physiotherapist) Entered at: Novus Health Community Diagnostic Services

Musculoskeletal system (Xa0sI) - Was due F2F but DNA so rang - took several attempts to speak. Csp cont sore all the time and feels referral into shoulders. Has a h/o steroid injections in the past and not feeling better. Feels to be in constant pain that varies with movement.
O/E - musculoskeletal (XaBza) - Pt reported has variable movement depending on position.
Patient given advice (8CA..)
Pre assessment questionnaire completed (YA488)
In-house physiotherapy follow-up appointment (XaLpB)
Telephone encounter (9N31.)
Clinical management plan (XaJYd)
R/V F2F
Cont to increase function as able.
Advice to return if problem persists or deteriorates (XabhI)
Severe pain at rest (Y1da3)
Therapeutic exercise (8E71.)
Shared decision making without patient decision aid (XaYji)
Informed consent given for treatment (XaXHK)
Activity: PHYS LINE - Review Telephone - Consultation with Patient

25 Jul 2022 11:28	Surgery: Steven Agar (Specialist Nurse Practitioner)

Telephone follow-up (Xaa4C)
Provision of advice, assessment or treatment limited due to coronavirus disease 19 caused by severe acute respiratory syndrome coronavirus 2 pandemic (situation) (Y22b6)
Telephone consultation (XaIge)
hx of low mood and anxiety, secondary to past life expereinces including family dispute aroung mums passing.
on mirtazipine 15mg, apriprazole, gabapentin and co-codamol.
Mood still fluctuates, however does sound more positive.
Sleeping ok
Eating and drinking ok
Painful shoulder causes severe pain, he has physio F2F next week.

Wanting to increase co-codamol, uses PRN, he has been taking 6 tablets a day on top of other meds.
Agreed NSAID gel and AW physio outcome.
Agreed to continue Mirtazipine at current dose
He denies any suicidal ideology
He is happy to try some counselling input, discussed referring to well being coach at Hemsworth, he is happy to try this.
Plan (XaIVg) - As above, any cocnerns review or 111,OOH,A&E,999
Differential diagnosis (XSMiS) - Low mood and anxiety
Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
Ended 28 Jul 2023 Re-Authorised by Mr James Denning
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

26 Jul 2022 13:19	Surgery: Miss Hayley Curtis (Receptionist Access Role)

(R) Mirtazapine 15mg tablets - 28 tablet - use as directed
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

28 Jul 2022 15:59	Surgery: Steven Agar (Specialist Nurse Practitioner)

Telephone consultation (XaIge)
Spoke to thomas, discussed health and well being coach more for support with CDM, he is happy to try IAPTT
I will send link
Differential diagnosis (XSMiS) - counselling
Provision of advice, assessment or treatment limited due to coronavirus disease 19 caused by severe acute respiratory syndrome coronavirus 2 pandemic (situation) (Y22b6)
Telephone follow-up (Xaa4C)
Plan (XaIVg) - Link for IAPTT
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

28 Jul 2022 16:03	Surgery: Steven Agar (Specialist Nurse Practitioner)

Short message service text message sent to patient (XaMiI)

Dear Mr Murphy,
Please follow this link to access talking therapies,
https://talking.turning-point.co.uk/wakefield/contact-us/
Telephone number-01924 234860
Thanks, steven agar
The Grange Medical Centre
Patient telephone number (9159.) - 07389 715982
Signposting to IAPT (Imprvg Access to Psych Therapies) srvce (XafEw)

09 Aug 2022 13:27	Surgery: Mrs Jennifer Reid (Receptionist Access Role)

(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Mirtazapine 15mg tablets - 28 tablet - use as directed
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

17 Aug 2022	Surgery: Mrs Victoria Burton (Manager)	Entered: 17 Aug 2022 16:38

Discharge Letter to The Grange Medical Centre

17 Aug 2022	Surgery: Mrs Victoria Burton (Manager)	Entered: 17 Aug 2022 16:39

Seen in physiotherapy department (9N1yE) - referred to MSK for further management (New Episode)

17 Aug 2022 12:37	Surgery: Elizabeth Sandiford (Physiotherapist) Entered at: Novus Health Community Diagnostic Services

O/E - musculoskeletal (XaBza)
O/E
Csp -
F - full -
Ext - 1/2 - L Csp
RRotn - 4/5 - P R Csp, tight L Csp
LRotn - 4/5 - P L Csp

R sh -
F - 90*
Abd - 90*
LR - 10*
HBB - unable to do

ULTT1 -
R - Unable to LR and EE cont to lack 5*
L - EE lacks 15*
Chaperone refused (XaEis)
Therapeutic exercise (8E71.)
Patient given advice (8CA..)
In-house physiotherapy follow-up appointment (XaLpB)
Pre assessment questionnaire completed (YA488)
Musculoskeletal system (Xa0sI)
Csp - cont with constant pain in neck. Has new massage tool that can give some temp relief.
Has a h/o L5/S1 facet injections
Consultation (Xa1qL)
Moderate (X793f)
Treatment completed (8BC0.)
Referral to community musculoskeletal service (XaZRb)
Choose and book advice and guidance request (XaYv5)
Discharge from service (XaAl4)
Informed consent given for treatment (XaXHK)
Shared decision making without patient decision aid (XaYji)
Advice to return if problem persists or deteriorates (XabhI)
Clinical management plan (XaJYd)
SOS
Refer MSK
Advised re ROM and functional activity to retain movement.
Community Neck
Discharge Letter to Dr James Johnston
A Referral Letter to Unknown
Status Update for Community Physiotherapy Referral In: Discharged From Care, Status changed: 17 Aug 2022 13:26
Activity: PHYS - Review Face to face with Patient
Community Neck updated: Waiting For Information

17 Aug 2022 16:09	Surgery: Mrs Victoria Burton (Manager)

Discharge Letter to Dr James Johnston

18 Aug 2022 07:55	Surgery: Mrs Victoria Burton (Manager)

Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

22 Aug 2022 08:17	Other patient related location: Mrs Kimberley Sanderson (Admin/Clinical Support Access Role) Entered at: Wakefield MSK

Referral In to Wakefield MSK for CATS: Ended on 12 Dec 2022 12:59
With the Following Intervention(s)
Discharged - Treatment completed
Status Update for CATS Referral In: Receiving Care, Status changed: 17 Aug 2022 13:23

22 Aug 2022 08:18	Other patient related location: Mrs Kimberley Sanderson (Admin/Clinical Support Access Role) Entered at: Wakefield MSK

Open pathway checks ran
Open pathway checks complete
Contact Task: Opt-In Referral
Patient admin. data NOS (9RZ..)
Inbound referral (XaY57)
Complete (X793H)

25 Aug 2022 15:21	Other patient related location: Dr Simon McGraw (Clinical Practitioner Access Role) Entered at: Wakefield MSK

Triage (Ua1SN)
Neck pain (XE1F4)
Referral to community musculoskeletal service (XaZRb)
Video-link encounter (Y29bd)
Phone contact only (XaljH)
Face to face consultation (Y290c)

05 Sep 2022 14:10	Surgery: Mrs Jennifer Reid (Receptionist Access Role)

(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Mirtazapine 15mg tablets - 28 tablet - use as directed
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

28 Sep 2022 12:55	Surgery: Mrs Beverley Kirkham (Receptionist Access Role)

(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Mirtazapine 15mg tablets - 28 tablet - use as directed
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

30 Sep 2022 02:58	Surgery: Chad Jnr05 (Admin/Clinical Support Access Role) Entered at: Wakefield MSK

New episode (Xa48R)
Auto booked appointment attempted and failed, no slots available in the next 45 days

30 Sep 2022 02:58	Surgery: Chad Jnr05 (Admin/Clinical Support Access Role) Entered at: Wakefield MSK
03 Oct 2022 11:31	Surgery: Bridget Kelsall (Receptionist Access Role)

(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

03 Oct 2022 11:31	Surgery: Bridget Kelsall (Receptionist Access Role)

Blank Prescription Printed On Mon 03 Oct 2022 11:32 By Bridget Kelsall
Blank Prescription Printed On Mon 03 Oct 2022 11:32 By Bridget Kelsall

08 Oct 2022 18:19	Surgery: Chad Jnr05 (Admin/Clinical Support Access Role) Entered at: Wakefield MSK
08 Oct 2022 18:19	Surgery: Chad Jnr05 (Admin/Clinical Support Access Role) Entered at: Wakefield MSK

New episode (Xa48R)
Auto booked appointment attempted and failed, no slots available in the next 45 days

24 Oct 2022 15:38	Surgery: Ms Laura Mattison (Admin/Clinical Support Access Role) Entered at: Wakefield MSK

Community Referral for Community Physiotherapy updated: Receiving Care

27 Oct 2022 11:31	Surgery: Mrs Victoria Burton

Influenza vaccination invitation SMS text message sent (XaVyA) - Added in bulk

28 Oct 2022 15:37	Surgery: Miss Hayley Curtis (Receptionist Access Role)

(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Mirtazapine 15mg tablets - 28 tablet - use as directed
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

31 Oct 2022 13:15	Surgery: Dr James Johnston

Enhanced review indicated before granting access to own health record (Y2ffe) - Added in bulk - online access may be granted if reviewed and deemed suitable

01 Nov 2022 17:00	Surgery: Mrs Claire Leeson

Influenza vaccination invitation SMS text message sent (XaVyA) - Added in bulk

17 Nov 2022 12:35	Surgery: Dr Salmon Ojibara (General Medical Practitioner)

History: Telephone encounter (9N31.)
Sore throat symptom (XE0sE)
Says feels like sandpaper, 2 days,
Cough (XE0qn)
Productive cough-yellow sputum (1715.)
No fever, Non-smoker (Ub0oq)
concerned re; chest infection,
Keen for abx
Examination: Alert, speaking in full sentences,
Diagnosis: Respiratory tract infection (XM1QW)
Plan: Abx, fluids, rest,
111/GP if no better or worse
Amoxicillin 500mg capsules - 15 capsule - take one 3 times/day
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

21 Nov 2022 12:02	Surgery: Mrs Claire Leeson

Influenza vaccination invitation SMS text message sent (XaVyA) - Added in bulk

22 Nov 2022 12:44	Other patient related location: Mrs Kimberley Sanderson (Admin/Clinical Support Access Role) Entered at: Wakefield MSK

Open pathway checks ran
Open pathway checks - Patient has an appointment
Open pathway checks complete
Scheduled (X90MJ)
Administration NOS (9Z...) - Processing Completed
Complete (X793H)
Patient admin. data NOS (9RZ..)
Community Referral for Community Physiotherapy ended: Discharged

24 Nov 2022 14:08	Surgery: Mrs Susan Brammer (Medical Secretary Access Role)

Mental health monitoring first letter (XaJuT)
Clinic Letter to LTP re MH Review 1st letter

28 Nov 2022 08:32	Other patient related location: Mrs Kimberley Sanderson (Admin/Clinical Support Access Role) Entered at: Wakefield MSK

Open pathway checks ran
Open pathway checks complete
Patient admin. data NOS (9RZ..)
Consultation (Xa1qL) - sent sms to patient change appt 28/11
Complete (X793H)
Removed from waiting list (8HE5.)

28 Nov 2022 17:25	Surgery: Mrs Claire Leeson

Influenza vaccination invitation SMS text message sent (XaVyA) - Added in bulk

30 Nov 2022 13:55	Surgery: Mrs Beverley Kirkham (Receptionist Access Role)

(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Mirtazapine 15mg tablets - 28 tablet - use as directed
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

05 Dec 2022 10:40	Other patient related location: Miss Ruby Gunn (Admin/Clinical Support Access Role) Entered at: Wakefield MSK

Open pathway checks ran
Open pathway checks complete
Patient admin. data NOS (9RZ..)
Consultation (Xa1qL) - RTT
Complete (X793H)
Care pathway (XaMyk)

07 Dec 2022 09:46	Surgery: Mrs Claire Leeson

Influenza vaccination invitation SMS text message sent (XaVyA) - Added in bulk

15 Dec 2022 09:26	Surgery: Dr Fernando Herrero (General Medical Practitioner)

History: Mental health review
Compl;ying with meds, no side effects
Weight is stable
Unable to work. Says he would not be safe with medication
Hearing voices daily but he has good insight, aware they are not real and they are not too intrusive, able to ignore them
No alcohol/drugs
Upset that his mother died last year and other relatives were not kid to her. Other than that he feels fine in mood
Examination: 150 / 95mmHg
Diagnosis: mental health review
Plan: bloods
repeat BP
check Wt
Review of mental health care plan (Xaa8q)
150 / 95 mmHg
Pathology Request (Request Sent):
HbA1c (Requested), Cholesterol, HDL and ratio (Requested), Full Blood Count (Requested), Liver profile (Requested), Urea and Electrolytes (Requested)

15 Dec 2022 09:46	Surgery: Dr Fernando Herrero (General Medical Practitioner)

Ex-smoker (Ub1na)
Smoking cessation advice (Ua1Nz)

16 Dec 2022 08:09	Surgery: Mrs Victoria Burton (Manager)

Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

16 Dec 2022 11:18	Surgery: Miss Hayley Curtis (Receptionist Access Role)

(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Mirtazapine 15mg tablets - 28 tablet - use as directed
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

22 Dec 2022 09:03	Surgery: Mrs Clair Collins (Healthcare Assistant)

Ex-smoker (Ub1na)
User of electronic cigarette (XaaNL)
Smoking cessation advice (Ua1Nz)
Lower risk drinking (XaXjf)
O/E - weight (22A..) 83 Kg (~ 13 st 1 lb)
O/E - height (229..) 1.7 m (~ 5 ' 7 ")
Body mass index - observation (22K..) 28.72 Kg/m²
Blood sample taken (XaEJK) - taken from L arm
Infectious disease : prevention/control (XE1Sf)
Referral to practice phlebotomist (XaKvU)
Informed consent given (XaLQR)
Use of aseptic technique (Ua1Rc)
130 / 72 mmHg

22 Dec 2022 09:04	Surgery: Dr Fernando Herrero (General Medical Practitioner)	Entered: 03 Jan 2023 09:45

Clinical Information: Reasons for Request: review.
Haemoglobin A1c level - IFCC standardised (XaPbt) 37 mmol/mol
Haemoglobin A1c level - IFCC standardised Report, Normal, No Further Action. Review not applicable

22 Dec 2022 09:04	Surgery: Dr Fernando Herrero (General Medical Practitioner)	Entered: 03 Jan 2023 10:23

Clinical Information: Reasons for Request: review.
Lymphocyte count (42M..) 2.15 10^9/L [1 - 4]
Monocyte count - observation (42N..) 0.78 10^9/L [0.2 - 0.8]
Red blood cell distribution width (XE2mO) 13.5 % [0 - 14]
Neutrophil count (42J..) 6.34 10^9/L [2 - 7.5]
Nucleated red blood cell count (4266.) 0 10^9/L
Liver function tests (X77WP)
Eosinophil count - observation (42K..) 0.11 10^9/L [0.04 - 0.4]
Basophil count (42L..) 0.03 10^9/L [0 - 0.1]
Mean cell haemoglobin concentration (429..) 33.1 g/dL [30 - 35] - This value has been converted from: 331.0 g/L
Total white blood count (XaIdY) 9.4 10^9/L [4 - 13]
Platelet count - observation (42P..) 262 10^9/L [135 - 400]
Full blood count (424..)
Haemoglobin concentration (Xa96v) 145 g/L [130 - 180]
Haematocrit (X76tb) 0.438 [0.4 - 0.54]
Mean cell haemoglobin level (XE2pb) 29.9 pg [27 - 35]
Red blood cell count (426..) 4.85 10^12/L [4.5 - 6]
Mean cell volume (42A..) 90.3 fL [80 - 98]
Serum potassium level (XE2pz) 4.6 mmol/L [3.5 - 5.3]
Serum urea level (XM0lt) 5.8 mmol/L [2.5 - 7.8]
Urea and electrolytes (X77Wi)
Serum sodium level (XE2q0) 140 mmol/L [133 - 146]
Acute kidney injury warning stage (XabmE) - AKI staging not applicable; AKI Stage NA - No Flag Alert (9)
Serum creatinine level (XE2q5) 93 umol/L [59 - 104]
eGFR using creatinine (CKD-EPI) per 1.73 square metres (XacUK) 80 mL/min
Calculated eGFR is not valid in children or pregnancy.
Less accurate with acute change in creatinine (AKI).
Caution with high or low muscle mass or amputation.
Avoid blood sampling within 12 hours of eating meat.
Ethnicity factor comment removed Dec21 NG203
Serum non high density lipoprotein cholesterol level (XabE1) 5.2 mmol/L
Serum alkaline phosphatase level (XE2px) 94 iu/L [30 - 130]
Serum bilirubin level (44E..) 9 umol/L [< 21]
Serum alanine aminotransferase level (XaLJx) 25 iu/L [< 40]
Serum albumin level (XE2eA) 50 g/L [35 - 50]
Serum HDL cholesterol level (44P5.) 0.95 mmol/L
Serum cholesterol/HDL ratio (XaEUq) 6.4 mmol/mmol
Serum lipid levels (XE2q7)
Serum cholesterol level (XE2eD) 6.1 mmol/L
Full blood count;Liver function tests;Serum lipid levels;Urea and electrolytes Report, Normal, No Further Action. Review not applicable

03 Jan 2023 09:44	Surgery: Dr Fernando Herrero (General Medical Practitioner)
03 Jan 2023 10:12	Surgery: Dr Fernando Herrero (General Medical Practitioner)

Medication review done (XaF8d)

(R) Simvastatin 40mg tablets - 28 tablet - take one at night
Simvastatin 40mg tablets - 28 tablet - take one at night
Ended 28 Jul 2023 Re-Authorised by Mr James Denning
ETP2 FP10: Not Yet Printed - Signed
Pathology Request (Awaiting Sample):
Cholesterol (Total) (Postponed), Liver profile (Postponed)
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

03 Jan 2023 10:22	Surgery: Dr Fernando Herrero (General Medical Practitioner)

Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

03 Jan 2023 10:23	Surgery: Miss Karen Rushton (Manager)

General Letter to ltp re bloods

10 Jan 2023 13:02	Surgery: Mrs Claire Leeson

Influenza vaccination invitation SMS text message sent (XaVyA) - Added in bulk

12 Jan 2023 08:20	Surgery: Mrs Clair Collins (Nurse Access Role)

Body mass index - observation (22K..) 27.68 Kg/m²
O/E - weight (22A..) 80 Kg (~ 12 st 8 lb)
128 / 66 mmHg

18 Jan 2023 12:57	Other patient related location: Rachel Markey (Admin/Clinical Support Access Role) Entered at: Wakefield MSK

Open pathway checks ran
Open pathway checks complete
Patient admin. data NOS (9RZ..)
Removed from waiting list (8HE5.)
Complete (X793H)
Discharge - Automated to Mr Thomas Murphy
Status Update for CATS Referral In: Discharged From Care, Status changed: 18 Jan 2023 12:59
Community Neck updated: Receiving Care

18 Jan 2023 17:04	Surgery: Mr Joe Leeson

Short form social support questionnaire (XaA71) - Added in bulk, veteran questionnaire

20 Jan 2023 10:53	Surgery: Mrs Yvonne Graham (Receptionist Access Role)

(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Mirtazapine 15mg tablets - 28 tablet - use as directed
(R) Propranolol 40mg tablets - 28 tablet - twice daily
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

20 Jan 2023 14:44	Other patient related location: Kim Armstrong (Admin/Clinical Support Access Role) Entered at: Wakefield MSK

Open pathway checks ran
Open pathway checks complete
Patient admin. data NOS (9RZ..)
Consultation (Xa1qL) - RTT check- pt Already discharged-amended end date
Complete (X793H)
Community Neck updated: Discharged From Care
Community Neck updated: Discharged From Care

23 Jan 2023 15:42	Other patient related location: Mandy Ankers (Admin/Clinical Support Access Role) Entered at: Wakefield MSK

Open pathway checks ran
Open pathway checks complete
Contact Method: Telephone
Contact Source: Patient
Contact Task: Referral Enquiry

Consultation (Xa1qL) - Pt rang advised new ref from GP needed
Patient admin. data NOS (9RZ..)
Communication from: (9ND6.)
Telephone encounter (9N31.)
Complete (X793H)
Patient "call" admin. NOS (9O3Z.)
Patient (Ub1lw)

02 Feb 2023 12:14	Other patient related location: Rachel Markey (Admin/Clinical Support Access Role) Entered at: Wakefield MSK

Contact Method: Telephone
Contact Source: Patient
Contact Task: Referral Enquiry
Open pathway checks ran
Open pathway checks complete
Consultation (Xa1qL) - pt asking about app advised has been d/c and needs new ref from gp
Patient admin. data NOS (9RZ..)
Communication from: (9ND6.)
Telephone encounter (9N31.)
Complete (X793H)
Patient "call" admin. NOS (9O3Z.)
Patient (Ub1lw)

06 Feb 2023 16:32	Surgery: Mr Joe Leeson

Influenza vaccination invitation SMS text message sent (XaVyA) - Added in bulk

15 Feb 2023 08:43	Surgery: Mrs Beverley Kirkham (Receptionist Access Role)

(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Mirtazapine 15mg tablets - 28 tablet - use as directed
(R) Propranolol 40mg tablets - 28 tablet - twice daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

10 Mar 2023 09:48	Surgery: Mrs Jennifer Reid (Receptionist Access Role)

(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Mirtazapine 15mg tablets - 28 tablet - use as directed
(R) Propranolol 40mg tablets - 28 tablet - twice daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Community Pharmacy - Amendment via PDSPrevious data: Cohens Chemist, The Grange Medical Centre, Highfield Road, Hemsworth, Pontefract WF9 4DP
Tel: 01977 624280
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

12 Apr 2023 13:50	Surgery: Mrs Beverley Kirkham (Receptionist Access Role)

(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Mirtazapine 15mg tablets - 28 tablet - use as directed
(R) Propranolol 40mg tablets - 28 tablet - twice daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed

Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

04 May 2023 09:59	Surgery: Mrs Beverley Kirkham (Receptionist Access Role)

(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Mirtazapine 15mg tablets - 28 tablet - use as directed
(R) Propranolol 40mg tablets - 28 tablet - twice daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

07 Jun 2023 09:53	Surgery: Mrs Beverley Kirkham (Receptionist Access Role)

(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Mirtazapine 15mg tablets - 28 tablet - use as directed
(R) Propranolol 40mg tablets - 28 tablet - twice daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

26 Jun 2023	Surgery: Miss Karen Matysiak (Manager)	Entered: 14 Jul 2023 14:30

Clinic Letter to The Grange Medical Centre

26 Jun 2023	Surgery: Miss Karen Matysiak (Manager)	Entered: 14 Jul 2023 14:30

A further appointment has been booked,
Did not attend (Xa1kG) (Ongoing Episode)

27 Jun 2023	Surgery: Mrs Victoria Burton (Manager)	Entered: 07 Jul 2023 13:59

Clinic Letter to The Grange Medical Centre

27 Jun 2023	Surgery: Mrs Victoria Burton (Manager)	Entered: 07 Jul 2023 13:59

Seen in ophthalmology clinic (9N1K.) (New Episode)

30 Jun 2023 13:58	Surgery: Miss Hayley Curtis (Receptionist Access Role)

(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - prn for pain relief
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Mirtazapine 15mg tablets - 28 tablet - use as directed
(R) Propranolol 40mg tablets - 28 tablet - twice daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

03 Jul 2023 07:18	Automatically updated from PAS interface: Unknown Staff Member Entered at: Mid Yorkshire Hospitals

Referral In: to Mr Kenneth Corsar for Oral surgery (Accepted) Discharged 03 Jul 2023 08:55
Status Update for Referral In: Pending, Status changed: 03 Jul 2023 07:18
Hospital Number: 1363146 (Primary PAS ID) at Dewsbury & District Hospital
SystmOne Incoming Record Sharing consent changed to: Not asked - Record shared - Automatically generated by SystmOne
SystmOne Outgoing Record Sharing consent changed to: Not asked - Record shared - Automatically generated by SystmOne
Mobile telephone number: 07389 715982

03 Jul 2023 08:55	Automatically updated from PAS interface: Unknown Staff Member Entered at: Mid Yorkshire Hospitals	

Status Update for Referral In: Discharged From Care, Status changed: 03 Jul 2023 08:55

10 Jul 2023 08:10	Automatically updated from PAS interface: Unknown Staff Member Entered at: Mid Yorkshire Hospitals	Entered: 10 Jul 2023 08:14

Referral In: to Mr Jonathon Reid for Oral surgery (Accepted) Discharged 11 Jul 2023 09:32
Status Update for Referral In: Pending, Status changed: 10 Jul 2023 08:14
SystmOne Incoming Record Sharing consent changed to: Not asked - Record shared - Automatically generated by SystmOne
SystmOne Outgoing Record Sharing consent changed to: Not asked - Record shared - Automatically generated by SystmOne

11 Jul 2023	Surgery: Miss Karen Matysiak (Manager)	Entered: 11 Jul 2023 11:34

Discharge Letter to The Grange Medical Centre

11 Jul 2023	Surgery: Miss Karen Matysiak (Manager)	Entered: 11 Jul 2023 11:35

analgesia given

Minor: Fracture of zygomatic complex (XA0Fr) - Right side (New Episode)
Discharged from hospital (8HE..) (New Episode)
Fracture of zygomatic complex (XA0Fr) - Right side

11 Jul 2023 09:32	Automatically updated from PAS interface: Unknown Staff Member Entered at: Mid Yorkshire Hospitals	

Status Update for Referral In: Discharged From Care, Status changed: 11 Jul 2023 09:32

11 Jul 2023 16:52	Automatically updated from PAS interface: Unknown Staff Member Entered at: Mid Yorkshire Hospitals	

Unknown: KIM SHARP

14 Jul 2023	Surgery: Mr Joe Leeson (Admin/Clinical Support Access Role)	Entered: 18 Jul 2023 15:29

Accident and Emergency Letter to The Grange Medical Centre

14 Jul 2023	GP Surgery: Mr Joe Leeson (Admin/Clinical Support Access Role)	Entered: 18 Jul 2023 15:29

Torticollis (X76gC) (New Episode)
Seen in accident and emergency department (9N19.) (Ongoing Episode)

14 Jul 2023 15:39	Automatically updated from PAS interface: Unknown Staff Member Entered at: Mid Yorkshire Hospitals	
17 Jul 2023	Surgery: Mrs Victoria Burton (Manager)	Entered: 21 Jul 2023 15:18

Clinic Letter to The Grange Medical Centre

17 Jul 2023	Surgery: Mrs Victoria Burton (Manager)	Entered: 21 Jul 2023 15:19

Seen in oral surgery clinic (9N1q.) (New Episode)

17 Jul 2023 09:00	Automatically updated from PAS interface: Unknown Staff Member Entered at: Mid Yorkshire Hospitals	

Mobile telephone number: 07897 428109

28 Jul 2023	Surgery: Gillian Emmitt (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 28 Jul 2023 17:15

01 Referrals to WSPA

28 Jul 2023 11:18	Surgery: Mr James Denning (Pharmacist)

Repeat prescription card checked/updated (9374.)
Referral to GP (8H62.)
Shared decision making (XaYjg)
No (Y0428)
No (Y0428)
Ex-smoker (Ub1na)
Lower risk drinking (XaXjf)
Seen by clinical pharmacist (Y20a6)
Medication review done by clinical pharmacist (Y20a8)
Consultation (Xa1qL)
Normal mood (XaIJ4)
No apparent risk of suicide (XaZ6R)
Memory function normal (X75xR)
Medication review done (XaF8d)
Mental health care plan status (XaJQE)
discuss with GP - refer back to mental health services or in house MH practitioner?

Review annually or sooner as needed
No (Y0428)
Yes (Y0427)
Mental health review (XaIyU)
At risk of DSH - deliberate self harm: no (Y09a3)
Mental health assessment (XaIYN)
Previously under Baghill for care of paranoid schizophrenia.
Has not been under their care since 2020.
Currently has lots of family stressors.
Mum passed away last year and he is executor of the will.
Family issues around money as brother "ripped mum off by 34k", lots of family squabbles around inheritance
Now keeps self to self and avoids / minimises contact.
Still hearing voices in head. Can be angry or violent.
Has learnt how to control them so not influencing him.
Would like additional mental health support as feels needs to be able to talk about things.
Does not feel he is a risk to self or others despite these voices.

Recent eye operation. Still recovering. Advice that if recovery does not seem to go as planned then contact eye clinic.

Alcohol - low levels infrequently
Smoking - now vapes
Recreational drugs - in past. nil currently.

Statin -low potency and high cholesterol levels.
Willing to switch after annual monitoring.

Aripiprazole 15mg tablets - 28 tablet - take one daily
Ended 25 Oct 2023 Clinical grounds (change of dose) by Mrs Victoria Burton
Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
Ended 04 Feb 2024 Re-Authorised by Sandra Okoli
Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
Ended 04 Feb 2024 Re-Authorised by Sandra Okoli
Gabapentin 300mg capsules - 120 capsule - Two twice a day
Ended 04 Feb 2024 Re-Authorised by Sandra Okoli
Mirtazapine 15mg tablets - 28 tablet - one to be taken each night
Ended 25 Oct 2023 Clinical grounds (change of dose) by Mrs Victoria Burton
Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
Ended 04 Feb 2024 Re-Authorised by Sandra Okoli
Simvastatin 40mg tablets - 28 tablet - take one at night
Ended 04 Feb 2024 Re-Authorised by Sandra Okoli
Scheduled Task Creation (Completed) - action required task (check blood results - would like statin switch to atorva if not done) to be sent to PHARMACIST GROUP on 31 Jan 2024.
Mobile telephone number: 07897 428109
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

28 Jul 2023 11:54	Surgery: Mr James Denning (Pharmacist)
28 Jul 2023 14:40	Surgery: Mr James Denning (Pharmacist)

Referral to Single Point of Access service (XaZGh)
Hospital Referral to Single Point of Access service

28 Jul 2023 17:08	Base: Gillian Emmitt (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Referral In: to Wakefield SPA (Accepted) End of Referral 07 Aug 2023 16:05
Status Update for Adult Mental Illness Referral In: Waiting For Assessment, Status changed: 28 Jul 2023 17:03
Activity: Record Keeping Administration note with Patient Record
Progress note:

WSPA - Referral received from James Denning -- Pharmacist @ the grange Medical Centre, via WSPA.Referrals@swyt.nhs.uk, scanned and saved in Communications & Letters.
Shnare out in place

07 Aug 2023	Surgery: Miss Karen Matysiak (Manager)	Entered: 04 Sep 2023 12:25

Clinic Letter to The Grange Medical Centre

07 Aug 2023	Surgery: Miss Karen Matysiak (Manager)	Entered: 04 Sep 2023 12:26

requesting patient to contact
Letter sent to patient (9NC3.) - r (Ongoing Episode)

07 Aug 2023 15:30	NHS Premises: Melanie Wilson (Sister/Charge Nurse) Entered at: SWYFT - Wakefield Mental Health Community

Activity: Record Keeping (15 minutes) Record Keeping with Patient Record
Alternate telephone number: 07389 715982
Home telephone number: 01405 746553
Mobile telephone number: 07897 428109
Progress note:

PCMHT Telephone triage/Review of information
Mr Thomas Murphy 20 May 1968 (55 y) M

Referral : From GP surgery referral on system one PIC file for more information.
Diagnosis: Paranoid schizophrenia and generalised anxiety disorder
Main points:
Attempted to call to triage. All lines appear to have been disconnected. Called GP surgery and information given with new number though this also doesn't appear to be connected. As no contact details appear to be up to date opt in to be sent.
Known to the service?
Known to secondary care mental health team : ETE discharged in march 2020 after limited engagement and no role for secondary care.
Current Prescription:
Aripiprazole 15mg
Mirtazapine 15mg
Propranolol 40mg
Risks other:
Prison sentence for malicious wounding release November 2020
Plan
2) Plan [What are your next actions going to be?]:
-Opt in sent as unable to triage as all contact details appear to have been disconnected.

Patient Contact: 0 minutes Total Contact: 15 minutes

07 Aug 2023 16:06	Base: Katie Andrews (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

01 Referrals to Mr Thomas Murphy
Status Update for Adult Mental Illness Referral In: Discharged From Care, Status changed: 07 Aug 2023 16:05
Status Update for Adult Mental Illness Referral In: Discharged From Care, Status changed: 07 Aug 2023 16:05
Activity: Record Keeping Administration note with Patient Record
Progress note:

WSPA Admin - Opt in letter sent to patient, copy to GP; saved in Communicaitons and Letters

14 Aug 2023 11:37	Surgery: Patricia Roberts (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

SystmOne Outgoing Record Sharing consent changed to: Not asked - Record shared

14 Aug 2023 11:37	Surgery: Unknown Staff Member Entered at: SWYFT - Inpatients

SystmOne Outgoing Record Sharing consent changed to: Not asked - Record shared

14 Aug 2023 11:37	Surgery: Patricia Roberts (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

SystmOne Outgoing Record Sharing consent changed to: Not asked - Record shared

14 Aug 2023 11:37	NHS Premises: Patricia Roberts (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community
14 Aug 2023 11:37	Surgery: Patricia Roberts (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield

	Mental Health Community

SystmOne Outgoing Record Sharing consent changed to: Not asked - Record shared

14 Aug 2023 11:37	Surgery: Patricia Roberts (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

SystmOne Outgoing Record Sharing consent changed to: Not asked - Record shared

14 Aug 2023 11:37	Surgery: Patricia Roberts (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

SystmOne Outgoing Record Sharing consent changed to: Not asked - Record shared

17 Aug 2023	Surgery: Miss Karen Matysiak (Manager)	Entered: 24 Aug 2023 15:09

Clinic Letter to The Grange Medical Centre

17 Aug 2023	Surgery: Miss Karen Matysiak (Manager)	Entered: 24 Aug 2023 15:09

Discharged from follow-up (XM1T1) (Ongoing Episode)
Did not attend (Xa1kG) (Ongoing Episode)

17 Aug 2023 15:25	Base: Patricia Roberts (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Letter Sent to James Denning
Activity: Record Keeping Administration note with Patient Record
Progress note:

WSPA - Service user failed to ring in response to opt-in letter sent so will now be discharged back to the care of their GP and letter sent to referrer also copied into Communication and Letters on SystmOne.

18 Aug 2023 11:10	Surgery: Sharron Andrassy (Receptionist Access Role)

(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Mirtazapine 15mg tablets - 28 tablet - one to be taken each night
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

18 Aug 2023 12:27	Base: Angela Taberner (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Referral In: to Wakefield Enhanced Team East (Accepted) End of Referral 26 Jun 2024 11:39
Status Update for Adult Mental Illness Referral In: Brian House Inactive, Status changed: 18 Aug 2023 12:18
Activity: Record Keeping Administration note with Patient Record
Mobile telephone number: 07354 111685
Progress note:

WSPA admin
Patient late optiing in as only just received the letter.
Patient accepted for call back, passed to triage for call back by primary care team.

18 Aug 2023 13:09	Base: John Edginton (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Activity: Assessment - Screening /Triage Telephone with Patient
Activity: Record Keeping (15 minutes) Record Keeping with Patient Record
Patient Contact: 0 minutes Total Contact: 15 minutes

18 Aug 2023 13:40	Base: John Edginton (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 18 Aug 2023 13:45

Progress note:

WSPA Triage.

Thomas opted back in but just past the specified time frame, however was accepted by SPA admin.

Attempted return call but no answer.

SPA to try again later.

21 Aug 2023	Surgery: Miss Karen Matysiak (Manager)	Entered: 24 Aug 2023 14:59

General Letter to The Grange Medical Centre

21 Aug 2023	Surgery: Miss Karen Matysiak (Manager)	Entered: 24 Aug 2023 15:00

patient has been referred to primary care mental health team

Letter sent to patient (9NC3.) (New Episode)
Patient given advice (8CA..) (Ongoing Episode)

21 Aug 2023 10:14	NHS Premises: Melanie Wilson (Sister/Charge Nurse) Entered at: SWYFT - Wakefield Mental Health Community

Activity: Assessment - Initial (5 minutes) Telephone with Patient
Activity: Record Keeping (15 minutes) Record Keeping with Patient Record
Progress note:

T/C- Attempted to call again following opt in however the phone appeared to have been picked up but no one was speaking. Calls made around 5 times. Will try again through the day however if no answer he will then have been attempted contact with on Friday the 18th and today therefore he will be discharged back to the GP after this.

PCMHT Telephone triage/Review of information
Mr Thomas Murphy 20 May 1968 (55 y) M

Referral: From GP surgery referral on system one PIC file for more information.
Diagnosis: Paranoid schizophrenia and generalised anxiety disorder
Main points:
Wants Emotional support- lost mum last year. Family issue following mums' death, home money issues. Crying all the time. Feels mediation isn't working.
Also suggested some Problems he has 'had for years', he feels that its useful to speak about this.
Known to the service?
Known to secondary care mental health team: ETE discharged in March 2020 after limited engagement and no role for secondary care.
Current Prescription: Aripiprazole 15mg , Mirtazapine 15mg , Propranolol 40mg
Smokes Cannabis: Helps with pain. 3 weeks has used every day. Not normal way of coping but feels has been more frequent recently.
Alcohol: Not heavy and will have the odd shandy.
Risks other:
Prison sentence for malicious wounding release November 2020 – not proud. Trapped in a car with two big lads, stepson assaulted one person. Thought that he was going to be 'disposed of', wasn't to do with him it was the stepson that was involved in cocaine. Was a lock knife in the car and cut in the face. 6.5years served 3 years. Finished licence in Feb. risk reduced as has nothing to do with the family now.
Denied any risk to others
Has thoughts in his head but don't want to hurt anyone. Will not act on these thoughts.
No risk to self
Plan
2) Plan [What are your next actions going to be?]:
To refer to PCMHT he has consented to this. Potentially for further assessment and emotional support/signposting. May be beneficial to see at Baghill house due to previous risk to others and recent prison sentence though no identified current risk to self/others.

Patient Contact: 5 minutes Total Contact: 20 minutes

21 Aug 2023 11:09	NHS Premises: Melanie Wilson (Sister/Charge Nurse) Entered at: SWYFT - Wakefield Mental Health Community

Activity: Record Keeping (15 minutes) Record Keeping with Patient Record
Activity: Assessment - Initial (20 minutes) Telephone with Patient

Patient Contact: 20 minutes Total Contact: 35 minutes

21 Aug 2023 12:37	NHS Premises: Melanie Wilson (Sister/Charge Nurse) Entered at: SWYFT - Wakefield Mental Health Community

General Letter to Mr Thomas Murphy
Activity: Record Keeping (15 minutes) Record Keeping with Patient Record
Patient Contact: 0 minutes Total Contact: 15 minutes

21 Aug 2023 12:57	Base: Patricia Roberts (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Status Update for Adult Mental Illness Referral In: Discharged From Care, Status changed: 21 Aug 2023 12:57
Activity: Record Keeping Administration note with Patient Record
Progress note:

WSPA - Letter sent to service user and copied to GP also emailed to refer onto PCMHT from Melanie Wilson and letter copied into Communication and Letters.

21 Aug 2023 13:37	Surgery: Diane Jackson (Admin/Clinical Support Access Role) Entered at: Wakefield Primary Care MH Practitioner Team

SystmOne Incoming Record Sharing consent changed to: Yes

21 Aug 2023 13:37	Office Base: Diane Jackson (Admin/Clinical Support Access Role) Entered at: Wakefield Primary Care MH Practitioner Team

Referral In to Wakefield Primary Care MH Practitioner Team for MH Care Navigation: Ended on 02 Oct 2023 11:11
With the Following Intervention(s)
Other
Status Update for MH Care Navigation Referral In: Waiting For Assessment, Status changed: 21 Aug 2023 13:37

21 Aug 2023 13:37	Surgery: Diane Jackson (Admin/Clinical Support Access Role) Entered at: Wakefield Primary Care MH Practitioner Team

SystmOne Outgoing Record Sharing consent changed to: Yes

21 Aug 2023 13:54	Office Base: Diane Jackson (Admin/Clinical Support Access Role) Entered at: Wakefield Primary Care MH Practitioner Team

Referral by person (XaBFi) - Melanie Wilson, PCMHP via WSPA
Consent given for electronic record sharing (XaMdS)
Reason for referral (XaIpS)
Please accept this gent as per info below.
Is not WDH _ Checked with Bethany
May be risk to others given history so advised app at Baghill or similar.
Please see below for info
SPA triage by M.Wilson

PCMHT Telephone triage/Review of information
Mr Thomas Murphy 20 May 1968 (55 y) M

Referral: From GP surgery referral on system one PIC file for more information.
Diagnosis: Paranoid schizophrenia and generalised anxiety disorder
Main points:
Wants Emotional support- lost mum last year. Family issue following mums' death, home money issues. Crying all the time. Feels mediation isn't working.
Also suggested some Problems he has _had for years', he feels that its useful to speak about this.
Known to the service?
Known to secondary care mental health team: ETE discharged in March 2020 after limited engagement and no role for secondary care.
Current Prescription: Aripiprazole 15mg , Mirtazapine 15mg , Propranolol 40mg
Smokes Cannabis: Helps with pain. 3 weeks has used every day. Not normal way of coping but feels has been more frequent recently.
Alcohol: Not heavy and will have the odd shandy.
Risks other:
Prison sentence for malicious wounding release November 2020 _ not proud. Trapped in a car with two big lads, stepson assaulted one person. Thought that he was going to be _disposed of', wasn't to do with him it was the stepson that was involved in cocaine. Was a lock knife in the car and cut in the face. 6.5years served 3 years. Finished licence in Feb. risk reduced as has nothing to do with the family now.
Denied any risk to others

Has thoughts in his head but don't want to hurt anyone. Will not act on these thoughts.
No risk to self
Plan
2) Plan [What are your next actions going to be?]:
To refer to PCMHT he has consented to this. Potentially for further assessment and emotional support/signposting. May be beneficial to see at Baghill house due to previous risk to others and recent prison sentence though no identified current risk to self/others.

Activity: Record Keeping Record Keeping with Patient Record
Mobile telephone number: 07354 111685

22 Aug 2023 15:21	Surgery: Patricia Alcock-Cross (Social Worker Access Role) Entered at: SWYFT - Wakefield Mental Health Community

SystmOne Outgoing Record Sharing consent changed to: Not asked - Record shared

22 Aug 2023 15:21	NHS Premises: Patricia Alcock-Cross (Social Worker Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Mobile telephone number: 07354 111685

22 Aug 2023 15:23	Office Base: Patricia Alcock-Cross (Social Worker Access Role) Entered at: Wakefield Primary Care MH Practitioner Team

Activity: Record Keeping (30 minutes) Record Keeping with Patient Record
Patient Contact: 0 minutes Total Contact: 30 minutes

25 Aug 2023 11:56	Office Base: Patricia Alcock-Cross (Social Worker Access Role) Entered at: Wakefield Primary Care MH Practitioner Team

Activity: Record Keeping (10 minutes) Record Keeping with Patient Record
Patient Contact: 0 minutes Total Contact: 10 minutes

08 Sep 2023 13:03	Surgery: Miss Hayley Curtis (Receptionist Access Role)

(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Mirtazapine 15mg tablets - 28 tablet - one to be taken each night
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

12 Sep 2023 10:43	Automatically updated from PAS interface: Unknown Staff Member Entered at: Mid Yorkshire Hospitals

Mobile telephone number: 07389 715982

12 Sep 2023 14:39	Office Base: Sarah Wood (Nurse Access Role) Entered at: Wakefield Primary Care MH Practitioner Team

Overview Notes (Y0028)
TC to Thomas in order to arrange an initial assessment- Thomas was unale to talk much , as he was with friends
I have informed him that i will book a room at baghill house and phone him back over the next few days with an appointment
2 practitioners due to historical risk
Thomas was fine with this and thanked me for calling him.
Activity: Advice & Support Telephone with Patient

12 Sep 2023 14:41	Office Base: Sarah Wood (Nurse Access Role) Entered at: Wakefield Primary Care MH Practitioner Team

Activity: Advice & Support Telephone with Patient

13 Sep 2023 09:39	Office Base: Sarah Wood (Nurse Access Role) Entered at: Wakefield Primary Care MH Practitioner Team

Overview Notes (Y0028)
Room booked a baghill house- Thursday 21st Sept at 11am. Room 8 To be assessed by myself and Richard Barratt Lead Practitioner Primary Care Mental health team
Text message sent to Thomas with the details.
Activity: Advice & Support Record Keeping with Patient Record
Mobile telephone number: 07389 715982

13 Sep 2023 11:22	Office Base: Melanie Wilson (Sister/Charge Nurse) Entered at: Wakefield Primary Care MH Practitioner Team

Activity: Record Keeping (5 minutes) Record Keeping with Patient Record
Mobile telephone number: 07354 111685
Amendment via PDS
Patient Contact: 0 minutes Total Contact: 5 minutes

15 Sep 2023 10:32	Office Base: Sarah Wood (Nurse Access Role) Entered at: Wakefield Primary Care MH Practitioner Team

Overview Notes (Y0028) - Thomas has since replied and confirmed he will be attending our planned assessment on the 21st
Activity: Advice & Support Record Keeping with Patient Record

15 Sep 2023 11:57	Automatically updated from PAS interface: Unknown Staff Member Entered at: Mid Yorkshire Hospitals

Mobile telephone number: 07354 111685

19 Sep 2023 13:22	Automatically updated from PAS interface: Unknown Staff Member Entered at: Mid Yorkshire Hospitals

Mobile telephone number: 07751 963544

21 Sep 2023	Surgery: Mrs Victoria Burton (Manager)	Entered: 27 Sep 2023 14:02

Clinic Letter to The Grange Medical Centre

21 Sep 2023	Surgery: Mrs Victoria Burton (Manager)	Entered: 27 Sep 2023 14:03

Discharged from outpatients (8HE1.) (New Episode)
Seen in oral surgery clinic (9N1q.) - ulcer resolving (Ongoing Episode)

21 Sep 2023 10:55	NHS Premises: Andrea Law (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Activity: Record Keeping Administration note with Patient Record

21 Sep 2023 10:58	NHS Premises: Andrea Law (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Activity: Record Keeping Administration note with Patient Record
Mobile telephone number: 07751 963544

21 Sep 2023 11:00	Office Base: Sarah Wood (Nurse Access Role) Entered at: Wakefield Primary Care MH Practitioner Team	Entered: 26 Sep 2023 14:34

H/O: mental health problem (YA741)
WSPA Assesment in 2020
ETE 2020 Limited engagement
Thomas last saw Dr Nazari in August 2016 having been under ETW or equivalent since November 2013. He has a diagnosis of paranoid schizophrenia.

-03 Aug 2011 to Wakefield Crisis Resolution & Home Treat for Crisis/SPA Services (Accepted) End of Referral 04 Aug 2011 23:59
- 31 Jul 2013 to Airedale CMHT for CMHTS (Accepted) End of Referral 16 Sep 2013 23:59
- 31 Jul 2013 to Wakefield SPA for Crisis/SPA Services (Accepted) End of Referral 31 Jul 2013 23:59
- 04 Nov 2013 to Wakefield Enhanced Team West for (WAA) Community Services (Accepted) End of Referral 01 Jun 2017 23:59

Social and personal history (13...)
Born and initially brought up in Clydebank until the age of 3. States he cannot remember anything before that time until he was living in Yorkshire at 4. States he attended Fitzwilliam primary school (Yorkshire) and completed his secondary schooling at Faithley school in Clydebank (Scotland). States he was 8 when moved back to Scotland? No qualifications gained, stating he "never really went" and "kept running away"?? States he ended up in Berliney prison at the age of 15?? for "abduction" - unable to define this other than he sped off on a motorbike in Clydebank with someone else on bike?? From there he was transferred to St Mary's secure unit in Bishop Briggs due to complaints by his mother for being placed in a prison at 15? Client states he was then transferred to Borstal (spelling?) until released in 1985 as was "getting demolished". From here he states he returned to live with his mother and father in Yorkshire. States he has always "been in trouble for stealing". Various employment history from 1988-1999 - with last job ending in 2000 due to lack of work at factory in 2000. Has x4 children (adults now) to different biological mothers - Stacey, Adele , Faye and Thomas - not in contact with them presently. Was unable to state why. States he is not in contact with any of there mothers presently.

Thomas currently lives alone- Currently claiming benefits- Reports that he owes the Gas and Electric company £1,500 after the company changed hands and increased his Monthly prices

Mum passed away last year
Seen by forensic psychiatry - service (XaAXN)
23rd July 2023- GBH change and is due at Leeds crown court 9th July 2024? Currently has a tag- with no restrictions apart from he sleeps at his own home every night.
2016- Thomas was in prison and had received a sentence of six and half years of imprisonment for Section 18- Malicious Wounding, he appeared remorseful of this today. (He explains that he was in a car with his ex-partner's son (Lee) and Lee's two friends, one in the passenger side and the other one who was driving the car. He states that there was an escalated argument between Lee and the man on the passenger side, which led to a fight and according to him, when Thomas trying to intervene, the man on the passenger side pulled a knife and when Thomas was trying to push the knife away, it injured the man's face. He explains that he is not a violent man and he never intended to hurt anyone). Thomas said that he was under the influence of cocaine and alcohol when this happened and is aware that impulsive acts of violence increase when intoxicated.
2020 served a prision sentence for Malicious Wounding - 6.5years served 3- Licience finished in Fen 2023

Pervious assessments state:

Berliney prison at age of 15 for "abduction" (see personal history for clients interpretation for such).
Transferred to St Mary's secure unit (Bishop Briggs) and then to Borstal prison where he was released in 1985 at age of 18??
In 1987 client states he was in "Glenoccles? in Stirling for a driving offence serving 3 months.
Reports being in Armley Prison in Leeds in 1987? 88? 89? for theft and robbery ("pinching") - unclear for how long.
States was in Moor lands prison in Doncaster in 2010 for a driving offence and served 8 weeks and released on tag which was removed in Feb 2011.

Reason for referral (XaIpS)
GP referral- Triaged by WSPA- Primary Care - Referred to Primary Care Mental health team
Diagnosis of paranoid schizophrenia and anxiety
Mum passed away last year- Family issues following his Mums Death.
ETE in Mrach 2020- Limited engagement
Smokes cannabis
Alcohol - Rare- Odd Shandy
Prision sentence for Malicious wounding Nov 2020- 6.5 years served 3. Licience finished Feb 2023.
Presenting complaint (XaIm8)
Thomas was assessed at Baghill house, by myself and Richard Barratt Lead pratitioner for Primary Care Mental health
Initially Thomas presented relaxed and calm. However once we began ask him about his current Mental health, he become very anxious, pressure of speech and angry in his tone of voice.
He reported that his Mum had passed away last year and presented very tearful when discuss this. He spoke about mainly his brother who had stolen £34,000 from his mum when she was dying. Thomas presented very when discussing this and then turned very tearful reporting that as a chid his brother had done something, but did not want to discuss it.
We attempt to discuss the visual and halluncination, but Thomas appeared to lose track of our conversation numerous times which it appeared to be due to hearing voices. Thomas become tearful- stating that the voices were talking to him now, telling him to look at naked children, Telling him to undress Richard Barratt and that he fancied writer- Sarah Wood.
He said the voice of a scottish man, a man that he recognised and throughout the Assessment this man was talking to him. Thomas reports that he talks back to him and shouts to voice "get rid of this cunt", Thomas calls the voice- the talker, and eye director
Thomas reports that every mornong when he wakes up he argues with this voice.
During the Assessment Thomas reported that on several occassions that the voice was talking to him and was observed to be covering up his ears on several occassions. We attempt to discuss the voices more, however Thomas appeared relucant to do so. He appeared distracted and appeared to be looking around the room.
The voices seemed to appear more when we were discussing his Brother and the money that Thomas reports he had stolen from his Mum. Thomas mood was very changeable- Tearful anger.
Thomas alos spoke about seeing a red face, with big white teeth and could this face whilst he was speaking to us.
Thomas spoke about a wire in his ear, but did not want to discuss this futher

Thomas was well kempt and groomed. He did appear to be under the influence of SMU or alcohol
Thomas reports that he goes out walking most days and did enjoy running untill his Osteoarthristic pain increased.
Thomas loves music and enjoys playing the Guitar at home.
Sleep- Can be broken, due to rapid thoughts
Appetite- Did lose weight recently- due to increased cannabis use- but has since stopped this and is eating much

better

Thought out the assessment Thomas would speak about his brother and this appeared to be when the voices were present, he did report that his brother had bullied him all his life and mentioned abuse- but would not discuss this. Thomas believes that the is carrying his Brothers Sins, believes the 23rd of the month is a date connected to the voices, as things have happened to Thomas on the 23rd before

Current medication
Aripiprazole 15mg
Mirtazapine 15mg
Propranolol 40mg
Thomas reports that he is taking his medication as prescribed
Outcome of assessment (YA821)
Thomas is a 55 year old male with a diagnosis of paranoid schizophrenia and has been maintained on aripiprazole for several years. Thomas feels that his mental health started to deteriorate during his time in prison as for 7 months of his 3 year sentence he was not able access to the prisons mental health services and his medication was stopped but since he was released it has declined further.
Upon being released from prison Thomas is struggling with his mental health and has noticed an increase in his visual and auditory hallucinations. He describes the voices as commend in nature but does appear to have insight currently and is able to stop himself acting on what they are telling him to do. Thomas is worried that if these increase he may do something he doesn't want to do. The visual hallucinations he is experiencing appear to cause him significant distress and at times will prevent Thomas from leaving the house. Thomas is struggling to concentrate on everyday activities such as watching tv, getting on public transport and socialising with others due to feeling unable to distinguish what is real and what are hallucinations and feels judged by others particularly when he is responding to the voices out loud. Thomas feels that he has discovered things that people do not want him to know about and also feels that he can read what other
The voices appeare to be to reaction to an incident- abuse from his brother as a Child, however Thomas did not appear to want to discuss this, or was unable to due to the voices. Thomas appeared to be responding thoughtout or assessment.
Thomas currently has a tag- GBH charge and is due at Leeds Crown July 2024
Plan
Referral to ETE- To monitor Mental health
Risk management (Ua1NK)
Reports that whilst in prision 1996 he cut his wrist but this was a cry for help.
Reports suicidal thoughts but would not act upon the reporting that he "would not let the bastards win"
No current plans or intent

Several GBH charges and recent prision prision sentence- one included a knife

Anger is aimed at his Brother- But reports that he would never hurt him- he would have done this before now if he wanted to.
To be seen by 2 pracitioners due to forensic history
History of substance misuse (XaMyB)
Reports a long history of SMU and alcohol use
Currently users Cannabis occassionally - for pain Osteoarthritis
Rare alcohol use- Odd Shandy
Other provider organisation (XaIhO) - None
Consent given to share patient data with specified 3rd party (XaNwR)
Activity: Advice & Support Face to face with Patient

21 Sep 2023 11:00	Office Base: Sarah Wood (Nurse Access Role) Entered at: Wakefield Primary Care MH Practitioner Team	Entered: 21 Sep 2023 13:55

Overview Notes (Y0028)
Joint assessment completed as planned
No current risks identified- No thoughts of suicide or self harm
Assessment paper work to be uploaded.
I do feel that Thomas is complex for Primary Care Mental health team and secondary care referral would be more appropriate
I have arranged to phone Thomas back when i have completed my assessment paper work and discuss a plan.
Status Update for MH Care Navigation Referral In: Receiving Care, Status changed: 21 Sep 2023 14:00
Activity: First Contact Face to face with Patient

25 Sep 2023 08:56	Base: Patricia Roberts (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Activity: Record Keeping Administration note with Patient Record
Referral In Status Marked in Error: Referral re-opened
Discharged From Care, 21 Aug 2023 12:57

25 Sep 2023 12:18	Office Base: Emma Clough (Sister/Charge Nurse) Entered at: Wakefield Primary Care MH Practitioner Team

Activity: Record Keeping (10 minutes) Record Keeping with Patient Record
Template Entry Marked in Error: Entered on wrong patient

Note Marked in Error: Entered on wrong patient
22 Aug 2023 15:23, Melanie Wilson:
Consultation Notes
Nurse telephone triage: Yes
Overview Notes: Referral from WSPA as follows: (JE):

T/C to Jay, 18.08.23 AM

Jay sounded very tearful, crying, during the call.
He said he is experiencing "the same old". Felt this way for 6-7 years but changes in intensity.

Feels he "can't turn the corner", can't get out of the "hole" he is in.

Laid in bed all day and night, feels he is not functioning.

Not washing or attending to hygiene out of own volition. Daughter occasionally encourages him to wash and also to eat.

Appetite
very poor but eats if provided with a meal. Has lost weight.

Sleep
poor. Zopiclone recently. Thinks he gets about 1-2 hours sleep in a 24 hour period.

Feeling worthless and dreadful.

Will watch football but no other interests. Used to be involved with local under 9's football club but has not done this for a long time due to low mood and loss of interest.

Adult son and daughter visit every evening, between 4-8pm. They encourage him to wash, eat, attend to any practical issues in the house.
Jay feels very embarrassed at his kids seeing him like that.

Denied any drug or alcohol use.

Finances poor. Lost job recently. Used to drive a truck but lost his licence due to a few speeding incidents and totted up too many points in one week. Lost licence and therefore his job. Struggling with rent.

Private rental (NOT WDH).

Physical

Not aware of any physical health issues. Feels depressed and has poor appetite and lost weight.

Medication

Started Mirtazapine about 2 weeks ago he said. Accepts that it can take several weeks to evaluate efficacy. He intends to persevere and it has helped slightly with his appetite and suicidal thoughts.

Therapy

Did not engage with TPTT as signposted to do in 2021. Did engage with bereavement counselling for losses of son (at birth) and nephew in 2007. Helpful at the time and helped with the bereavements but has not helped with depression.

Risks
To self. Previous attempts at suicide, about 2 years ago the last time. Had thoughts of hanging at the time. Been under IHBT in past around those times.
Recently suicidal thoughts though thinks these are less intense or able to manage better since starting Mirtazapine. He has no intent to act on these thoughts. He cites not wanting to upset his children and his parents as protective factors. He said his parents told him that if he kills himself they will take their own lives too, he is fearful of them doing this and said this is a big factor too in him not choosing to act.
Denied any thoughts of harm to others.
No evidence of risk from others.

Willing to work with support, take medication. Willing to use support line numbers. I provided him with the West Yorkshire 24 Hr MH support line and also the crisis support line Safe Space.

We discussed the role of the Primary Care MH Practitioner Team and he is agreeable to assessment of his mental health, current needs. He is aware it may be a couple of weeks before he is contacted about arranging assessment but has agreed to phone the support lines, phone/see his GP for support in the interim. He feels he can keep himself safe at present and no intent to act on his thoughts. Jay thankful for the call and referral to PCMHP.

He was agreeable to a letter being sent to his GP re outcome.

No role at this point for secondary services, able to keep self safe and willing to work with primary care services and helplines however if risks increase or determined too complex at PCMHP assessment then secondary services or IHBT may be indicated.

Note Marked in Error: Entered on wrong patient
22 Aug 2023 15:23, Refer to PCMHP team for assessment
Diagnosis Marked in Error: Entered on wrong patient
22 Aug 2023 15:23, Plan (XaIVg),
Diagnosis Marked in Error: Entered on wrong patient
22 Aug 2023 15:23, Overview Notes (Y0028),
Template Entry Marked in Error: Entered on wrong patient

Template Marked in Error:

Template Entry Marked in Error: Entered on wrong patient

Diagnosis Marked in Error: Entered on wrong patient
22 Aug 2023 15:23, Nurse telephone triage (XaMiH),
Patient Contact: 0 minutes Total Contact: 10 minutes

26 Sep 2023 15:36	Office Base: Sarah Wood (Nurse Access Role) Entered at: Wakefield Primary Care MH Practitioner Team

Overview Notes (Y0028)
Assessment paper work completed- I have attempted to contact Thomas and gain consent for a referral to the ETE Mobile switched off.
I will try and phone Thomas tomorrow and transfer his care.
Activity: Advice & Support Record Keeping with Patient

28 Sep 2023 12:44	Office Base: Sarah Wood (Nurse Access Role) Entered at: Wakefield Primary Care MH Practitioner Team	
28 Sep 2023 13:00	NHS Premises: Sarah Wood (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 28 Sep 2023 13:17

Case management risk assessment score (XaLWw) 2 - (Added from Questionnaire)
Risk Assessment - Formulation - questionnaire started - (finalised: 28 Sep 2023 13:00)
Risk Assessment - Current & Historical Risks - questionnaire started - (finalised: 28 Sep 2023 13:00)
Risk Assessment - Sources of Information - questionnaire started - (finalised: 28 Sep 2023 13:00)
Risk Assessment - Organisational Issues - questionnaire started - (finalised: 28 Sep 2023 13:00)
Staying Safe Care Plan - questionnaire started - (finalised: 28 Sep 2023 13:00)
Risk Assessment - Service User & Carer Views - questionnaire started - (finalised: 28 Sep 2023 13:00)
Activity: (DDS1) Alcohol Record Keeping with Patient Record

Progress note:

Thomas is a 55 year old male with a diagnosis of paranoid schizophrenia and has been maintained on aripiprazole for several years. Thomas feels that his mental health started to deteriorate during his time in prison as for 7 months of his 3 year sentence he was not able access to the prisons mental health services and his medication was stopped but since he was released it has declined further.
Upon being released from prison Thomas is struggling with his mental health and has noticed an increase in his visual and auditory hallucinations. He describes the voices as commend in nature but does appear to have insight currently and is able to stop himself acting on what they are telling him to do. Thomas is worried that if these increase he may do something he doesn't want to do. The visual hallucinations he is experiencing appear to cause him significant distress and at times will prevent Thomas from leaving the house. Thomas is struggling to concentrate on everyday activities such as watching tv, getting on public transport and socialising with others due to feeling unable to distinguish what is real and what are hallucinations and feels judged by others particularly when he is responding to the voices out loud. Thomas feels that he has discovered things that people do not want him to know about and also feels that he can read what other
The voices appeared to be to reaction to an incident- abuse from his brother as a Child, however Thomas did not appear to want to discuss this, or was unable to due to the voices. Thomas appeared to be responding thoughtout or assessment.
Thomas currently has a tag- GBH charge and is due at Leeds Crown July 2024

Reports that whilst in prison 1996 he cut his wrist but this was a cry for help.
Reports suicidal thoughts but would not act upon the reporting that he "would not let the bastards win"
No current plans or intent

Several GBH charges and recent prison sentence- one included a knife

Anger is aimed at his Brother- But reports that he would never hurt him- he would have done this before now if he wanted to.
To be seen by 2 practitioners due to forensic history Current voices
Plan
Referral to ETE- To monitor Mental health

28 Sep 2023 13:00	NHS Premises: Sarah Wood (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Treatment (Ua22j)
Current medication
Aripiprazole 15mg
Mirtazapine 15mg
Propranolol 40mg
Thomas reports that he is taking his medication as prescribed
Social circumstances (XaIVT)
Born and initially brought up in Clydebank until the age of 3. States he cannot remember anything before that time until he was living in Yorkshire at 4. States he attended Fitzwilliam primary school (Yorkshire) and completed his secondary schooling at Faithley school in Clydebank (Scotland). States he was 8 when moved back to Scotland? No qualifications gained, stating he "never really went" and "kept running away"?? States he ended up in Berliney prison at the age of 15?? for "abduction" - unable to define this other than he sped off on a motorbike in Clydebank with someone else on bike?? From there he was transferred to St Mary's secure unit in Bishop Briggs due to complaints by his mother for being placed in a prison at 15? Client states he was then transferred to Borstal (spelling?) until released in 1985 as was "getting demolished". From here he states he returned to live with his mother and father in Yorkshire. States he has always "been in trouble for stealing". Various employment history from 1988-1999 - with last job ending in 2000 due to lack of work at factory in 2000. Has x4 children (adults now) to different biological mothers - Stacey, Adele , Faye and Thomas - not in contact with them presently. Was unable to state why. States he is not in contact with any of there mothers presently.

Thomas currently lives alone- Currently claiming benefits- Reports that he owes the Gas and Electric company £1,500 after the company changed hands and increased his Monthly prices
Mum passed away last year
H/O: mental health problem (YA741)
WSPA Assesment in 2020
ETE 2020 Limited engagement
Thomas last saw Dr Nazari in August 2016 having been under ETW or equivalent since November 2013. He has a

diagnosis of paranoid schizophrenia.

-03 Aug 2011 to Wakefield Crisis Resolution & Home Treat for Crisis/SPA Services (Accepted) End of Referral 04 Aug 2011 23:59
- 31 Jul 2013 to Airedale CMHT for CMHTS (Accepted) End of Referral 16 Sep 2013 23:59
- 31 Jul 2013 to Wakefield SPA for Crisis/SPA Services (Accepted) End of Referral 31 Jul 2013 23:59
- 04 Nov 2013 to Wakefield Enhanced Team West for (WAA) Community Services (Accepted) End of Referral 01 Jun 2017 23:59

Service involved: Other (Y2888) - None
Reason for referral (XaIpS)
GP referral- Triage by WSPA- Primary Care - Referred to Primary Care Mental health team
Diagnosis of paranoid schizophrenia and anxiety
Mum passed away last year- Family issues following his Mums Death.
ETE in March 2020- Limited engagement
Smokes cannabis
Alcohol - Rare- Odd Shandy
Prison sentence for Malicious wounding Nov 2020- 6.5 years served 3. Licence finished Feb 2023.
Subjective history (Y2443)
Thomas was assessed at Baghill house, by myself and Richard Barratt Lead practitioner for Primary Care Mental health
Initially Thomas presented relaxed and calm. However once we began ask him about his current Mental health, he become very anxious, pressure of speech and angry in his tone of voice.
He reported that his Mum had passed away last year and presented very tearful when discuss this. He spoke about mainly his brother who had stolen £34,000 from his mum when she was dying. Thomas presented very when discussing this and then turned very tearful reporting that as a child his brother had done something, but did not want to discuss it.
We attempt to discuss the visual and hallucination but Thomas appeared to lose track of our conversation numerous times which it appeared to be due to hearing voices. Thomas become tearful- stating that the voices were talking to him now, telling him to look at naked children, Telling him to undress Richard Barratt and that he fancied writer- Sarah Wood.
He said the voice of a Scottish man, a man that he recognised and throughout the Assessment this man was talking to him. Thomas reports that he talks back to him and shouts to voice "get rid of this cunt", Thomas calls the voice- the talker, and eye director
Thomas reports that every morning when he wakes up he argues with this voice.
During the Assessment Thomas reported that on several occasions that the voice was talking to him and was observed to be covering up his ears on several occasions We attempt to discuss the voices more, however Thomas appeared reluctant to do so. He appeared distracted and appeared to be looking around the room.
The voices seemed to appear more when we were discussing his Brother and the money that Thomas reports he had stolen from his Mum. Thomas mood was very changeable- Tearful anger.
Thomas also spoke about seeing a red face, with big white teeth and could this face whilst he was speaking to us.
Thomas spoke about a wire in his ear, but did not want to discuss this further

Thomas was well kept and groomed. He did appear to be under the influence of SMU or alcohol
Thomas reports that he goes out walking most days and did enjoy running until his pain increased. Thomas loves music and enjoys playing the Guitar at home.
Sleep- Can be broken, due to rapid thoughts
Appetite- Did lose weight recently- due to increased cannabis use- but has since stopped this and is eating much better

Thought out the assessment Thomas would speak about his brother and this appeared to be when the voices were present, he did report that his brother had bullied him all his life and mentioned abuse- but would not discuss this.
Thomas believes that the is carrying his Brothers Sins, believes the 23rd of the month is a date connected to the voices, as things have happened to Thomas on the 23rd before

3rd July 2023- GBH change and is due at Leeds crown court 9th July 2024? Currently has a tag- with no restrictions apart from he sleeps at his own home every night.
2016- Thomas was in prison and had received a sentence of six and half years of imprisonment for Section 18- Malicious Wounding, he appeared remorseful of this today. (He explains that he was in a car with his ex-partner's son (Lee) and Lee's two friends, one in the passenger side and the other one who was driving the car. He states that there was an escalated argument between Lee and the man on the passenger side, which led to a fight and according to him, when Thomas trying to intervene, the man on the passenger side pulled a knife and when Thomas

was trying to push the knife away, it injured the man's face. He explains that he is not a violent man and he never intended to hurt anyone). Thomas said that he was under the influence of cocaine and alcohol when this happened and is aware that impulsive acts of violence increase when intoxicated.
2020 served a prison sentence for Malicious Wounding - 6.5years served 3- Licence finished in Fen 2023

Previous assessments state:

Berliney prison at age of 15 for "abduction" (see personal history for clients interpretation for such).
Transferred to St Mary's secure unit (Bishop Briggs) and then to Borstal prison where he was released in 1985 at age of 18??
In 1987 client states he was in "Glenoccles? in Stirling for a driving offence serving 3 months.
Reports being in Armley Prison in Leeds in 1987? 88? 89? for theft and robbery ("pinching") - unclear for how long.
States was in Moor lands prison in Doncaster in 2010 for a driving offence and served 8 weeks and released on tag which was removed in Feb 2011.

Past medical history (14...) - Osteoarthritis
Care planning and problem solving actions (Ua1LU) - Referral to ETE to monitor Mental health
Prison record and criminal activity details (Xa8Ex)
23rd July 2023- GBH change and is due at Leeds crown court 9th July 2024? Currently has a tag- with no restrictions apart from he sleeps at his own home every night.
2016- Thomas was in prison and had received a sentence of six and half years of imprisonment for Section 18- Malicious Wounding, he appeared remorseful of this today. (He explains that he was in a car with his ex-partner's son (Lee) and Lee's two friends, one in the passenger side and the other one who was driving the car. He states that there was an escalated argument between Lee and the man on the passenger side, which led to a fight and according to him, when Thomas trying to intervene, the man on the passenger side pulled a knife and when Thomas was trying to push the knife away, it injured the man's face. He explains that he is not a violent man and he never intended to hurt anyone). Thomas said that he was under the influence of cocaine and alcohol when this happened and is aware that impulsive acts of violence increase when intoxicated.
2020 served a prision sentence for Malicious Wounding - 6.5years served 3- Licience finished in Fen 2023

Pervious assessments state:

Berliney prison at age of 15 for "abduction" (see personal history for clients interpretation for such).
Transferred to St Mary's secure unit (Bishop Briggs) and then to Borstal prison where he was released in 1985 at age of 18??
In 1987 client states he was in "Glenoccles? in Stirling for a driving offence serving 3 months.
Reports being in Armley Prison in Leeds in 1987? 88? 89? for theft and robbery ("pinching") - unclear for how long.
States was in Moor lands prison in Doncaster in 2010 for a driving offence and served 8 weeks and released on tag which was removed in Feb 2011.

Risk management (Ua1NK)
Reports that whilst in prison 1996 he cut his wrist but this was a cry for help.
Reports suicidal thoughts but would not act upon the reporting that he "would not let the bastards win"
No current plans or intent

Several GBH charges and recent prison sentence- one included a knife

Anger is aimed at his Brother- But reports that he would never hurt him- he would have done this before now if he wanted to.
To be seen by 2 practitioners due to forensic history
Initial patient assessment (XaIBH)
Thomas is a 55 year old male with a diagnosis of paranoid schizophrenia and has been maintained on aripiprazole for several years. Thomas feels that his mental health started to deteriorate during his time in prison as for 7 months of his 3 year sentence he was not able access to the prisons mental health services and his medication was stopped but since he was released it has declined further.
Upon being released from prison Thomas is struggling with his mental health and has noticed an increase in his visual and auditory hallucinations. He describes the voices as commend in nature but does appear to have insight currently and is able to stop himself acting on what they are telling him to do. Thomas is worried that if these increase he may do something he doesn't want to do. The visual hallucinations he is experiencing appear to cause him significant distress and at times will prevent Thomas from leaving the house. Thomas is struggling to concentrate on everyday activities such as watching tv, getting on public transport and socialising with others due to feeling unable to distinguish what is real and what are hallucinations and feels judged by others particularly when he is

responding to the voices out loud. Thomas feels that he has discovered things that people do not want him to know about and also feels that he can read what other
The voices appeared to be to reaction to an incident- abuse from his brother as a Child, however Thomas did not appear to want to discuss this, or was unable to due to the voices. Thomas appeared to be responding throughout or assessment.
Thomas currently has a tag- GBH charge and is due at Leeds Crown July 2024
Plan
Referral to ETE- To monitor Mental health
Activity: Record Keeping Record Keeping with Patient Record
Assessment: 28 Sep 2023 13:01
Staff Member: Sarah Wood
Team: Wakefield SPA

28 Sep 2023 13:00	Office Base: Sarah Wood (Nurse Access Role) Entered at: Wakefield Primary Care MH Practitioner Team	Entered: 28 Sep 2023 13:10

Overview Notes (Y0028)
Email to WSPA asking for them to send the referral to ETE and close WSPA referral down.
I have been unable to contact Thomas with my outcome- But after discussing with in the team, i will send Thomas a letter and then discharge from Primary care Mental health team
Adhoc Letter to Mr Thomas Murphy
Activity: Advice & Support Record Keeping with Patient
Attachment Marked in Error: Wrong data entered
28 Sep 2023 13:10, Word Letter
Letter Marked in Error: Wrong data entered
Recipient Mr Thomas Murphy

28 Sep 2023 13:02	Office Base: Sarah Wood (Nurse Access Role) Entered at: Wakefield Primary Care MH Practitioner Team
28 Sep 2023 13:07	Office Base: Sarah Wood (Nurse Access Role) Entered at: Wakefield Primary Care MH Practitioner Team
28 Sep 2023 13:09	Office Base: Sarah Wood (Nurse Access Role) Entered at: Wakefield Primary Care MH Practitioner Team
28 Sep 2023 13:10	Office Base: Sarah Wood (Nurse Access Role) Entered at: Wakefield Primary Care MH Practitioner Team
28 Sep 2023 14:29	Base: Angela Taberner (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Activity: Record Keeping Administration note with Patient Record
Progress note:

WSPA ADMIN
Patient transfered to ETE, email sent to ETE as below:

Good afternoon
Please see the above patient for transfer to ETE . Please see the progress notes from Sarah Wood.
Kind regards

Angela Taberner
Administrative Assistant

Single Point of Access
Drury Lane Health and Wellbeing Centre
Drury Lane
Wakefield
WF1 2TE
WSPA.Referrals@swyt.nhs.uk

02 Oct 2023 11:12	Office Base: Sarah Wood (Nurse Access Role) Entered at: Wakefield Primary Care MH Practitioner Team

Overview Notes (Y0028)
Thomas as now been referred to ETE and accepted
I have sent a letter out to Thomas making him aware of the plan

Discharge from Primary Care Mental health team
Plan (XaIVg)
Discharged from Primary Care Mental health team.
Referred to ETE
Status Update for MH Care Navigation Referral In: Discharged From Care, Status changed: 02 Oct 2023 11:12
Activity: Advice & Support Record Keeping with Patient

03 Oct 2023 16:16	Base: Morwenna Edwards (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community	

Activity: Record Keeping Administration note with Patient Record

04 Oct 2023 10:00	Base: Paul McDermott (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 04 Oct 2023 11:15

Activity: Record Keeping (20 minutes) Record Keeping with Patient Record
Progress note:

ETE.

T/c. Appointment arranged with Thomas at Bag-Hill House, Tuesday 10th October , 11am.

Patient Contact: 0 minutes Total Contact: 20 minutes

05 Oct 2023 13:49	Surgery: Mrs Yvonne Graham (Receptionist Access Role)

(R) Aripiprazole 15mg tablets - 28 tablet - take one daily
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Mirtazapine 15mg tablets - 28 tablet - one to be taken each night
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

10 Oct 2023	Surgery: Mrs Claire Leeson	Entered: 23 Oct 2023 16:26

Severe acute respiratory syndrome coronavirus 2 vaccination invitation short message service text message sent (situation) (Y211f) - Added in bulk

10 Oct 2023 11:00	Base: Paul McDermott (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 13 Oct 2023 11:44

Progress note:

ETE

Met with Thomas today following referral from SPA.
Thomas is a 55 year old male, clean and tidy presentation and appears broadly his chronological age.
Has a diagnosis of schizophrenia and has a forensic history for violent offences, most recently in prison for an assault with weapon. He was released early from a 5 year sentence and has completed a licence period in feb this year.
Currently Thomas reports that he has been struggling with his mental health. He reports that his mood is low and that he has lost weight.
Thomas describes problems with his family. He stated that his mother died about 18 months ago and that family members stole money from her and has alleged that the family may have hastened her death in some way.
Thomas describes psychotic phenomena which he experiences every day, describing a voice called 'Paul Strutt' who is a gangster from Glasgow.
Thomas ststed that he first experiences psychotic symptoms in 2006 soonafter the death of his father.
Thomas stated that he has a chip implanted in his head which can relay information from the person above about events which are about to happen.
Thomas also referred to anothere element of his psychotic experiences as 'The eye director' whom he states can take control of his eyes and 'direct' him to look at things he knows he shouldn't (eg young girls).
A further element is 'The old dj' who will play music from the 80s, this also is a daily experience.
Thomas holds a high degree of conviction in the authenticity of these experiences although i was able to engage

Thomas in a conversation ariund his medication (in particular aripiprazole) and its specific function in treating the above described symptoms.
In meeting there were no signs of distractability considtent with psychotic phenomena although Thomas did report that messages were recieved by him about events in Glasgow.
(The significance of Glasgow is that Thomas was born there and he has a family members still living there)
Thomas went on to describe how he was informed by Paul Strutt about a plan to attack and kill his brother in Glasgow and added that his brother was indeed attacked, Thomas went on and described how his brother severley assaulted his attackers with ease (as he was an ex paratrooper)
Thomas would become very animated during our meeting, in particular when describing past events which have led to him engaging in violent acts, at one point standing up and demonstrating events such as beatings and knife attacks.
He reports that he experiences suicidal thoughts, which appear fleeting in nature, no intent underpinning these thoughts.
In spite of the generally voilent nature of Thomas' descriptions he reports that he has no thoughts or wishes to harm others.
He described experiencing a sexual assault when he was a child about 10 years old at the hands of his brother and Thomas also alluded to other traumas from early years which he did not divulge.
He describes reasonable social function, ststes that he has a freind called Dorothy with whom he spends a lot of time.
Thomas reports that he spends time at home playing the guitar and this helps him to relax and to distract from distressing experiences.

Thomas feels that his medication is not as effective as it might be and requested a review.
Thomas has been allocated to Dr Shastry, plan to contact Dr Shastry and arrange opa for above
Also discussed possible furture therapy perhaps focussing on trauma and agreed to look at this specifically with Thomas to gain more information and rationale for psychology referral.

10 Oct 2023 11:00	Base: Paul McDermott (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 13 Oct 2023 10:31

Activity: Record Keeping (20 minutes) Record Keeping with Patient Record
Patient Contact: 0 minutes Total Contact: 20 minutes

17 Oct 2023 14:51	NHS Premises: Hayley Kirk (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Appointment Letter to Mr Thomas Murphy

17 Oct 2023 14:52	NHS Premises: Hayley Kirk (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Appointment Letter to Mr Thomas Murphy

24 Oct 2023	Surgery: Mrs Victoria Burton (Manager)	Entered: 25 Oct 2023 08:39

Clinic Letter to The Grange Medical Centre

24 Oct 2023	Surgery: Mrs Victoria Burton (Manager)	Entered: 25 Oct 2023 08:46

Psychiatry care plan (XaK5Y) - increased aripiprazole to 20mg once daily and mirtazapine to 30mg at night (Ongoing Episode)

24 Oct 2023 10:30	Base: Paul McDermott (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 25 Oct 2023 09:57

Progress note:

Seen in out patients with Dr Shastry at Church View.
Thomas spoke at length about his voices during the appointment. Family issues and day to day activity. Aripiprazole increased to 20mg due to psychosis becoming more promnent for Thomas.
Next contact with Thomas is 15/11 at 11am bhh

24 Oct 2023 11:00	Base: Paul McDermott (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 25 Oct 2023 09:47

Activity: Record Keeping (20 minutes) Record Keeping with Patient Record
Patient Contact: 0 minutes Total Contact: 20 minutes

24 Oct 2023 11:00	NHS Premises: Sandeep Shastry (Clinical Practitioner Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 24 Oct 2023 16:01

Paranoid schizophrenia (E103.) - (Added from Questionnaire)

Activity: Treatment - Therapeutic Intervention - medical treatments (30 minutes) Face to face with Patient
Activity: Medicinal Intervention - prescribing (5 minutes) Face to face with Patient
Activity: Record Keeping (30 minutes) Administration note with Patient Record
'Medical Care Plan' - questionnaire amended
Patient Contact: 35 minutes Total Contact: 65 minutes

24 Oct 2023 11:00	NHS Premises: Sandeep Shastry (Clinical Practitioner Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 24 Oct 2023 16:02

Progress note:

Reviewed in outpatient clinic. Please see medical care plan for details.

24 Oct 2023 14:06	NHS Premises: Hayley Kirk (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Outcome recorded: Attended - Further Appointment to be Made Later - Appointment 24 Oct 2023 11:00 - 11:30

24 Oct 2023 15:13	Base: Jane Robson (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Medical Care Plan - questionnaire started - (finalised: 24 Oct 2023 11:00)
Activity: Record Keeping Administration note with Patient Record

24 Oct 2023 16:14	Base: Jane Robson (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Letter Sent to Dr James Johnston
Activity: Record Keeping Administration note with Patient Record

25 Oct 2023 08:39	Surgery: Mrs Victoria Burton (Manager)

Aripiprazole 10mg tablets - 56 tablet - two od
Ended 04 Feb 2024 Re-Authorised by Sandra Okoli
Mirtazapine 30mg tablets - 28 tablet - nocte
Ended 04 Feb 2024 Re-Authorised by Sandra Okoli

26 Oct 2023 08:09	Surgery: Mrs Victoria Burton (Manager)

Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

06 Nov 2023 12:23	Surgery: Mrs Yvonne Graham (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

15 Nov 2023 11:00	Base: Paul McDermott (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 16 Nov 2023 11:03

Activity: Record Keeping (20 minutes) Record Keeping with Patient Record
Patient Contact: 0 minutes Total Contact: 20 minutes

15 Nov 2023 11:00	Base: Paul McDermott (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 16 Nov 2023 11:15

Progress note:

ETE

Met with Thomas today as planned.
Thomas began by showing me a solicitors letter regarding his mums estate, broadly stating that the solicitor in question were not willing to act in Thomas' interests because of his position regarding execution of the estate. Thomas spoke at some length and with anger towards his perceived anger at them for tricking his late mother out of thousands of pounds.

Thomas still deccribes ongoing hallucinations and delusional beliefs around hearing voices from Glasgow. No indication of Thomas having intention to act upon voices and thoughts, which he describes as thought insertions. Describes some commands to harm self/suicide, which he states he will not act upon. No thoughts to harm others. In spite of Thomas' antipathy towards his family he was generally pollite and amiable. Mood statble, descibe as euthimic. Speech normal in all modes although difficult to interrupt at times but aminable when necessary to do so. Insight remains questionable regarding internal experiences (voices/delusions) Thomas still reffers to having some device implanted in his head to enable reciept of thoughts and voices.
Thomas in however receptive to dicussions which counternance a cause for his experiences of mental illness rather than what is described above.
Next appointment 29/11 hv.

28 Nov 2023 12:44	Surgery: Miss Hayley Curtis (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

29 Nov 2023 11:00	Client's Home: Paul McDermott (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 29 Nov 2023 16:20

Activity: Record Keeping (20 minutes) Record Keeping with Patient Record
Progress note:

ETE.

Hv as agreed.
Thomas was at home, coincidentally a freind came to see Thamas to fix his boiler. thomas was happy to continue the discussion.
Thomas lives alone in a one bedroomed flat which is clean, tidy and well furnished.
He described having good and bad moments, states that he has periods when he fels down and low, having fleeting suicidal thoughts, in part driven by psychotic experiences but no intention or compulsion to act on these voices.
Thomas spent time showing me some of his talents as a musician and playes a few songs while i was there.
In general in good spirits, no overt signs of pshchosis objectively observed but described as ongoing by Thomas.
Thomas feels that his medication is at an acceptable level currently and does not feel a need for any further increase in dose.
No new risk indentified.
Next appointment 14/12 at 11am.

Patient Contact: 0 minutes Total Contact: 20 minutes

14 Dec 2023 11:30	Base: Paul McDermott (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 16 Dec 2023 13:56

Activity: Record Keeping (20 minutes) Record Keeping with Patient Record
Patient Contact: 0 minutes Total Contact: 20 minutes

14 Dec 2023 13:56	Base: Paul McDermott (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 16 Dec 2023 15:14

Progress note:

ETE

Met with Thomas at his home. He spoke about some ongoing stressors in his life, in particular an ongoing dispute between Thomas and his siblings over his mothers estate.
Thomas described struggling with sleep and feelings of anger towards his family.
Thomas knows of the consequences of acting upon any thoughts of harming particular family members and states

that he wouldnt follow up in this way as he believes this would 'make them happy' were he to be re-imprisoned for such an offence.
Thomas describes voices and delusional beliefs but states no command hallucinations and appeas to have some insight.
He denied any sidee effects from the oral medication he is taking and he remains fully concordant.
Time supporting Thomas offered exploring relaxation techniques and Thomas showed me some tunes he had learned playing his guitar.
No new risks identified.
Next contact will be in new year, to be arranged.

19 Dec 2023 11:54	Surgery: Mrs Yvonne Graham (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

04 Jan 2024 16:13	Base: Paul McDermott (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Activity: Record Keeping (20 minutes) Record Keeping with Patient Record
Progress note:

ETE
Called Thomas on number provided on s1. Message left requesting call back to enhanced team.

Patient Contact: 0 minutes Total Contact: 20 minutes

08 Jan 2024 09:00	Base: Paul McDermott (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 08 Jan 2024 09:44

Activity: Record Keeping (20 minutes) Record Keeping with Patient Record
Progress note:

ETE
Tc appointment arranged for 11/01 at 10.30.

Patient Contact: 0 minutes Total Contact: 20 minutes

11 Jan 2024 08:34	Base: Paul McDermott (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 12 Jan 2024 08:50

Progress note:

ETE.
Met Thomas at home.
He reports ongoing stress in dealing with the executorship of his mothers will and arguments which are continuing between diffierent family members. This appears to be making Thomas rather angry and he can become animated when describing these issues.
Otrherwise when i diverted the conversation Thomas was bright and sociable, in conversation he was coherent throughout. Thomas from time to time made reference to voices which were happening while we were conversing. These voices would comment on the flow of conversation between the two of us but did not create any distraction for Thomas that was evident. He continues to function day to day to a high level. Thomas stated that he is thinking about going to work for network rail. Stated he has a freind there who may be able to get him an opportunity to work nights.
Thomas stated that his medication had not had much impact on the voices but does state that he is sleeping better and in spite of external issues is able to relax more easily.

Continues to enjoy playing the guitar. Spends time with freinds. No alcohol or drugs. No significant current risk to self or others.

Further contact arranged for tuesday 6 feb at 1100 hv

11 Jan 2024 11:00	Base: Paul McDermott (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 12 Jan 2024 08:34

Activity: Record Keeping (20 minutes) Record Keeping with Patient Record

Patient Contact: 0 minutes Total Contact: 20 minutes

11 Jan 2024 11:10	Surgery: Mrs Susan Brammer (Medical Secretary Access Role)

Clinic Letter to Unknown

11 Jan 2024 11:23	Surgery: Mrs Susan Brammer (Medical Secretary Access Role)

Mental health monitoring second letter (XaJuV)

22 Jan 2024 09:50	Surgery: Mrs Yvonne Graham (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 168 capsule - 3 twice daily
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

31 Jan 2024 17:47	Surgery: Mrs Cher Wei Chua (Pharmacist)

Seen by clinical pharmacist (Y20a6)
Other medication management (XaJr2)
Plan (XaIVg)
bloods not done, tasked
meds review to discuss switching statin to Atorvastatin
Mobile telephone number: 07751 963544
Pathology Request (Request Sent):
HbA1c (Requested), Cholesterol, HDL, ratio and non-HDL Chol (Requested), Full Blood Count (Requested), Liver profile (Requested), Urea and Electrolytes (Requested)

01 Feb 2024 08:38	Surgery: Kerrie Harkin (Receptionist Access Role)
01 Feb 2024 08:42	Surgery: Kerrie Harkin (Receptionist Access Role)

Patient telephone number (9159.) - 07751 963544
Short message service text message sent to patient (XaMiI)

Dear Mr Thomas Murphy,
Can you please contact the surgery to book a blood test, followed by a Medication Review with the pharmacist group. Please call to book on 01977610009, option 1
Thanks, Reception Team
The Grange Medical Centre

01 Feb 2024 08:48	Kinsley Health Centre, Surgery: Joanne Hudson (Receptionist Access Role)
02 Feb 2024 14:24	Surgery: Mrs Susan Brammer (Medical Secretary Access Role)

Mental health monitoring second letter (XaJuV)
Clinic Letter to Unknown

04 Feb 2024 18:39	Surgery: Sandra Okoli (Pharmacist)

Drug monitoring done (XaJKO)
Gabapentin (dnj..)
Pain management (Xa0iE)
Patient given advice (8CA..) (New Episode)
Advice on drugs of addiction (XE1TQ)
Patient advised about driving (XaE4R)
At risk state (Xa1qc)
Indication for (Xa4H1) - nerve pain - 600mg twice a day

Drug (x00xm)
Reducing dose prescribed (8B25.) - af=greed to reduce the dose to 600mg twice a day and review in 6 months or sooner
Raising awareness of risks (Ua1NI)
Drug interactions considered as new drugs added (XaJKA)
Advice on drugs of addiction (XE1TQ)
Advice to continue with drug treatment (XaAsN)
Enjoys moderate exercise (1384.)
Nicotine-filled electronic cigarette user (Y37a3)
Opioid medication review (Y3c76)
Lifestyle counselling (XaEFY)
Lower risk drinking (XaXjf)
Diet good (XaCIx)
Pain management (Xa0iE)
Checking drug (Ua1KF)
Opioid (X796O) - nerve and spine pain - 30/500 4 caps a day
Opioid (X796O) - co-codamol 30/500 2caps twice a day
At risk state (Xa1qc)
Raising awareness of risks (Ua1NI)
Drug interactions considered as new drugs added (XaJKA)
Self-administration of medication (Ua1VE)
Drug compliance good (8B3E.)
Able to manage medication (Xa2yC)
Structured medication review (Y282b)
Medication review done by clinical pharmacist (Y20a8)
Medication review with patient (XaJCO)
Indication for each drug checked (XaJJx)
No significant drug interactions (XaJKN)
Overview Notes (Y0028)
Tc with pt
Id confirmed
Self introduction made
Pt booked for med review. mirtazapine, propranolol and aripiprazole - mental health
Medication and dose clinically appropriate for the condition
Safety netted : pt aware when to seek medical attention
Pt has no concern and wishes to carry on taken the med as prescribed
Lifestyle advice reinforced
pt have appt for bt
Has shown no side effects from medication (XaJHr)
Patient understands why taking all medication (XaJKW)
No (Y0428)
Repeat medication check (9N73.)
Overview Notes (Y0028) - reduce to 1200mg a day but gave pt extra 8 caps should he needs to top up
Patient given advice (8CA..) (New Episode)
Appointment made at reception (9NB1.)
Safety observations (Ua2Ag)
Patient advised about driving (XaE4R)
Advice about drug treatment (Ua02Z)
Structured medication review (Y282b)
Repeat medication check (9N73.)
Medication review done (XaF8d)
Overview Notes (Y0028) - bt blood test booked already
Patient given advice (8CA..) (New Episode)
Medication review done (XaF8d)
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

04 Feb 2024 19:02	Surgery: Sandra Okoli (Pharmacist)

Short message service text message sent to patient (XaMiI)

Dear Mr Murphy,
As discussed, the leaflet below is about reducing dose of gabapentin....

https://www.knowledgeanglia.nhs.uk/LinkClick.aspx?fileticket=GDZEsgccETc%3d&tabid=308&portalid=1&mid=971
SANDRA OKOLI (CLINICAL PHARMACIST)
The Grange Medical Centre
Scheduled to send on 05/02/2024 08:00:00
Patient telephone number (9159.) - 07751 963544

04 Feb 2024 19:06	Surgery: Sandra Okoli (Pharmacist)

Aripiprazole 10mg tablets - 56 tablet - two od
Ended 17 Jan 2025 Re-Authorised by Dr Fernando Herrero
Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
Ended 11 Oct 2024 Re-Authorised by Dr Fernando Herrero
Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
Ended 17 Jan 2025 Re-Authorised by Dr Fernando Herrero
Gabapentin 300mg capsules - 120 capsule - Two twice a day
Ended 11 Oct 2024 Re-Authorised by Dr Fernando Herrero
Mirtazapine 30mg tablets - 28 tablet - nocte
Ended 17 Jan 2025 Re-Authorised by Dr Fernando Herrero
Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
Ended 17 Jan 2025 Re-Authorised by Dr Fernando Herrero
Simvastatin 40mg tablets - 28 tablet - take one at night
Ended 17 Jan 2025 Re-Authorised by Dr Fernando Herrero
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

05 Feb 2024 17:05	Surgery: Joanne Hudson (Receptionist Access Role)
13 Feb 2024 15:01	Surgery: Sharron Andrassy (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

15 Feb 2024 10:35	Surgery: Mrs Jane Attwood (Healthcare Assistant)

Informed consent given (XaLQR)
Blood sample taken (XaEJK) - Venous blood obtained from right arm pt ok.

15 Feb 2024 10:36	Surgery: Auto-filed	Entered: 16 Feb 2024 12:25

Clinical Information: Reasons for Request: annual.
Serum non high density lipoprotein cholesterol level (XabE1) 5.2 mmol/L
Serum cholesterol/HDL ratio (XaEUq) 5.8 mmol/mmol
Serum cholesterol level (XE2eD) 6.3 mmol/L
Serum HDL cholesterol level (44P5.) 1.09 mmol/L - Refer to NICE guideline CG181 for further information
Serum lipid levels (XE2q7)
Serum lipid levels Report, Normal, No Further Action. Review done by Dr Fiaz Choudhary - 16 Feb 2024 13:30

15 Feb 2024 10:36	Surgery: Auto-filed	Entered: 16 Feb 2024 12:25

Clinical Information: Reasons for Request: annual.
Serum sodium level (XE2q0) 141 mmol/L [133 - 146]
Serum potassium level (XE2pz) 4.9 mmol/L [3.5 - 5.3]
Urea and electrolytes (X77Wi)
eGFR using creatinine (CKD-EPI) per 1.73 square metres (XacUK) 72 mL/min
Calculated eGFR is not valid in children or pregnancy.
Less accurate with acute change in creatinine (AKI).
Caution with high or low muscle mass or amputation.
Avoid blood sampling within 12 hours of eating meat.
eGFR from CKD-EPI 2009 equation, enzymatic Creat. assay
Acute kidney injury warning stage (XabmE) 0 (stage) - AKI Stage 0 - Report without Alert (6)
Serum urea level (XM0lt) 5.2 mmol/L [2.5 - 7.8]
Serum creatinine level (XE2q5) 100 umol/L [59 - 104]

Urea and electrolytes Report, Normal, No Further Action. Review done by Dr Fiaz Choudhary - 16 Feb 2024 13:30

15 Feb 2024 10:36	Surgery: Auto-filed	Entered: 16 Feb 2024 12:25

Clinical Information: Reasons for Request: annual.
Serum albumin level (XE2eA) 48 g/L [35 - 50]
Serum alkaline phosphatase level (XE2px) 95 iu/L [30 - 130]
Liver function tests (X77WP)
Serum alanine aminotransferase level (XaLJx) 27 iu/L [< 40]
Serum bilirubin level (44E..) 6 umol/L [< 21]
Liver function tests Report, Normal, No Further Action. Review done by Dr Fiaz Choudhary - 16 Feb 2024 13:30

15 Feb 2024 10:36	Surgery: Auto-filed	Entered: 15 Feb 2024 18:55

Clinical Information: Reasons for Request: annual.
Total white blood count (XaIdY) 8.2 10^9/L [4 - 13]
Platelet count - observation (42P..) 222 10^9/L [135 - 400]
Full blood count (424..)
Haemoglobin concentration (Xa96v) 144 g/L [130 - 180]
Haematocrit (X76tb) 0.43 [0.4 - 0.54]
Mean cell haemoglobin level (XE2pb) 29.3 pg [27 - 35]
Red blood cell count (426..) 4.92 10^12/L [4.5 - 6]
Mean cell volume (42A..) 87.4 fL [80 - 98]
Nucleated red blood cell count (4266.) 0 10^9/L [< 0]
Red blood cell distribution width (XE2mO) 13.6 % [0 - 14]
Neutrophil count (42J..) 4.63 10^9/L [2 - 7.5]
Mean cell haemoglobin concentration (429..) 33.5 g/dL [30 - 35] - This value has been converted from: 335.0 g/L
Eosinophil count - observation (42K..) 0.13 10^9/L [0.04 - 0.4]
Basophil count (42L..) 0.03 10^9/L [0 - 0.1]
Lymphocyte count (42M..) 2.62 10^9/L [1 - 4]
Monocyte count - observation (42N..) 0.79 10^9/L [0.2 - 0.8]
Full blood count Report, Normal, No Further Action. Review done by Dr Fiaz Choudhary - 16 Feb 2024 09:29

15 Feb 2024 10:36	Surgery: Auto-filed	Entered: 16 Feb 2024 04:49

Clinical Information: Reasons for Request: annual.
Haemoglobin A1c level - IFCC standardised (XaPbt) 38 mmol/mol - Refer to diabetes.org.uk for further information
Haemoglobin A1c level - IFCC standardised Report, Normal, No Further Action. Review done by Dr Fiaz Choudhary - 16 Feb 2024 09:29

16 Feb 2024 09:29	GP Surgery: Dr Fiaz Choudhary (Salaried General Practitioner)
16 Feb 2024 09:29	GP Surgery: Dr Fiaz Choudhary (Salaried General Practitioner)
16 Feb 2024 13:30	GP Surgery: Dr Fiaz Choudhary (Salaried General Practitioner)

Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

28 Feb 2024 10:30	Base: Paul McDermott (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 28 Feb 2024 14:38

Activity: Record Keeping (20 minutes) Record Keeping with Patient Record
Progress note:

ETE.

Met Thomas at home. Reports that he is generally stable, stated that he is ongoing with dealings around his mothers estate. Stated that he is awaiting a decision from ah insurers regading various issues. Thomas continues to take good care of himself. Clean and tidy, home also is clean and tidy. Thomas continues to play the guitar.
Reports ongoing voices and delusional beliefs, voices which seem to interract with the surroundings. This improves when Thomas is engaged in playing music.
Thomas reports that he is eating well and stated that he has put a little weight on. Discussed that this may be attributable to the mirtazepine as it can over stimulate appetite. Thomas added that he has been sleeping on his settee which is very short, Thomas then shared an experience with me about how a fellow inmate with a notorious reputation would say to him. "im going to tuck you up in bed" Thomas then revealed to me that this was a prison expression for murdering someone. Thomas stated that he often thinks about these moments and when in bed gets flashbacks to the man saying what he did.
Thomas stated that he has times where he feels overwheled by events and his emotions and described breaking down and crying. Thomas denied any suicidal ideation nor any self harm thoughts. His speech was relevant and coherent throughout, no concerns evident. Some psychosis referred to when in conversation, Thomas stated that he will hear a voice intervening in conversations when he is talking to others, Thomas will openly describe what is happening as and when it does.

In general he feels that the frequency and intensity of these voices have subsided since engagement with ETE.
PLAN.
Ask Dr Shastry to consider anti depressant.
Discuss in supervision re possibility of trauma therapy with Suzanne.

Patient Contact: 0 minutes Total Contact: 20 minutes

07 Mar 2024 11:07	Greenview Medical Centre, Surgery: Mrs Lorraine Stirland-Brown (Receptionist Access Role)
07 Mar 2024 13:23	NHS Premises: Andrea Law (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Appointment Letter to Mr Thomas Murphy

08 Mar 2024 14:47	Surgery: Bridget Kelsall (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

19 Mar 2024	Surgery: Miss Karen Matysiak (Manager)	Entered: 19 Mar 2024 11:42

Clinic Letter to Dr James Johnston

19 Mar 2024	Surgery: Miss Karen Matysiak (Manager)	Entered: 19 Mar 2024 11:42

will arrange a further appt at the request of care co-ordinator
Did not attend (Xa1kG) (Ongoing Episode)

19 Mar 2024 11:00	NHS Premises: Sandeep Shastry (Clinical Practitioner Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 19 Mar 2024 13:57

Progress note:

DNA outpatients. Further appointment to be made at request of CC.

19 Mar 2024 11:00	NHS Premises: Sandeep Shastry (Clinical Practitioner Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 19 Mar 2024 13:56

Activity: Record Keeping (10 minutes) Administration note with Patient Record
Patient Contact: 0 minutes Total Contact: 10 minutes

19 Mar 2024 11:00	Base: Paul McDermott (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 20 Mar 2024 09:32

Activity: Record Keeping (20 minutes) Record Keeping with Patient Record
Progress note:

ETE

Thomas Dna'd his opa with Dr Shastry. I contacted Thomas and he apologised, stated that the appointment had slipped his mind. He added that he has had major treatment at the dentist and has been taking pain killers as a result so feeling physically unwell. Otherwise in conversation seemed settled although reporting stress as a result of ongoing issues with his deceased mothers estate and Thomas being the executor of the estate.
Nothing untoward noted from the appointment.
Further appoinment made 3rd April, hv. 1100

Patient Contact: 0 minutes Total Contact: 20 minutes

19 Mar 2024 11:00	Church View Health Centre, Surgery: W ENHAN E Medic6 Entered at: SWYFT - Wakefield Mental Health Community	Entered: 19 Mar 2024 13:35

Did not attend for Clinic appointment with W ENHAN E Medic6.
Did not attend (Xa1kG)

19 Mar 2024 11:18	Base: Jane Robson (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

GP Letter to Dr James Johnston
Activity: Record Keeping Administration note with Patient Record

19 Mar 2024 13:35	NHS Premises: Hayley Kirk (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Outcome recorded: Further Appointment to be Made at a Later Date - Appointment 19 Mar 2024 11:00 - 11:30

03 Apr 2024 11:30	Base: Paul McDermott (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 08 Apr 2024 14:50

Activity: Record Keeping (20 minutes) Record Keeping with Patient Record
Patient Contact: 0 minutes Total Contact: 20 minutes

03 Apr 2024 11:30	Base: Paul McDermott (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 08 Apr 2024 14:55

Progress note:

ETE

Met Thomas at his home.
He was in good spirits throughout albeit reporting some situational stress regarding ongoing issue with crimila proceeding against him. Thomas had written a letter of complaint he wanted to submit to the IPCC about percieved wrongdoings from his perspective. Thamas asked for some support to re word this which i offered. This took up most of our time as the letter he wrote was over 7 pages long.
Non new mental health concerns. No new risks noted.
Further contact in 4 weeks.

04 Apr 2024 12:54	Surgery: Mrs Beverley Kirkham (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

08 Apr 2024 14:45	Base: Paul McDermott (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Case management risk assessment score (XaLWw) 1 - (Added from Questionnaire)
Risk Assessment - Current & Historical Risks - questionnaire started - (finalised: 08 Apr 2024 14:45)
Activity: Record Keeping (20 minutes) Record Keeping with Patient Record
Patient Contact: 0 minutes Total Contact: 20 minutes

23 Apr 2024 10:37	Base: Paul McDermott (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community

Health of the Nation Outcomes scale item 12 - occup/activit (Xa1eE) 0 - (Added from Questionnaire)
SAC Rating A Score : H/O Agitated behaviour / expansive mood (Y11ed) 3 - (Added from Questionnaire)
Health of the Nation Outcome Scale item 4 - cognitive probl (Xa1e5) 0 - (Added from Questionnaire)
Health of the Nation Outcome Scale item 3 - alcoh/drug probl (Xa1e4) 0 - (Added from Questionnaire)
Health of the Nation Outcome Scale item 6 - hallucinat/delus (Xa1e8) 3 - (Added from Questionnaire)
Health of Nat Outc Sc item 1 - aggressive/disrupt behaviour (Xa1e1) 2 - (Added from Questionnaire)
Psychotic disorder (X00S6) - (Added from Questionnaire)
Old episode (XM0EC) - (Added from Questionnaire)
Health of Nation Outcome Scale item 10 - activit daily liv (Xa1eC) 0 - (Added from Questionnaire)
Health of Nation Outcome Scale item 9 - relationship probl (Xa1eB) 0 - (Added from Questionnaire)
Health of Nat Outc Scale item 2 - non-accidental self injury (Xa1e3) 0 - (Added from Questionnaire)
Group J (X90Sd)
Schizophrenia (Eu20.) - (Added from Questionnaire)
Symptom severe (1D74.) - (Added from Questionnaire)

Health of Nation Outcome Scale item 5 - phys illn/disabil (Xa1e7) 2 - (Added from Questionnaire)
Health of Nat Outcome Scale item 8 - other ment/behav probl (Xa1eA) 0 - (Added from Questionnaire)
Health of the Nation Outcome scale item 11 - living condit (Xa1eD) 0 - (Added from Questionnaire)
Health of the Nation Outcome Scale item 7 - depressed mood (Xa1e9) 2 - (Added from Questionnaire)
HoNOS Outcomes Tool - questionnaire started - (finalised: 23 Apr 2024 10:37)
Activity: Record Keeping (20 minutes) Record Keeping with Patient Record
Patient Contact: 0 minutes Total Contact: 20 minutes

24 Apr 2024 11:00	Base: Paul McDermott (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 25 Apr 2024 14:42

Activity: Record Keeping (20 minutes) Record Keeping with Patient Record
Patient Contact: 0 minutes Total Contact: 20 minutes

24 Apr 2024 14:42	Base: Paul McDermott (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 25 Apr 2024 15:31

Progress note:

Met Thomas at home. He began by describing ongoing issues with his mothers estate. Continues to recieve letters from solicitors, finance companies ect who are investigating Thomas' allegations of wrongdoing by other family members in releasing equity in the property prior to his mothers death. Thomas then became executor of her will and will not sign off on this until this has been investigated.
Thomas stated that this is causing him a lot of stress, he later informed me that he is drinking more at the moment and admitted to drinking 8 cans of beer yesterday, while present with me Thomas opened a can of cider. Thomas added that he feels he needs this with everything that was happening. I raised a concern at the timing of this drink (just after 11am) Thomas stated that this was not a normal pattern of drinking for him and was just a one off, denying any lasting difficulty with alcohol.
Thomas otherwise stated that he was functioning well. Mood was bright, relaxed with positive interactions. Thomas states he is keeping himself busy with keeping fit and playing music. He subjectively describes ongonig issues with voice hearing and delusional beliefs that his thoughts and eyes are being controlled and described other possible paranoia about his brother in Scotland being involved in a plan with his sister over his mothers estate to deprive him. there was no evidence of any psychotic phenomena face to face, no thought blocking, speech was clear and coherent throughout.
No distractability, no obvious interactions with unseen influences.
No issues with cognition or memory.
Thomas still contests that his pschosis is based in reality and affirms that his thoughts are controlled and influenced by charicters from the gang world in Glasgow.

I have discussed discharge with Thomas. Agreed however to continue a further period of monitoring as Thomas describes ongoing stress and feels that there may be poteintial to relapse as and when the issue with his deceased mothers estate comes to a resolution one way or another.

Next contact 23rd may 11am.

30 Apr 2024 12:48	Surgery: Bridget Kelsall (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

23 May 2024 11:00	Base: Paul McDermott (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 23 May 2024 15:57

Activity: Record Keeping (20 minutes) Record Keeping with Patient Record
Progress note:

ETE

Home visit to Thomas.Thomas appeared physically and mentally well. He chatted at length about numerous issues to do with the processing of his deceased mothers estate having recieved a letter which Thomas did not feel support his view that his mum did not have capacity when she remortgaged her home with her son (Thomas' brother)Thomas states that he is worried about his daughter whom he met for the first time in the last 6 years.
He stated that he was worried because she has been using drugs and he is worried that the poeple who associate with his daughter are out to plot against him.
Thomas stated that he thinks him meeting his daughter might be some kind of test or trap as he is aware of her associates.
Thomas did also report that he has been experiencing thoughts and voices from perople in Glasgow (believed to be Glasgow gangsters) telling him things about his brother with whom he has his ongoing family feud.
Thomas stated that he continues to take his medication, stated that he is eating and drinking well and added that he is sleeping well.
Mood in general appears bright and sociable. Reactive throughout.
Next contact in 4 weeks. 24/06 at 1100

Patient Contact: 0 minutes Total Contact: 20 minutes

30 May 2024 12:58	Surgery: Miss Olivia Abel (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

24 Jun 2024 11:30	Client's Home: Paul McDermott (Nurse Access Role) Entered at: SWYFT - Wakefield Mental Health Community	Entered: 24 Jun 2024 15:45

Activity: Record Keeping Administration note with Patient Record
Progress note:

Hv.

Thomas appears physically and mentally well. He described feeling like his voices were as well managed as they ever have been. He states that he still experiences auditory and vsiual hallucinations but adds that he is always able to divert and distract his attention away from these internal experiences and has developed a helpful range of coping statergies at such times such as playing the guitar, going out for walks and spending time with freinds.
Thomas still described ongoing issues with his deceased mothers estate and stated that he has recieved letters from solicitors recently will financial demands.
Thomas stated that he is eating and sleeping well.
Mood appears reactive and euthymic.
Speech was normal in all modes.
No cognitive deficits and no psychotic symptoms observed but described, as detailed above. No distractability evident in conversation.
He was orientated to time place and pereson.
Reports that he is continuing to take all prescribed medications for his mental health and stated that he is only using minimal alcohol and very rare use of cannabis.
Breif advice offered to Thomas with respect of increased psychosis risk and cannabis use.
We discussed future planning around mental health and agreed that discharge back to primary care would be indicated at this point in Thomas' care.
Thomas understands that i will write to his gp detailing the outcome and advise that he can be re referred back to mental health services at any point in the future should his mental health deteriorate for any reason.

26 Jun 2024	Surgery: Mr Joe Leeson (Admin/Clinical Support Access Role)	Entered: 01 Jul 2024 16:12

Clinic Letter to The Grange Medical Centre

26 Jun 2024	Surgery: Miss Karen Matysiak (Manager)	Entered: 01 Jul 2024 17:22

Patient does have psychotic episodes, but are well controlled, (patient has been given advice re this,

Discharged from follow-up (XM1T1) (Ongoing Episode)

26 Jun 2024 11:15	Base: Morwenna Edwards (Admin/Clinical Support Access Role) Entered at: SWYFT - Wakefield Mental Health Community

General Letter to Dr James Johnston
General Letter to Mr Thomas Murphy
Status Update for Adult Mental Illness Referral In: Discharged From Care, Status changed: 26 Jun 2024 11:39
Status Update for Adult Mental Illness Referral In: Discharged From Care, Status changed: 26 Jun 2024 11:39
Activity: Record Keeping Administration note with Patient Record
Progress note:

Discharged from ETE. DIscharge letters sent to Thomas and his GP.

02 Jul 2024 12:43	Surgery: Mrs Paula Bentham (Manager)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

04 Jul 2024 12:13	Surgery: Mrs Susan Brammer (Medical Secretary Access Role)

Mental health monitoring first letter (XaJuT)
Clinic Letter to Unknown

17 Jul 2024 16:40	Greenview Medical Centre, Surgery: Mrs. Jayne Robson	Entered: 17 Jul 2024 16:53

Did not attend for GP Surgery appointment with Mrs. Jayne Robson.
Did not attend (Xa1kG)

30 Jul 2024 15:58	Surgery: Mrs Susan Brammer (Medical Secretary Access Role)

Mental health monitoring second letter (XaJuV)
Clinic Letter to Unknown

31 Jul 2024 16:07	Surgery: Mrs Claire Leeson

Short form social support questionnaire (XaA71) - Added in bulk - veterans questionnaire

08 Aug 2024 08:04	GP Surgery: Richard Phillips (Specialist Nurse Practitioner)

Mental health annual physical examination done (XaJON)
Lower risk drinking (XaXjf)
Agreeing on mental health care plan (Xaa8p)
Mental health care plan status (XaJQE) - to reach out if worse note slketter from mh team june 2024 re next steps if required
Antipsychotic medication review (XaXmQ)
Diet average (XaCJ0)
Ex-smoker (Ub1na) - curren lty vaping
Misused drugs in past (Ub0ms)
Sexually active (Ub0oF)
Gets no exercise (Ub0o5)
Good oral hygiene (Xa0mJ)
Is stable (XaIEF)
Low suicide risk (XaIeX)
Lives in own home (13KD.) - ground mfloor flat
At risk of DSH - deliberate self harm: no (Y09a3)
Mental health review (XaIyU)
Mental health assessment (XaIYN) - despite been disacharged from secondary care mh he still reports ongoing suicidal ideation and dsh but he says he talks himself out of it
Has a carer (918F.) - karen croft

Normal mood (XaIJ4)
Memory function normal (X75xR)
No safeguarding issues identified (XaZwt)
Unemployed (13J7.)
Income sufficient to meet needs (Ua0L3)
O/E - weight (22A..) 79.9 Kg (~ 12 st 8 lb)
Examination of abdomen (Ua1EP) - nad
Examination of genitourinary system (XE1hY) - nad sexually active
Examination of ear, nose and throat (XE1i6) - nad although compleains of issues with throat nil on exam
Examination of respiratory system (XE1hD) - chest clear no sob soboe
Examination of skin (XE2rK) - nad tattoos and ankle tag
Examination of musculoskeletal structure (Xa2hh) - reports some stiffness and aches commiseratew with age
Low suicide risk (XaIeX)
Plan (XaIVg) - salivax
At risk of DSH - deliberate self harm: no (Y09a3)
Neurology examination interpretation (XM0A2) - no tremor
Nervous system and mental state general examination (28...)
mood stable at this time.
dry mouth likley aripiporazole
mentiosn has suicidal thoughs but alwaYS HAS THEM HE CHOOSES NOT TO ACT ON THEM
Jugular venous pressure no abnormality detected (XaXKa)
Pulse rate (X773s) 67 bpm - sat 99
Pulse regular (XM02J)
Body mass index - observation (22K..) 27.65 Kg/m²
Cardiovascular disease risk assessment done (XaPkZ)
Capillary refill time (XSFup) 2 Seconds
O/E - oedema not present (22C1.)
Examination of cardiovascular system (XE1hJ) - hs i+ii=0
Plan (XaIVg) - bloodsa ecg bp
Patient given advice (8CA..)
(R) Artificial saliva pastilles - 50 pastille - use as directed
145 / 100 mmHg
Artificial saliva pastilles - 50 pastille - use as directed
Ended 17 Jan 2025 Re-Authorised by Dr Fernando Herrero
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
Pathology Request (Request Sent):
HbA1c (Requested), Calcium/bone profile (Requested), Vitamin B12 (Requested), Full Blood Count (Requested), Ferritin (iron status) (Requested), Liver profile (Requested), Chol.Trig.HDL + LDL + ratio (Requested), Prostate Specific Antigen (Requested), Serum Folate (Requested), TSH (Requested), Urea and Electrolytes (Requested)
Pathology Request (Awaiting Sample):
Helicobacter pylori stool antigen (Postponed)
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

08 Aug 2024 13:17	Surgery: Sharron Andrassy (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

21 Aug 2024 08:12	Surgery: Auto-filed	Entered: 22 Aug 2024 04:49

Clinical Information: Reasons for Request: mh review.
Serum bilirubin level (44E..) 5 umol/L [< 21]
Serum albumin level (XE2eA) 48 g/L [35 - 50]
Serum alkaline phosphatase level (XE2px) 94 iu/L [30 - 130]

Serum alanine aminotransferase level (XaLJx) 18 iu/L [< 40]
Liver function tests (X77WP)
Liver function tests Report, Abnormal, Other (discuss statin and lipids). Review done by Richard Phillips - 22 Aug 2024 16:12

21 Aug 2024 08:12	Surgery: Auto-filed	Entered: 22 Aug 2024 04:49

Clinical Information: Reasons for Request: mh review.
Serum lipid levels (XE2q7)
Serum cholesterol level (XE2eD) 6 mmol/L
Serum triglyceride levels (XE2q9) 4 mmol/L [< 1.7] - Outside reference range
Serum non high density lipoprotein cholesterol level (XabE1) 4.8 mmol/L
Serum cholesterol/HDL ratio (XaEUq) 5 mmol/mmol
Serum HDL cholesterol level (44P5.) 1.19 mmol/L - Refer to NICE guideline CG181 for further information
Serum LDL cholesterol level (44P6.) 3 mmol/L
Serum lipid levels Report, Abnormal, Other (discuss statin and lipids). Review done by Richard Phillips - 22 Aug 2024 16:12

21 Aug 2024 08:12	Surgery: Auto-filed	Entered: 22 Aug 2024 04:49

Clinical Information: Reasons for Request: mh review.
Serum folate level (42U5.) 5.7 ng/ml [2.4 - 26.8]
Serum ferritin level (XE24r) 147 ng/ml [24 - 422]
Blood haematinic levels (XaDsm)
Serum vitamin B12 level (XE2pf) 307 ng/L [197 - 771]
Blood haematinic levels Report, Abnormal, Other (discuss statin and lipids). Review done by Richard Phillips - 22 Aug 2024 16:12

21 Aug 2024 08:12	Surgery: Auto-filed	Entered: 22 Aug 2024 04:49

Clinical Information: Reasons for Request: mh review.
eGFR using creatinine (CKD-EPI) per 1.73 square metres (XacUK) 78 mL/min
Calculated eGFR is not valid in children or pregnancy.
Less accurate with acute change in creatinine (AKI).
Caution with high or low muscle mass or amputation.
Avoid blood sampling within 12 hours of eating meat.
eGFR from CKD-EPI 2009 equation, enzymatic Creat. assay
Acute kidney injury warning stage (XabmE) 0 (stage) - AKI Stage 0 - Report without Alert (6)
Serum sodium level (XE2q0) 140 mmol/L [133 - 146]
Urea and electrolytes (X77Wi)
Serum potassium level (XE2pz) 4.4 mmol/L [3.5 - 5.3]
Serum creatinine level (XE2q5) 94 umol/L [59 - 104]
Serum urea level (XM0lt) 6.1 mmol/L [2.5 - 7.8]
Urea and electrolytes Report, Abnormal, Other (discuss statin and lipids). Review done by Richard Phillips - 22 Aug 2024 16:12

21 Aug 2024 08:12	Surgery: Auto-filed	Entered: 22 Aug 2024 04:49

Clinical Information: Reasons for Request: mh review.
Serum calcium level (XE2q3) 2.47 mmol/L
Serum adjusted calcium concentration (Xabpk) 2.47 mmol/L [2.2 - 2.6]
Bone profile (44Z2.)
Serum inorganic phosphate level (XE2q4) 1.08 mmol/L [0.8 - 1.5]
Bone profile Report, Abnormal, Other (discuss statin and lipids). Review done by Richard Phillips - 22 Aug 2024 16:12

21 Aug 2024 08:12	Surgery: Auto-filed	Entered: 21 Aug 2024 21:18

Clinical Information: Reasons for Request: mh review.
Haemoglobin A1c level - IFCC standardised (XaPbt) 35 mmol/mol - Refer to diabetes.org.uk for further information
Haemoglobin A1c level - IFCC standardised Report, Normal, No Further Action. Review done by Richard Phillips - 22 Aug 2024 16:22

21 Aug 2024 08:12	Surgery: Auto-filed	Entered: 21 Aug 2024 18:25

Clinical Information: Reasons for Request: mh review.
Neutrophil count (42J..) 3.66 10^9/L [2 - 7.5]
Lymphocyte count (42M..) 2.38 10^9/L [1 - 4]
Red blood cell distribution width (XE2mO) 13.9 % [0 - 14]
Mean cell haemoglobin level (XE2pb) 30.6 pg [27 - 35]
Mean cell haemoglobin concentration (429..) 33.3 g/dL [30 - 35] - This value has been converted from: 333.0 g/L
Monocyte count - observation (42N..) 0.87 10^9/L [0.2 - 0.8] - Outside reference range
Haematocrit (X76tb) 0.445 [0.4 - 0.54]
Basophil count (42L..) 0.04 10^9/L [0 - 0.1]

Nucleated red blood cell count (4266.) 0 10^9/L
Eosinophil count - observation (42K..) 0.18 10^9/L [0.04 - 0.4]
Full blood count (424..)
Red blood cell count (426..) 4.83 10^12/L [4.5 - 6]
Mean cell volume (42A..) 92.1 fL [80 - 98]
Platelet count - observation (42P..) 241 10^9/L [135 - 400]
Haemoglobin concentration (Xa96v) 148 g/L [130 - 180]
Total white blood count (XaIdY) 7.1 10^9/L [4 - 13]
Full blood count Report, Satisfactory, No Further Action. Review done by Richard Phillips - 22 Aug 2024 16:19

21 Aug 2024 08:12	Surgery: Auto-filed	Entered: 22 Aug 2024 04:49

Clinical Information: Reasons for Request: mh review.
Serum TSH level (XaELV) 1.73 miu/L [0.27 - 4.2]
Serum TSH level Report, Abnormal, Other (discuss statin and lipids). Review done by Richard Phillips - 22 Aug 2024 16:12

21 Aug 2024 08:12	Surgery: Auto-filed	Entered: 22 Aug 2024 04:49

Clinical Information: Reasons for Request: mh review.
Serum prostate specific antigen level (XabAM) 2.2 ug/L [< 4.4]
PSA related range as recommended by PHE Prostate Cancer
Risk Management Group.
Serum prostate specific antigen level Report, Abnormal, Other (discuss statin and lipids). Review done by Richard Phillips - 22 Aug 2024 16:12

21 Aug 2024 08:12	Surgery: Mrs Kirsty Hudson (Health Care Support Worker)

Infectious disease : prevention/control (XE1Sf)
Blood sample taken (XaEJK) - Venous bloods obtained from L arm PT Ok
Use of aseptic technique (Ua1Rc)
Referral to practice phlebotomist (XaKvU)
Informed consent given (XaLQR)

22 Aug 2024 08:05	Surgery: Mrs Victoria Burton (Manager)

Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

22 Aug 2024 12:54	Kinsley Health Centre, Surgery: Lisa Wilson (Receptionist Access Role)
22 Aug 2024 16:10	Surgery: Richard Phillips (Specialist Nurse Practitioner)

QRISK2 cardiovascular disease 10 year risk score (XaQVY) 17.35 %

22 Aug 2024 16:19	Surgery: Richard Phillips (Specialist Nurse Practitioner)
22 Aug 2024 16:21	Surgery: Richard Phillips (Specialist Nurse Practitioner)
02 Sep 2024 13:48	Surgery: Mrs Jennifer Reid (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Artificial saliva pastilles - 50 pastille - use as directed
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Request for 'Co-codamol 30mg/500mg tablets' by patient
Request for 'Gabapentin 300mg capsules' by patient
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

05 Sep 2024 07:38	Surgery: Dr James Johnston (General Medical Practitioner)

(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

13 Sep 2024 09:29	GP Surgery: Miss Mildred Ackon (Nurse Access Role)

Plan: Seen today for ECG, previous complaints of chest tightness and sometimes SOB
No cardiac related complaints at the time of of ECG
Safety netted and red flag advice given

No other concerns voiced at present
Chaperone present (XaEir) - Pt refused
12 lead ECG (XE1PZ)
ECG requested (3211.)
Informed consent for procedure (892..)
Advice given to person (Y0491) - No cardiac related complaints at the time of ECG.
ECG normal (3216.)
Pulse rate (X773s) 66 bpm
Pulse regular (XM02J)
142 / 78 mmHg

13 Sep 2024 09:35	Surgery: seca cardio 150	

Standard ECG (3212.)
Acrobat Document: Murphy-Thomas-DOB-20__May_1968 Taken 13_09_2024 at 09_35_18-500.pdf

20 Sep 2024 13:32	Surgery: Mrs Jennifer Reid (Receptionist Access Role)	

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Artificial saliva pastilles - 50 pastille - use as directed
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

28 Sep 2024 01:48	Surgery: Auto-filed	Entered: 28 Sep 2024 04:58

Bowel cancer screening programme: faecal occult blood result (XaPVj)
FOBT Non-Response. Sent when Discharged for non-response to initial
Test Kit
No response to bowel cancer screening programme invitation (XaPf6)
Bowel cancer screening programme: faecal occult blood result Report, Not responded to invitation, No Further Action. Review done by Mrs Claire Leeson (Manager) - 30 Sep 2024 14:57

30 Sep 2024	Surgery: Miss Karen Rushton (Manager)	Entered: 30 Sep 2024 14:43

Medical Reports to The Grange Medical Centre

30 Sep 2024 14:11	Surgery: Miss Karen Rushton (Manager)

Letter from Driver and Vehicle Licensing Authority received (XaN6Y)

30 Sep 2024 14:57	Surgery: Mrs Claire Leeson (Manager)
01 Oct 2024 14:20	GP Surgery: Mr Joe Leeson (Admin/Clinical Support Access Role)

Clinic Letter to Mr Thomas Murphy

01 Oct 2024 14:21	Surgery: Mr Joe Leeson

Bowel cancer screening programme invitation letter sent (XaZx5) - Added in bulk

11 Oct 2024 08:41	Surgery: Dr Fernando Herrero (General Medical Practitioner)

History: dvla forms done

11 Oct 2024 11:28	Surgery: Mrs Lorraine Stirland-Brown (Receptionist Access Role)
11 Oct 2024 11:56	Surgery: Mrs Lorraine Stirland-Brown (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Artificial saliva pastilles - 50 pastille - use as directed
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Request for 'Co-codamol 30mg/500mg tablets' by patient
Request for 'Gabapentin 300mg capsules' by patient
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

11 Oct 2024 13:31	Surgery: Dr Fernando Herrero (General Medical Practitioner)

Medication review done (XaF8d)
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
Ended 17 Jan 2025 Re-Authorised by Dr Fernando Herrero
Gabapentin 300mg capsules - 120 capsule - Two twice a day
Ended 17 Jan 2025 Re-Authorised by Dr Fernando Herrero
ETP2 FP10: Not Yet Printed - Signed
Request for 'Co-codamol 30mg/500mg tablets' by patient
Request for 'Gabapentin 300mg capsules' by patient
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

15 Oct 2024 13:58	Surgery: Miss Karen Rushton (Manager)

Letter sent to Driver and Vehicle Licensing Authority (XaN6X)
General Letter to invoice

06 Nov 2024 12:27	Surgery: Mrs Beverley Kirkham (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Artificial saliva pastilles - 50 pastille - use as directed
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

13 Nov 2024 09:38	Surgery: Mrs Jennifer Reid (Receptionist Access Role)

Community Pharmacy changed. Previous data: Cohens Chemist, 10 Market Street, Hemsworth, Pontefract WF9 4LA Tel: 01204 473161

13 Nov 2024 09:53	Surgery: Mrs Jennifer Reid (Receptionist Access Role)
25 Nov 2024 17:04	Surgery: Mrs Claire Leeson (Manager)

Severe acute respiratory syndrome coronavirus 2 vaccination invitation short message service text message sent (situation) (Y211f)

26 Nov 2024 09:49	Surgery: Mrs Claire Leeson (Manager)

SARS-CoV-2 vaccination declined (Y3b73)
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

04 Dec 2024 12:34	Surgery: Mrs Yvonne Graham (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Artificial saliva pastilles - 50 pastille - use as directed
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

23 Dec 2024 09:43	Surgery: Mrs Yvonne Graham (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Artificial saliva pastilles - 50 pastille - use as directed
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day

(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

16 Jan 2025 13:35	Surgery: Mrs Beverley Kirkham (Receptionist Access Role)

(R) Artificial saliva pastilles - 50 pastille - use as directed
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
ETP2 FP10: Not Yet Printed - Signed
Request for 'Simvastatin 40mg tablets' by patient
Request for 'Propranolol 40mg tablets' by patient
Request for 'Fenbid 5% gel (Advanz Pharma)' by patient
Request for 'Aripiprazole 10mg tablets' by patient
Request for 'Mirtazapine 30mg tablets' by patient
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

17 Jan 2025 16:46	Surgery: Dr Fernando Herrero (General Medical Practitioner)

Medication review done (XaF8d)
(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
Aripiprazole 10mg tablets - 56 tablet - two od
Ended 16 Jan 2026 Re-Authorised by Dr Sorubini Meenadchisundaram
Artificial saliva pastilles - 50 pastille - use as directed
Ended 13 Mar 2026 Re-Authorised by Dr Fernando Herrero
Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
Ended 13 Mar 2026 Re-Authorised by Dr Fernando Herrero
Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
Ended 16 Jan 2026 Re-Authorised by Dr Sorubini Meenadchisundaram
Gabapentin 300mg capsules - 120 capsule - Two twice a day
Ended 13 Mar 2026 Re-Authorised by Dr Fernando Herrero
Mirtazapine 30mg tablets - 28 tablet - nocte
Ended 16 Jan 2026 Re-Authorised by Dr Sorubini Meenadchisundaram
Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
Ended 16 Jan 2026 Re-Authorised by Dr Sorubini Meenadchisundaram
Simvastatin 40mg tablets - 28 tablet - take one at night
Ended 16 Jan 2026 Re-Authorised by Dr Sorubini Meenadchisundaram
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Request for 'Simvastatin 40mg tablets' by patient
Request for 'Propranolol 40mg tablets' by patient
Request for 'Fenbid 5% gel (Advanz Pharma)' by patient
Request for 'Aripiprazole 10mg tablets' by patient
Request for 'Mirtazapine 30mg tablets' by patient
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

10 Feb 2025 08:23	Surgery: Mrs Yvonne Graham (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Artificial saliva pastilles - 50 pastille - use as directed
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day

(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

26 Feb 2025	Surgery: Mrs Victoria Burton (Manager)	Entered: 27 Feb 2025 08:43

Clinic Letter to The Grange Medical Centre

26 Feb 2025	Surgery: Mrs Victoria Burton (Manager)	Entered: 27 Feb 2025 08:46

Out of Hours to Dr James Johnston

26 Feb 2025	Surgery: Mrs Victoria Burton (Manager)	Entered: 27 Feb 2025 08:46

NHS 111 report received (Xaafq) (Ongoing Episode)

26 Feb 2025	Surgery: Mrs Victoria Burton (Manager)	Entered: 27 Feb 2025 08:45

Seen by ambulance crew (XaPCc) - no conveyed by YAS (New Episode)

05 Mar 2025 12:47	Surgery: Mrs Beverley Kirkham (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Artificial saliva pastilles - 50 pastille - use as directed
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

31 Mar 2025 13:06	Surgery: Mrs Jennifer Reid (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Artificial saliva pastilles - 50 pastille - use as directed
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

06 May 2025 13:02	Surgery: Mrs Jennifer Reid (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Artificial saliva pastilles - 50 pastille - use as directed
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

04 Jun 2025 13:12	Surgery: Mrs Beverley Kirkham (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Artificial saliva pastilles - 50 pastille - use as directed

(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

07 Jul 2025 14:10	Surgery: Mrs Jennifer Reid (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Artificial saliva pastilles - 50 pastille - use as directed
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

30 Jul 2025 11:08	Surgery: Miss Hayley Curtis (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Artificial saliva pastilles - 50 pastille - use as directed
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

26 Aug 2025 13:40	Surgery: Mrs Paula Bentham (Manager)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Artificial saliva pastilles - 50 pastille - use as directed
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

04 Sep 2025 08:15	Greenview Medical Centre, Surgery: Kerrie Harkin (Receptionist Access Role)

Informal referral - signposted to other agency (XaXR2)
Telephone call from a patient (Xalgb)
Patient contact administration (XaBX8)
Signposting to nurse practitioner (XagOm)

04 Sep 2025 10:40	GP Surgery: Steven Agar (Specialist Nurse Practitioner)

Amoxicillin 500mg capsules - 15 capsule - take one 3 times/day
ETP2 Nurse Independent Prescriber FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary

Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

04 Sep 2025 10:50	Surgery: Steven Agar (Specialist Nurse Practitioner)

Consultation using Accurx Scribe on 04-09-2025 10:41

History:
Cough with green-grey phlegm for 7 days. Occurs up to 3 times daily. No fever but reports sweating. No blood in sputum. Pain in throat and ears. Difficulty eating and drinking. Aching in legs and hips. Strong-smelling, yellow urine. No stomach or back pain.

Examination:
Cardiovascular:
HR: 105bpm.

Respiratory:
Air entry bilateral. Widespread crepitations at both lung bases. Sats: 99% on room air.

ENT:
Ears:
Slight erythema at the base of the tympanic membranes bilaterally. No tragal or mastoid tenderness. No TM retraction or bulging.

Mouth + throat:
Slight red irritation at the back of the throat. No swollen tonsils or exudate.

Thyroid:
Thyroid gland symmetric, non-enlarged, smooth, without nodules or tenderness. No palpable masses.

Social:
Non-smoker for 9 years. Uses a vaping pen.

Impression:
Chest infection.

Plan:
- Prescribed Amoxicillin. Sent prescription to Lo's Chemist, South Elmsall .
- Advised plenty of fluids and paracetamol.
- Advised to monitor symptoms over the weekend. If worsening, contact 111, urgent treatment centre at Pontefract, or accident and emergency at Pinderfields.

Allergy:
No known allergies.

04 Sep 2025 11:46	Surgery: Mrs Susan Brammer (Medical Secretary Access Role)

Mental health monitoring first letter (XaJuT)
Clinic Letter to Unknown

18 Sep 2025 09:38	Surgery: Courtney Mckelvie (Receptionist Access Role)

Telephone call from a patient (XaIgb)
Signposting to GP (general practitioner) (XagO6)
Informal referral - signposted to other agency (XaXR2)
Patient contact administration (XaBX8)
Patient given advice NOS (8CAZ.)

19 Sep 2025 10:54	Surgery: Mrs Susan Brammer (Medical Secretary Access Role)

Mental health monitoring second letter (XaJuV)
Clinic Letter to Unknown
Diagnosis Marked in Error: Wrong data entered
19 Sep 2025 10:54, Mental health monitoring first letter (XaJuT),

24 Sep 2025 11:30	Surgery: Miss Olivia Abel (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Artificial saliva pastilles - 50 pastille - use as directed
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day

(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

02 Oct 2025 10:54	PATCHS: PATCHS

Appointment reminder received (SMS)
Hello Mr Thomas Murphy,

This is a reminder you have an appointment at The Grange Medical Centre,

Date: Friday 03/10/2025 - Time: 10:20

Cancel your appointment here: https://patchs.ai/msg/cancel/auth/fcb16f66-e

Kind regards,
The Grange Medical Centre

If you would like to unsubscribe from future appointment reminders, please visit: https://patchs.ai/msg/unsubscribe/auth/f3de4c71-1.
Short message service text message sent to patient (XaMiI)

02 Oct 2025 10:54	Surgery: Mrs Victoria Burton (Manager)
02 Oct 2025 10:54	PATCHS: PATCHS

Appointment reminder received (Email)
Hello Mr Thomas Murphy,

This is a reminder you have an appointment at The Grange Medical Centre,

Date: Friday 03/10/2025 - Time: 10:20

Cancel your appointment here: https://patchs.ai/msg/cancel/auth/00d66b4a-0

Kind regards,
The Grange Medical Centre

If you would like to unsubscribe from future appointment reminders, please visit: https://patchs.ai/msg/unsubscribe/auth/92df8cfa-3.
E-mail sent to patient (Xalvi)

02 Oct 2025 10:54	Surgery: Mrs Victoria Burton (Manager)
03 Oct 2025 10:48	Surgery: Dr Fernando Herrero (General Medical Practitioner)

Schizophrenic disorders (E10..)
Recurrent manic episodes, in remission (Ya11H)
Ongoing Care Programme Approach review (XaK8s)
Smoking cessation advice (Ua1Nz)
Ex-smoker (Ub1na)
Pathology Request (Awaiting Sample):
HbA1c (Postponed), Cholesterol, HDL, ratio and non-HDL Chol (Postponed), Full Blood Count (Postponed), Liver profile (Postponed), Urea and Electrolytes (Postponed)

03 Oct 2025 11:26	Surgery: Dr Fernando Herrero (General Medical Practitioner)

Pathology Request (Request Sent):
XR Chest (Requested)

03 Oct 2025 11:26	Surgery: Dr Fernando Herrero (General Medical Practitioner)

Consultation using Accurx Scribe on 03-10-2025 10:48

History:
Annual check-up. Accompanied by a person named Tina.

Recent cold lasting approximately one month. Treated with antibiotics prescribed by another doctor. Persistent thick

phlegm on the chest. Voice described as disappearing and not talking properly. Denies shortness of breath or feeling unwell. History of smoking but no current smoking.

Hearing voices despite taking Aripiprazole. Acknowledges awareness that the voices are not real but describes them as seeming real during episodes. Previously under the care of the mental health team, which has ceased, but retains contact details for future use if symptoms worsen. Good insight on warning symptoms and when to call Baghill if needed. Reports that Aripiprazole helps manage symptoms.

Medications noted: Esomeprazole, Aripiprazole, Fentanyl.

Social:
History of smoking but no current smoking.

Impression:
Persistent productive cough with thick sputum following a prolonged cold. History of smoking. No shortness of breath or systemic unwellness. Persistent auditory hallucinations managed with Aripiprazole.

Plan:
- Sputum sample collection for analysis.
- Chest x-ray referral due to persistent cough exceeding 1 month and history of smoking.
- Patient advised to contact the Royal Infirmary for chest x-ray.
121 / 75 mmHg

10 Oct 2025 10:20	Surgery: Bridget Kelsall (Receptionist Access Role)	

Informal referral - signposted to other agency (XaXR2)
Telephone call from a patient (Xalgb)
Patient contact administration (XaBX8)
Signposting to health care assistant (XagP6)

21 Oct 2025 13:07	Surgery: Mrs Jennifer Reid (Receptionist Access Role)	

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Artificial saliva pastilles - 50 pastille - use as directed
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

31 Oct 2025 10:48	Surgery: Auto-filed	Entered: 31 Oct 2025 12:10

Standard chest X-ray (535..)
Report Summary
NO RESPONSE TO OA
Reported by: AUTOMATIC PROCESS / RXFASWS
Standard chest X-ray Report, Unknown, No Further Action. Review done by Dr Fernando Herrero (General Medical Practitioner) - 04 Nov 2025 10:38

04 Nov 2025 10:38	Surgery: Dr Fernando Herrero (General Medical Practitioner)
21 Nov 2025 09:06	Surgery: Mrs Paula Bentham (Manager)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Artificial saliva pastilles - 50 pastille - use as directed
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care

Record.

17 Dec 2025 14:12	Surgery: Mrs Jennifer Reid (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Artificial saliva pastilles - 50 pastille - use as directed
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

13 Jan 2026 13:11	Surgery: Mrs Jennifer Reid (Receptionist Access Role)

Blank Prescription Printed On Tue 13 Jan 2026 13:12 By Mrs Jennifer Reid
Blank Prescription Printed On Tue 13 Jan 2026 13:12 By Mrs Jennifer Reid

16 Jan 2026 13:38	Surgery: Mrs Jennifer Reid (Receptionist Access Role)

Request for 'Fenbid 5% gel (Advanz Pharma)' by patient
Request for 'Gabapentin 300mg capsules' by patient
Request for 'Artificial saliva pastilles' by patient
Request for 'Simvastatin 40mg tablets' by patient
Request for 'Mirtazapine 30mg tablets' by patient
Request for 'Propranolol 40mg tablets' by patient
Request for 'Co-codamol 30mg/500mg tablets' by patient
Request for 'Aripiprazole 10mg tablets' by patient

16 Jan 2026 14:24	Surgery: Dr Sorubini Meenadchisundaram (Salaried General Practitioner)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Artificial saliva pastilles - 50 pastille - use as directed
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
Aripiprazole 10mg tablets - 56 tablet - two od
Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
Mirtazapine 30mg tablets - 28 tablet - nocte
Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Request for 'Aripiprazole 10mg tablets' by patient
Request for 'Fenbid 5% gel (Advanz Pharma)' by patient
Request for 'Propranolol 40mg tablets' by patient
Request for 'Simvastatin 40mg tablets' by patient
Request for 'Mirtazapine 30mg tablets' by patient
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

13 Feb 2026 13:30	Surgery: Mrs Jennifer Reid (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Artificial saliva pastilles - 50 pastille - use as directed
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed

Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

13 Mar 2026 14:17	Surgery: Bridget Kelsall (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Request for 'Co-codamol 30mg/500mg tablets' by patient
Request for 'Artificial saliva pastilles' by patient
Request for 'Gabapentin 300mg capsules' by patient
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

13 Mar 2026 14:30	Surgery: Dr Fernando Herrero (General Medical Practitioner)

Medication review done (XaF8d)
(R) Artificial saliva pastilles - 50 pastille - use as directed
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
Artificial saliva pastilles - 50 pastille - use as directed
Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
Gabapentin 300mg capsules - 120 capsule - Two twice a day
ETP2 FP10: Not Yet Printed - Signed
Request for 'Artificial saliva pastilles' by patient
Request for 'Gabapentin 300mg capsules' by patient
Request for 'Co-codamol 30mg/500mg tablets' by patient
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

14 Apr 2026 09:17	Surgery: Mrs Jennifer Reid (Receptionist Access Role)

Blank Prescription Printed On Tue 14 Apr 2026 09:17 By Mrs Jennifer Reid
Blank Prescription Printed On Tue 14 Apr 2026 09:17 By Mrs Jennifer Reid

14 Apr 2026 13:55	Surgery: Mrs Yvonne Graham (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Artificial saliva pastilles - 50 pastille - use as directed
(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

30 Apr 2026	Surgery: Miss Karen Matysiak (Manager)	Entered: 01 May 2026 11:45

Clinic Letter to The Grange Medical Centre

30 Apr 2026	Surgery: Miss Karen Matysiak (Manager)	Entered: 01 May 2026 11:45

133 / 81 mmHg

14 May 2026 11:01	GP Surgery: Mr Joe Leeson (Admin/Clinical Support Access Role)

Clinic Letter to Mr Thomas Murphy

14 May 2026 11:03	Surgery: Mr Joe Leeson	Entered: 14 May 2026 11:06

Long term condition care planning invitation (XabEd) - Added in bulk

15 May 2026 11:05	Surgery: Courtney Mckelvie (Receptionist Access Role)

Blank Prescription Printed On Fri 15 May 2026 11:06 By Courtney Mckelvie

15 May 2026 14:02	Surgery: Mrs Jennifer Reid (Receptionist Access Role)

(R) Aripiprazole 10mg tablets - 56 tablet - two od
(R) Artificial saliva pastilles - 50 pastille - use as directed

(R) Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
(R) Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
(R) Gabapentin 300mg capsules - 120 capsule - Two twice a day
(R) Mirtazapine 30mg tablets - 28 tablet - nocte
(R) Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
(R) Simvastatin 40mg tablets - 28 tablet - take one at night
ETP2 FP10: Not Yet Printed - Signed
ETP2 FP10: Not Yet Printed - Signed
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

02 Jun 2026	Surgery: Miss Karen Rushton (Manager)	Entered: 02 Jun 2026 15:37

Medical Reports to The Grange Medical Centre

02 Jun 2026 15:38	Surgery: Miss Karen Rushton (Manager)

Forms - miscellaneous (9K...) - received from MMA Law

03 Jun 2026 10:48	Surgery: Michelle Walker (Receptionist Access Role)
03 Jun 2026 11:16	Surgery: Mrs Susan Brammer (Medical Secretary Access Role)

Address Changed From: '14 Mallard Mews, South Elmsall, Pontefract WF9 2SF'
Current Home Address: 3 Town Hall Chambers, 49 King Street, Wakefield WF1 2SN

03 Jun 2026 13:14	Surgery: Mrs Victoria Burton (Manager)

Scheduled Task Creation - action required task (change of address check changed surgeries if not send letter) to be sent to Mrs Victoria Burton (Manager) on 17 Jun 2026.

09 Jun 2026 13:11	Surgery: Miss Karen Rushton (Manager)

Medication

A = Acute P = Private I = Dispensed D = Dental H = Hospital O = Other

	Hydrocortisone 1% cream	[08:00-sparingly][18:00-sparingly]	15g	O
02 Jul 2010	Amitriptyline 10mg tablets	ONE IN THE EVENING	28 tablet	A

Ended early on 02 Aug 2010: Other (Medication Course Ended. [NOT EFFECTIVE])

02 Aug 2010	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	A
27 Aug 2010	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	A
27 Aug 2010	Co-codamol 30mg/500mg tablets	1-2 QDS	100 tablet	A
21 Dec 2010	Citalopram 20mg tablets	ONE DAILY	28 tablet	A

Ended early on 18 Jan 2011: Other (Medication Course Ended. [INCREASED DOSE])

18 Jan 2011	Citalopram 40mg tablets	1 DAILY	28 tablet	
18 Jan 2011	Co-codamol 30mg/500mg tablets	TWO TO BE TAKEN FOUR TIMES A DAY	100 tablet	A
15 Feb 2011	Citalopram 40mg tablets	1 DAILY	28 tablet	
15 Feb 2011	Co-codamol 30mg/500mg tablets	TWO TO BE TAKEN FOUR TIMES A DAY	100 tablet	
15 Mar 2011	Citalopram 40mg tablets	1 DAILY	28 tablet	
15 Mar 2011	Co-codamol 30mg/500mg tablets	TWO TO BE TAKEN FOUR TIMES A DAY	100 tablet	
11 Apr 2011	Citalopram 40mg tablets	1 DAILY	28 tablet	
11 Apr 2011	Co-codamol 30mg/500mg tablets	TWO TO BE TAKEN FOUR TIMES A DAY	100 tablet	
10 May 2011	Citalopram 40mg tablets	1 DAILY	28 tablet	
10 May 2011	Co-codamol 30mg/500mg tablets	TWO TO BE TAKEN FOUR TIMES A DAY	100 tablet	
10 May 2011	Gabapentin 100mg capsules	1 IN EVENING FOR 2 WEEKS. THEN 1 BD	50 capsule	A
08 Jun 2011	Citalopram 20mg tablets	1 DAILY	28 tablet	
08 Jun 2011	Citalopram 40mg tablets	1 DAILY	28 tablet	
08 Jun 2011	Co-codamol 30mg/500mg tablets	TWO TO BE TAKEN FOUR TIMES A DAY	100 tablet	
06 Jul 2011	Citalopram 20mg tablets	1 DAILY	28 tablet	
06 Jul 2011	Citalopram 40mg tablets	1 DAILY	28 tablet	

06 Jul 2011	Co-codamol 30mg/500mg tablets	TWO TO BE TAKEN FOUR TIMES A DAY	100 tablet	
03 Aug 2011	Co-codamol 30mg/500mg tablets	TWO TO BE TAKEN FOUR TIMES A DAY	100 tablet	
05 Aug 2011	Citalopram 20mg tablets	1 DAILY	28 tablet	
05 Aug 2011	Citalopram 40mg tablets	1 DAILY	28 tablet	
24 Aug 2011	Co-codamol 30mg/500mg tablets	TWO TO BE TAKEN FOUR TIMES A DAY	100 tablet	
24 Aug 2011	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	A
20 Sep 2011	Citalopram 20mg tablets	1 DAILY	28 tablet	
20 Sep 2011	Citalopram 40mg tablets	1 DAILY	28 tablet	
20 Sep 2011	Co-codamol 30mg/500mg tablets	TWO TO BE TAKEN FOUR TIMES A DAY	100 tablet	
20 Sep 2011	Gabapentin 100mg capsules	1 IN EVENING FOR 2 WEEKS. THEN 1 BD	50 capsule	A
20 Sep 2011	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	A
19 Oct 2011	Citalopram 20mg tablets	1 DAILY	28 tablet	
19 Oct 2011	Citalopram 40mg tablets	1 DAILY	28 tablet	
19 Oct 2011	Co-codamol 30mg/500mg tablets	TWO TO BE TAKEN FOUR TIMES A DAY	100 tablet	
19 Oct 2011	Gabapentin 100mg capsules	1 BD	56 capsule	A
19 Oct 2011	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	A
14 Dec 2011	Citalopram 40mg tablets	1 DAILY	28 tablet	
14 Dec 2011	Co-codamol 30mg/500mg tablets	TWO TO BE TAKEN FOUR TIMES A DAY	100 tablet	
14 Dec 2011	Gabapentin 100mg capsules	1 BD	56 capsule	A
14 Dec 2011	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
06 Jan 2012	Citalopram 40mg tablets	1 DAILY	28 tablet	
06 Jan 2012	Co-codamol 30mg/500mg tablets	TWO TO BE TAKEN FOUR TIMES A DAY	100 tablet	
12 Jan 2012	Gabapentin 100mg capsules	1 BD	56 capsule	A
12 Jan 2012	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
17 Jan 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
07 Feb 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
07 Feb 2012	Citalopram 40mg tablets	1 DAILY	28 tablet	
07 Feb 2012	Co-codamol 30mg/500mg tablets	TWO TO BE TAKEN FOUR TIMES A DAY	100 tablet	
07 Feb 2012	Gabapentin 300mg capsules	1 BD	56 capsule	
07 Feb 2012	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
06 Mar 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
06 Mar 2012	Citalopram 40mg tablets	1 DAILY	28 tablet	
06 Mar 2012	Co-codamol 30mg/500mg tablets	TWO TO BE TAKEN FOUR TIMES A DAY	100 tablet	
06 Mar 2012	Gabapentin 300mg capsules	1 BD	56 capsule	
06 Mar 2012	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
16 Apr 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
16 Apr 2012	Citalopram 40mg tablets	1 DAILY	28 tablet	
16 Apr 2012	Co-codamol 30mg/500mg tablets	TWO TO BE TAKEN FOUR TIMES A DAY	100 tablet	
16 Apr 2012	Gabapentin 300mg capsules	1 BD	56 capsule	
16 Apr 2012	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
04 May 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
04 May 2012	Citalopram 40mg tablets	1 DAILY	28 tablet	
04 May 2012	Co-codamol 30mg/500mg tablets	TWO TO BE TAKEN FOUR TIMES A DAY	100 tablet	

04 May 2012	Gabapentin 300mg capsules	1 BD	56 capsule	
04 May 2012	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
31 May 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
31 May 2012	Citalopram 40mg tablets	1 DAILY	28 tablet	
31 May 2012	Co-codamol 30mg/500mg tablets	TWO TO BE TAKEN FOUR TIMES A DAY	100 tablet	
31 May 2012	Gabapentin 300mg capsules	1 BD	56 capsule	
31 May 2012	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
25 Jun 2012	Diethylamine salicylate 10% cream	APPLY TDS	50 gram	A
25 Jun 2012	Sertraline 50mg tablets	ONE IN MORNING	28 tablet	A
29 Jun 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
29 Jun 2012	Co-codamol 30mg/500mg tablets	TWO TO BE TAKEN FOUR TIMES A DAY	100 tablet	
29 Jun 2012	Gabapentin 300mg capsules	1 BD	56 capsule	
29 Jun 2012	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
30 Jul 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
30 Jul 2012	Co-codamol 30mg/500mg tablets	TWO TO BE TAKEN FOUR TIMES A DAY	100 tablet	
30 Jul 2012	Gabapentin 300mg capsules	1 BD	56 capsule	
30 Jul 2012	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
24 Aug 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
24 Aug 2012	Co-codamol 30mg/500mg tablets	TWO TO BE TAKEN FOUR TIMES A DAY	100 tablet	
24 Aug 2012	Gabapentin 300mg capsules	1 BD	56 capsule	
24 Aug 2012	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
04 Sep 2012	Sertraline 100mg tablets	1 DAILY	28 tablet	A

Ended early on 24 Jan 2013: Other (Medication Course Ended. Expired)

24 Sep 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
24 Sep 2012	Co-codamol 30mg/500mg tablets	TWO TO BE TAKEN FOUR TIMES A DAY	100 tablet	
24 Sep 2012	Gabapentin 300mg capsules	1 BD	56 capsule	
24 Sep 2012	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
22 Oct 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
22 Oct 2012	Co-codamol 30mg/500mg tablets	TWO TO BE TAKEN FOUR TIMES A DAY	100 tablet	
22 Oct 2012	Gabapentin 300mg capsules	1 BD	56 capsule	
22 Oct 2012	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
24 Oct 2012	Chlorhexidine 1% dental gel sugar free	apply tds	50 gram	A

Ended early on 24 Jan 2013: Other (Medication Course Ended. Expired)

24 Oct 2012	Co-codamol 30mg/500mg tablets	Two To Be Taken Four Times A Day	124 tablet	
16 Nov 2012	Tramadol 50mg capsules	1-2 QDS	30 capsule	A

Ended early on 24 Jan 2013: Other (Medication Course Ended. Expired)

19 Nov 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
19 Nov 2012	Gabapentin 300mg capsules	1 BD	56 capsule	
19 Nov 2012	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
12 Dec 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
12 Dec 2012	Co-codamol 30mg/500mg tablets	Two To Be Taken Four Times A Day	224 tablet	
12 Dec 2012	Gabapentin 300mg capsules	1 BD	56 capsule	
12 Dec 2012	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
02 Jan 2013	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
02 Jan 2013	Co-codamol 30mg/500mg tablets	Two To Be Taken Four Times A Day	224 tablet	

02 Jan 2013	Gabapentin 300mg capsules	1 BD	56 capsule	
02 Jan 2013	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
15 Jan 2013	Doxycycline 100mg capsules	Two To Be Taken On The First Day Then One To Be Taken Each Day	8 capsule	A

Ended early on 27 Feb 2013: Other (Medication Course Ended. Expired)

29 Jan 2013	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
29 Jan 2013	Co-codamol 30mg/500mg tablets	Two To Be Taken Four Times A Day	224 tablet	
29 Jan 2013	Gabapentin 300mg capsules	1 BD	56 capsule	
29 Jan 2013	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
26 Feb 2013	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
26 Feb 2013	Co-codamol 30mg/500mg tablets	Two To Be Taken Four Times A Day	224 tablet	
26 Feb 2013	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
26 Mar 2013	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
26 Mar 2013	Citalopram 40mg tablets	One To Be Taken Each Day	28 tablet	
26 Mar 2013	Co-codamol 30mg/500mg tablets	Two To Be Taken Four Times A Day	224 tablet	
26 Mar 2013	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
07 Jun 2013	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
07 Jun 2013	Citalopram 40mg tablets	One To Be Taken Each Day	28 tablet	
07 Jun 2013	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
07 Jun 2013	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
05 Jul 2013	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
05 Jul 2013	Citalopram 40mg tablets	One To Be Taken Each Day	28 tablet	
05 Jul 2013	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
05 Jul 2013	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
02 Aug 2013	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
02 Aug 2013	Citalopram 40mg tablets	One To Be Taken Each Day	28 tablet	
02 Aug 2013	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
02 Aug 2013	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
27 Aug 2013	Pregabalin 50mg capsules	One To Be Taken Twice A Day	56 capsule	A

Ended early on 09 Oct 2013: Other (Medication Course Ended. Expired)

02 Sep 2013	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
02 Sep 2013	Citalopram 40mg tablets	One To Be Taken Each Day	28 tablet	
02 Sep 2013	Propranolol 10mg tablets	4 tab bd	224 tablet	A

Ended early on 15 Oct 2013: Other (Medication Course Ended. Expired)

02 Sep 2013	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
08 Oct 2013	Diethylamine salicylate 10% cream	APPLY TDS	100 gram	A

Ended early on 20 Nov 2013: Other (Medication Course Ended. Expired)

18 Oct 2013	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
18 Oct 2013	Citalopram 40mg tablets	One To Be Taken Each Day	28 tablet	
18 Oct 2013	Gabapentin 100mg capsules	three capsules twice a day	168 capsule	A

Ended early on 30 Nov 2013: Other (Medication Course Ended. Expired)

18 Oct 2013	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
18 Oct 2013	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
07 Nov 2013	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	

07 Nov 2013	Citalopram 40mg tablets	One To Be Taken Each Day	28 tablet	
07 Nov 2013	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
07 Nov 2013	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
06 Dec 2013	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
06 Dec 2013	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
03 Jan 2014	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
03 Jan 2014	Citalopram 40mg tablets	One To Be Taken Each Day	28 tablet	
03 Jan 2014	Naproxen 500mg tablets	One To Be Taken Twice A Day	56 tablet	A

Ended early on 15 Feb 2014: Other (Medication Course Ended. Expired)

03 Jan 2014	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
03 Jan 2014	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
03 Jan 2014	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
31 Jan 2014	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
31 Jan 2014	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
12 Feb 2014	Aripiprazole 10mg tablets	One To Be Taken Each Day	28 tablet	A

Ended early on 18 Mar 2014: Other (Medication Course Ended)

12 Feb 2014	Gaviscon Advance Oral suspension	5ml - 10ml 4 times/day	250 ml	A

Ended early on 27 Mar 2014: Other (Medication Course Ended. Expired)

28 Feb 2014	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
28 Feb 2014	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
24 Mar 2014	Aripiprazole 15mg tablets	One To Be Taken Each Day	28 tablet	A

Ended early on 06 May 2014: Other (Medication Course Ended. Expired)

06 May 2014	Aripiprazole 15mg tablets	One To Be Taken Each Day	28 tablet	
11 Jun 2014	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
11 Jun 2014	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
13 Jun 2014	Aripiprazole 15mg tablets	One To Be Taken Each Day	28 tablet	
09 Jul 2014	Aripiprazole 15mg tablets	One To Be Taken Each Day	28 tablet	
09 Jul 2014	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
09 Jul 2014	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
20 Aug 2014	Aripiprazole 15mg tablets	One To Be Taken Each Day	28 tablet	
20 Aug 2014	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
20 Aug 2014	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
22 Sep 2014	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	
02 Oct 2014	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
02 Oct 2014	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
12 Nov 2014	Aripiprazole 10mg tablets	2 tab each am	56 tablet	
12 Nov 2014	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
12 Nov 2014	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	
12 Nov 2014	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
02 Jan 2015	Amoxicillin 500mg capsules	1 TDS	21 capsule	A

Ended early on 14 Feb 2015: Other (Medication Course Ended. Expired)

19 Jan 2015	Aripiprazole 10mg tablets	2 tab each am	56 tablet	
19 Jan 2015	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	

19 Jan 2015	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	
19 Jan 2015	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
06 Mar 2015	Aripiprazole 10mg tablets	2 tab each am	56 tablet	
06 Mar 2015	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
06 Mar 2015	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	
31 Mar 2015	Aripiprazole 10mg tablets	2 tab each am	56 tablet	
31 Mar 2015	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
31 Mar 2015	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	
31 Mar 2015	Tramadol 50mg capsules	One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	100 capsule	A

Ended early on 29 Apr 2015: Other (Medication Course Ended. Expired)

01 May 2015	Aripiprazole 10mg tablets	2 tab each am	56 tablet	
01 May 2015	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
01 May 2015	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	
01 May 2015	Tramadol 50mg capsules	One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	100 capsule	A

Ended early on 30 May 2015: Other (Medication Course Ended. Expired)

01 Jun 2015	Aripiprazole 10mg tablets	2 tab each am	56 tablet	
01 Jun 2015	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
01 Jun 2015	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	
03 Jun 2015	Tramadol 50mg capsules	One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	100 capsule	A
29 Jun 2015	Aripiprazole 10mg tablets	2 tab each am	56 tablet	A
29 Jun 2015	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	A
29 Jun 2015	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	A
11 Aug 2015	Aripiprazole 10mg tablets	2 tab each am	56 tablet	
11 Aug 2015	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
11 Aug 2015	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	
11 Aug 2015	Tramadol 50mg capsules	One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	100 capsule	A

Script notes: have 2 days a week with no pain killer

01 Sep 2015	Aripiprazole 10mg tablets	2 tab each am	56 tablet	
01 Sep 2015	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
01 Sep 2015	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	
02 Sep 2015	Gabapentin 100mg capsules	1 To be taken Three Times Daily for 3 days increase to 2 To be taken Three Times Daily if needed, then 3 To be taken Three Times Daily after another 2 days	100 capsule	A
19 Sep 2015	Tramadol 50mg capsules	One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	100 capsule	

Script notes: have 2 days a week with no pain killer

21 Sep 2015	Aripiprazole 10mg tablets	2 tab each am	56 tablet	
21 Sep 2015	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	

21 Sep 2015	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	
21 Sep 2015	Tramadol 50mg capsules	One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	100 capsule	

Script notes: have 2 days a week with no pain killer

02 Oct 2015	Aripiprazole 10mg tablets	2 tab each am	56 tablet	
02 Oct 2015	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
02 Oct 2015	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	
02 Oct 2015	Tramadol 50mg capsules	One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	100 capsule	

Script notes: have 2 days a week with no pain killer

05 Oct 2015	Aripiprazole 10mg tablets	2 tab each am	56 tablet	
05 Oct 2015	Gabapentin 100mg capsules	tds asd	100 capsule	A
05 Oct 2015	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
05 Oct 2015	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	
05 Oct 2015	Tramadol 50mg capsules	One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	100 capsule	

Script notes: have 2 days a week with no pain killer

15 Oct 2015	Amitriptyline 10mg tablets	Take one Each Night	7 tablets	A
15 Oct 2015	Paracetamol 500mg tablets	take 2 upto Four Times Daily	112 tablets	A
15 Oct 2015	Sertraline 50mg tablets	Take one daily	7 tablets	A
15 Oct 2015	tramadol 24 hour modified release tablets 100mg	AM: 1 tablets	7 tablets	A
20 Oct 2015	Aripiprazole 10mg tablets	AM: 2 tablets	56 tablets	A

Administrative notes: from GP reply

22 Oct 2015	Aripiprazole 10mg tablets	AM: 2 tablets	56 tablets	A

Ended early on 27 Oct 2015: Patient Preference by Dr Alun T George

Administrative notes: from GP reply

22 Oct 2015	Paracetamol 500mg tablets	take 2 upto Four Times Daily	112 tablets	A
22 Oct 2015	Propranolol 40mg tablets	AM: 1 tablets, PM: 1 tablets	56 tablets	A
22 Oct 2015	Sertraline 50mg tablets	one daily	7 tablets	A
22 Oct 2015	tramadol 24 hour modified release tablets 100mg	AM: 2 tablets	14 tablets	A

Ended early on 27 Oct 2015: Change of Dosage by Dr Alun T George

22 Oct 2015	tramadol 24 hour modified release tablets 100mg	AM: 1 tablets	7 tablets	A
29 Oct 2015	tramadol 24 hour modified release tablets 200mg	AM: 1 tablets	28 tablets	A
30 Oct 2015	Aripiprazole 10mg tablets	2 tab each am	56 tablet	
30 Oct 2015	Gabapentin 100mg capsules	tds	90 capsule	

Script notes: radicular pain

30 Oct 2015	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
30 Oct 2015	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	
30 Oct 2015	tramadol 24 hour modified release tablets 100mg	AM: 1 tablets	14 tablets	A

Ended early on 29 Oct 2015: Form, strength, or route change by Dr Gary Dyson

06 Nov 2015	Tramadol 50mg capsules	One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	100 capsule	

Script notes: have 2 days a week with no pain killer

19 Nov 2015	Diazepam 5mg tablets	bd before MRI scan	2 tablet	A
19 Nov 2015	Gabapentin 300mg capsules	1 tds	100 capsule	
27 Nov 2015	Aripiprazole 10mg tablets	2 tab each am	56 tablet	
27 Nov 2015	Gabapentin 100mg capsules	tds	90 capsule	

Script notes: radicular pain

27 Nov 2015	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
27 Nov 2015	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	
27 Nov 2015	Tramadol 50mg capsules	One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	100 capsule	

Script notes: have 2 days a week with no pain killer

24 Dec 2015	Aripiprazole 10mg tablets	2 tab each am	56 tablet	
24 Dec 2015	Gabapentin 100mg capsules	tds	90 capsule	

Script notes: radicular pain

24 Dec 2015	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
24 Dec 2015	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	
24 Dec 2015	Tramadol 50mg capsules	One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	100 capsule	

Script notes: have 2 days a week with no pain killer

22 Jan 2016	Aripiprazole 10mg tablets	2 tab each am	56 tablet	
22 Jan 2016	Aripiprazole 5mg tablets	take one daily	28 tablet	
22 Jan 2016	Gabapentin 100mg capsules	2 To be taken Three Times Daily	180 capsule	
22 Jan 2016	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
22 Jan 2016	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	
22 Jan 2016	Tramadol 50mg capsules	One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	100 capsule	

Script notes: have 2 days a week with no pain killer

19 Feb 2016	Aripiprazole 10mg tablets	2 tab each am	56 tablet	
19 Feb 2016	Aripiprazole 5mg tablets	take one daily	28 tablet	
19 Feb 2016	Gabapentin 100mg capsules	2 To be taken Three Times Daily	180 capsule	
19 Feb 2016	Gabapentin 300mg capsules	1 tds	100 capsule	
19 Feb 2016	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
19 Feb 2016	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	
19 Feb 2016	Tramadol 50mg capsules	One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	100 capsule	

Script notes: have 2 days a week with no pain killer

10 Mar 2016	Amoxicillin 500mg capsules	take one 3 times/day	21 capsule	A
30 Mar 2016	Fenbid Forte 10% gel (Advanz Pharma)	apply 3-4 times/day	100 gram	A
01 Apr 2016	Aripiprazole 10mg tablets	2 tab each am	56 tablet	
01 Apr 2016	Aripiprazole 5mg tablets	take one daily	28 tablet	
01 Apr 2016	Gabapentin 100mg capsules	2 To be taken Three Times Daily	180 capsule	
01 Apr 2016	Gabapentin 300mg capsules	1 tds	100 capsule	
01 Apr 2016	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
01 Apr 2016	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	

01 Apr 2016	Tramadol 50mg capsules	One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	100 capsule	

Script notes: have 2 days a week with no pain killer

19 Apr 2016	Cetirizine 10mg tablets	take one daily	30 tablet	A
29 Apr 2016	Aripiprazole 10mg tablets	2 tab each am	56 tablet	
29 Apr 2016	Aripiprazole 5mg tablets	take one daily	28 tablet	
29 Apr 2016	Gabapentin 100mg capsules	2 To be taken Three Times Daily	180 capsule	
29 Apr 2016	Gabapentin 300mg capsules	1 tds	100 capsule	
29 Apr 2016	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
29 Apr 2016	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	
29 Apr 2016	Tramadol 50mg capsules	One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	100 capsule	

Script notes: have 2 days a week with no pain killer

27 May 2016	Aripiprazole 10mg tablets	2 tab each am	56 tablet	
27 May 2016	Aripiprazole 5mg tablets	take one daily	28 tablet	
27 May 2016	Gabapentin 100mg capsules	2 To be taken Three Times Daily	180 capsule	
27 May 2016	Gabapentin 300mg capsules	1 tds	100 capsule	
27 May 2016	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
27 May 2016	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	
27 May 2016	Tramadol 50mg capsules	One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	100 capsule	

Script notes: have 2 days a week with no pain killer

16 Jun 2016	Paracetamol 500mg tablets	2 Four Times Daily	100 tablet	
24 Jun 2016	Aripiprazole 10mg tablets	2 tab each am	56 tablet	
24 Jun 2016	Aripiprazole 5mg tablets	take one daily	28 tablet	
24 Jun 2016	Gabapentin 100mg capsules	2 To be taken Three Times Daily	180 capsule	
24 Jun 2016	Gabapentin 300mg capsules	1 tds	100 capsule	
24 Jun 2016	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
24 Jun 2016	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	
24 Jun 2016	Tramadol 50mg capsules	One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	100 capsule	

Script notes: have 2 days a week with no pain killer

17 Jul 2016	Phenoxymethylpenicillin 250mg tablets	take 2 tablets 4 times/day - 7 days	56 tablet	A
22 Jul 2016	Aripiprazole 10mg tablets	2 tab each am	56 tablet	
22 Jul 2016	Aripiprazole 5mg tablets	take one daily	28 tablet	
22 Jul 2016	Gabapentin 100mg capsules	2 To be taken Three Times Daily	180 capsule	
22 Jul 2016	Gabapentin 300mg capsules	1 tds	100 capsule	
22 Jul 2016	Paracetamol 500mg tablets	2 Four Times Daily	100 tablet	
22 Jul 2016	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
22 Jul 2016	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	
22 Jul 2016	Tramadol 50mg capsules	One Or Two To be Taken Every Four Hours When	100 capsule	

		Necessary. Maximum 8 in 24 Hours		

Script notes: have 2 days a week with no pain killer

19 Aug 2016	Aripiprazole 10mg tablets	2 tab each am	56 tablet	
19 Aug 2016	Aripiprazole 5mg tablets	take one daily	28 tablet	
19 Aug 2016	Gabapentin 100mg capsules	2 To be taken Three Times Daily	180 capsule	
19 Aug 2016	Gabapentin 300mg capsules	1 tds	100 capsule	
19 Aug 2016	Paracetamol 500mg tablets	2 Four Times Daily	100 tablet	
19 Aug 2016	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
19 Aug 2016	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	
19 Aug 2016	Tramadol 50mg capsules	One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	100 capsule	

Script notes: have 2 days a week with no pain killer

09 Sep 2016	Co-codamol 30mg/500mg tablets	2 tablet	26 tablets	A
16 Sep 2016	Aripiprazole 10mg tablets	2 tab each am	56 tablet	
16 Sep 2016	Aripiprazole 5mg tablets	take one daily	28 tablet	
16 Sep 2016	Co-codamol 30mg/500mg tablets	2 tablet	26 tablets	A
16 Sep 2016	Gabapentin 100mg capsules	2 To be taken Three Times Daily	180 capsule	
16 Sep 2016	Gabapentin 300mg capsules	1 tds	100 capsule	
16 Sep 2016	Paracetamol 500mg tablets	2 Four Times Daily	100 tablet	
16 Sep 2016	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
16 Sep 2016	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	
16 Sep 2016	Tramadol 50mg capsules	One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	100 capsule	

Script notes: have 2 days a week with no pain killer

17 Sep 2016	Aripiprazole 10mg tablets	2 tablet	56 tablets	A

Administrative notes: As part of 25mg total daily dose

17 Sep 2016	Aripiprazole 5mg tablets	1 tablet	56 tablets	A
24 Sep 2016	Co-codamol 30mg/500mg tablets	[07:00-2 tablets][15:00-2 tablets]	112 tablets	A
22 Oct 2016	Co-codamol 30mg/500mg tablets	[07:00-2 tablets][15:00-2 tablets]	112 tablets	A

Ended early on 14 Nov 2016: Other (transfer) by Dr Polly Backhouse

05 Nov 2016	Paracetamol 500mg tablets	Take 1 or 2 tablets up to 4 times/day	1 pack of 16 tablet(s)	A

Administrative notes: Spinal pain waiting for prescription from GP

21 Nov 2016	Co-codamol 30mg/500mg tablets	2 bd	112 tablets	A
21 Dec 2016	Co-codamol 30mg/500mg tablets	2 bd	112 tablets	
15 Jan 2017	Co-codamol 30mg/500mg tablets	2 bd	112 tablets	
24 Jan 2017	Amitriptyline 10mg tablets	1 tablet	28 tablets	A
12 Feb 2017	Co-codamol 30mg/500mg tablets	2 bd	112 tablets	
22 Feb 2017	Amitriptyline 10mg tablets	[16:00-1 tablets]	28 tablets	
28 Feb 2017	Methylprednisolone sodium succinate 40mg powder and solvent for solution for injection vials	2 Immediately	2 vial	A

Administrative notes: Please book 20 minute joint injection once vial ordered

01 Mar 2017	Otomize ear spray (Ennogen Healthcare International Ltd)	08:00, 12:00, 16:00	1 pack of 5 mls	A

Administrative notes: one spray three times daily into affected ear

12 Mar 2017	Co-codamol 30mg/500mg tablets	2 bd	112 tablets	
17 Mar 2017	Stexerol-D3 25,000unit tablets (Grunenthal Ltd)	2 weekly for 6 weeks	12 tablets	
24 Mar 2017	Amitriptyline 10mg tablets	[16:00-1 tablets]	28 tablets	
31 Mar 2017	Aripiprazole 5mg tablets	2 tablet	56 tablets	

Ended early on 06 Apr 2017: End of course by Dr Shahzad Arif

Administrative notes: As discussed with Dr Puri

31 Mar 2017	Propranolol 40mg tablets	1 To be taken Twice Daily	56 tablets	
09 Apr 2017	Co-codamol 30mg/500mg tablets	2 bd	112 tablets	
11 Apr 2017	Aripiprazole 5mg tablets	[09:00-2 tablets]	56 tablets	
25 Apr 2017	Amitriptyline 10mg tablets	[16:00-1 tablets]	28 tablets	
25 Apr 2017	Propranolol 40mg tablets	1 To be taken Twice Daily	56 tablets	
05 May 2017	Stexerol-D3 25,000unit tablets (Grunenthal Ltd)	2 weekly for 6 weeks	12 tablets	
07 May 2017	Co-codamol 30mg/500mg tablets	2 bd	112 tablets	
16 May 2017	Aripiprazole 5mg tablets	[09:00-2 tablets]	56 tablets	
21 May 2017	Amitriptyline 10mg tablets	[16:00-1 tablets]	28 tablets	
21 May 2017	Propranolol 40mg tablets	1 To be taken Twice Daily	56 tablets	
03 Jun 2017	Co-codamol 30mg/500mg tablets	2 bd	112 tablets	
10 Jun 2017	Aripiprazole 5mg tablets	[09:00-2 tablets]	56 tablets	
17 Jun 2017	Amitriptyline 10mg tablets	[16:00-1 tablets]	28 tablets	
17 Jun 2017	Propranolol 40mg tablets	1 To be taken Twice Daily	56 tablets	
17 Jun 2017	Stexerol-D3 25,000unit tablets (Grunenthal Ltd)	2 weekly for 6 weeks	12 tablets	
06 Jul 2017	Co-codamol 30mg/500mg tablets	2 bd	112 tablets	
15 Jul 2017	Aripiprazole 5mg tablets	[09:00-2 tablets]	56 tablets	
17 Jul 2017	Amitriptyline 10mg tablets	[16:00-1 tablets]	28 tablets	
24 Jul 2017	Propranolol 40mg tablets	1 To be taken Twice Daily	56 tablets	
30 Jul 2017	Stexerol-D3 25,000unit tablets (Grunenthal Ltd)	2 weekly for 6 weeks	12 tablets	
03 Aug 2017	Co-codamol 30mg/500mg tablets	2 bd	112 tablets	
15 Aug 2017	Amitriptyline 10mg tablets	[16:00-1 tablets]	28 tablets	
15 Aug 2017	Aripiprazole 5mg tablets	[09:00-2 tablets]	56 tablets	
21 Aug 2017	Propranolol 40mg tablets	1 To be taken Twice Daily	56 tablets	
31 Aug 2017	Co-codamol 30mg/500mg tablets	2 bd	112 tablets	
12 Sep 2017	Amitriptyline 10mg tablets	[16:00-1 tablets]	28 tablets	
12 Sep 2017	Aripiprazole 5mg tablets	[09:00-2 tablets]	56 tablets	
12 Sep 2017	Stexerol-D3 25,000unit tablets (Grunenthal Ltd)	2 weekly for 6 weeks	12 tablets	
15 Sep 2017	Gabapentin 100mg capsules	Variable Dose	Total: 96 capsule Quantity: 96 capsules	A

Ended early on 10 Oct 2017: Form, strength, or route change by Dr Gaynor Mountcastle

19 Sep 2017	Propranolol 40mg tablets	1 To be taken Twice Daily	56 tablets	
21 Sep 2017	Co-codamol 30mg/500mg tablets	ONE or TWO to be taken up to FOUR times daily	56 tablets	A

Administrative notes: Re prescribed 7/7 to be rev by GP to continue after this date.

28 Sep 2017	Co-codamol 30mg/500mg tablets	2 tablet	110 tablets	A
04 Oct 2017	Co-codamol 30mg/500mg tablets	2 bd	112 tablets	

Ended early on 10 Oct 2017: Form, strength, or route change by Dr Gaynor Mountcastle

10 Oct 2017	Aripiprazole 5mg tablets	[09:00-2 tablets]	56 tablets	
11 Oct 2017	Gabapentin 300mg capsules	[08:00-1][20:00-1][16:00-1]	84 capsules	
13 Oct 2017	Gabapentin 100mg capsules	Variable Dose	Total: 96 capsule Quantity: 96 capsules	A

Ended early on 10 Oct 2017: Form, strength, or route change by Dr Gaynor Mountcastle

17 Oct 2017	Co-codamol 15mg/500mg capsules	[08:00-2][20:00-2][16:00-2][2	224 capsules	

		2:00-2]		
17 Oct 2017	Propranolol 40mg tablets	1 To be taken Twice Daily	56 tablets	
07 Nov 2017	Gabapentin 300mg capsules	[08:00-1][20:00-1][16:00-1]	84 capsules	
08 Nov 2017	Aripiprazole 5mg tablets	[09:00-2 tablets]	56 tablets	
14 Nov 2017	Co-codamol 15mg/500mg capsules	[08:00-2][20:00-2][16:00-2][22:00-2]	224 capsules	
14 Nov 2017	Fultium-D3 800unit capsules (Thornton & Ross Ltd)	[08:00-1]	28 capsules	
14 Nov 2017	Propranolol 40mg tablets	1 To be taken Twice Daily	56 tablets	
05 Dec 2017	Gabapentin 300mg capsules	[08:00-1][20:00-1][16:00-1]	84 capsules	
12 Dec 2017	Co-codamol 15mg/500mg capsules	[08:00-2][20:00-2][16:00-2][22:00-2]	224 capsules	
12 Dec 2017	Fultium-D3 800unit capsules (Thornton & Ross Ltd)	[08:00-1]	28 capsules	
12 Dec 2017	Propranolol 40mg tablets	1 To be taken Twice Daily	56 tablets	
26 Dec 2017	Aripiprazole 5mg tablets	[09:00-2 tablets]	56 tablets	
30 Dec 2017	Gabapentin 300mg capsules	[08:00-1][20:00-1][16:00-1]	84 capsules	

Ended early on 24 Jan 2018: Form, strength, or route change by Dr Gaynor Mountcastle

06 Jan 2018	Co-codamol 15mg/500mg capsules	[08:00-2][20:00-2][16:00-2][22:00-2]	224 capsules	
06 Jan 2018	Fultium-D3 800unit capsules (Thornton & Ross Ltd)	[08:00-1]	28 capsules	
06 Jan 2018	Propranolol 40mg tablets	1 To be taken Twice Daily	56 tablets	
13 Jan 2018	Naproxen 500mg tablets	Take ONE tablet TWICE a day, with or after food	2 packs of 28 tablet(s)	A
27 Jan 2018	Gabapentin 300mg capsules	[08:00-1][20:00-1][16:00-1]	84 capsules	

Ended early on 24 Jan 2018: Form, strength, or route change by Dr Gaynor Mountcastle

27 Jan 2018	Gabapentin 300mg capsules	[08:00-2][20:00-2][16:00-2]	168 capsules	
03 Feb 2018	Aripiprazole 5mg tablets	[09:00-2 tablets]	56 tablets	

Ended early on 22 Feb 2018: Form, strength, or route change by Dr Patrick Law

03 Feb 2018	Co-codamol 15mg/500mg capsules	[08:00-2][20:00-2][16:00-2][22:00-2]	224 capsules	

Ended early on 22 Feb 2018: Form, strength, or route change by Dr Patrick Law

03 Feb 2018	Fultium-D3 800unit capsules (Thornton & Ross Ltd)	[08:00-1]	28 capsules	

Ended early on 22 Feb 2018: Form, strength, or route change by Dr Patrick Law

03 Feb 2018	Propranolol 40mg tablets	1 To be taken Twice Daily	56 tablets	

Ended early on 22 Feb 2018: Form, strength, or route change by Dr Patrick Law

15 Feb 2018	Depo-Medrone 40mg/1ml suspension for injection vials (Pfizer Ltd)	40 mg	1 vial	A

Ended early on 20 Nov 2019: Sentence Ended by Mrs Michele Hayes

Administrative notes: For Shoulder

24 Feb 2018	Aripiprazole 5mg tablets	2 tablet	56 tablets	
24 Feb 2018	Co-codamol 15mg/500mg capsules	2 capsule	112 capsules	
24 Feb 2018	Fultium-D3 800unit capsules (Thornton & Ross Ltd)	1 capsule	28 capsules	
24 Feb 2018	Gabapentin 300mg capsules	[08:00-2][20:00-2][16:00-2]	168 capsules	

Ended early on 22 Feb 2018: End of course by Dr Patrick Law

24 Feb 2018	Gabapentin 300mg capsules	2 capsule	112 capsules	
24 Feb 2018	Paracetamol 500mg tablets	16 tablet	16 tablets	A

Ended early on 24 Feb 2018: Medication has been administered by Claire Wilson

Administrative notes: shoulder/knee pain.

24 Feb 2018	Propranolol 40mg tablets	1 tablet	56 tablets	
05 Mar 2018	Aripiprazole 5mg tablets	TWO to be taken DAILY	2 packs of 28 tablet(s)	

05 Mar 2018	Co-codamol 15mg/500mg capsules	2 QDS	224 capsules	
Ended early on 19 Mar 2018: Form, strength, or route change by Dr Gaynor Mountcastle				
05 Mar 2018	Fultium-D3 800unit capsules (Thornton & Ross Ltd)	1 daily	28 capsules	
05 Mar 2018	Gabapentin 300mg capsules	2 tds	168 capsules	
Ended early on 14 Mar 2018: Form, strength, or route change by Dr Gaynor Mountcastle				
05 Mar 2018	Propranolol 40mg tablets	1bd	56 tablets	A
Ended early on 19 Mar 2018: Form, strength, or route change by Dr Gaynor Mountcastle				
15 Mar 2018	Gabapentin 300mg capsules	2 capsule	168 capsules	A
Ended early on 19 Mar 2018: Form, strength, or route change by Dr Gaynor Mountcastle				
19 Mar 2018	Gabapentin 300mg capsules	3 capsule	165 capsules	
24 Mar 2018	Codeine 30mg tablets	2 tablet	112 tablets	
Ended early on 26 Mar 2018: Patient Preference by Dr Gaynor Mountcastle				
26 Mar 2018	Co-codamol 30mg/500mg tablets	2 tablet	112 tablets	A
26 Mar 2018	Propranolol 40mg tablets	1 tablet	56 tablets	
16 Apr 2018	Aripiprazole 5mg tablets	TWO to be taken DAILY	2 packs of 28 tablet(s)	
16 Apr 2018	Fultium-D3 800unit capsules (Thornton & Ross Ltd)	1 daily	28 capsules	
16 Apr 2018	Gabapentin 300mg capsules	3 capsule	165 capsules	
23 Apr 2018	Co-codamol 30mg/500mg tablets	2 tablet	112 tablets	
23 Apr 2018	Propranolol 40mg tablets	1 tablet	56 tablets	
14 May 2018	Gabapentin 300mg capsules	3 capsule	165 capsules	
19 May 2018	Aripiprazole 5mg tablets	TWO to be taken DAILY	2 packs of 28 tablet(s)	
19 May 2018	Fultium-D3 800unit capsules (Thornton & Ross Ltd)	1 daily	28 capsules	
21 May 2018	Co-codamol 30mg/500mg tablets	2 tablet	112 tablets	
21 May 2018	Propranolol 40mg tablets	1 tablet	56 tablets	
02 Jun 2018	Co-codamol 8mg/500mg tablets	[08:00-2][20:00-2][16:00-2][22:00-2]	224 tablets	
02 Jun 2018	Gabapentin 300mg capsules	[08:00-3 capsules][16:00-3 capsules]	168 capsules	
02 Jun 2018	Propranolol 40mg tablets	[08:00-1][20:00-1]	56 tablets	
16 Jun 2018	Aripiprazole 5mg tablets	TWO to be taken DAILY	2 packs of 28 tablet(s)	
16 Jun 2018	Fultium-D3 800unit capsules (Thornton & Ross Ltd)	1 daily	28 capsules	
30 Jun 2018	Co-codamol 8mg/500mg tablets	[08:00-2][20:00-2][16:00-2][22:00-2]	224 tablets	
30 Jun 2018	Gabapentin 300mg capsules	[08:00-3 capsules][16:00-3 capsules]	168 capsules	
30 Jun 2018	Propranolol 40mg tablets	[08:00-1][20:00-1]	56 tablets	
14 Jul 2018	Aripiprazole 5mg tablets	TWO to be taken DAILY	2 packs of 28 tablet(s)	
14 Jul 2018	Fultium-D3 800unit capsules (Thornton & Ross Ltd)	1 daily	28 capsules	
28 Jul 2018	Co-codamol 8mg/500mg tablets	[08:00-2][20:00-2][16:00-2][22:00-2]	224 tablets	
28 Jul 2018	Gabapentin 300mg capsules	[08:00-3 capsules][16:00-3 capsules]	168 capsules	
28 Jul 2018	Propranolol 40mg tablets	[08:00-1][20:00-1]	56 tablets	
11 Aug 2018	Aripiprazole 5mg tablets	TWO to be taken DAILY	2 packs of 28 tablet(s)	
11 Aug 2018	Fultium-D3 800unit capsules (Thornton & Ross Ltd)	1 daily	28 capsules	

25 Aug 2018	Co-codamol 8mg/500mg tablets	[08:00-2][20:00-2][16:00-2][22:00-2]	224 tablets	
25 Aug 2018	Gabapentin 300mg capsules	[08:00-3 capsules][16:00-3 capsules]	168 capsules	
25 Aug 2018	Propranolol 40mg tablets	[08:00-1][20:00-1]	56 tablets	
08 Sep 2018	Aripiprazole 5mg tablets	TWO to be taken DAILY	2 packs of 28 tablet(s)	
08 Sep 2018	Fultium-D3 800unit capsules (Thornton & Ross Ltd)	1 daily	28 capsules	
22 Sep 2018	Co-codamol 8mg/500mg tablets	[08:00-2][20:00-2][16:00-2][22:00-2]	224 tablets	
22 Sep 2018	Gabapentin 300mg capsules	[08:00-3 capsules][16:00-3 capsules]	168 capsules	
22 Sep 2018	Propranolol 40mg tablets	[08:00-1][20:00-1]	56 tablets	
11 Oct 2018	Aripiprazole 5mg tablets	TWO to be taken DAILY	2 packs of 28 tablet(s)	
11 Oct 2018	Fultium-D3 800unit capsules (Thornton & Ross Ltd)	1 daily	28 capsules	
11 Oct 2018	Naproxen 500mg tablets	Take ONE tablet TWICE a day, with or after food	2 packs of 28 tablet(s)	A
20 Oct 2018	Co-codamol 8mg/500mg tablets	[08:00-2][20:00-2][16:00-2][22:00-2]	224 tablets	
20 Oct 2018	Gabapentin 300mg capsules	[08:00-3 capsules][16:00-3 capsules]	168 capsules	
20 Oct 2018	Propranolol 40mg tablets	[08:00-1][20:00-1]	56 tablets	
10 Nov 2018	Aripiprazole 5mg tablets	TWO to be taken DAILY	2 packs of 28 tablet(s)	
10 Nov 2018	Fultium-D3 800unit capsules (Thornton & Ross Ltd)	1 daily	28 capsules	
17 Nov 2018	Co-codamol 8mg/500mg tablets	[08:00-2][20:00-2][16:00-2][22:00-2]	224 tablets	
17 Nov 2018	Gabapentin 300mg capsules	[08:00-3 capsules][16:00-3 capsules]	168 capsules	
17 Nov 2018	Naproxen 500mg tablets	Take ONE tablet TWICE a day, with or after food	2 packs of 28 tablet(s)	A
17 Nov 2018	Propranolol 40mg tablets	[08:00-1][20:00-1]	56 tablets	
08 Dec 2018	Aripiprazole 5mg tablets	TWO to be taken DAILY	2 packs of 28 tablet(s)	
08 Dec 2018	Fultium-D3 800unit capsules (Thornton & Ross Ltd)	1 daily	28 capsules	
15 Dec 2018	Co-codamol 8mg/500mg tablets	[08:00-2][20:00-2][16:00-2][22:00-2]	224 tablets	
15 Dec 2018	Gabapentin 300mg capsules	[08:00-3 capsules][16:00-3 capsules]	168 capsules	
15 Dec 2018	Propranolol 40mg tablets	[08:00-1][20:00-1]	56 tablets	
05 Jan 2019	Aripiprazole 5mg tablets	TWO to be taken DAILY	2 packs of 28 tablet(s)	
05 Jan 2019	Fultium-D3 800unit capsules (Thornton & Ross Ltd)	1 daily	28 capsules	
12 Jan 2019	Co-codamol 8mg/500mg tablets	[08:00-2][20:00-2][16:00-2][22:00-2]	224 tablets	
12 Jan 2019	Gabapentin 300mg capsules	[08:00-3 capsules][16:00-3 capsules]	168 capsules	
Ended early on 28 Jan 2019: Other (relocation) by Dr Caroline Lennox				
12 Jan 2019	Propranolol 40mg tablets	[08:00-1][20:00-1]	56 tablets	
Ended early on 28 Jan 2019: Other (relocation) by Dr Caroline Lennox				
29 Jan 2019	Aripiprazole 5mg tablets	2 od	2 packs of 28 tablet(s)	
29 Jan 2019	Co-codamol 8mg/500mg tablets	ONE or TWO to be taken up	224 tablets	

		to FOUR times daily		
29 Jan 2019	Fultium-D3 800unit capsules (Thornton & Ross Ltd)	1 od	28 capsules	
29 Jan 2019	Gabapentin 300mg capsules	3 bd	168 capsules	
29 Jan 2019	Propranolol 40mg tablets	1 bd	56 tablets	
07 Feb 2019	Diclofenac diethylammonium 1.16% gel	apply bd	100 grams	A
07 Feb 2019	Glyceryl trinitrate 400micrograms/dose pump sublingual spray	2 sprays under tongue in case of chest pain	1 spray	A
07 Feb 2019	Naproxen 500mg tablets	1 bd	56 tablets	
20 Feb 2019	Clotrimazole 1% cream	1 daily	7	O

Script notes: works in gardens hayfever

21 Feb 2019	Activa class 2 knee support large	as dir UNCHECKED UNITS	1 unit(s)	A
27 Feb 2019	Aripiprazole 5mg tablets	2 od	2 packs of 28 tablet(s)	
27 Feb 2019	Co-codamol 8mg/500mg tablets	ONE or TWO to be taken up to FOUR times daily	224 tablets	
27 Feb 2019	Fultium-D3 800unit capsules (Thornton & Ross Ltd)	1 od	28 capsules	
27 Feb 2019	Gabapentin 300mg capsules	3 bd	168 capsules	
01 Mar 2019	Cetirizine 10mg tablets	1 daily	7	O

Script notes: bite to face

04 Mar 2019	Flucloxacillin 250mg capsules	1 qds	20 capsules	A

Ended early on 04 Mar 2019: Other (quantity chage) by Dr Caroline Lennox

04 Mar 2019	Flucloxacillin 250mg capsules	Take ONE capsule FOUR times a day.	1 pack of 28 capsule(s)	A

Administrative notes: To be taken ONE hour before food or on an empty stomach.
Complete the course.

05 Mar 2019	Propranolol 40mg tablets	1 bd	56 tablets	
07 Mar 2019	Co-codamol 15mg/500mg capsules	1-2 qds max prn for pain	224 capsules	
15 Mar 2019	Naproxen 500mg tablets	1 bd	56 tablets	
27 Mar 2019	Aripiprazole 5mg tablets	2 od	2 packs of 28 tablet(s)	
27 Mar 2019	Fultium-D3 800unit capsules (Thornton & Ross Ltd)	1 od	28 capsules	

Ended early on 06 Mar 2019: Condition resolved by Dr Caroline Lennox

27 Mar 2019	Gabapentin 300mg capsules	3 bd	168 capsules	

Ended early on 01 Apr 2019: Other (cd) by Dr Caroline Lennox

03 Apr 2019	Co-codamol 15mg/500mg capsules	1-2 qds max prn for pain	224 capsules	
03 Apr 2019	Gabapentin 300mg capsules	3 morning & 3 evening	168 capsules	
03 Apr 2019	Propranolol 40mg tablets	1 bd	56 tablets	
10 Apr 2019	Cetirizine 10mg capsules	1 od	28 capsules	
24 Apr 2019	Aripiprazole 5mg tablets	2 od	2 packs of 28 tablet(s)	
01 May 2019	Co-codamol 15mg/500mg capsules	1-2 qds max prn for pain	224 capsules	
01 May 2019	Gabapentin 300mg capsules	3 morning & 3 evening	168 capsules	
01 May 2019	Propranolol 40mg tablets	1 bd	56 tablets	
15 May 2019	Naproxen 500mg tablets	1 bd	56 tablets	
17 May 2019	Zopiclone 7.5mg tablets	1 nocte	3 tablets	A
20 May 2019	Methylprednisolone 80mg/2ml / Lidocaine 20mg/2ml (1%) suspension for injection vials	for GP admin	1 vial	A
22 May 2019	Aripiprazole 5mg tablets	2 od	2 packs of 28 tablet(s)	
29 May 2019	Co-codamol 15mg/500mg capsules	1-2 qds max prn for pain	224 capsules	

Ended early on 19 Jun 2019: Change of Dosage by Dr Caroline Lennox

29 May 2019	Gabapentin 300mg capsules	3 morning & 3 evening	168 capsules	

29 May 2019	Propranolol 40mg tablets	1 bd	56 tablets	
04 Jun 2019	Co-codamol 30mg/500mg tablets	1-2 qds max prn for pain	224 tablets	

Administrative notes: to replace 15/500mg dose

12 Jun 2019	Naproxen 500mg tablets	1 bd	56 tablets	
19 Jun 2019	Aripiprazole 5mg tablets	2 od	2 packs of 28 tablet(s)	
26 Jun 2019	Co-codamol 15mg/500mg capsules	1-2 qds max prn for pain	224 capsules	

Ended early on 03 Jun 2019: Change of Dosage by Dr Caroline Lennox

26 Jun 2019	Gabapentin 300mg capsules	3 morning & 3 evening	168 capsules	
26 Jun 2019	Propranolol 40mg tablets	1 bd	56 tablets	
03 Jul 2019	Co-codamol 30mg/500mg tablets	1-2 qds max prn for pain	224 tablets	

Administrative notes: to replace 15/500mg dose

10 Jul 2019	Naproxen 500mg tablets	1 bd	56 tablets	
17 Jul 2019	Aripiprazole 5mg tablets	2 od	2 packs of 28 tablet(s)	
24 Jul 2019	Co-codamol 30mg/500mg tablets	1-2 qds max prn for pain	224 tablets	

Administrative notes: to replace 15/500mg dose

24 Jul 2019	Gabapentin 300mg capsules	3 morning & 3 evening	168 capsules	
24 Jul 2019	Propranolol 40mg tablets	1 bd	56 tablets	
31 Jul 2019	Co-codamol 30mg/500mg tablets	ONE or TWO to be taken up to FOUR times daily	224 tablets	A
07 Aug 2019	Naproxen 500mg tablets	1 bd	56 tablets	
14 Aug 2019	Gabapentin 300mg capsules	3 morning & 3 evening	168 capsules	
14 Aug 2019	Propranolol 40mg tablets	1 bd	56 tablets	A
21 Aug 2019	Aripiprazole 5mg tablets	2 od	2 packs of 28 tablet(s)	
21 Aug 2019	Co-codamol 30mg/500mg tablets	1-2 qds max prn for pain	224 tablets	

Administrative notes: to replace 15/500mg dose

04 Sep 2019	Naproxen 500mg tablets	1 bd	56 tablets	
09 Sep 2019	Methylprednisolone 80mg/2ml / Lidocaine 20mg/2ml (1%) suspension for injection vials	for GP admin	1 vial	A
10 Sep 2019	Omeprazole 20mg gastro-resistant tablets	1 od whilst on naproxen	28 tablets	
11 Sep 2019	Aripiprazole 5mg tablets	2 od	2 packs of 28 tablet(s)	
11 Sep 2019	Gabapentin 300mg capsules	3 morning & 3 evening	168 capsules	
11 Sep 2019	Propranolol 40mg tablets	1 bd	56 tablets	
25 Sep 2019	Co-codamol 30mg/500mg tablets	1-2 qds max prn for pain	224 tablets	

Administrative notes: to replace 15/500mg dose

09 Oct 2019	Aripiprazole 5mg tablets	2 od	2 packs of 28 tablet(s)	
09 Oct 2019	Gabapentin 300mg capsules	3 morning & 3 evening	168 capsules	
09 Oct 2019	Omeprazole 20mg gastro-resistant tablets	1 od whilst on naproxen	28 tablets	
09 Oct 2019	Propranolol 40mg tablets	1 bd	56 tablets	
23 Oct 2019	Co-codamol 30mg/500mg tablets	1-2 qds max prn for pain	224 tablets	

Administrative notes: to replace 15/500mg dose

23 Oct 2019	Naproxen 500mg tablets	1 bd	56 tablets	
06 Nov 2019	Aripiprazole 5mg tablets	2 od	2 packs of 28 tablet(s)	

Ended early on 20 Nov 2019: Sentence Ended by Mrs Michele Hayes

06 Nov 2019	Gabapentin 300mg capsules	3 morning & 3 evening	168 capsules	

Ended early on 20 Nov 2019: Sentence Ended by Mrs Michele Hayes

06 Nov 2019	Propranolol 40mg tablets	1 bd	56 tablets	

Ended early on 20 Nov 2019: Sentence Ended by Mrs Michele Hayes

13 Nov 2019	Co-codamol 30mg/500mg tablets	1-2 qds max prn for pain	224 tablets	

Ended early on 20 Nov 2019: Sentence Ended by Mrs Michele Hayes

Administrative notes: to replace 15/500mg dose

20 Nov 2019	Aripiprazole 5mg tablets	2 od	14 tablets	A

Administrative notes: Warning. May make you sleepy. If so do not drive/use tools or machines.
Do not drink alcohol.

20 Nov 2019	Co-codamol 30mg/500mg tablets	1-2 qds max prn for pain	56 tablets	A

Administrative notes: Contains paracetamol. Do not take anything else containing paracetamol.
Talk to a doctor at once if you take too much, even if you feel well.
Do not take more than 2 at any one time, or more than 8 in 24 hours.
Do not drink alcohol.
Warning. May make you sleepy. If so do not drive/use tools or machines.
May affect ability to drive or operate machinery.

20 Nov 2019	Gabapentin 300mg capsules	3 morning & 3 evening	42 capsules	A

Administrative notes: Warning. Do not stop taking this medicine unless your doctor tells you to.
Swallow this medicine whole. Do not chew or crush.
Warning. May make you sleepy. If so do not drive/use tools or machines.
Do not take indigestion remedies 2 hours before or after you take this.
Do not take dose within two hours of taking aluminium/magnesium antacids.
May affect the ability to drive or operate machinery.

20 Nov 2019	Omeprazole 20mg gastro-resistant tablets	1 od whilst on naproxen	28 tablets	

Ended early on 20 Nov 2019: Sentence Ended by Mrs Michele Hayes

20 Nov 2019	Propranolol 40mg tablets	1 bd	14 tablets	A

Administrative notes: Warning. Do not stop taking this medicine unless your doctor tells you to.

03 Dec 2019	Omeprazole 20mg gastro-resistant tablets	1 od whilst on naproxen	28 tablets	

Ended early on 20 Nov 2019: Sentence Ended by Mrs Michele Hayes

06 Dec 2019	Aripiprazole 5mg tablets	two to be taken once daily	28 tablet	
06 Dec 2019	Emcozin 30mg/500mg tablets (GlucoRx Ltd)	"Co-codamol 30mg/500mg" Take ONE or TWO tablets up to FOUR times a day when required for pain relief	100 tablet	
06 Dec 2019	Gabapentin 300mg capsules	3 twice daily	84 capsule	
06 Dec 2019	Propranolol 40mg tablets	twice daily	28 tablet	
02 Jan 2020	Aripiprazole 5mg tablets	two to be taken once daily	28 tablet	
02 Jan 2020	Emcozin 30mg/500mg tablets (GlucoRx Ltd)	"Co-codamol 30mg/500mg" Take ONE or TWO tablets up to FOUR times a day when required for pain relief	100 tablet	
02 Jan 2020	Gabapentin 300mg capsules	3 twice daily	84 capsule	
02 Jan 2020	Propranolol 40mg tablets	twice daily	28 tablet	
07 Jan 2020	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
10 Jan 2020	Aripiprazole 5mg tablets	two to be taken once daily	56 tablet	
20 Jan 2020	Nicotinell TTS 30 patches (Dr Reddy's Laboratories (UK) Ltd)	use daily	14 patch	A
29 Jan 2020	Aripiprazole 5mg tablets	two to be taken once daily	56 tablet	
29 Jan 2020	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
29 Jan 2020	Gabapentin 300mg capsules	3 twice daily	84 capsule	
29 Jan 2020	Propranolol 40mg tablets	twice daily	28 tablet	
21 Feb 2020	Aripiprazole 5mg tablets	two to be taken once daily	56 tablet	
21 Feb 2020	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
21 Feb 2020	Gabapentin 300mg capsules	3 twice daily	84 capsule	
21 Feb 2020	Propranolol 40mg tablets	twice daily	28 tablet	
23 Mar 2020	Aripiprazole 5mg tablets	two to be taken once daily	56 tablet	
23 Mar 2020	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
23 Mar 2020	Gabapentin 300mg capsules	3 twice daily	84 capsule	

23 Mar 2020	Propranolol 40mg tablets	twice daily	28 tablet	
10 Apr 2020	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

10 Apr 2020	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
10 Apr 2020	Gabapentin 300mg capsules	3 twice daily	84 capsule	
10 Apr 2020	Propranolol 40mg tablets	twice daily	28 tablet	
07 May 2020	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

07 May 2020	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
07 May 2020	Gabapentin 300mg capsules	3 twice daily	84 capsule	
07 May 2020	Propranolol 40mg tablets	twice daily	28 tablet	
27 May 2020	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

27 May 2020	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
27 May 2020	Gabapentin 300mg capsules	3 twice daily	84 capsule	
27 May 2020	Propranolol 40mg tablets	twice daily	28 tablet	
22 Jun 2020	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

22 Jun 2020	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
22 Jun 2020	Gabapentin 300mg capsules	3 twice daily	84 capsule	
22 Jun 2020	Propranolol 40mg tablets	twice daily	28 tablet	
09 Jul 2020	Gabapentin 300mg capsules	3 twice daily	84 capsule	
09 Jul 2020	Propranolol 40mg tablets	twice daily	28 tablet	
17 Jul 2020	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

17 Jul 2020	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
17 Jul 2020	Gabapentin 300mg capsules	3 twice daily	84 capsule	
17 Jul 2020	Propranolol 40mg tablets	twice daily	28 tablet	
19 Aug 2020	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

19 Aug 2020	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
19 Aug 2020	Gabapentin 300mg capsules	3 twice daily	84 capsule	
19 Aug 2020	Propranolol 40mg tablets	twice daily	28 tablet	
09 Sep 2020	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

09 Sep 2020	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
09 Sep 2020	Gabapentin 300mg capsules	3 twice daily	84 capsule	
09 Sep 2020	Propranolol 40mg tablets	twice daily	28 tablet	
02 Oct 2020	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

02 Oct 2020	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
02 Oct 2020	Gabapentin 300mg capsules	3 twice daily	84 capsule	
02 Oct 2020	Propranolol 40mg tablets	twice daily	28 tablet	
28 Oct 2020	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

28 Oct 2020	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
28 Oct 2020	Gabapentin 300mg capsules	3 twice daily	84 capsule	
28 Oct 2020	Propranolol 40mg tablets	twice daily	28 tablet	
16 Nov 2020	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

16 Nov 2020	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
16 Nov 2020	Gabapentin 300mg capsules	3 twice daily	84 capsule	
16 Nov 2020	Propranolol 40mg tablets	twice daily	28 tablet	
10 Dec 2020	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

10 Dec 2020	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
10 Dec 2020	Gabapentin 300mg capsules	3 twice daily	84 capsule	
10 Dec 2020	Propranolol 40mg tablets	twice daily	28 tablet	
29 Dec 2020	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

29 Dec 2020	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
04 Jan 2021	Gabapentin 300mg capsules	3 twice daily	84 capsule	
04 Jan 2021	Propranolol 40mg tablets	twice daily	28 tablet	
21 Jan 2021	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

21 Jan 2021	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
21 Jan 2021	Propranolol 40mg tablets	twice daily	28 tablet	
25 Jan 2021	Gabapentin 300mg capsules	3 twice daily	168 capsule	
19 Feb 2021	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

19 Feb 2021	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
19 Feb 2021	Gabapentin 300mg capsules	3 twice daily	168 capsule	
19 Feb 2021	Propranolol 40mg tablets	twice daily	28 tablet	
17 Mar 2021	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

17 Mar 2021	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
17 Mar 2021	Gabapentin 300mg capsules	3 twice daily	168 capsule	
17 Mar 2021	Propranolol 40mg tablets	twice daily	28 tablet	
22 Mar 2021	Amoxicillin 500mg capsules	take one 3 times/day	15 capsule	A
04 May 2021	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

04 May 2021	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
04 May 2021	Gabapentin 300mg capsules	3 twice daily	168 capsule	
04 May 2021	Propranolol 40mg tablets	twice daily	28 tablet	
01 Jun 2021	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

01 Jun 2021	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
01 Jun 2021	Gabapentin 300mg capsules	3 twice daily	168 capsule	
01 Jun 2021	Propranolol 40mg tablets	twice daily	28 tablet	
29 Jun 2021	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

29 Jun 2021	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
29 Jun 2021	Doxycycline 100mg capsules	two now then one daily	8 capsule	A
29 Jun 2021	Gabapentin 300mg capsules	3 twice daily	168 capsule	
29 Jun 2021	Propranolol 40mg tablets	twice daily	28 tablet	
29 Jul 2021	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

29 Jul 2021	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
29 Jul 2021	Gabapentin 300mg capsules	3 twice daily	168 capsule	
29 Jul 2021	Propranolol 40mg tablets	twice daily	28 tablet	

23 Aug 2021	Aripiprazole 15mg tablets	take one daily	28 tablet	
Administrative notes: changed from clinic letter 23.3.2020				
23 Aug 2021	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
23 Aug 2021	Gabapentin 300mg capsules	3 twice daily	168 capsule	
23 Aug 2021	Propranolol 40mg tablets	twice daily	28 tablet	
20 Sep 2021	Aripiprazole 15mg tablets	take one daily	28 tablet	
Administrative notes: changed from clinic letter 23.3.2020				
20 Sep 2021	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
20 Sep 2021	Gabapentin 300mg capsules	3 twice daily	168 capsule	
20 Sep 2021	Propranolol 40mg tablets	twice daily	28 tablet	
18 Oct 2021	Aripiprazole 15mg tablets	take one daily	28 tablet	
Administrative notes: changed from clinic letter 23.3.2020				
18 Oct 2021	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
18 Oct 2021	Gabapentin 300mg capsules	3 twice daily	168 capsule	
18 Oct 2021	Propranolol 40mg tablets	twice daily	28 tablet	
08 Nov 2021	Aripiprazole 15mg tablets	take one daily	28 tablet	
Administrative notes: changed from clinic letter 23.3.2020				
08 Nov 2021	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
08 Nov 2021	Gabapentin 300mg capsules	3 twice daily	168 capsule	
08 Nov 2021	Propranolol 40mg tablets	twice daily	28 tablet	
19 Nov 2021	Aripiprazole 15mg tablets	take one daily	28 tablet	
Administrative notes: changed from clinic letter 23.3.2020				
19 Nov 2021	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
19 Nov 2021	Gabapentin 300mg capsules	3 twice daily	168 capsule	
19 Nov 2021	Propranolol 40mg tablets	twice daily	28 tablet	
09 Dec 2021	Aripiprazole 15mg tablets	take one daily	28 tablet	
Administrative notes: changed from clinic letter 23.3.2020				
09 Dec 2021	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
09 Dec 2021	Gabapentin 300mg capsules	3 twice daily	168 capsule	
09 Dec 2021	Propranolol 40mg tablets	twice daily	28 tablet	
30 Dec 2021	Aripiprazole 15mg tablets	take one daily	28 tablet	
Administrative notes: changed from clinic letter 23.3.2020				
30 Dec 2021	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
30 Dec 2021	Gabapentin 300mg capsules	3 twice daily	168 capsule	
30 Dec 2021	Propranolol 40mg tablets	twice daily	28 tablet	
12 Jan 2022	Colecalciferol 25,000unit tablets	take 1 tablet twice weekly for 6 weeks then stop	12 tablet	A
09 Feb 2022	Aripiprazole 15mg tablets	take one daily	28 tablet	
Administrative notes: changed from clinic letter 23.3.2020				
09 Feb 2022	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
09 Feb 2022	Gabapentin 300mg capsules	3 twice daily	168 capsule	
09 Feb 2022	Propranolol 40mg tablets	twice daily	28 tablet	
03 Mar 2022	Aripiprazole 15mg tablets	take one daily	28 tablet	
Administrative notes: changed from clinic letter 23.3.2020				
03 Mar 2022	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
03 Mar 2022	Gabapentin 300mg capsules	3 twice daily	168 capsule	
03 Mar 2022	Propranolol 40mg tablets	twice daily	28 tablet	
18 Mar 2022	Ibuprofen 5% gel	apply 3 times/day	50 gram	A
25 Mar 2022	Aripiprazole 15mg tablets	take one daily	28 tablet	
Administrative notes: changed from clinic letter 23.3.2020				

25 Mar 2022	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
25 Mar 2022	Gabapentin 300mg capsules	3 twice daily	168 capsule	
25 Mar 2022	Propranolol 40mg tablets	twice daily	28 tablet	
20 Apr 2022	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

20 Apr 2022	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
20 Apr 2022	Gabapentin 300mg capsules	3 twice daily	168 capsule	
20 Apr 2022	Propranolol 40mg tablets	twice daily	28 tablet	
13 May 2022	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

13 May 2022	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
13 May 2022	Gabapentin 300mg capsules	3 twice daily	168 capsule	
13 May 2022	Propranolol 40mg tablets	twice daily	28 tablet	
30 May 2022	Flucloxacillin 500mg capsules	take one 4 times/day	28 capsule	A
30 May 2022	Mirtazapine 15mg tablets	use as directed	28 tablet	A
30 May 2022	Otomize ear spray (Ennogen Healthcare International Ltd)	use as directed	5 ml	A
31 May 2022	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

31 May 2022	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
31 May 2022	Gabapentin 300mg capsules	3 twice daily	168 capsule	
31 May 2022	Propranolol 40mg tablets	twice daily	28 tablet	
21 Jun 2022	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
21 Jun 2022	Propranolol 40mg tablets	twice daily	28 tablet	
24 Jun 2022	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

24 Jun 2022	Gabapentin 300mg capsules	3 twice daily	168 capsule	
27 Jun 2022	Mirtazapine 15mg tablets	use as directed	28 tablet	
15 Jul 2022	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

15 Jul 2022	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
15 Jul 2022	Gabapentin 300mg capsules	3 twice daily	168 capsule	
15 Jul 2022	Propranolol 40mg tablets	twice daily	28 tablet	
25 Jul 2022	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	A
26 Jul 2022	Mirtazapine 15mg tablets	use as directed	28 tablet	
26 Jul 2022	Propranolol 40mg tablets	twice daily	28 tablet	
09 Aug 2022	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

09 Aug 2022	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
09 Aug 2022	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
09 Aug 2022	Gabapentin 300mg capsules	3 twice daily	168 capsule	
09 Aug 2022	Mirtazapine 15mg tablets	use as directed	28 tablet	
09 Aug 2022	Propranolol 40mg tablets	twice daily	28 tablet	
05 Sep 2022	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

05 Sep 2022	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
05 Sep 2022	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
05 Sep 2022	Gabapentin 300mg capsules	3 twice daily	168 capsule	
05 Sep 2022	Mirtazapine 15mg tablets	use as directed	28 tablet	

05 Sep 2022	Propranolol 40mg tablets	twice daily	28 tablet	
28 Sep 2022	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

28 Sep 2022	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
28 Sep 2022	Gabapentin 300mg capsules	3 twice daily	168 capsule	
28 Sep 2022	Mirtazapine 15mg tablets	use as directed	28 tablet	
28 Sep 2022	Propranolol 40mg tablets	twice daily	28 tablet	
03 Oct 2022	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
28 Oct 2022	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

28 Oct 2022	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
28 Oct 2022	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
28 Oct 2022	Gabapentin 300mg capsules	3 twice daily	168 capsule	
28 Oct 2022	Mirtazapine 15mg tablets	use as directed	28 tablet	
28 Oct 2022	Propranolol 40mg tablets	twice daily	28 tablet	
17 Nov 2022	Amoxicillin 500mg capsules	take one 3 times/day	15 capsule	A
30 Nov 2022	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

30 Nov 2022	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
30 Nov 2022	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
30 Nov 2022	Gabapentin 300mg capsules	3 twice daily	168 capsule	
30 Nov 2022	Mirtazapine 15mg tablets	use as directed	28 tablet	
30 Nov 2022	Propranolol 40mg tablets	twice daily	28 tablet	
16 Dec 2022	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

16 Dec 2022	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
16 Dec 2022	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
16 Dec 2022	Gabapentin 300mg capsules	3 twice daily	168 capsule	
16 Dec 2022	Mirtazapine 15mg tablets	use as directed	28 tablet	
16 Dec 2022	Propranolol 40mg tablets	twice daily	28 tablet	
03 Jan 2023	Simvastatin 40mg tablets	take one at night	28 tablet	
20 Jan 2023	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

20 Jan 2023	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
20 Jan 2023	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
20 Jan 2023	Gabapentin 300mg capsules	3 twice daily	168 capsule	
20 Jan 2023	Mirtazapine 15mg tablets	use as directed	28 tablet	
20 Jan 2023	Propranolol 40mg tablets	twice daily	28 tablet	
15 Feb 2023	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

15 Feb 2023	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
15 Feb 2023	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
15 Feb 2023	Gabapentin 300mg capsules	3 twice daily	168 capsule	
15 Feb 2023	Mirtazapine 15mg tablets	use as directed	28 tablet	
15 Feb 2023	Propranolol 40mg tablets	twice daily	28 tablet	
15 Feb 2023	Simvastatin 40mg tablets	take one at night	28 tablet	

10 Mar 2023	Aripiprazole 15mg tablets	take one daily	28 tablet	
Administrative notes: changed from clinic letter 23.3.2020				
10 Mar 2023	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
10 Mar 2023	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
10 Mar 2023	Gabapentin 300mg capsules	3 twice daily	168 capsule	
10 Mar 2023	Mirtazapine 15mg tablets	use as directed	28 tablet	
10 Mar 2023	Propranolol 40mg tablets	twice daily	28 tablet	
10 Mar 2023	Simvastatin 40mg tablets	take one at night	28 tablet	
12 Apr 2023	Aripiprazole 15mg tablets	take one daily	28 tablet	
Administrative notes: changed from clinic letter 23.3.2020				
12 Apr 2023	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
12 Apr 2023	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
12 Apr 2023	Gabapentin 300mg capsules	3 twice daily	168 capsule	
12 Apr 2023	Mirtazapine 15mg tablets	use as directed	28 tablet	
12 Apr 2023	Propranolol 40mg tablets	twice daily	28 tablet	
12 Apr 2023	Simvastatin 40mg tablets	take one at night	28 tablet	
04 May 2023	Aripiprazole 15mg tablets	take one daily	28 tablet	
Administrative notes: changed from clinic letter 23.3.2020				
04 May 2023	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
04 May 2023	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
04 May 2023	Gabapentin 300mg capsules	3 twice daily	168 capsule	
04 May 2023	Mirtazapine 15mg tablets	use as directed	28 tablet	
04 May 2023	Propranolol 40mg tablets	twice daily	28 tablet	
04 May 2023	Simvastatin 40mg tablets	take one at night	28 tablet	
07 Jun 2023	Aripiprazole 15mg tablets	take one daily	28 tablet	
Administrative notes: changed from clinic letter 23.3.2020				
07 Jun 2023	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
07 Jun 2023	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
07 Jun 2023	Gabapentin 300mg capsules	3 twice daily	168 capsule	
07 Jun 2023	Mirtazapine 15mg tablets	use as directed	28 tablet	
07 Jun 2023	Propranolol 40mg tablets	twice daily	28 tablet	
07 Jun 2023	Simvastatin 40mg tablets	take one at night	28 tablet	
30 Jun 2023	Aripiprazole 15mg tablets	take one daily	28 tablet	
Administrative notes: changed from clinic letter 23.3.2020				
30 Jun 2023	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	
30 Jun 2023	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
30 Jun 2023	Gabapentin 300mg capsules	3 twice daily	168 capsule	
30 Jun 2023	Mirtazapine 15mg tablets	use as directed	28 tablet	
30 Jun 2023	Propranolol 40mg tablets	twice daily	28 tablet	
30 Jun 2023	Simvastatin 40mg tablets	take one at night	28 tablet	
18 Aug 2023	Aripiprazole 15mg tablets	take one daily	28 tablet	
Administrative notes: changed from clinic letter 23.3.2020				
18 Aug 2023	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
18 Aug 2023	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
18 Aug 2023	Gabapentin 300mg capsules	3 twice daily	168 capsule	

18 Aug 2023	Mirtazapine 15mg tablets	one to be taken each night	28 tablet	
18 Aug 2023	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
18 Aug 2023	Simvastatin 40mg tablets	take one at night	28 tablet	
08 Sep 2023	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

08 Sep 2023	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
08 Sep 2023	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
08 Sep 2023	Gabapentin 300mg capsules	3 twice daily	168 capsule	
08 Sep 2023	Mirtazapine 15mg tablets	one to be taken each night	28 tablet	
08 Sep 2023	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
08 Sep 2023	Simvastatin 40mg tablets	take one at night	28 tablet	
05 Oct 2023	Aripiprazole 15mg tablets	take one daily	28 tablet	

Administrative notes: changed from clinic letter 23.3.2020

05 Oct 2023	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
05 Oct 2023	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
05 Oct 2023	Gabapentin 300mg capsules	3 twice daily	168 capsule	
05 Oct 2023	Mirtazapine 15mg tablets	one to be taken each night	28 tablet	
05 Oct 2023	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
05 Oct 2023	Simvastatin 40mg tablets	take one at night	28 tablet	
06 Nov 2023	Aripiprazole 10mg tablets	two od	56 tablet	
06 Nov 2023	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
06 Nov 2023	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
06 Nov 2023	Gabapentin 300mg capsules	3 twice daily	168 capsule	
06 Nov 2023	Mirtazapine 30mg tablets	nocte	28 tablet	
06 Nov 2023	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
06 Nov 2023	Simvastatin 40mg tablets	take one at night	28 tablet	
28 Nov 2023	Aripiprazole 10mg tablets	two od	56 tablet	
28 Nov 2023	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
28 Nov 2023	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
28 Nov 2023	Gabapentin 300mg capsules	3 twice daily	168 capsule	
28 Nov 2023	Mirtazapine 30mg tablets	nocte	28 tablet	
28 Nov 2023	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
28 Nov 2023	Simvastatin 40mg tablets	take one at night	28 tablet	
19 Dec 2023	Aripiprazole 10mg tablets	two od	56 tablet	
19 Dec 2023	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
19 Dec 2023	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
19 Dec 2023	Gabapentin 300mg capsules	3 twice daily	168 capsule	
19 Dec 2023	Mirtazapine 30mg tablets	nocte	28 tablet	
19 Dec 2023	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	

19 Dec 2023	Simvastatin 40mg tablets	take one at night	28 tablet	
22 Jan 2024	Aripiprazole 10mg tablets	two od	56 tablet	
22 Jan 2024	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
22 Jan 2024	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
22 Jan 2024	Gabapentin 300mg capsules	3 twice daily	168 capsule	
22 Jan 2024	Mirtazapine 30mg tablets	nocte	28 tablet	
22 Jan 2024	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
22 Jan 2024	Simvastatin 40mg tablets	take one at night	28 tablet	
13 Feb 2024	Aripiprazole 10mg tablets	two od	56 tablet	
13 Feb 2024	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
13 Feb 2024	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
13 Feb 2024	Gabapentin 300mg capsules	Two twice a day	120 capsule	

Script notes: reduce to 2 twice a day - review in 6 months

13 Feb 2024	Mirtazapine 30mg tablets	nocte	28 tablet	
13 Feb 2024	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
13 Feb 2024	Simvastatin 40mg tablets	take one at night	28 tablet	
08 Mar 2024	Aripiprazole 10mg tablets	two od	56 tablet	
08 Mar 2024	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
08 Mar 2024	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
08 Mar 2024	Gabapentin 300mg capsules	Two twice a day	120 capsule	

Script notes: reduce to 2 twice a day - review in 6 months

08 Mar 2024	Mirtazapine 30mg tablets	nocte	28 tablet	
08 Mar 2024	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
08 Mar 2024	Simvastatin 40mg tablets	take one at night	28 tablet	
04 Apr 2024	Aripiprazole 10mg tablets	two od	56 tablet	
04 Apr 2024	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
04 Apr 2024	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
04 Apr 2024	Gabapentin 300mg capsules	Two twice a day	120 capsule	

Script notes: reduce to 2 twice a day - review in 6 months

04 Apr 2024	Mirtazapine 30mg tablets	nocte	28 tablet	
04 Apr 2024	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
04 Apr 2024	Simvastatin 40mg tablets	take one at night	28 tablet	
30 Apr 2024	Aripiprazole 10mg tablets	two od	56 tablet	
30 Apr 2024	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
30 Apr 2024	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
30 Apr 2024	Gabapentin 300mg capsules	Two twice a day	120 capsule	

Script notes: reduce to 2 twice a day - review in 6 months

30 Apr 2024	Mirtazapine 30mg tablets	nocte	28 tablet	
30 Apr 2024	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	

30 Apr 2024	Simvastatin 40mg tablets	take one at night	28 tablet	
30 May 2024	Aripiprazole 10mg tablets	two od	56 tablet	
30 May 2024	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
30 May 2024	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
30 May 2024	Gabapentin 300mg capsules	Two twice a day	120 capsule	

Script notes: reduce to 2 twice a day - review in 6 months

30 May 2024	Mirtazapine 30mg tablets	nocte	28 tablet	
30 May 2024	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
30 May 2024	Simvastatin 40mg tablets	take one at night	28 tablet	
02 Jul 2024	Aripiprazole 10mg tablets	two od	56 tablet	
02 Jul 2024	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
02 Jul 2024	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
02 Jul 2024	Gabapentin 300mg capsules	Two twice a day	120 capsule	

Script notes: reduce to 2 twice a day - review in 6 months

02 Jul 2024	Mirtazapine 30mg tablets	nocte	28 tablet	
02 Jul 2024	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
02 Jul 2024	Simvastatin 40mg tablets	take one at night	28 tablet	
08 Aug 2024	Aripiprazole 10mg tablets	two od	56 tablet	
08 Aug 2024	Artificial saliva pastilles	use as directed	50 pastille	
08 Aug 2024	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
08 Aug 2024	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
08 Aug 2024	Gabapentin 300mg capsules	Two twice a day	120 capsule	

Script notes: reduce to 2 twice a day - review in 6 months

08 Aug 2024	Mirtazapine 30mg tablets	nocte	28 tablet	
08 Aug 2024	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
08 Aug 2024	Simvastatin 40mg tablets	take one at night	28 tablet	
02 Sep 2024	Aripiprazole 10mg tablets	two od	56 tablet	
02 Sep 2024	Artificial saliva pastilles	use as directed	50 pastille	
02 Sep 2024	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
02 Sep 2024	Mirtazapine 30mg tablets	nocte	28 tablet	
02 Sep 2024	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
02 Sep 2024	Simvastatin 40mg tablets	take one at night	28 tablet	
05 Sep 2024	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
05 Sep 2024	Gabapentin 300mg capsules	Two twice a day	120 capsule	

Script notes: reduce to 2 twice a day - review in 6 months

20 Sep 2024	Aripiprazole 10mg tablets	two od	56 tablet	
20 Sep 2024	Artificial saliva pastilles	use as directed	50 pastille	
20 Sep 2024	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
20 Sep 2024	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	

20 Sep 2024	Gabapentin 300mg capsules	Two twice a day	120 capsule	
Script notes: reduce to 2 twice a day - review in 6 months				
20 Sep 2024	Mirtazapine 30mg tablets	nocte	28 tablet	
20 Sep 2024	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
20 Sep 2024	Simvastatin 40mg tablets	take one at night	28 tablet	
11 Oct 2024	Aripiprazole 10mg tablets	two od	56 tablet	
11 Oct 2024	Artificial saliva pastilles	use as directed	50 pastille	
11 Oct 2024	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
11 Oct 2024	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
11 Oct 2024	Gabapentin 300mg capsules	Two twice a day	120 capsule	
Script notes: reduce to 2 twice a day - review in 6 months				
11 Oct 2024	Mirtazapine 30mg tablets	nocte	28 tablet	
11 Oct 2024	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
11 Oct 2024	Simvastatin 40mg tablets	take one at night	28 tablet	
06 Nov 2024	Aripiprazole 10mg tablets	two od	56 tablet	
06 Nov 2024	Artificial saliva pastilles	use as directed	50 pastille	
06 Nov 2024	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
06 Nov 2024	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
06 Nov 2024	Gabapentin 300mg capsules	Two twice a day	120 capsule	
Script notes: reduce to 2 twice a day - review in 6 months				
06 Nov 2024	Mirtazapine 30mg tablets	nocte	28 tablet	
06 Nov 2024	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
06 Nov 2024	Simvastatin 40mg tablets	take one at night	28 tablet	
04 Dec 2024	Aripiprazole 10mg tablets	two od	56 tablet	
04 Dec 2024	Artificial saliva pastilles	use as directed	50 pastille	
04 Dec 2024	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
04 Dec 2024	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
04 Dec 2024	Gabapentin 300mg capsules	Two twice a day	120 capsule	
Script notes: reduce to 2 twice a day - review in 6 months				
04 Dec 2024	Mirtazapine 30mg tablets	nocte	28 tablet	
04 Dec 2024	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
04 Dec 2024	Simvastatin 40mg tablets	take one at night	28 tablet	
23 Dec 2024	Aripiprazole 10mg tablets	two od	56 tablet	
23 Dec 2024	Artificial saliva pastilles	use as directed	50 pastille	
23 Dec 2024	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
23 Dec 2024	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
23 Dec 2024	Gabapentin 300mg capsules	Two twice a day	120 capsule	
Script notes: reduce to 2 twice a day - review in 6 months				
23 Dec 2024	Mirtazapine 30mg tablets	nocte	28 tablet	
23 Dec 2024	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
23 Dec 2024	Simvastatin 40mg tablets	take one at night	28 tablet	
16 Jan 2025	Artificial saliva pastilles	use as directed	50 pastille	

16 Jan 2025	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
16 Jan 2025	Gabapentin 300mg capsules	Two twice a day	120 capsule	

Script notes: reduce to 2 twice a day - review in 6 months

17 Jan 2025	Aripiprazole 10mg tablets	two od	56 tablet	
17 Jan 2025	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
17 Jan 2025	Mirtazapine 30mg tablets	nocte	28 tablet	
17 Jan 2025	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
17 Jan 2025	Simvastatin 40mg tablets	take one at night	28 tablet	
10 Feb 2025	Aripiprazole 10mg tablets	two od	56 tablet	
10 Feb 2025	Artificial saliva pastilles	use as directed	50 pastille	
10 Feb 2025	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
10 Feb 2025	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
10 Feb 2025	Gabapentin 300mg capsules	Two twice a day	120 capsule	

Script notes: reduce to 2 twice a day - review in 6 months

10 Feb 2025	Mirtazapine 30mg tablets	nocte	28 tablet	
10 Feb 2025	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
10 Feb 2025	Simvastatin 40mg tablets	take one at night	28 tablet	
05 Mar 2025	Aripiprazole 10mg tablets	two od	56 tablet	
05 Mar 2025	Artificial saliva pastilles	use as directed	50 pastille	
05 Mar 2025	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
05 Mar 2025	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
05 Mar 2025	Gabapentin 300mg capsules	Two twice a day	120 capsule	

Script notes: reduce to 2 twice a day - review in 6 months

05 Mar 2025	Mirtazapine 30mg tablets	nocte	28 tablet	
05 Mar 2025	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
05 Mar 2025	Simvastatin 40mg tablets	take one at night	28 tablet	
31 Mar 2025	Aripiprazole 10mg tablets	two od	56 tablet	
31 Mar 2025	Artificial saliva pastilles	use as directed	50 pastille	
31 Mar 2025	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
31 Mar 2025	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
31 Mar 2025	Gabapentin 300mg capsules	Two twice a day	120 capsule	

Script notes: reduce to 2 twice a day - review in 6 months

31 Mar 2025	Mirtazapine 30mg tablets	nocte	28 tablet	
31 Mar 2025	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
31 Mar 2025	Simvastatin 40mg tablets	take one at night	28 tablet	
06 May 2025	Aripiprazole 10mg tablets	two od	56 tablet	
06 May 2025	Artificial saliva pastilles	use as directed	50 pastille	
06 May 2025	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
06 May 2025	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	

06 May 2025	Gabapentin 300mg capsules	Two twice a day	120 capsule	
Script notes: reduce to 2 twice a day - review in 6 months				
06 May 2025	Mirtazapine 30mg tablets	nocte	28 tablet	
06 May 2025	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
06 May 2025	Simvastatin 40mg tablets	take one at night	28 tablet	
04 Jun 2025	Aripiprazole 10mg tablets	two od	56 tablet	
04 Jun 2025	Artificial saliva pastilles	use as directed	50 pastille	
04 Jun 2025	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
04 Jun 2025	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
04 Jun 2025	Gabapentin 300mg capsules	Two twice a day	120 capsule	
Script notes: reduce to 2 twice a day - review in 6 months				
04 Jun 2025	Mirtazapine 30mg tablets	nocte	28 tablet	
04 Jun 2025	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
04 Jun 2025	Simvastatin 40mg tablets	take one at night	28 tablet	
07 Jul 2025	Aripiprazole 10mg tablets	two od	56 tablet	
07 Jul 2025	Artificial saliva pastilles	use as directed	50 pastille	
07 Jul 2025	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
07 Jul 2025	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
07 Jul 2025	Gabapentin 300mg capsules	Two twice a day	120 capsule	
Script notes: reduce to 2 twice a day - review in 6 months				
07 Jul 2025	Mirtazapine 30mg tablets	nocte	28 tablet	
07 Jul 2025	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
07 Jul 2025	Simvastatin 40mg tablets	take one at night	28 tablet	
30 Jul 2025	Aripiprazole 10mg tablets	two od	56 tablet	
30 Jul 2025	Artificial saliva pastilles	use as directed	50 pastille	
30 Jul 2025	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
30 Jul 2025	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
30 Jul 2025	Gabapentin 300mg capsules	Two twice a day	120 capsule	
Script notes: reduce to 2 twice a day - review in 6 months				
30 Jul 2025	Mirtazapine 30mg tablets	nocte	28 tablet	
30 Jul 2025	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
30 Jul 2025	Simvastatin 40mg tablets	take one at night	28 tablet	
26 Aug 2025	Aripiprazole 10mg tablets	two od	56 tablet	
26 Aug 2025	Artificial saliva pastilles	use as directed	50 pastille	
26 Aug 2025	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
26 Aug 2025	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
26 Aug 2025	Gabapentin 300mg capsules	Two twice a day	120 capsule	
Script notes: reduce to 2 twice a day - review in 6 months				
26 Aug 2025	Mirtazapine 30mg tablets	nocte	28 tablet	
26 Aug 2025	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
26 Aug 2025	Simvastatin 40mg tablets	take one at night	28 tablet	
04 Sep 2025	Amoxicillin 500mg capsules	take one 3 times/day	15 capsule	A

24 Sep 2025	Aripiprazole 10mg tablets	two od	56 tablet	
24 Sep 2025	Artificial saliva pastilles	use as directed	50 pastille	
24 Sep 2025	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
24 Sep 2025	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
24 Sep 2025	Gabapentin 300mg capsules	Two twice a day	120 capsule	

Script notes: reduce to 2 twice a day - review in 6 months

24 Sep 2025	Mirtazapine 30mg tablets	nocte	28 tablet	
24 Sep 2025	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
24 Sep 2025	Simvastatin 40mg tablets	take one at night	28 tablet	
21 Oct 2025	Aripiprazole 10mg tablets	two od	56 tablet	
21 Oct 2025	Artificial saliva pastilles	use as directed	50 pastille	
21 Oct 2025	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
21 Oct 2025	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
21 Oct 2025	Gabapentin 300mg capsules	Two twice a day	120 capsule	

Script notes: reduce to 2 twice a day - review in 6 months

21 Oct 2025	Mirtazapine 30mg tablets	nocte	28 tablet	
21 Oct 2025	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
21 Oct 2025	Simvastatin 40mg tablets	take one at night	28 tablet	
21 Nov 2025	Aripiprazole 10mg tablets	two od	56 tablet	
21 Nov 2025	Artificial saliva pastilles	use as directed	50 pastille	
21 Nov 2025	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
21 Nov 2025	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
21 Nov 2025	Gabapentin 300mg capsules	Two twice a day	120 capsule	

Script notes: reduce to 2 twice a day - review in 6 months

21 Nov 2025	Mirtazapine 30mg tablets	nocte	28 tablet	
21 Nov 2025	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
21 Nov 2025	Simvastatin 40mg tablets	take one at night	28 tablet	
17 Dec 2025	Aripiprazole 10mg tablets	two od	56 tablet	
17 Dec 2025	Artificial saliva pastilles	use as directed	50 pastille	
17 Dec 2025	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
17 Dec 2025	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
17 Dec 2025	Gabapentin 300mg capsules	Two twice a day	120 capsule	

Script notes: reduce to 2 twice a day - review in 6 months

17 Dec 2025	Mirtazapine 30mg tablets	nocte	28 tablet	
17 Dec 2025	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
17 Dec 2025	Simvastatin 40mg tablets	take one at night	28 tablet	
16 Jan 2026	Aripiprazole 10mg tablets	two od	56 tablet	
16 Jan 2026	Artificial saliva pastilles	use as directed	50 pastille	
16 Jan 2026	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
16 Jan 2026	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with	100 gram	

		pain		
16 Jan 2026	Gabapentin 300mg capsules	Two twice a day	120 capsule	
Script notes: reduce to 2 twice a day - review in 6 months				
16 Jan 2026	Mirtazapine 30mg tablets	nocte	28 tablet	
16 Jan 2026	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
16 Jan 2026	Simvastatin 40mg tablets	take one at night	28 tablet	
13 Feb 2026	Aripiprazole 10mg tablets	two od	56 tablet	
13 Feb 2026	Artificial saliva pastilles	use as directed	50 pastille	
13 Feb 2026	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
13 Feb 2026	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
13 Feb 2026	Gabapentin 300mg capsules	Two twice a day	120 capsule	
Script notes: reduce to 2 twice a day - review in 6 months				
13 Feb 2026	Mirtazapine 30mg tablets	nocte	28 tablet	
13 Feb 2026	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
13 Feb 2026	Simvastatin 40mg tablets	take one at night	28 tablet	
13 Mar 2026	Aripiprazole 10mg tablets	two od	56 tablet	
13 Mar 2026	Artificial saliva pastilles	use as directed	50 pastille	
13 Mar 2026	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
13 Mar 2026	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
13 Mar 2026	Gabapentin 300mg capsules	Two twice a day	120 capsule	
Script notes: reduce to 2 twice a day - review in 6 months				
13 Mar 2026	Mirtazapine 30mg tablets	nocte	28 tablet	
13 Mar 2026	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
13 Mar 2026	Simvastatin 40mg tablets	take one at night	28 tablet	
14 Apr 2026	Aripiprazole 10mg tablets	two od	56 tablet	
14 Apr 2026	Artificial saliva pastilles	use as directed	50 pastille	
14 Apr 2026	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
14 Apr 2026	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
14 Apr 2026	Gabapentin 300mg capsules	Two twice a day	120 capsule	
Script notes: reduce to 2 twice a day - review in 6 months				
14 Apr 2026	Mirtazapine 30mg tablets	nocte	28 tablet	
15 May 2026	Aripiprazole 10mg tablets	two od	56 tablet	
15 May 2026	Artificial saliva pastilles	use as directed	50 pastille	
15 May 2026	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	
15 May 2026	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	
15 May 2026	Gabapentin 300mg capsules	Two twice a day	120 capsule	
Script notes: reduce to 2 twice a day - review in 6 months				
15 May 2026	Mirtazapine 30mg tablets	nocte	28 tablet	
15 May 2026	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	
15 May 2026	Simvastatin 40mg tablets	take one at night	28 tablet	

Repeat Templates

18 Jan 2011	Citalopram 40mg tablets	1 DAILY	28 tablet	31 May 2012, Ended
Issues: 17		End Reason: Other (Medication Course Ended. [NOT HELPING])		
15 Feb 2011	Co-codamol 30mg/500mg tablets	Two To Be Taken Four Times A Day	224 tablet	24 Oct 2012, Ended
Issues: 23		End Reason: Other (Medication Course Ended. changed to tramadol)		
08 Jun 2011	Citalopram 20mg tablets	1 DAILY	28 tablet	19 Oct 2011, Ended
Issues: 5		End Reason: Other (Medication Course Ended. [REDUCED ROSE AS PER GUIDELINE])		
14 Dec 2011	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	01 Jun 2015, Ended
Issues: 37		End Reason: Patient Deducted (Active repeat ended on GP2GP transfer)		
17 Jan 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	07 Nov 2013, Ended
Issues: 23		End Reason: Other (Medication Course Ended)		
07 Feb 2012	Gabapentin 300mg capsules	1 BD	56 capsule	29 Jan 2013, Ended
Issues: 14		End Reason: Other (Medication Course Ended. stop)		
12 Dec 2012	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	19 Jan 2015, Ended
Issues: 22		End Reason: Other (Medication Course Ended)		
11 Feb 2013	Citalopram 40mg tablets	One To Be Taken Each Day	28 tablet	07 Nov 2013, Ended
Issues: 7		End Reason: Other (Medication Course Ended)		
18 Oct 2013	Gabapentin 300mg capsules	1 BD	56 capsule	Never, Ended
Issues: 0		End Reason: Other (Medication Course Ended. supply problem)		
03 Jan 2014	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	03 Jan 2014, Ended
Issues: 1		End Reason: Other (Medication Course Ended. stop)		
03 Jan 2014	Citalopram 40mg tablets	One To Be Taken Each Day	28 tablet	03 Jan 2014, Ended
Issues: 1		End Reason: Other (Medication Course Ended. stop)		
06 May 2014	Aripiprazole 15mg tablets	One To Be Taken Each Day	28 tablet	20 Aug 2014, Ended
Issues: 4		End Reason: Other (Medication Course Ended. stop)		
22 Sep 2014	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	01 Jun 2015, Ended
Issues: 7		End Reason: Patient Deducted (Active repeat ended on GP2GP transfer)		
21 Oct 2014	Aripiprazole 10mg tablets	2 tab each am	56 tablet	01 Jun 2015, Ended
Issues: 6		End Reason: Patient Deducted (Active repeat ended on GP2GP transfer)		
25 Jun 2015	Aripiprazole 10mg tablets	2 tab each am	56 tablet	16 Sep 2016, Ended
Issues: 17		End Reason: Re-Authorised by Mrs Charlotte Barber		
Indication: Paranoid schizophrenia (E103.)				
25 Jun 2015	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	16 Sep 2016, Ended
Issues: 17		End Reason: Re-Authorised by Mrs Charlotte Barber		
25 Jun 2015	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	16 Sep 2016, Ended
Issues: 17		End Reason: Re-Authorised by Mrs Charlotte Barber		
Indication: Paranoid schizophrenia (E103.)				
11 Aug 2015	Tramadol 50mg capsules	One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	100 capsule	16 Sep 2016, Ended
Issues: 16		End Reason: Re-Authorised by Mrs Charlotte Barber		
Indication: Osteoarthritis of hip (X703K)				
Script notes: have 2 days a week with no pain killer				

06 Oct 2015	Gabapentin 100mg capsules	2 To be taken Three Times Daily	180 capsule	16 Sep 2016, Ended
Issues: 12		End Reason: Re-Authorised by Mrs Charlotte Barber		
19 Nov 2015	Gabapentin 300mg capsules	1 tds	100 capsule	16 Sep 2016, Ended
Issues: 9		End Reason: Re-Authorised by Mrs Charlotte Barber		
19 Jan 2016	Aripiprazole 5mg tablets	take one daily	28 tablet	16 Sep 2016, Ended
Issues: 9		End Reason: Re-Authorised by Mrs Charlotte Barber		
16 Jun 2016	Paracetamol 500mg tablets	2 Four Times Daily	100 tablet	16 Sep 2016, Ended
Issues: 4		End Reason: Formulary substitution (Replaced Using Bulk Replacement) (This is the same as Paracetamol) by Dr Pravin Jayakumar		
19 Dec 2016	Co-codamol 30mg/500mg tablets	2 bd	112 tablets	03 Jun 2017, Ended
Issues: 7		End Reason: Re-Authorised by Dr Mark Pickering		
Indication: Lumbar disc prolapse with radiculopathy (N12C2)				
20 Feb 2017	Amitriptyline 10mg tablets	[16:00-1 tablets]	28 tablets	24 Mar 2017, Ended
Issues: 2		End Reason: Re-Authorised by Dr Shahzad Arif		
Indication: Lumbar disc prolapse with radiculopathy (N12C2)				
09 Mar 2017	Stexerol-D3 25,000unit tablets (Grunenthal Ltd)	2 weekly for 6 weeks	12 tablets	12 Sep 2017, Ended
Issues: 5		End Reason: Form, strength, or route change by Dr Gaynor Mountcastle		
Indication: Vitamin D deficiency (XE112)				
30 Mar 2017	Amitriptyline 10mg tablets	[16:00-1 tablets]	28 tablets	12 Sep 2017, Ended
Issues: 6		End Reason: End of course by Dr Nabeel Hussain		
Indication: Knee joint pain (N094M)				
30 Mar 2017	Aripiprazole 5mg tablets	2 tablet	56 tablets	31 Mar 2017, Ended
Issues: 1		End Reason: End of course by Dr Shahzad Arif		
Indication: Paranoid schizophrenia NOS (E103z)				
Administrative notes: As discussed with Dr Puri				
30 Mar 2017	Propranolol 40mg tablets	1 To be taken Twice Daily	56 tablets	17 Oct 2017, Ended
Issues: 8		End Reason: Re-Authorised by Dr Gaynor Mountcastle		
Indication: Generalised anxiety disorder (E2002)				
06 Apr 2017	Aripiprazole 5mg tablets	[09:00-2 tablets]	56 tablets	10 Oct 2017, Ended
Issues: 7		End Reason: Re-Authorised by Dr Gaynor Mountcastle		
Indication: Paranoid schizophrenia NOS (E103z)				
05 Jul 2017	Co-codamol 30mg/500mg tablets	2 bd	112 tablets	31 Aug 2017, Ended
Issues: 3		End Reason: Re-Authorised by Dr Gaynor Mountcastle		
14 Jul 2017	Co-codamol 30mg/500mg tablets	2 bd	112 tablets	03 Jun 2017, Issue from previous template, Reauthorised, Ended
Issues: 0		End Reason: Other (Duplicate) by Dr Mark Pickering		
27 Sep 2017	Co-codamol 30mg/500mg tablets	2 bd	112 tablets	04 Oct 2017, Ended
Issues: 1		End Reason: Form, strength, or route change by Dr Gaynor Mountcastle		
10 Oct 2017	Co-codamol 15mg/500mg capsules	[08:00-2][20:00-2][16:00-2][22:00-2]	224 capsules	03 Feb 2018, Ended
Issues: 5		End Reason: Form, strength, or route change by Dr Patrick Law		
10 Oct 2017	Gabapentin 300mg capsules	[08:00-1][20:00-1][16:00-1]	84 capsules	30 Dec 2017, Ended
Issues: 5		End Reason: Form, strength, or route change by Dr Gaynor Mountcastle		
07 Nov 2017	Aripiprazole 5mg tablets	[09:00-2 tablets]	56 tablets	03 Feb 2018, Ended
Issues: 3		End Reason: Form, strength, or route change by Dr Patrick Law		
07 Nov 2017	Fultium-D3 800unit capsules	[08:00-1]	28 capsules	03 Feb 2018, Ended

	(Thornton & Ross Ltd)			
Issues: 4		End Reason: End of course by Dr Patrick Law		
07 Nov 2017	Propranolol 40mg tablets	1 To be taken Twice Daily	56 tablets	03 Feb 2018, Ended
Issues: 4		End Reason: Form, strength, or route change by Dr Patrick Law		
04 Dec 2017	Mandanol 500mg tablets (Crescent Pharma Ltd)	2 four times daily	100 tablet	Never, Ended
Issues: 0		End Reason: Re-Authorised by Mrs Charlotte Barber		
Administrative notes: (Created Using Bulk Replacement)				
27 Jan 2018	Gabapentin 300mg capsules	[08:00-2][20:00-2][16:00-2]	168 capsules	27 Jan 2018, Ended
Issues: 2		End Reason: End of course by Dr Patrick Law		
Indication: Knee sprain NOS (S54y.)				
24 Feb 2018	Aripiprazole 5mg tablets	2 tablet	56 tablets	24 Feb 2018, Ended
Issues: 1		End Reason: Form, strength, or route change by Dr Patrick Law		
24 Feb 2018	Co-codamol 15mg/500mg capsules	2 capsule	112 capsules	24 Feb 2018, Ended
Issues: 1		End Reason: Form, strength, or route change by Dr Patrick Law		
24 Feb 2018	Fultium-D3 800unit capsules (Thornton & Ross Ltd)	1 capsule	28 capsules	24 Feb 2018, Ended
Issues: 1		End Reason: Form, strength, or route change by Dr Patrick Law		
24 Feb 2018	Gabapentin 300mg capsules	2 capsule	112 capsules	24 Feb 2018, Ended
Issues: 1		End Reason: Form, strength, or route change by Dr Patrick Law		
24 Feb 2018	Propranolol 40mg tablets	1 tablet	56 tablets	24 Feb 2018, Ended
Issues: 1		End Reason: Form, strength, or route change by Dr Patrick Law		
05 Mar 2018	Aripiprazole 5mg tablets	TWO to be taken DAILY	2 packs of 28 tablet(s)	08 Sep 2018, Ended
Issues: 7		End Reason: Re-Authorised by Dr Gaynor Mountcastle		
05 Mar 2018	Co-codamol 15mg/500mg capsules	2 QDS	224 capsules	05 Mar 2018, Ended
Issues: 1		End Reason: Form, strength, or route change by Dr Gaynor Mountcastle		
05 Mar 2018	Fultium-D3 800unit capsules (Thornton & Ross Ltd)	1 daily	28 capsules	08 Sep 2018, Ended
Issues: 7		End Reason: Re-Authorised by Dr Gaynor Mountcastle		
05 Mar 2018	Gabapentin 300mg capsules	2 tds	168 capsules	05 Mar 2018, Ended
Issues: 1		End Reason: Form, strength, or route change by Dr Gaynor Mountcastle		
19 Mar 2018	Gabapentin 300mg capsules	3 capsule	168 capsules	Never, Ended
Issues: 0		End Reason: Form, strength, or route change by Dr Gaynor Mountcastle		
19 Mar 2018	Gabapentin 300mg capsules	3 capsule	165 capsules	14 May 2018, Ended
Issues: 3		End Reason: Form, strength, or route change by Dr Gaynor Mountcastle		
19 Mar 2018	Propranolol 40mg tablets	1 tablet	56 tablets	21 May 2018, Ended
Issues: 3		End Reason: Form, strength, or route change by Dr Gaynor Mountcastle		
24 Mar 2018	Codeine 30mg tablets	2 tablet	112 tablets	24 Mar 2018, Ended
Issues: 1		End Reason: Form, strength, or route change by Dr Gaynor Mountcastle		
23 Apr 2018	Co-codamol 30mg/500mg tablets	2 tablet	112 tablets	21 May 2018, Ended
Issues: 2		End Reason: Form, strength, or route change by Dr Gaynor Mountcastle		
02 Jun 2018	Co-codamol 8mg/500mg tablets	[08:00-2][20:00-2][16:00-2][22:00-2]	224 tablets	20 Oct 2018, Ended

Issues: 6 End Reason: Re-Authorised by Dr Gaynor Mountcastle

02 Jun 2018	Gabapentin 300mg capsules	[08:00-3 capsules][16:00-3 capsules]	168 capsules	20 Oct 2018, Ended

Issues: 6 End Reason: Re-Authorised by Dr Gaynor Mountcastle

02 Jun 2018	Propranolol 40mg tablets	[08:00-1][20:00-1]	56 tablets	20 Oct 2018, Ended

Issues: 6 End Reason: Re-Authorised by Dr Gaynor Mountcastle

14 Jun 2018	Aripiprazole 10mg tablets	2 tab each am	56 tablet	16 Sep 2016, Issue from previous template, Reauthorised, Ended

Issues: 0 End Reason: Clinical grounds (not ordered for over 6 months) by Mrs Joanne Chapman

Indication: Paranoid schizophrenia (E103.)

14 Jun 2018	Aripiprazole 5mg tablets	take one daily	28 tablet	16 Sep 2016, Issue from previous template, Reauthorised, Ended

Issues: 0 End Reason: Clinical grounds (not ordered for over 6 months) by Mrs Joanne Chapman

14 Jun 2018	Gabapentin 100mg capsules	2 To be taken Three Times Daily	180 capsule	16 Sep 2016, Issue from previous template, Reauthorised, Ended

Issues: 0 End Reason: Clinical grounds (not ordered for over 6 months) by Mrs Joanne Chapman

14 Jun 2018	Gabapentin 300mg capsules	1 tds	100 capsule	16 Sep 2016, Issue from previous template, Reauthorised, Ended

Issues: 0 End Reason: Clinical grounds (not ordered for over 6 months) by Mrs Joanne Chapman

14 Jun 2018	Mandanol 500mg tablets (Crescent Pharma Ltd)	2 four times daily	100 tablet	Reauthorised, Ended

Issues: 0 End Reason: Clinical grounds (not ordered for over 6 months) by Mrs Joanne Chapman

Administrative notes: (Created Using Bulk Replacement)

14 Jun 2018	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	16 Sep 2016, Issue from previous template, Reauthorised, Ended

Issues: 0 End Reason: Clinical grounds (not ordered for over 6 months) by Mrs Joanne Chapman

14 Jun 2018	Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	16 Sep 2016, Issue from previous template, Reauthorised, Ended

Issues: 0 End Reason: Clinical grounds by Mrs Joanne Chapman

Indication: Paranoid schizophrenia (E103.)

14 Jun 2018	Tramadol 50mg capsules	One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	100 capsule	16 Sep 2016, Issue from previous template, Reauthorised, Ended

Issues: 0 End Reason: Clinical grounds (not ordered for over 6 months) by Mrs Joanne Chapman

Indication: Osteoarthritis of hip (X703K)

Script notes: have 2 days a week with no pain killer

07 Sep 2018	Aripiprazole 5mg tablets	TWO to be taken DAILY	2 packs of 28 tablet(s)	05 Jan 2019, Ended

Issues: 4 End Reason: Patient Deducted

07 Sep 2018	Fultium-D3 800unit capsules (Thornton & Ross Ltd)	1 daily	28 capsules	05 Jan 2019, Ended

Issues: 4 End Reason: Patient Deducted

19 Oct 2018	Co-codamol 8mg/500mg tablets	[08:00-2][20:00-2][16:0	224 tablets	12 Jan 2019, Ended

		0-2][22:00-2]		
Issues: 3		End Reason: Patient Deducted		
19 Oct 2018	Gabapentin 300mg capsules	[08:00-3 capsules][16:00-3 capsules]	168 capsules	12 Jan 2019, Ended
Issues: 3		End Reason: Patient Deducted		
19 Oct 2018	Propranolol 40mg tablets	[08:00-1][20:00-1]	56 tablets	12 Jan 2019, Ended
Issues: 3		End Reason: Patient Deducted		
28 Jan 2019	Aripiprazole 5mg tablets	2 od	2 packs of 28 tablet(s)	17 Jul 2019, Ended
Issues: 7		End Reason: Re-Authorised by Dr Caroline Lennox		
28 Jan 2019	Co-codamol 8mg/500mg tablets	ONE or TWO to be taken up to FOUR times daily	224 tablets	27 Feb 2019, Ended
Issues: 2		End Reason: Change of Dosage by Dr Caroline Lennox		
28 Jan 2019	Fultium-D3 800unit capsules (Thornton & Ross Ltd)	1 od	28 capsules	27 Feb 2019, Ended
Issues: 3		End Reason: Condition resolved by Dr Caroline Lennox		
28 Jan 2019	Gabapentin 300mg capsules	3 bd	168 capsules	27 Mar 2019, Ended
Issues: 3		End Reason: Other (schedule 3 CD from april 1st needs represcribing.) by Mrs Rachel Rogers		
28 Jan 2019	Propranolol 40mg tablets	1 bd	56 tablets	24 Jul 2019, Ended
Issues: 7		End Reason: Re-Authorised by Dr Caroline Lennox		
06 Feb 2019	Naproxen 500mg tablets	1 bd	56 tablets	23 Oct 2019, Ended
Issues: 8		End Reason: Patient Deducted (Sentence Ended)		
Indication: Chest pain (182..)				
04 Mar 2019	Cetirizine 10mg capsules	1 od	28 capsules	10 Apr 2019, Ended
Issues: 1		End Reason: Condition resolved by Dr Caroline Lennox		
06 Mar 2019	Co-codamol 15mg/500mg capsules	1-2 qds max prn for pain	224 capsules	29 May 2019, Ended
Issues: 5		End Reason: Change of Dosage by Dr Caroline Lennox		
Indication: Decreased vocal resonance (X76Ie)				
01 Apr 2019	Gabapentin 300mg capsules	3 morning & 3 evening	168 capsules	09 Oct 2019, Ended
Issues: 8		End Reason: Re-Authorised by Dr Gaynor Mountcastle		
03 Jun 2019	Co-codamol 30mg/500mg tablets	1-2 qds max prn for pain	224 tablets	03 Jul 2019, Ended
Issues: 2		End Reason: Re-Authorised by Dr Caroline Lennox		
Administrative notes: to replace 15/500mg dose				
17 Jul 2019	Co-codamol 30mg/500mg tablets	1-2 qds max prn for pain	224 tablets	13 Nov 2019, Ended
Issues: 5		End Reason: Patient Deducted (Sentence Ended)		
Administrative notes: to replace 15/500mg dose				
14 Aug 2019	Propranolol 40mg tablets	1 bd	56 tablets	06 Nov 2019, Ended
Issues: 3		End Reason: Patient Deducted (Sentence Ended)		
05 Aug 2019	Aripiprazole 5mg tablets	2 od	2 packs of 28 tablet(s)	06 Nov 2019, Ended
Issues: 4		End Reason: Patient Deducted (Sentence Ended)		
09 Sep 2019	Omeprazole 20mg gastro-resistant tablets	1 od whilst on naproxen	28 tablets	20 Nov 2019, Ended
Issues: 4		End Reason: Patient Deducted (Sentence Ended)		
Indication: Supraspinatus tendinitis (N2113)				
06 Nov 2019	Gabapentin 300mg capsules	3 morning & 3 evening	168 capsules	06 Nov 2019, Ended
Issues: 1		End Reason: Patient Deducted (Sentence Ended)		
25 Nov 2019	Aripiprazole 5mg tablets	take two tablets ONCE	56 tablet	Never, Ended

		daily		
Issues: 0		End Reason: Patient Deducted (Trinity Medical Centre)		
25 Nov 2019	Co-codamol 30mg/500mg capsules	take 1 or 2 4 times/day	112 capsule	Never, Ended
Issues: 0		End Reason: Patient Deducted (Trinity Medical Centre)		
25 Nov 2019	Gabapentin 300mg capsules	take one 3 times/day	42 capsule	Never, Ended
Issues: 0		End Reason: Patient Deducted (Trinity Medical Centre)		
25 Nov 2019	Omeprazole 20mg gastro-resistant capsules	take one daily	28 capsule	Never, Ended
Issues: 0		End Reason: Patient Deducted (Trinity Medical Centre)		
25 Nov 2019	Propranolol 40mg tablets	take one twice daily	56 tablet	Never, Ended
Issues: 0		End Reason: Patient Deducted (Trinity Medical Centre)		
06 Dec 2019	Aripiprazole 5mg tablets	two to be taken once daily	56 tablet	23 Mar 2020, Ended
Issues: 6		End Reason: Clinical grounds (changed from clinic letter 23.3.2020) by Miss Karen E Matysiak		
06 Dec 2019	Emcozin 30mg/500mg tablets (GlucoRx Ltd)	"Co-codamol 30mg/500mg" Take ONE or TWO tablets up to FOUR times a day when required for pain relief	100 tablet	02 Jan 2020, Ended
Issues: 2		End Reason: At the Pharmacist's request (not in stock) by Miss Hayley Curtis		
06 Dec 2019	Gabapentin 300mg capsules	3 twice daily	168 capsule	17 Mar 2021, Ended
Issues: 21		End Reason: Re-Authorised by Dr Fiaz Choudhary		
06 Dec 2019	Propranolol 40mg tablets	twice daily	28 tablet	17 Mar 2021, Ended
Issues: 21		End Reason: Re-Authorised by Dr Fiaz Choudhary		
07 Jan 2020	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	17 Mar 2021, Ended
Issues: 19		End Reason: Re-Authorised by Dr Fiaz Choudhary		
27 Mar 2020	Aripiprazole 15mg tablets	take one daily	28 tablet	17 Mar 2021, Ended
Issues: 15		End Reason: Re-Authorised by Dr Fiaz Choudhary		
Indication: Paranoid schizophrenia (E103.)				
Administrative notes: changed from clinic letter 23.3.2020				
17 Mar 2021	Aripiprazole 15mg tablets	take one daily	28 tablet	25 Mar 2022, Ended
Issues: 14		End Reason: Re-Authorised by Mr Vincent J Woods		
Indication: Paranoid schizophrenia (E103.)				
Administrative notes: changed from clinic letter 23.3.2020				
17 Mar 2021	Co-codamol 30mg/500mg tablets	prn for pain relief	100 tablet	25 Mar 2022, Ended
Issues: 14		End Reason: Re-Authorised by Mr Vincent J Woods		
17 Mar 2021	Gabapentin 300mg capsules	3 twice daily	168 capsule	25 Mar 2022, Ended
Issues: 14		End Reason: Re-Authorised by Mr Vincent J Woods		
17 Mar 2021	Propranolol 40mg tablets	twice daily	28 tablet	25 Mar 2022, Ended
Issues: 14		End Reason: Re-Authorised by Mr Vincent J Woods		
20 Apr 2022	Aripiprazole 15mg tablets	take one daily	28 tablet	30 Jun 2023, Ended
Issues: 18		End Reason: Re-Authorised by Mr James Denning		
Indication: Paranoid schizophrenia (E103.)				
Administrative notes: changed from clinic letter 23.3.2020				
20 Apr 2022	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	30 Jun 2023, Ended
Issues: 18		End Reason: Re-Authorised by Mr James Denning		
20 Apr 2022	Gabapentin 300mg capsules	3 twice daily	168 capsule	30 Jun 2023, Ended
Issues: 18		End Reason: Re-Authorised by Mr James Denning		
20 Apr 2022	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	30 Jun 2023, Ended
Issues: 19		End Reason: Re-Authorised by Mr James Denning		

27 Jun 2022	Mirtazapine 15mg tablets	one to be taken each night	28 tablet	30 Jun 2023, Ended
Issues: 15		End Reason: Re-Authorised by Mr James Denning		
25 Jul 2022	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	30 Jun 2023, Ended
Issues: 13		End Reason: Re-Authorised by Mr James Denning		
03 Jan 2023	Simvastatin 40mg tablets	take one at night	28 tablet	30 Jun 2023, Ended
Issues: 7		End Reason: Re-Authorised by Mr James Denning		
28 Jul 2023	Aripiprazole 15mg tablets	take one daily	28 tablet	05 Oct 2023, Ended
Issues: 3		End Reason: Clinical grounds (change of dose) by Mrs Victoria Burton		
Indication: Paranoid schizophrenia (E103.)				
Administrative notes: changed from clinic letter 23.3.2020				
28 Jul 2023	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	22 Jan 2024, Ended
Issues: 7		End Reason: Re-Authorised by Sandra Okoli		
28 Jul 2023	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	22 Jan 2024, Ended
Issues: 7		End Reason: Re-Authorised by Sandra Okoli		
28 Jul 2023	Gabapentin 300mg capsules	Two twice a day	120 capsule	22 Jan 2024, Ended
Issues: 7		End Reason: Re-Authorised by Sandra Okoli		
Script notes: reduce to 2 twice a day - review in 6 months				
28 Jul 2023	Mirtazapine 15mg tablets	one to be taken each night	28 tablet	05 Oct 2023, Ended
Issues: 3		End Reason: Clinical grounds (change of dose) by Mrs Victoria Burton		
28 Jul 2023	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	22 Jan 2024, Ended
Issues: 7		End Reason: Re-Authorised by Sandra Okoli		
28 Jul 2023	Simvastatin 40mg tablets	take one at night	28 tablet	22 Jan 2024, Ended
Issues: 7		End Reason: Re-Authorised by Sandra Okoli		
25 Oct 2023	Aripiprazole 10mg tablets	two od	56 tablet	22 Jan 2024, Ended
Issues: 4		End Reason: Re-Authorised by Sandra Okoli		
25 Oct 2023	Mirtazapine 30mg tablets	nocte	28 tablet	22 Jan 2024, Ended
Issues: 4		End Reason: Re-Authorised by Sandra Okoli		
04 Feb 2024	Aripiprazole 10mg tablets	two od	56 tablet	23 Dec 2024, Ended
Issues: 13		End Reason: Re-Authorised by Dr Fernando Herrero		
04 Feb 2024	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	20 Sep 2024, Ended
Issues: 9		End Reason: Re-Authorised by Dr Fernando Herrero		
04 Feb 2024	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	23 Dec 2024, Ended
Issues: 13		End Reason: Re-Authorised by Dr Fernando Herrero		
04 Feb 2024	Gabapentin 300mg capsules	Two twice a day	120 capsule	20 Sep 2024, Ended
Issues: 9		End Reason: Re-Authorised by Dr Fernando Herrero		
Script notes: reduce to 2 twice a day - review in 6 months				
04 Feb 2024	Mirtazapine 30mg tablets	nocte	28 tablet	23 Dec 2024, Ended
Issues: 13		End Reason: Re-Authorised by Dr Fernando Herrero		
04 Feb 2024	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	23 Dec 2024, Ended
Issues: 13		End Reason: Re-Authorised by Dr Fernando Herrero		
04 Feb 2024	Simvastatin 40mg tablets	take one at night	28 tablet	23 Dec 2024, Ended
Issues: 13		End Reason: Re-Authorised by Dr Fernando Herrero		
08 Aug 2024	Artificial saliva pastilles	use as directed	50 pastille	16 Jan 2025, Ended

Issues: 8 End Reason: Re-Authorised by Dr Fernando Herrero

11 Oct 2024	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	16 Jan 2025, Ended

Issues: 5 End Reason: Re-Authorised by Dr Fernando Herrero

11 Oct 2024	Gabapentin 300mg capsules	Two twice a day	120 capsule	16 Jan 2025, Ended

Issues: 5 End Reason: Re-Authorised by Dr Fernando Herrero

Script notes: reduce to 2 twice a day - review in 6 months

17 Jan 2025	Aripiprazole 10mg tablets	two od	56 tablet	17 Dec 2025, Ended

Issues: 13 End Reason: Re-Authorised by Dr Sorubini Meenadchisundaram

17 Jan 2025	Artificial saliva pastilles	use as directed	50 pastille	13 Feb 2026, Ended

Issues: 14 End Reason: Re-Authorised by Dr Fernando Herrero

17 Jan 2025	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	13 Feb 2026, Ended

Issues: 14 End Reason: Re-Authorised by Dr Fernando Herrero

17 Jan 2025	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	17 Dec 2025, Ended

Issues: 13 End Reason: Re-Authorised by Dr Sorubini Meenadchisundaram

17 Jan 2025	Gabapentin 300mg capsules	Two twice a day	120 capsule	13 Feb 2026, Ended

Issues: 14 End Reason: Re-Authorised by Dr Fernando Herrero

Script notes: reduce to 2 twice a day - review in 6 months

17 Jan 2025	Mirtazapine 30mg tablets	nocte	28 tablet	17 Dec 2025, Ended

Issues: 13 End Reason: Re-Authorised by Dr Sorubini Meenadchisundaram

17 Jan 2025	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	17 Dec 2025, Ended

Issues: 13 End Reason: Re-Authorised by Dr Sorubini Meenadchisundaram

17 Jan 2025	Simvastatin 40mg tablets	take one at night	28 tablet	17 Dec 2025, Ended

Issues: 13 End Reason: Re-Authorised by Dr Sorubini Meenadchisundaram

16 Jan 2026	Aripiprazole 10mg tablets	two od	56 tablet	15 May 2026

Issues: 5 out of 12 Review: 16 Jan 2027

16 Jan 2026	Fenbid 5% gel (Advanz Pharma)	apply 3 times/day to help with pain	100 gram	15 May 2026

Issues: 5 out of 12 Review: 16 Jan 2027

16 Jan 2026	Mirtazapine 30mg tablets	nocte	28 tablet	15 May 2026

Issues: 5 out of 12 Review: 16 Jan 2027

16 Jan 2026	Propranolol 40mg tablets	ONE to be taken once daily	28 tablet	15 May 2026

Issues: 4 out of 12 Review: 16 Jan 2027

16 Jan 2026	Simvastatin 40mg tablets	take one at night	28 tablet	15 May 2026

Issues: 4 out of 12 Review: 16 Jan 2027

13 Mar 2026	Artificial saliva pastilles	use as directed	50 pastille	15 May 2026

Issues: 3 Review: 13 Mar 2027

13 Mar 2026	Co-codamol 30mg/500mg tablets	1 or 2 to be taken if needed for pain relief up to four times a day	100 tablet	15 May 2026

Issues: 3 Review: 13 Mar 2027

13 Mar 2026	Gabapentin 300mg capsules	Two twice a day	120 capsule	15 May 2026

Issues: 3 Review: 13 Mar 2027

Script notes: reduce to 2 twice a day - review in 6 months

Drug Sensitivities

No information recorded

Allergies

CS = Chronic Summary MS = Major Summary OS = Minor Summary S = Unspecified Summary NE = New Episode OE = Ongoing Episode

30 Jun 2010	No known allergies (1151.)		
,Conplaining of left hip pain ,to see doctor.			
12 Jun 2015	No known allergies (1151.)		
21 Oct 2016	No known allergies (1151.)		

Problem Substances

No information recorded

Recalls

25 Jun 2012	medication review (dup 17)	Seen
Notes: Recall status set to 'Seen' by GP2GP transfer		
08 Apr 2013	medication review (dup 17)	Seen
Notes: Recall status set to 'Seen' by GP2GP transfer		
30 Jun 2014	medication review (dup 17)	Cancelled by clinician on 02 Sep 2015
31 Mar 2015	medication review (dup 17)	Cancelled by clinician on 14 May 2016
29 Apr 2015	Mental Health Review	Cancelled by clinician on 14 May 2016
19 Jan 2017	IP Risk Assessment Review	Seen on 13 Apr 2017
13 Apr 2017	IP Risk Assessment Review	Pending, Due 13 Apr 2018
27 Jul 2017	NHS Health Check	Pending, Due 27 Jul 2022
21 Mar 2019	IMH Annual Physical	Cancelled by clinician
Notes: Added in bulk		
22 Mar 2019	CUK Wellbeing 3 Months Review	1st recall, Due 24 Jun 2019

Reminders

28 Mar 2022	Email verified	Normal Priority
26 Nov 2019	This patient is newly registered here, make sure that patient data already on the system has been checked for conformity to policy.	Normal Priority
25 Nov 2019	PATIENT NOW RESIDING WITH MUM IN PONTEFRACT, HAS BEEN INFORMED WILL NEED TO REGISTER TEMPORARILY WITH GP IN PONTEFRACT	High Priority
12 Mar 2018	X2 failed medication audit for IP medication and a cell search found medication belonging to Mr Murphy in another patient's possession.	Normal Priority
17 Mar 2016	In the absence of this patients Usual (named) GP, Dr Daru will be responsible for their care. Staff DO NOT have to book appointments with this GP this is for information purposes only._	Cancelled on 14 May 2016
05 Jun 2015	This patient is newly registered here, make sure that patient data already on the system has been checked for conformity to policy.	Cancelled on 05 Jun 2015

Vaccinations

14 Jan 2010	Engerix B 1	HEPATITIS B	
Routine Measure	1ml Right deltoid		Batch#: ahbvb825ae
21 Jan 2010	Engerix B prefilled syringe 1ml 2	HEPATITIS B	
Routine Measure	1ml Left deltoid		Batch#: AHBVB825AE
04 Feb 2010	Engerix B prefilled syringe 1ml 1	HEPATITIS B	
Routine Measure	1ml		Batch#: AHBVB825Ae
09 Sep 2019	Influenza Tetra MYL vacc inj 0.5ml pre-filled syringes (Viatris UK Healthcare Ltd) 1	INFLUENZA	
Routine Measure	0.5ml		Batch#: t12

03 Feb 2021	Influvac sub-unit (Mylan) 1	INFLUENZA
Routine Measure	Left deltoid Intramuscularly	Batch#:
11 Dec 2021	COVID-19 mRNA Vaccine Comirnaty 30micrograms/0.3ml dose conc for susp for inj MDV (Pfizer) 1	SARS-2 Coronavirus
Routine Measure	0.3ml Right deltoid Intramuscularly	Batch#: FK9413

Summary

CS = Chronic Summary MS = Major Summary OS = Minor Summary S = Unspecified Summary NE = New Episode OE = Ongoing Episode

1997	History of substance misuse (XaMyB)		OS
Amphetamine, heroin 1997 and 1999			
04 Dec 2009	Smoker (137R.)		S
10 Dec 2009	O/E - Diastolic BP reading (246A.)	80 mmHg	S
10 Dec 2009	O/E - Systolic BP reading (2469.)	130 mmHg	S
21 Dec 2010	Generalised anxiety disorder (E2002)		MS
06 Jul 2012	Osteoarthritis NOS, of knee (N05zL)		MS
23 Dec 2013	Paranoid schizophrenia NOS (E103z)		OS
27 Dec 2013	Osteoarthritis NOS, of hip (N05zJ)		MS
25 Jan 2019	Prisoner has been in prison before (YX004)		S
25 Jan 2019	Patient consented to sharing of information (Y3358)		S
28 Jan 2019	Health assessment questionnaire (XM0e6)	1	S
28 Jan 2019	Health assessment questionnaire (XM0e6)	0	S
06 Feb 2019	No suicidal thoughts (XaIJ7)		S
06 Feb 2019	No thoughts of deliberate self harm (Xaluw)		S
11 Feb 2019	Provision of patient escort (XagSZ)	Added in bulk	S
15 Feb 2019	Provision of patient escort (XagSZ)	Added in bulk	S
03 Jul 2019	Provision of patient escort (XagSZ)	Added in bulk	S
03 Jul 2019	Provision of patient escort (XagSZ)	Added in bulk	S
11 Jul 2023	Fracture of zygomatic complex (XA0Fr)	Right side	OS NE

Pathology Results

10 Jan 2022 18:51	FULL BLOOD COUNT	Report ID: 1-22B50009617-168999

Request Receipt:
Issued: 10 Jan 2022 18:51
Arrived: 10 Jan 2022 19:11
Clinical Information: annual

Request Comments:
Provider Comments:
Service Type: New

Financial Details:

FULL BLOOD COUNT

Specimen: Blood

Collected: 10 Jan 2022 14:19

Provider Specimen Comments: (Interim Report)

Investigation	Normality	Result
FULL BLOOD COUNT		
Haemoglobin concentration (Xa96v)		145 g/L [132.0 - 169.0]
Total white blood count (XaldY)		8.20 10*9/L [3.7 - 10.0]
Platelet count - observation (42P..)		238 10*9/L [150.0 - 450.0]
Red blood cell count (426..)		4.94 10*12/L [4.33 - 5.6]
Haematocrit (X76tb)		0.43 L/L [0.39 - 0.49]
Mean cell volume (42A..)		88.7 fL [82.0 - 100.0]
Mean cell haemoglobin level (XE2pb)		29.4 pg [27.0 - 32.5]
Mean cell haemoglobin concentration (429..)		331 g/L [316.0 - 365.0]

RDW		13.8 [12.2 - 15.4]
Neutrophil count (42J..)		4.5 10*9/L [1.7 - 6.6]
Lymphocyte count (42M..)		2.7 10*9/L [1.0 - 3.0]
Monocyte count - observation (42N..)		0.5 10*9/L [0.2 - 0.8]
Eosinophil count - observation (42K..)		0.2 10*9/L [0.0 - 0.45]
Basophil count (42L..)		0.0 10*9/L [0.0 - 0.1]

Message Recipient: GP Practice: B87026 (Healthcare Organisation)
Ordering Party: Steven Agar (Healthcare Professional)
Message Recipient: Steven Agar (Healthcare Professional)
Laboratory Service Provider: Barnsley District General Hospital (Healthcare Organisation)
Laboratory Service Provider: General Pathology (Department)

10 Jan 2022 19:56	UREA AND ELECTROLYTES (GP)	Report ID: 1-22B50009617-169245

Request Receipt:
Issued: 10 Jan 2022 19:56
Arrived: 10 Jan 2022 20:35
Clinical Information: annual

Request Comments:
Provider Comments:
Service Type: New

Financial Details:

UREA AND ELECTROLYTES (GP)

Specimen: Blood

Collected: 10 Jan 2022 14:19

Provider Specimen Comments: (Interim Report)

Investigation	Normality	Result
UREA AND ELECTROLYTES (GP)		
Serum sodium level (XE2q0)		138 mmol/L [133.0 - 146.0]
Serum potassium level (XE2pz)		4.1 mmol/L [3.5 - 5.3]
Serum creatinine level (XE2q5)		96 umol/L [53.0 - 97.0]
eGFR using creatinine (CKD-EPI) per 1.73 square metres (XacUK)		77 mL/min; NICE no longer recommend any correction to eGFR for ethnicity. Please interpret with caution in patients with extremes of muscle mass, or other confounding factors. For more info see https://tinyurl.com/4hjbeaac For KFRE calculator refer to: https://www.nice.org.uk/guidance/ng203/resources or a link on ICE. Provided acute kidney injury has been excluded - this eGFR is consistent with CKD stage G2 - mild reduction in eGFR compared to young adult
Serum urea level (XM0lt)		6.0 mmol/L [2.5 - 7.8]
CKD STATUS		2
CREATININE COMMENT		N.B. If patient treated with N-acetylcysteine results may be falsely low.

Message Recipient: GP Practice: B87026 (Healthcare Organisation)
Ordering Party: Steven Agar (Healthcare Professional)
Message Recipient: Steven Agar (Healthcare Professional)
Laboratory Service Provider: Barnsley District General Hospital (Healthcare Organisation)
Laboratory Service Provider: General Pathology (Department)

10 Jan 2022 19:56	VITAMIN D	Report ID: 1-22B50009617-169245

Request Receipt:
Issued: 10 Jan 2022 19:56
Arrived: 10 Jan 2022 20:35
Clinical Information: annual

Request Comments:
Provider Comments:
Service Type: New

Financial Details:

VITAMIN D

Specimen: Blood

Collected: 10 Jan 2022 14:19

Provider Specimen Comments: (Interim Report)

Investigation	Normality	Result
VITAMIN D		
25 HYDROXY VITAMIN D		27.9 nmol/L; <25 nmol/L: Significant deficiency (replacement required) 25-50 nmol/l: Mild deficiency, consider Rx >50 nmol/L: May be adequate >220 nmol/L: High, increasing the risk of toxicity Monitoring Vitamin D post Rx is not usually required

Message Recipient: GP Practice: B87026 (Healthcare Organisation)
Ordering Party: Steven Agar (Healthcare Professional)
Message Recipient: Steven Agar (Healthcare Professional)
Laboratory Service Provider: Barnsley District General Hospital (Healthcare Organisation)
Laboratory Service Provider: General Pathology (Department)

10 Jan 2022 19:56	Serum lipid levels	Report ID: 1-22B50009617-169245

Request Receipt:
Issued: 10 Jan 2022 19:56
Arrived: 10 Jan 2022 20:35
Clinical Information: annual

Request Comments:
Provider Comments:
Service Type: New

Financial Details:

Serum lipid levels (XE2q7)

Specimen: Blood

Collected: 10 Jan 2022 14:19

Provider Specimen Comments: (Interim Report)

Investigation	Normality	Result
Serum lipid levels (XE2q7)		
Serum cholesterol level (XE2eD)		6.3 mmol/L; N.B. If patient treated with N-acetylcysteine results may be falsely low.
Serum triglyceride levels (XE2q9)	Above range	10.28 mmol/L [0.0 - 1.7]; N.B. If patient treated with N-acetylcysteine results may be falsely low.; Above high reference limit
Serum HDL cholesterol level (44P5.)		0.83 mmol/L
Serum cholesterol/HDL ratio (XaEUq)		7.6
Serum LDL cholesterol level (44P6.)		Calculation of LDL Cholesterol is invalid as Triglyceride is greater than 4.5 mmol/L. Please fast for >12 hours for future lipid requests.
Serum non high density lipoprotein cholesterol level (XabE1)		5.47 mmol/L

Message Recipient: GP Practice: B87026 (Healthcare Organisation)
Ordering Party: Steven Agar (Healthcare Professional)
Message Recipient: Steven Agar (Healthcare Professional)
Laboratory Service Provider: Barnsley District General Hospital (Healthcare Organisation)
Laboratory Service Provider: General Pathology (Department)

10 Jan 2022 19:56	THYROID FUNCTION	Report ID: 1-22B50009617-169245

Request Receipt:
Issued: 10 Jan 2022 19:56
Arrived: 10 Jan 2022 20:35
Clinical Information: annual
Request Comments:
Provider Comments:
Service Type: New
Financial Details:

THYROID FUNCTION

Specimen: Blood
Collected: 10 Jan 2022 14:19

Provider Specimen Comments: (Interim Report)

Investigation	Normality	Result
THYROID FUNCTION		
Serum TSH level (XaELV)		2.00 mIU/L [0.38 - 5.5]

Message Recipient: GP Practice: B87026 (Healthcare Organisation)
Ordering Party: Steven Agar (Healthcare Professional)
Message Recipient: Steven Agar (Healthcare Professional)
Laboratory Service Provider: Barnsley District General Hospital (Healthcare Organisation)
Laboratory Service Provider: General Pathology (Department)

10 Jan 2022 19:56	Serum ferritin level	Report ID: 1-22B50009617-169245

Request Receipt:
Issued: 10 Jan 2022 19:56
Arrived: 10 Jan 2022 20:35
Clinical Information: annual
Request Comments:
Provider Comments:
Service Type: New
Financial Details:

Serum ferritin level (XE24r)

Specimen: Blood
Collected: 10 Jan 2022 14:19

Provider Specimen Comments: (Interim Report)

Investigation	Normality	Result
Serum ferritin level (XE24r)		110 ug/L [22.0 - 322.0]; Note ferritin units ng/mL are equivalent to ug/L. Ferritin is an acute phase reactant which should be considered when interpreting results.

Message Recipient: GP Practice: B87026 (Healthcare Organisation)
Ordering Party: Steven Agar (Healthcare Professional)
Message Recipient: Steven Agar (Healthcare Professional)
Laboratory Service Provider: Barnsley District General Hospital (Healthcare Organisation)
Laboratory Service Provider: General Pathology (Department)

10 Jan 2022 19:56	Liver function tests	Report ID: 1-22B50009617-169245

Request Receipt:
Issued: 10 Jan 2022 19:56
Arrived: 10 Jan 2022 20:35
Clinical Information: annual
Request Comments:
Provider Comments:
Service Type: New
Financial Details:

Liver function tests (X77WP)

Specimen: Blood Collected: 10 Jan 2022 14:19

Provider Specimen Comments: (Interim Report)

Investigation	Normality	Result
Liver function tests (X77WP)		
Serum total bilirubin level (XaERu)		4 umol/L [0.0 - 20.0]
Serum alanine aminotransferase level (XaLJx)		41 u/L [10.0 - 49.0]; Patients receiving sulfasalazine may show falsely depressed results by up to 26%.
Serum alkaline phosphatase level (XE2px)		106 u/L [30.0 - 130.0]
Serum total protein level (XE2e9)		69 g/L [57.0 - 76.0]
Serum albumin level (XE2eA)		46 g/L [35.0 - 50.0]
Serum globulin level (XE2eB)		23 g/L [18.0 - 32.0]

Message Recipient: GP Practice: B87026 (Healthcare Organisation)
Ordering Party: Steven Agar (Healthcare Professional)
Message Recipient: Steven Agar (Healthcare Professional)
Laboratory Service Provider: Barnsley District General Hospital (Healthcare Organisation)
Laboratory Service Provider: General Pathology (Department)

11 Jan 2022 10:01	HAEMOGLOBIN A1C	Report ID: 1-22B50009617-169557

Request Receipt: Request Comments:
Issued: 11 Jan 2022 10:01 Provider Comments:
Arrived: 11 Jan 2022 10:37 Service Type: New Financial Details:
Clinical Information: annual

HAEMOGLOBIN A1C

Specimen: Blood Collected: 10 Jan 2022 14:19

Provider Specimen Comments: (Interim Report)

Investigation	Normality	Result
HAEMOGLOBIN A1C		
Haemoglobin A1c level - IFCC standardised (XaPbt)		38.0 mmol/mol [0.0 - 41.9]

Message Recipient: GP Practice: B87026 (Healthcare Organisation)
Ordering Party: Steven Agar (Healthcare Professional)
Message Recipient: Steven Agar (Healthcare Professional)
Laboratory Service Provider: Barnsley District General Hospital (Healthcare Organisation)
Laboratory Service Provider: General Pathology (Department)

22 Dec 2022 20:00	Full blood count; Liver function tests; Serum lipid levels; Urea and electrolytes	Report ID: 1-66465684180037

Request Receipt: Request Comments:
Issued: 22 Dec 2022 20:00 Provider Comments:
Arrived: 22 Dec 2022 20:13 Service Type: New Financial Details:
Clinical Information: Reasons for Request: review.

Full blood count (424..)

Specimen: Blood Collected: 22 Dec 2022 09:04

Investigation	Normality	Result
Full blood count (424..)		
Haemoglobin concentration (Xa96v)		145 g/L [130.0 - 180.0]
Total white blood count (XaIdY)		9.4 10*9/L [4.0 - 13.0]

Platelet count - observation (42P..)		262 10*9/L [135.0 - 400.0]
Red blood cell count (426..)		4.85 10*12/L [4.5 - 6.0]
Mean cell volume (42A..)		90.3 fL [80.0 - 98.0]
Haematocrit (X76tb)		0.438 1/1 [0.4 - 0.54]
Mean cell haemoglobin level (XE2pb)		29.9 pg [27.0 - 35.0]
Mean cell haemoglobin concentration (429..)		331 g/L [300.0 - 350.0]
Red blood cell distribution width (XE2mO)		13.5 % [0.0 - 14.0]
Neutrophil count (42J..)		6.34 10*9/L [2.0 - 7.5]
Lymphocyte count (42M..)		2.15 10*9/L [1.0 - 4.0]
Monocyte count - observation (42N..)		0.78 10*9/L [0.2 - 0.8]
Eosinophil count - observation (42K..)		0.11 10*9/L [0.04 - 0.4]
Basophil count (42L..)		0.03 10*9/L [0.0 - 0.1]
Nucleated red blood cell count (4266.)	Above range	0.0 10*9/L [< 0.0]

Liver function tests (X77WP)

Specimen: Blood Collected: 22 Dec 2022 09:04

Investigation	Normality	Result
Liver function tests (X77WP)		
Serum alanine aminotransferase level (XaLJx)		25 u/L [< 40.0]
Serum albumin level (XE2eA)		50 g/L [35.0 - 50.0]
Serum alkaline phosphatase level (XE2px)		94 u/L [30.0 - 130.0]
Serum bilirubin level (44E..)		9 umol/L [< 21.0]

Serum lipid levels (XE2q7)

Specimen: Blood Collected: 22 Dec 2022 09:04

Investigation	Normality	Result
Serum lipid levels (XE2q7)		
Serum cholesterol level (XE2eD)		6.1 mmol/L
Serum HDL cholesterol level (44P5.)		0.95 mmol/L
Serum cholesterol/HDL ratio (XaEUq)		6.4 1/1
Serum non high density lipoprotein cholesterol level (XabE1)		5.2 mmol/L

Urea and electrolytes (X77Wi)

Specimen: Blood Collected: 22 Dec 2022 09:04

Investigation	Normality	Result
Urea and electrolytes (X77Wi)		
Serum sodium level (XE2q0)		140 mmol/L [133.0 - 146.0]
Serum potassium level (XE2pz)		4.6 mmol/L [3.5 - 5.3]
Serum urea level (XM0lt)		5.8 mmol/L [2.5 - 7.8]
Serum creatinine level (XE2q5)		93 umol/L [59.0 - 104.0]
eGFR using creatinine (CKD-EPI) per 1.73 square metres (XacUK)		80 mL/min/1.73m*2; Calculated eGFR is not valid in children or pregnancy. Less accurate with acute change in creatinine (AKI). Caution with high or low muscle mass or amputation. Avoid blood sampling within 12 hours of eating meat. Ethnicity factor comment removed Dec21 NG203
Acute kidney injury warning stage		AKI staging not applicable; AKI Stage NA - No Flag

(XabmE)		Alert (9)

Message Recipient: GP: G8131364 - Dr F Herrero Tarilonte (Healthcare Professional)
Message Recipient: GP Practice: B87026 (Healthcare Organisation)
Ordering Party: GP: G8131364 - Dr F Herrero Tarilonte (Healthcare Professional)
Laboratory Service Provider: The MidYorkshire Hospitals NHS Trust (Healthcare Organisation)
Laboratory Service Provider: Biochemistry & Haematology (Department)

23 Dec 2022 10:00	Haemoglobin A1c level - IFCC standardised	Report ID: 1-66466324150043

Request Receipt: Request Comments:
Issued: 23 Dec 2022 10:00 Provider Comments:
Arrived: 23 Dec 2022 10:09 Service Type: New Financial Details:
Clinical Information: Reasons for Request: review.

Haemoglobin A1c level - IFCC standardised (XaPbt)

Specimen: Blood Collected: 22 Dec 2022 09:04

Investigation	Normality	Result
Haemoglobin A1c level - IFCC standardised (XaPbt)		37 mmol/mol

Message Recipient: GP: G8131364 - Dr F Herrero Tarilonte (Healthcare Professional)
Message Recipient: GP Practice: B87026 (Healthcare Organisation)
Ordering Party: GP: G8131364 - Dr F Herrero Tarilonte (Healthcare Professional)
Laboratory Service Provider: The MidYorkshire Hospitals NHS Trust (Healthcare Organisation)
Laboratory Service Provider: Biochemistry & Haematology (Department)

15 Feb 2024 18:02	Full blood count	Report ID: 1-66885612200093

Request Receipt: Request Comments:
Issued: 15 Feb 2024 18:02 Provider Comments:
Arrived: 15 Feb 2024 18:55 Service Type: New Financial Details:
Clinical Information: Reasons for Request: annual.

Full blood count (424..)

Specimen: Blood Collected: 15 Feb 2024 10:36

Investigation	Normality	Result
Full blood count (424..)		
Haemoglobin concentration (Xa96v)		144 g/L [130.0 - 180.0]
Total white blood count (XaIdY)		8.2 10*9/L [4.0 - 13.0]
Platelet count - observation (42P..)		222 10*9/L [135.0 - 400.0]
Red blood cell count (426..)		4.92 10*12/L [4.5 - 6.0]
Mean cell volume (42A..)		87.4 fL [80.0 - 98.0]
Haematocrit (X76tb)		0.430 1/1 [0.4 - 0.54]
Mean cell haemoglobin level (XE2pb)		29.3 pg [27.0 - 35.0]
Mean cell haemoglobin concentration (429..)		335 g/L [300.0 - 350.0]
Red blood cell distribution width (XE2mO)		13.6 % [0.0 - 14.0]
Neutrophil count (42J..)		4.63 10*9/L [2.0 - 7.5]
Lymphocyte count (42M..)		2.62 10*9/L [1.0 - 4.0]
Monocyte count - observation (42N..)		0.79 10*9/L [0.2 - 0.8]
Eosinophil count - observation (42K..)		0.13 10*9/L [0.04 - 0.4]
Basophil count (42L..)		0.03 10*9/L [0.0 - 0.1]
Nucleated red blood cell count (4266.)	Above range	0.0 10*9/L [< 0.0]

Message Recipient: GP: G8748524 - Dr F Choudhary (Healthcare Professional)
Message Recipient: GP Practice: B87026 (Healthcare Organisation)
Ordering Party: GP: G8748524 - Dr F Choudhary (Healthcare Professional)
Laboratory Service Provider: The MidYorkshire Hospitals NHS Trust (Healthcare Organisation)
Laboratory Service Provider: Biochemistry & Haematology (Department)

16 Feb 2024 04:02	Haemoglobin A1c level - IFCC standardised	Report ID: 1-66886108100021

Request Receipt: Request Comments:
Issued: 16 Feb 2024 04:02 Provider Comments:
Arrived: 16 Feb 2024 04:49 Service Type: New Financial Details:
Clinical Information: Reasons for Request: annual.

Haemoglobin A1c level - IFCC standardised (XaPbt)

Specimen: Blood Collected: 15 Feb 2024 10:36

Investigation	Normality	Result
Haemoglobin A1c level - IFCC standardised (XaPbt)		38 mmol/mol; Refer to diabetes.org.uk for further information

Message Recipient: GP: G8748524 - Dr F Choudhary (Healthcare Professional)
Message Recipient: GP Practice: B87026 (Healthcare Organisation)
Ordering Party: GP: G8748524 - Dr F Choudhary (Healthcare Professional)
Laboratory Service Provider: The MidYorkshire Hospitals NHS Trust (Healthcare Organisation)
Laboratory Service Provider: Biochemistry & Haematology (Department)

16 Feb 2024 12:01	Liver function tests; Serum lipid levels; Urea and electrolytes	Report ID: 1-66886396090040

Request Receipt: Request Comments:
Issued: 16 Feb 2024 12:01 Provider Comments:
Arrived: 16 Feb 2024 12:25 Service Type: New Financial Details:
Clinical Information: Reasons for Request: annual.

Liver function tests (X77WP)

Specimen: Blood Collected: 15 Feb 2024 10:36

Investigation	Normality	Result
Liver function tests (X77WP)		
Serum alanine aminotransferase level (XaLJx)		27 u/L [< 40.0]
Serum albumin level (XE2eA)		48 g/L [35.0 - 50.0]
Serum alkaline phosphatase level (XE2px)		95 u/L [30.0 - 130.0]
Serum bilirubin level (44E..)		6 umol/L [< 21.0]

Serum lipid levels (XE2q7)

Specimen: Blood Collected: 15 Feb 2024 10:36

Investigation	Normality	Result
Serum lipid levels (XE2q7)		
Serum cholesterol level (XE2eD)		6.3 mmol/L
Serum HDL cholesterol level (44P5.)		1.09 mmol/L; Refer to NICE guideline CG181 for further information
Serum cholesterol/HDL ratio (XaEUq)		5.8 1/1
Serum non high density lipoprotein cholesterol level (XabE1)		5.2 mmol/L

Urea and electrolytes (X77Wi)

Specimen: Blood Collected: 15 Feb 2024 10:36

Investigation	Normality	Result
Urea and electrolytes (X77Wi)		
Serum sodium level (XE2q0)		141 mmol/L [133.0 - 146.0]
Serum potassium level (XE2pz)		4.9 mmol/L [3.5 - 5.3]
Serum urea level (XM0lt)		5.2 mmol/L [2.5 - 7.8]
Serum creatinine level (XE2q5)		100 umol/L [59.0 - 104.0]
eGFR using creatinine (CKD-EPI) per 1.73 square metres (XacUK)		72 mL/min/1.73m*2; Calculated eGFR is not valid in children or pregnancy. Less accurate with acute change in creatinine (AKI). Caution with high or low muscle mass or amputation. Avoid blood sampling within 12 hours of eating meat. eGFR from CKD-EPI 2009 equation, enzymatic Creat. assay
Acute kidney injury warning stage (XabmE)		0; AKI Stage 0 - Report without Alert (6)

Message Recipient: GP: G8748524 - Dr F Choudhary (Healthcare Professional)
Message Recipient: GP Practice: B87026 (Healthcare Organisation)
Ordering Party: GP: G8748524 - Dr F Choudhary (Healthcare Professional)
Laboratory Service Provider: The MidYorkshire Hospitals NHS Trust (Healthcare Organisation)
Laboratory Service Provider: Biochemistry & Haematology (Department)

21 Aug 2024 18:01	Full blood count	Report ID: 1-67073612090008

Request Receipt: Request Comments:
Issued: 21 Aug 2024 18:01 Provider Comments:
Arrived: 21 Aug 2024 18:25 Service Type: New Financial Details:
Clinical Information: Reasons for Request: mh review.

Full blood count (424..)

Specimen: Blood Collected: 21 Aug 2024 08:12

Investigation	Normality	Result
Full blood count (424..)		
Haemoglobin concentration (Xa96v)		148 g/L [130.0 - 180.0]
Total white blood count (XaIdY)		7.1 10*9/L [4.0 - 13.0]
Platelet count - observation (42P..)		241 10*9/L [135.0 - 400.0]
Red blood cell count (426..)		4.83 10*12/L [4.5 - 6.0]
Mean cell volume (42A..)		92.1 fL [80.0 - 98.0]
Haematocrit (X76tb)		0.445 1/1 [0.4 - 0.54]
Mean cell haemoglobin level (XE2pb)		30.6 pg [27.0 - 35.0]
Mean cell haemoglobin concentration (429..)		333 g/L [300.0 - 350.0]
Red blood cell distribution width (XE2mO)		13.9 % [0.0 - 14.0]
Neutrophil count (42J..)		3.66 10*9/L [2.0 - 7.5]
Lymphocyte count (42M..)		2.38 10*9/L [1.0 - 4.0]
Monocyte count - observation (42N..)	Above range	0.87 10*9/L [0.2 - 0.8]; Outside reference range
Eosinophil count - observation (42K..)		0.18 10*9/L [0.04 - 0.4]
Basophil count (42L..)		0.04 10*9/L [0.0 - 0.1]
Nucleated red blood cell count (4266.)		0.0 10*9/L

Message Recipient: Practice Nurse 1 (Healthcare Professional)
Message Recipient: GP Practice: B87026 (Healthcare Organisation)

Ordering Party: Practice Nurse 1 (Healthcare Professional)
Laboratory Service Provider: The MidYorkshire Hospitals NHS Trust (Healthcare Organisation)
Laboratory Service Provider: Biochemistry & Haematology (Department)

21 Aug 2024 21:01	Haemoglobin A1c level - IFCC standardised	Report ID: 1-67073684070020

Request Receipt: Request Comments:
Issued: 21 Aug 2024 21:01 Provider Comments:
Arrived: 21 Aug 2024 21:18 Service Type: New Financial Details:
Clinical Information: Reasons for Request: mh review.

Haemoglobin A1c level - IFCC standardised (XaPbt)

Specimen: Blood Collected: 21 Aug 2024 08:12

Investigation	Normality	Result
Haemoglobin A1c level - IFCC standardised (XaPbt)		35 mmol/mol; Refer to diabetes.org.uk for further information

Message Recipient: Practice Nurse 1 (Healthcare Professional)
Message Recipient: GP Practice: B87026 (Healthcare Organisation)
Ordering Party: Practice Nurse 1 (Healthcare Professional)
Laboratory Service Provider: The MidYorkshire Hospitals NHS Trust (Healthcare Organisation)
Laboratory Service Provider: Biochemistry & Haematology (Department)

22 Aug 2024 04:02	Bone profile; Blood haematinic levels; Liver function tests; Serum lipid levels; Serum TSH level; Serum prostate specific antigen level; Urea and electrolytes	Report ID: 1-67074108060122

Request Receipt: Request Comments:
Issued: 22 Aug 2024 04:02 Provider Comments:
Arrived: 22 Aug 2024 04:49 Service Type: New Financial Details:
Clinical Information: Reasons for Request: mh review.

Bone profile (44Z2.)

Specimen: Blood Collected: 21 Aug 2024 08:12

Investigation	Normality	Result
Bone profile (44Z2.)		
Serum calcium level (XE2q3)		2.47 mmol/L
Serum adjusted calcium concentration (Xabpk)		2.47 mmol/L [2.2 - 2.6]
Serum inorganic phosphate level (XE2q4)		1.08 mmol/L [0.8 - 1.5]

Blood haematinic levels (XaDsm)

Specimen: Blood Collected: 21 Aug 2024 08:12

Investigation	Normality	Result
Blood haematinic levels (XaDsm)		
Serum vitamin B12 level (XE2pf)		307 pg/mL [197.0 - 771.0]
Serum ferritin level (XE24r)		147 ug/L [24.0 - 422.0]
Serum folate level (42U5.)		5.7 ng/mL [2.4 - 26.8]

Liver function tests (X77WP)

Specimen: Blood Collected: 21 Aug 2024 08:12

Investigation	Normality	Result
Liver function tests (X77WP)		

Serum alanine aminotransferase level (XaLJx)		18 u/L [< 40.0]
Serum albumin level (XE2eA)		48 g/L [35.0 - 50.0]
Serum alkaline phosphatase level (XE2px)		94 u/L [30.0 - 130.0]
Serum bilirubin level (44E..)		5 umol/L [< 21.0]

Serum lipid levels (XE2q7)

Specimen: Blood Collected: 21 Aug 2024 08:12

Investigation	Normality	Result
Serum lipid levels (XE2q7)		
Serum cholesterol level (XE2eD)		6.0 mmol/L
Serum triglyceride levels (XE2q9)	Above range	4.0 mmol/L [< 1.7]; Outside reference range
Serum HDL cholesterol level (44P5.)		1.19 mmol/L; Refer to NICE guideline CG181 for further information
Serum LDL cholesterol level (44P6.)		3.0 mmol/l
Serum cholesterol/HDL ratio (XaEUq)		5.0 1/1
Serum non high density lipoprotein cholesterol level (XabE1)		4.8 mmol/L

Serum TSH level (XaELV)

Specimen: Blood Collected: 21 Aug 2024 08:12

Investigation	Normality	Result
Serum TSH level (XaELV)		1.73 mU/L [0.27 - 4.2]

Serum prostate specific antigen level (XabAM)

Specimen: Blood Collected: 21 Aug 2024 08:12

Investigation	Normality	Result
Serum prostate specific antigen level (XabAM)		2.2 ug/L [< 4.4]; PSA related range as recommended by PHE Prostate Cancer Risk Management Group.

Urea and electrolytes (X77Wi)

Specimen: Blood Collected: 21 Aug 2024 08:12

Investigation	Normality	Result
Urea and electrolytes (X77Wi)		
Serum sodium level (XE2q0)		140 mmol/L [133.0 - 146.0]
Serum potassium level (XE2pz)		4.4 mmol/L [3.5 - 5.3]
Serum urea level (XM0lt)		6.1 mmol/L [2.5 - 7.8]
Serum creatinine level (XE2q5)		94 umol/L [59.0 - 104.0]
eGFR using creatinine (CKD-EPI) per 1.73 square metres (XacUK)		78 mL/min/1.73m*2; Calculated eGFR is not valid in children or pregnancy. Less accurate with acute change in creatinine (AKI). Caution with high or low muscle mass or amputation. Avoid blood sampling within 12 hours of eating meat. eGFR from CKD-EPI 2009 equation, enzymatic Creat. assay
Acute kidney injury warning stage (XabmE)		0; AKI Stage 0 - Report without Alert (6)

Message Recipient: Practice Nurse 1 (Healthcare Professional)

Message Recipient: GP Practice: B87026 (Healthcare Organisation)
Ordering Party: Practice Nurse 1 (Healthcare Professional)
Laboratory Service Provider: The MidYorkshire Hospitals NHS Trust (Healthcare Organisation)
Laboratory Service Provider: Biochemistry & Haematology (Department)

28 Sep 2024 01:48	Bowel cancer screening programme: faecal occult blood result	Report ID: 16473986/55736327

Request Receipt: Request Comments:
Issued: 28 Sep 2024 01:48 Provider Comments:
Arrived: 28 Sep 2024 04:58 Service Type: New Financial Details:

Bowel cancer screening programme: faecal occult blood result (XaPVj)

Specimen: Faeces Collected:

Investigation	Normality	Result
Bowel cancer screening programme: faecal occult blood result (XaPVj)		No response to bowel cancer screening programme invitation (XaPf6); FOBT Non-Response. Sent when Discharged for non-response to initial Test Kit

Ordering Party: BCSP Hub Manager (Healthcare Professional)
Message Recipient: Bowel Cancer Screening Administrator (Healthcare Professional)
Message Recipient: GP Practice: B87026 (Healthcare Organisation)
Laboratory Service Provider: UNKNOWN (Department)
Laboratory Service Provider: North East Bowel Cancer Screening Programme Hub (Healthcare Organisation)

31 Oct 2025 10:50	Standard chest X-ray	Report ID: 20251031105013745 0

Request Receipt: Request Comments:
Issued: 31 Oct 2025 10:50 Provider Comments:
Arrived: 31 Oct 2025 12:10 Service Type: New Financial Details:

Standard chest X-ray (535..)

Specimen: Type Unspecified Collected: 31 Oct 2025 10:48

Investigation	Normality	Result
Standard chest X-ray (535..)		Report Summary NO RESPONSE TO OA Reported by: AUTOMATIC PROCESS / RXFASWS

Ordering Party: GP Practice: B87026 (Healthcare Organisation)
Ordering Party: GP: G8131364 - HERRERO TARILONTE F (Healthcare Professional)
Laboratory Service Provider: Provider: RXF00 (Healthcare Organisation)
Laboratory Service Provider: Radiology (Department)

Active Problem: Generalised anxiety disorder (E2002) (21 Dec 2010 - Ongoing)

21 Mar 2017	Problem: Lumbar disc prolapse with radiculopathy (N12C2) Problem: Paranoid schizophrenia NOS (E103z) Problem: Generalised anxiety disorder (E2002) Problem: Osteoarthritis NOS, of knee (N05zL) Problem: Osteoarthritis NOS, of hip (N05zJ) H: Letter from GP received, dated 08.03.2017 P: Was on aripiprazole 10mg 2 mane up until 16.09.2016. Was on gabapentin 200 mg tds until 16.09.2016 with GP. Was on propranolol 40mg nocte up until 16.09.2016. I am not keen to start gabapentin unless seen MRI scan. Can be started on propranolol. Request re: aripiprazole sent to mental health. Task mental health re: aripiprazole. Book for ECG, prolactin and bloods. Tasks sent. Request MRI from GP (tasked).

	Has been referred to orthopaedics.
26 Jun 2024	Clinic Letter to The Grange Medical Centre

Letter Type Clinic Letter
Letter To The Grange Medical Centre
Letter From Enhanced Team East

26 Jun 2024	Patient does have psychotic episodes, but are well controlled, (patient has been given advice re this,		
26 Jun 2024	Discharged from follow-up (XM1T1)		OE

Active Problem: Osteoarthritis of knee (X703L) (06 Jul 2012 - Ongoing) - mild

CS = Chronic Summary MS = Major Summary OS = Minor Summary S = Unspecified Summary NE = New Episode OE = Ongoing Episode

06 Jul 2012	Osteoarthritis NOS, of knee (N05zL)		MS
06 Jul 2012	mild		

Active Problem: Osteoarthritis NOS, of knee (N05zL) (06 Jul 2012 - Ongoing)

21 Mar 2017	Problem: Lumbar disc prolapse with radiculopathy (N12C2) Problem: Paranoid schizophrenia NOS (E103z) Problem: Generalised anxiety disorder (E2002) Problem: Osteoarthritis NOS, of knee (N05zL) Problem: Osteoarthritis NOS, of hip (N05zJ) H: Letter from GP received, dated 08.03.2017 P: Was on aripiprazole 10mg 2 mane up until 16.09.2016. Was on gabapentin 200 mg tds until 16.09.2016 with GP. Was on propranolol 40mg nocte up until 16.09.2016. I am not keen to start gabapentin unless seen MRI scan. Can be started on propranolol. Request re: aripiprazole sent to mental health. Task mental health re: aripiprazole. Book for ECG, prolactin and bloods. Tasks sent. Request MRI from GP (tasked). Has been referred to orthopaedics.

Active Problem: Paranoid schizophrenia (E103.) (23 Dec 2013 - Ongoing) - First

CS = Chronic Summary MS = Major Summary OS = Minor Summary S = Unspecified Summary NE = New Episode OE = Ongoing Episode

23 Dec 2013	Paranoid schizophrenia NOS (E103z)		OS
23 Dec 2013	First		
12 Feb 2014	Paranoid schizophrenia (E103.)		

Ongoing (Original qualifier text: Review)

24 Mar 2014	Aripiprazole 15mg tablets	One To Be Taken Each Day	28 tablet	A

Ended early on 06 May 2014: Other (Medication Course Ended. Expired)

06 May 2014	Aripiprazole 15mg tablets	One To Be Taken Each Day	28 tablet	
06 May 2014	Aripiprazole 15mg tablets	One To Be Taken Each Day	28 tablet	20 Aug 2014, Ended

Issues: 4 End Reason: Other (Medication Course Ended. stop)

13 Jun 2014	Aripiprazole 15mg tablets	One To Be Taken Each Day	28 tablet	
09 Jul 2014	Aripiprazole 15mg tablets	One To Be Taken Each Day	28 tablet	
20 Aug 2014	Aripiprazole 15mg tablets	One To Be Taken Each Day	28 tablet	
11 Apr 2017	Aripiprazole 5mg tablets	[09:00-2 tablets]	56 tablets	
06 Jan 2020	Clinic Letter to Dr James Johnston			

Letter Type Clinic Letter
Letter To Dr James Johnston
Letter From single point of access

06 Jan 2020	Seen by social worker (9N26.)		NE

it would be reasonable to inform him and his GP that he can proactively increase aripiprazole to 10mg in the first instance and can further increase the dose to 15mg daily thereafter if necessary - apt 9.1.20

09 Jan 2020	Clinic Letter to The Grange Medical Centre		
Letter Type	Clinic Letter		
Letter To	The Grange Medical Centre		
Letter From	single point of access		
09 Jan 2020	Mental health assessment (XaIYN)		NE
I have transferred his are to Enhanced team east to prevent a further deterioration in Pt mental health			
23 Mar 2020	Clinic Letter to Dr James Johnston		
Letter Type	Clinic Letter		
Letter To	Dr James Johnston		
Letter From	BAGHILL HOUSE - PSYCHIATRIST		
23 Mar 2020	Seen by psychiatrist (XaATC)		NE
23 Mar 2020	released from prison Nov 2019 trying to keep busy Aripiprazole to be increased to 15mg od and can be further increased in increments of 5mg no current risks identified,		
24 Mar 2020	Clinic Letter to Dr James Johnston		
Letter Type	Clinic Letter		
Letter To	Dr James Johnston		
Letter From	BAGHILL HOUSE - SOCIAL WORKER		
24 Mar 2020	Seen by social worker (9N26.)		OE
24 Mar 2020	mental health has improved		
24 Mar 2020	Discharged from follow-up (XM1T1)		NE
24 Mar 2020	(Added from Questionnaire)		
29 Jun 2020	Under care of mental health in-reach team (XaaTC)		
11 Nov 2021	No safeguarding issues identified (XaZwt)		
11 Nov 2021	Diet good (XaCIx)		
good fruit and veg intake			
11 Nov 2021	Mental health crisis plan (XaIvp)		
Contact crisi team if needed			
11 Nov 2021	Advice on cancer (X71Eu)		
11 Nov 2021	Ex-cigarette smoker (Xa1bv)		
advice on self checks			
11 Nov 2021	No apparent risk of suicide (XaZ6R)		
mum unwell, can have fleeting thoughts, never acted advised to contact crisis team if needed, he has number at home			
11 Nov 2021	Enjoys moderate exercise (1384.)	goes swimming	
11 Nov 2021	Medication satisfactory (8B3E1)		
11 Nov 2021	Plan (XaIVg)		
bloods any concerns reivew			
11 Nov 2021	Mental health review (XaIyU)		
11 Nov 2021	At risk of DSH - deliberate self harm: no (Y09a3)		
11 Nov 2021	Mental health assessment (XaIYN)		
annual assessment Lives alone has housing support worker Has female friend who supports well			
11 Nov 2021	Review of mental health care plan (Xaa8q)		
11 Nov 2021	Under care of mental health counsellor (XaAOh)		
11 Nov 2021	Is stable (XaIEF)		
11 Nov 2021	Does not misuse drugs (Ub0mq)		
11 Nov 2021	Lower risk drinking (XaXjf)		
11 Nov 2021	Oral health education (X71FL)		
11 Nov 2021	Health education - sexual health (XaIyP)		

11 Nov 2021	Lifestyle counselling (XaEFY)		
24 Oct 2023	Clinic Letter to The Grange Medical Centre		
Letter Type	Clinic Letter		
Letter To	The Grange Medical Centre		
Letter From	Enhanced team east		
24 Oct 2023	Psychiatry care plan (XaK5Y)		OE
increased aripiprazole to 20mg once daily and mirtazapine to 30mg at night			
24 Oct 2023	(Added from Questionnaire)		

Active Problem: Paranoid schizophrenia NOS (E103z) (23 Dec 2013 - Ongoing)

21 Mar 2017	Problem: Lumbar disc prolapse with radiculopathy (N12C2) Problem: Paranoid schizophrenia NOS (E103z) Problem: Generalised anxiety disorder (E2002) Problem: Osteoarthritis NOS, of knee (N05zL) Problem: Osteoarthritis NOS, of hip (N05zJ) H: Letter from GP received, dated 08.03.2017 P: Was on aripiprazole 10mg 2 mane up until 16.09.2016. Was on gabapentin 200 mg tds until 16.09.2016 with GP. Was on propranolol 40mg nocte up until 16.09.2016. I am not keen to start gabapentin unless seen MRI scan. Can be started on propranolol. Request re: aripiprazole sent to mental health. Task mental health re: aripiprazole. Book for ECG, prolactin and bloods. Tasks sent. Request MRI from GP (tasked). Has been referred to orthopaedics.
30 Mar 2017	Problem: Paranoid schizophrenia NOS (E103z) H: Morning Dr Arif, as per email trail could you prescribe 50 mg sertraline Aripiprizole 10mg and propranolol 80mg please. Kind Regards Mark Hayes From: Arif Shahzad - GP Locum Sent: 29 March 2017 11:20 To: Puri Ramneesh; Hayes Mark Subject: RE: Thomas Murphy Importance: High I agree. Mark, can you remind me when I'm in tomorrow? Thanks Dr Puri. From: Puri Ramneesh Sent: 29 March 2017 11:18 To: Hayes Mark Cc: Arif Shahzad - GP Locum Subject: RE: Thomas Murphy If we have confirmation from psychiatrist I am happy for Dr Arif to reinstate meds rather than waiting for me and causing delay. Just advise him to commence Aripiprazole at 10mg rather than 20mg. Rest can start at their earlier doses. Thanks R PS: I have copied Dr Arif for info From: Hayes Mark Sent: 29 March 2017 08:47

	To: Puri Ramneesh Subject: Thomas Murphy Morning Dr P, Thomas Murphy who was booked in yesterday and DNA'd there is a letter from his solicitor. He was on Aripiprizole 20mg, sertraline and propranolol has DX schizophrenia. Requested notes in November nothing received yet but there is a brief summary report from a psychiatrist. If dr arif would PX what are your recommendations for restarting medication or do you want to assess him before any medication is commenced? Regards Mark Hayes Senior Mental Health Nurse Nottinghamshire Healthcare HMP Lindholme Doncaster South Yorkshire 01302 524882		
28 Jul 2023	Memory function normal (X75xR)		
28 Jul 2023	Mental health review (XaIyU)		
28 Jul 2023	Mental health care plan status (XaJQE)		

discuss with GP - refer back to mental health services or in house MH practitioner?
Review annually or sooner as needed

28 Jul 2023	Medication review done (XaF8d)		
28 Jul 2023	Mental health assessment (XaIYN)		

Previously under Baghill for care of paranoid schizophrenia.
Has not been under their care since 2020.
Currently has lots of family stressors.
Mum passed away last year and he is executor of the will.
Family issues around money as brother "ripped mum off by 34k", lots of family squabbles around inheritance
Now keeps self to self and avoids / minimises contact.
Still hearing voices in head. Can be angry or violent.
Has learnt how to control them so not influencing him.
Would like additional mental health support as feels needs to be able to talk about things.
Does not feel he is a risk to self or others despite these voices.
Recent eye operation. Still recovering. Advice that if recovery does not seem to go as planned then contact eye clinic.
Alcohol - low levels infrequently
Smoking - now vapes
Recreational drugs - in past. nil currently.
Statin -low potency and high cholesterol levels.
Willing to switch after annual monitoring.

28 Jul 2023	Normal mood (XaIJ4)		
28 Jul 2023	No apparent risk of suicide (XaZ6R)		
28 Jul 2023	At risk of DSH - deliberate self harm: no (Y09a3)		
24 Oct 2023	Clinic Letter to The Grange Medical Centre		

Letter Type Clinic Letter
Letter To The Grange Medical Centre
Letter From Enhanced team east

24 Oct 2023	Psychiatry care plan (XaK5Y)		OE

increased aripiprazole to 20mg once daily and mirtazapine to 30mg at night

26 Jun 2024	Clinic Letter to The Grange Medical Centre

Letter Type Clinic Letter
Letter To The Grange Medical Centre
Letter From Enhanced Team East

26 Jun 2024	Patient does have psychotic episodes, but are well controlled, (patient has been given advice re this,		
26 Jun 2024	Discharged from follow-up (XM1T1)		OE
08 Aug 2024	Body mass index - observation (22K..)	27.65 Kg/m²	
08 Aug 2024	O/E - Systolic BP reading (2469.)	145 mmHg	
08 Aug 2024	Lives in own home (13KD.)		

ground mfloor flat

08 Aug 2024	Has a carer (918F.)	karen croft	
08 Aug 2024	Lower risk drinking (XaXjf)		
08 Aug 2024	Low suicide risk (XaIeX)		
08 Aug 2024	At risk of DSH - deliberate self harm: no (Y09a3)		
08 Aug 2024	Misused drugs in past (Ub0ms)		
08 Aug 2024	Pulse rate (X773s)	67 bpm	

sat 99

08 Aug 2024	Mental health assessment (XaIYN)		

despite been disacharged from secondary care mh he still reports ongoing suicidal ideation and dsh but he says he talks himself out of it

08 Aug 2024	Mental health review (XaIyU)		
08 Aug 2024	O/E - Diastolic BP reading (246A.)	100 mmHg	
08 Aug 2024	O/E - weight (22A..)	79.9 Kg	
08 Aug 2024	Pulse regular (XM02J)		
08 Aug 2024	Cardiovascular disease risk assessment done (XaPkZ)		
08 Aug 2024	Unemployed (13J7.)		
08 Aug 2024	Income sufficient to meet needs (Ua0L3)		
08 Aug 2024	Mental health care plan status (XaJQE)		

to reach out if worse note slketter from mh team june 2024 re next steps if required

08 Aug 2024	Normal mood (XaIJ4)		
08 Aug 2024	Gets no exercise (Ub0o5)		
08 Aug 2024	Good oral hygiene (Xa0mJ)		
08 Aug 2024	No safeguarding issues identified (XaZwt)		
08 Aug 2024	Ex-smoker (Ub1na)		

curren lty vaping

08 Aug 2024	Mental health annual physical examination done (XaJON)		
08 Aug 2024	Agreeing on mental health care plan (Xaa8p)		
08 Aug 2024	Diet average (XaCJ0)		
08 Aug 2024	Sexually active (Ub0oF)		
08 Aug 2024	Antipsychotic medication review (XaXmQ)		
08 Aug 2024	Memory function normal (X75xR)		
08 Aug 2024	Is stable (XaIEF)		

Active Problem: Osteoarthritis NOS, of hip (N05zJ) (27 Dec 2013 - Ongoing)

21 Mar 2017	Problem: Lumbar disc prolapse with radiculopathy (N12C2) Problem: Paranoid schizophrenia NOS (E103z) Problem: Generalised anxiety disorder (E2002) Problem: Osteoarthritis NOS, of knee (N05zL) Problem: Osteoarthritis NOS, of hip (N05zJ) H: Letter from GP received, dated 08.03.2017 P: Was on aripiprazole 10mg 2 mane up until 16.09.2016. Was on gabapentin 200 mg tds until 16.09.2016 with GP. Was on propranolol 40mg nocte up until 16.09.2016. I am not keen to start gabapentin unless seen MRI scan. Can be started on propranolol. Request re: aripiprazole sent to mental health. Task mental health re: aripiprazole. Book for ECG, prolactin and bloods. Tasks sent. Request MRI from GP (tasked).

	Has been referred to orthopaedics.

Active Problem: Osteoarthritis of hip (X703K) (27 Dec 2013 - Ongoing)

CS = Chronic Summary MS = Major Summary OS = Minor Summary S = Unspecified Summary NE = New Episode OE = Ongoing Episode

27 Dec 2013	Osteoarthritis NOS, of hip (N05zJ)		MS

Active Problem: Lumbar disc prolapse with radiculopathy (N12C2) (01 Mar 2016 - Ongoing) - L5/S1

29 Feb 2016	Neurosurgery to Dr Omar Alisha
Letter Type	Neurosurgery
Letter To	Dr Omar Alisha
Letter From	

Active Problem: Lumbar disc prolapse with radiculopathy (N12C2) (21 Dec 2016 - Ongoing)

21 Dec 2016	Referrals to Mr Thomas Murphy
Letter Type	Referrals
Letter To	Mr Thomas Murphy
Letter From	HMP Lindholme

21 Dec 2016	Problem: Lumbar disc prolapse with radiculopathy (N12C2) H: 8 weeks since incarcerated. Previous L5/S1 injection of bupivacaine and depomedrone in April 2016. P: On a lot of medication. See notes (letter from specialist)
21 Dec 2016	Referred for unspecified
Referred To	Pain Management Clinic, Mexborough Montague Hospital
Referrer	Dr Shahzad Arif at HMP Lindholme (NHS England North East and Yorkshire (Yorkshire and Humber))
Read Code	Referral to pain management service (XaAcM)
Type	Hospital
Service	
Re-referral	False
Latest Status	Appointment Booked

21 Mar 2017	Problem: Lumbar disc prolapse with radiculopathy (N12C2) Problem: Paranoid schizophrenia NOS (E103z) Problem: Generalised anxiety disorder (E2002) Problem: Osteoarthritis NOS, of knee (N05zL) Problem: Osteoarthritis NOS, of hip (N05zJ) H: Letter from GP received, dated 08.03.2017 P: Was on aripiprazole 10mg 2 mane up until 16.09.2016. Was on gabapentin 200 mg tds until 16.09.2016 with GP. Was on propranolol 40mg nocte up until 16.09.2016. I am not keen to start gabapentin unless seen MRI scan. Can be started on propranolol. Request re: aripiprazole sent to mental health. Task mental health re: aripiprazole. Book for ECG, prolactin and bloods. Tasks sent. Request MRI from GP (tasked). Has been referred to orthopaedics.
25 Apr 2017	Referrals to Mr Thomas Murphy
Letter Type	Referrals
Letter To	Mr Thomas Murphy
Letter From	Dr Shahzad Arif, HMP Lindholme

25 Apr 2017	Problem: Lumbar disc prolapse with radiculopathy (N12C2) H: Has seen RH to discuss pain management. Has agreed to come off amitriptyline and focus on six-monthly joint injections. P: Discussed the fact to return to wean off amitriptyline once joint injection given in May (exact date has not been disclosed). The reason I disclosed the month is because of the psychosomatic element and in his best interests to know the appointment is there and that he is not simply waiting for a response from

	MMH.

Active Problem: Non-suppurative otitis media (XM1QF) (28 Feb 2017 - Ongoing)

28 Feb 2017	Problem: Non-suppurative otitis media (XM1QF) H: Pain to left jaw. E: Ear examination - attical redness, nil wax. S/M lymph node palpable at left jaw.			
01 Mar 2017	Otomize ear spray (Ennogen Healthcare International Ltd)	08:00, 12:00, 16:00	1 pack of 5 mls	A

Administrative notes: one spray three times daily into affected ear

Active Problem: Knee joint pain (N094M) (28 Feb 2017 - Ongoing)

CS = Chronic Summary MS = Major Summary OS = Minor Summary S = Unspecified Summary NE = New Episode OE = Ongoing Episode

28 Feb 2017	Ex-smoker (Ub1na)			
28 Feb 2017	Problem: Knee joint pain (N094M) E: O/e good range of movement. Needs knee support, analgesia and consent for joint injection. Consent for joint injection signed			
28 Feb 2017	Methylprednisolone sodium succinate 40mg powder and solvent for solution for injection vials	2 Immediately	2 vial	A

Administrative notes: Please book 20 minute joint injection once vial ordered

28 Feb 2017	Referred for unspecified (Routine)

Referred To	Orthotics
Referrer	Dr Shahzad Arif at HMP Lindholme (NHS England North East and Yorkshire (Yorkshire and Humber))
Read Code	Referral to orthotist (XaBT9)
Type	Hospital
Service	
Re-referral	False
Latest Status	Waiting For Information

09 Mar 2017	On sick leave from work (Ua0Ur)		

Joint injection given to L knee. Needs to rest for 48 hours. Not to put pressure on the knee.

09 Mar 2017	Duration of sickness certificate (Days) (Y1712)	2 Days	
09 Mar 2017	Problem: Knee joint pain (N094M) Problem: Injection of steroid into knee joint (Xa87F) H: Has been consented. Aseptic technique. 2.5ml syringe 1507024 2020-06. Depo-Medrone 40mg/ml LOT L09976/1 01/2020. PIL given from vial box. E: Left knee injected. P: Repeat not before 4 months. Rest knee for 48 hours.		
09 Mar 2017	Referrals to Mr Thomas Murphy		

Letter Type	Referrals
Letter To	Mr Thomas Murphy
Letter From	Dr Shahzad Arif, HMP Lindholme

Active Problem: Injection of steroid into knee joint (Xa87F) (09 Mar 2017 - Ongoing)

CS = Chronic Summary MS = Major Summary OS = Minor Summary S = Unspecified Summary NE = New Episode OE = Ongoing Episode

09 Mar 2017	Duration of sickness certificate (Days) (Y1712)	2 Days	
09 Mar 2017	On sick leave from work (Ua0Ur)		

Joint injection given to L knee. Needs to rest for 48 hours. Not to put pressure on the knee.

09 Mar 2017	Problem: Knee joint pain (N094M) Problem: Injection of steroid into knee joint (Xa87F) H: Has been consented. Aseptic technique. 2.5ml syringe 1507024 2020-06. Depo-Medrone 40mg/ml LOT L09976/1 01/2020. PIL given from vial box. E: Left knee injected. P: Repeat not before 4 months. Rest knee for 48 hours.

09 Mar 2017	Referrals to Mr Thomas Murphy

Letter Type: Referrals
Letter To: Mr Thomas Murphy
Letter From: Dr Shahzad Arif, HMP Lindholme

Active Problem: Vitamin D deficiency (XE112) (09 Mar 2017 - Ongoing)

No information recorded

Active Problem: Knee pain (Xa0wx) (13 Jul 2017 - Ongoing)

25 Jun 2012	First
08 Oct 2013	New Laterality: Bilateral
17 Mar 2015	New Laterality: Left
13 Jul 2017	Problem: Knee pain (Xa0wx) H: past knee pain, had injections E: knees still painful and states no stiff and creaking P: Appt made for AP clinic

Active Problem: Fracture of zygomatic complex (XA0Fr) (11 Jul 2023 - Ongoing) - Right side

11 Jul 2023	Discharge Letter to The Grange Medical Centre

Letter Type: Discharge Letter
Letter To: The Grange Medical Centre
Letter From: DISCHARGE MID YORKS

11 Jul 2023	Fracture of zygomatic complex (XA0Fr)	Right side	OS NE
11 Jul 2023	Discharged from hospital (8HE..)		NE
11 Jul 2023	analgesia given		
17 Jul 2023	Clinic Letter to The Grange Medical Centre		

Letter Type: Clinic Letter
Letter To: The Grange Medical Centre
Letter From: Oral Surgery, Pinderfields General Hospital, Wakefield District PCT, 1Archived

17 Jul 2023	Seen in oral surgery clinic (9N1q.)		NE

Inactive Problem: Fasciotomy foot (7H35B) (22 Oct 1973 - 08 Jun 2015) - First bilateral plantar fasciotomy

22 Oct 1973	First bilateral plantar fasciotomy

Inactive Problem: Tonsillectomy and adenoidectomy (75306) (09 Jan 1974 - 08 Jun 2015) - First

09 Jan 1974	First

Inactive Problem: Nocturnal enuresis (X008B) (1977 - 08 Jun 2015) - First

1977	First

Inactive Problem: [X]Intentional self poisoning/exposure to noxious substances (XE22d) (Dec 1982 - 08 Jun 2015) - First Original text: [X]Deliberate drug overdos...

Dec 1982	First Original text: [X]Deliberate drug overdose / other poisoning

Inactive Problem: History of amphetamine misuse (XaMf5) (21 Mar 1997 - 08 Jun 2015) - First Original text: H/O amphetamine misuse

21 Mar 1997	First Original text: H/O amphetamine misuse

Inactive Problem: Harmful substance use (Xa1bX) (May 1997 - 08 Jun 2015) - First Original text: Nondependent abuse of drugs

May 1997	First Original text: Nondependent abuse of drugs		
13 Mar 2017	Alcohol abuse (Xa1yZ)		
16 Mar 2017	Alcohol abuse (Xa1yZ)		
12 Mar 2019	Alcohol abuse (Xa1yZ)		

Inactive Problem: Substance misuse of Heroin (1999 - 08 Jun 2015) - Original text: Substance misuse of Heroin

No information recorded

Inactive Problem: Closed fracture shaft of tibia (S3320) (12 Jan 1999 - 08 Jun 2015) - First left

12 Jan 1999	First left

Inactive Problem: Hypnagogic hallucinations (X760E) (10 Nov 2004 - 08 Jun 2015) - First Original text: Hypnagogic hallucination

10 Nov 2004	First Original text: Hypnagogic hallucination

Inactive Problem: H/O: depression (1465.) (20 Jan 2005 - 09 Jun 2015) - First several years history of depression, anxi...

20 Jan 2005	First several years history of depression, anxiety, low self esteem and unusual thoughts or paranoid ideas			
11 Feb 2013	Citalopram 40mg tablets	One To Be Taken Each Day	28 tablet	07 Nov 2013, Ended

Issues: 7 End Reason: Other (Medication Course Ended)

26 Mar 2013	Citalopram 40mg tablets	One To Be Taken Each Day	28 tablet	
07 Jun 2013	Citalopram 40mg tablets	One To Be Taken Each Day	28 tablet	
05 Jul 2013	Citalopram 40mg tablets	One To Be Taken Each Day	28 tablet	
02 Aug 2013	Citalopram 40mg tablets	One To Be Taken Each Day	28 tablet	
02 Sep 2013	Citalopram 40mg tablets	One To Be Taken Each Day	28 tablet	
18 Oct 2013	Citalopram 40mg tablets	One To Be Taken Each Day	28 tablet	
07 Nov 2013	Citalopram 40mg tablets	One To Be Taken Each Day	28 tablet	
03 Jan 2014	Citalopram 40mg tablets	One To Be Taken Each Day	28 tablet	03 Jan 2014, Ended

Issues: 1 End Reason: Other (Medication Course Ended. stop)

03 Jan 2014	Citalopram 40mg tablets	One To Be Taken Each Day	28 tablet	

Inactive Problem: Psychotherapy - behavioural (8G10.) (28 Nov 2005 - 08 Jun 2015) - First

28 Nov 2005	First

Inactive Problem: Anxiety disorder (E200.) (27 Apr 2006 - 08 Jun 2015) - First Original text: Anxiety states

27 Apr 2006	First Original text: Anxiety states		
21 Dec 2010	Generalised anxiety disorder (E2002)		MS
21 Dec 2010	New Original text: Anxiety states		
18 Jan 2011	Ongoing (Original qualifier text: Review) Original text: Anxiety states		
15 Feb 2011	Ongoing (Original qualifier text: Review) Original text: Anxiety states		

15 Mar 2011	Ongoing (Original qualifier text: Review) Original text: Anxiety states
11 Apr 2011	Ongoing (Original qualifier text: Review) Original text: Anxiety states
10 May 2011	Ongoing (Original qualifier text: Review) Original text: Anxiety states
08 Jun 2011	Ongoing (Original qualifier text: Review) Original text: Anxiety states
03 Aug 2011	Ongoing (Original qualifier text: Review) Original text: Anxiety states
05 Aug 2011	Ongoing (Original qualifier text: Review) Original text: Anxiety states
24 Aug 2011	Ongoing (Original qualifier text: Review) Original text: Anxiety states
25 Jun 2012	Ongoing (Original qualifier text: Review) Original text: Anxiety states

Inactive Problem: Sciatica (XE1FC) (05 Oct 2009 - 16 Jun 2015)

No information recorded

Inactive Problem: [D]Haemoptysis (R063.) (02 Aug 2010 - 30 Aug 2010) - First

02 Aug 2010	First

Inactive Problem: Anxiety disorder (E200.) (21 Dec 2010 - 09 Jun 2015) - New Original text: Anxiety states

27 Apr 2006	First Original text: Anxiety states				
21 Dec 2010	New Original text: Anxiety states				
21 Dec 2010	Generalised anxiety disorder (E2002)				MS
21 Dec 2010	Citalopram 20mg tablets	ONE DAILY		28 tablet	A
Ended early on 18 Jan 2011: Other (Medication Course Ended. [INCREASED DOSE])					
18 Jan 2011	Citalopram 40mg tablets	1 DAILY	28 tablet	31 May 2012, Ended	
Issues: 17		End Reason: Other (Medication Course Ended. [NOT HELPING])			
18 Jan 2011	Anxiety disorder (E200.)				
Ongoing (Original qualifier text: Review) Original text: Anxiety states					
15 Feb 2011	Co-codamol 30mg/500mg tablets	Two To Be Taken Four Times A Day	224 tablet	24 Oct 2012, Ended	
Issues: 23		End Reason: Other (Medication Course Ended. changed to tramadol)			
15 Feb 2011	Anxiety disorder (E200.)				
Ongoing (Original qualifier text: Review) Original text: Anxiety states					
15 Mar 2011	Anxiety disorder (E200.)				
Ongoing (Original qualifier text: Review) Original text: Anxiety states					
11 Apr 2011	Anxiety disorder (E200.)				
Ongoing (Original qualifier text: Review) Original text: Anxiety states					
10 May 2011	Anxiety disorder (E200.)				
Ongoing (Original qualifier text: Review) Original text: Anxiety states					
08 Jun 2011	Anxiety disorder (E200.)				
Ongoing (Original qualifier text: Review) Original text: Anxiety states					
08 Jun 2011	Citalopram 20mg tablets	1 DAILY	28 tablet	19 Oct 2011, Ended	

Issues: 5 End Reason: Other (Medication Course Ended. [REDUCED ROSE AS PER GUIDELINE])

03 Aug 2011	Anxiety disorder (E200.)			

Ongoing (Original qualifier text: Review)
Original text: Anxiety states

05 Aug 2011	Anxiety disorder (E200.)			

Ongoing (Original qualifier text: Review)
Original text: Anxiety states

24 Aug 2011	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	A
24 Aug 2011	Anxiety disorder (E200.)			

Ongoing (Original qualifier text: Review)
Original text: Anxiety states

20 Sep 2011	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	A
19 Oct 2011	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	A
14 Dec 2011	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	01 Jun 2015, Ended

Issues: 37 End Reason: Patient Deducted (Active repeat ended on GP2GP transfer)

25 Jun 2012	Sertraline 50mg tablets	ONE IN MORNING	28 tablet	A
25 Jun 2012	Anxiety disorder (E200.)			

Ongoing (Original qualifier text: Review)
Original text: Anxiety states

04 Sep 2012	Sertraline 100mg tablets	1 DAILY	28 tablet	A

Ended early on 24 Jan 2013: Other (Medication Course Ended. Expired)

24 Sep 2012	Co-codamol 30mg/500mg tablets	TWO TO BE TAKEN FOUR TIMES A DAY	100 tablet	
24 Sep 2012	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
22 Oct 2012	Co-codamol 30mg/500mg tablets	TWO TO BE TAKEN FOUR TIMES A DAY	100 tablet	
22 Oct 2012	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
24 Oct 2012	Co-codamol 30mg/500mg tablets	Two To Be Taken Four Times A Day	124 tablet	
19 Nov 2012	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
12 Dec 2012	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	19 Jan 2015, Ended

Issues: 22 End Reason: Other (Medication Course Ended)

12 Dec 2012	Co-codamol 30mg/500mg tablets	Two To Be Taken Four Times A Day	224 tablet	
12 Dec 2012	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
02 Jan 2013	Co-codamol 30mg/500mg tablets	Two To Be Taken Four Times A Day	224 tablet	
02 Jan 2013	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
29 Jan 2013	Co-codamol 30mg/500mg tablets	Two To Be Taken Four Times A Day	224 tablet	
29 Jan 2013	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
26 Feb 2013	Co-codamol 30mg/500mg tablets	Two To Be Taken Four Times A Day	224 tablet	
26 Feb 2013	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
26 Mar 2013	Co-codamol 30mg/500mg tablets	Two To Be Taken Four Times A Day	224 tablet	
26 Mar 2013	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
07 Jun 2013	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
07 Jun 2013	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
05 Jul 2013	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
05 Jul 2013	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
02 Aug 2013	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	

02 Aug 2013	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
02 Sep 2013	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
18 Oct 2013	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
18 Oct 2013	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
07 Nov 2013	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
07 Nov 2013	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
06 Dec 2013	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
06 Dec 2013	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
03 Jan 2014	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
03 Jan 2014	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
03 Jan 2014	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
31 Jan 2014	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
31 Jan 2014	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
28 Feb 2014	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
28 Feb 2014	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
11 Jun 2014	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
11 Jun 2014	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
09 Jul 2014	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
09 Jul 2014	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
20 Aug 2014	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
20 Aug 2014	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
02 Oct 2014	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
02 Oct 2014	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
12 Nov 2014	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
12 Nov 2014	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
19 Jan 2015	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
19 Jan 2015	Zapain 30mg/500mg tablets (Advanz Pharma)	Two To Be Taken Four Times A Day	224 tablet	
06 Mar 2015	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
31 Mar 2015	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
01 May 2015	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	
01 Jun 2015	Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	

Inactive Problem: Insomnia (XE2Pv) (17 Jan 2012 - 14 Feb 2012) - First Original text: Cannot sleep - insomnia

17 Jan 2012	First Original text: Cannot sleep - insomnia			
17 Jan 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	07 Nov 2013, Ended

Issues: 23 End Reason: Other (Medication Course Ended)

07 Feb 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
06 Mar 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
16 Apr 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	

04 May 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
31 May 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
29 Jun 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
30 Jul 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
24 Aug 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
24 Sep 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
22 Oct 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
19 Nov 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
12 Dec 2012	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
02 Jan 2013	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
29 Jan 2013	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
26 Feb 2013	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
26 Mar 2013	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
07 Jun 2013	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
05 Jul 2013	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
02 Aug 2013	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
02 Sep 2013	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
18 Oct 2013	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
07 Nov 2013	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	
03 Jan 2014	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	03 Jan 2014, Ended
Issues: 1		End Reason: Other (Medication Course Ended. stop)		
03 Jan 2014	Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	

Inactive Problem: Shoulder pain (X75s9) (16 Apr 2012 - 14 May 2012) - First

16 Apr 2012	First

Inactive Problem: Knee pain (Xa0wx) (25 Jun 2012 - 22 Dec 2012) - First

25 Jun 2012	First
08 Oct 2013	New Laterality: Bilateral
17 Mar 2015	New Laterality: Left

Inactive Problem: Whiplash injury (Xa06Y) (16 Nov 2012 - 15 Dec 2012) - First

16 Nov 2012	First			
16 Nov 2012	Tramadol 50mg capsules	1-2 QDS	30 capsule	A
Ended early on 24 Jan 2013: Other (Medication Course Ended. Expired)				
31 Mar 2015	Tramadol 50mg capsules	One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	100 capsule	A
Ended early on 29 Apr 2015: Other (Medication Course Ended. Expired)				
01 May 2015	Tramadol 50mg capsules	One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	100 capsule	A
Ended early on 30 May 2015: Other (Medication Course Ended. Expired)				
03 Jun 2015	Tramadol 50mg capsules	One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	100 capsule	A

Inactive Problem: Low back pain (Xa0wt) (27 Aug 2013 - 25 Sep 2013) - First

Episode OE = Ongoing Episode

02 Feb 2010	Chronic low back pain (Xa0sK)			
27 Aug 2013	First			
27 Aug 2013	Pregabalin 50mg capsules	One To Be Taken Twice A Day	56 capsule	A

Ended early on 09 Oct 2013: Other (Medication Course Ended. Expired)

Inactive Problem: Pure hypercholesterolaemia (XE11S) (24 Jan 2014 - 16 Jun 2015) - First

24 Jan 2014	First

Inactive Problem: Care plan (Xa0jb) (28 Apr 2014 - 16 Jun 2015) - First CMHT 2

28 Apr 2014	First CMHT 2			
21 Jul 2014	Care plan (Xa0jb)			

Ongoing (Original qualifier text: Review)
CMHT 2

13 Oct 2014	Care plan (Xa0jb)			

Ongoing (Original qualifier text: Review)
CMHT 2

26 Jan 2015	Care plan (Xa0jb)			

Ongoing (Original qualifier text: Review)
CMHT 2

11 Aug 2015	Mental health personal health plan (XaK70)			
24 Nov 2016	Psychiatry care plan (XaK5Y)			
18 May 2018	Review in 4/52			
11 Nov 2021	Mental health crisis plan (XaIvp)			

Contact crisi team if needed

17 May 2022	Clinical management plan (XaJYd)			

R/V tel
Exs: neck retraction
Goal: full painfree function

07 Jun 2022	Clinical management plan (XaJYd)			

R/V tel
Exs: added F at wall

15 Jun 2022	Clinical management plan (XaJYd)			

R/V FTF
Exs: advised to cont with exs and push function as able

20 Jul 2022	Clinical management plan (XaJYd)			

R/V F2F
Cont to increase function as able.

17 Aug 2022	Clinical management plan (XaJYd)			

SOS
Refer MSK
Advised re ROM and functional activity to retain movement.

24 Oct 2023	Psychiatry care plan (XaK5Y)			OE

increased aripiprazole to 20mg once daily and mirtazapine to 30mg at night

Care Plans

16 Mar 2017	Substance Misuse Recovery Support (Offender Health, Substance misuse)	Reviewed: 10 Mar 2019

Care Goal: To aid the client in recovery from Substance Misuse

Reviewed: 20 Dec 2017, Continuing with care

Reviewed: 14 Feb 2018, Continuing with care: Thomas is now a Mentor on A wing, no issues at this time

Reviewed: 10 Mar 2019, Continuing with care

1) 1) 06 Dec 2017

Need:To explore motivation for change
Intervention:To focus on reason for change and to look at the cycle for change making a decisional balance.
Time Scale:3 months - completed group work
3) 2) 06 Dec 2017
Need:To explore relapse prevention
Intervention:Focus on high risk situations, coping strategies , triggers and cravings
Time Scale: completed 30/11/2017 - completed group work
6) 3)
Need:To explore alcohol awareness
Intervention:To complete alcohol incell work
Time Scale:2-3 weeks
completed 25/09/2017
9) 4) 06 Dec 2017
Need:to gain further skills to aid in recovery journey.
Intervention: to complete recovery programme including ay groups identified and recovery journal
Time Scale:3 months. - completed 06/12/2017
11) 5)
Need:
Intervention:
Time Scale:
12) 6)
Need:
Intervention:
Time Scale:
13) 7)
Need:
Intervention:
Time Scale:
14) 8)
Need:
Intervention:
Time Scale:

08 Mar 2019	Substance Misuse Recovery Support (CUK Offender Health)	Reviewed: 20 Jun 2019

Care Goal: To aid the client in recovery from Substance Misuse
Reviewed: 26 Mar 2019, Continuing with care
Reviewed: 11 Apr 2019, Continuing with care
Reviewed: 06 Jun 2019, Continuing with care
Reviewed: 20 Jun 2019, Period of care ended: work completed
1) 1) 20 Jun 2019
Need: Explore understanding of own relapse prevention strategies
Intervention: Attend 1-1 to review how personal risk factors change, to review, strengthen and further develop coping strategies and review recovery plans for release
Time Scale: review every 4 -6 weeks
5) 2)
Need:
Intervention:
Time Scale:
6) 3)
Need:
Intervention:
Time Scale:
7) 4)
Need:
Intervention:
Time Scale:
8) 5)
Need:
Intervention:
Time Scale:

9) 6)
Need:
Intervention:
Time Scale:
10) 7)
Need:
Intervention:
Time Scale:
11) 8)
Need:
Intervention:
Time Scale:

Safeguarding Information

No information recorded

Social Services Contacts

No information recorded

Admissions

Admission to Mid Yorkshire Hospitals (Dewsbury & District Hospital): Referred to Mr Kenneth Corsar on 03 Jul 2023 07:18 Discharged on 03 Jul 2023 08:55

Consultant:	Mr Kenneth Corsar
Treatment Code:	Oral and Maxillofacial Surgery Service

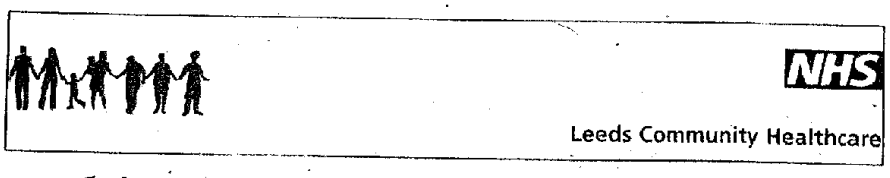
Admission to Mid Yorkshire Hospitals (Dewsbury & District Hospital): Referred to Mr Jonathon Reid on 10 Jul 2023 08:10 Discharged on 11 Jul 2023 09:32

Consultant:	Mr Jonathon Reid
Treatment Code:	Oral and Maxillofacial Surgery Service

Communications

07 Dec 2009	Incoming Clinic Letter	Arrived 07 Dec 2009 09:28

From ,
To ,
Entered By Mrs Katie Ellis



NHS
Leeds Community Healthcare

Name T. Murphy Number Date 4/12/09

RECEPTION CHECKLIST

Drug issues	YES/NO
Have you confirmed outside prescription	YES/NO
Alcohol issues	YES/NO
Mental health problem	? YES/NO
Drug screen required	YES/NO
Registered on system one	YES/NO
IMR	YES/NO
Immediate health/mental health needs	YES/NO
Baseline observations	YES/NO
DIR	YES/NO
IDTS Leaflet given	YES/NO

Page 1 of 3



NHS

Leeds Community Healthcare

HMP Leeds

CONSENT TO DISCLOSE AND SHARE INFORMATION

Healthcare at HMP Leeds is provided by Primary Care & Primary Mental Health & Well Being and by the Mental Health In-Reach Team.

There are occasions when we need to share and disclose information to other agencies/departments involved in your care, including your registered GP, other healthcare professionals, case workers, education staff and solicitors.

Signing this consent form means that you are giving permission for us to share information, which will be of benefit to you.

PLEASE NOTE

- If you say you are going to harm yourself and/or others.

- If you have broken or intend to break any of the safety/security rules in the establishment.

- If you inform us of any offence that you have committed for which the police have not yet questioned you.

Or

- If you raise any child protection issues

WE ARE PROFESSIONALLY OBLIGED TO PASS THIS INFORMATION ON, BUT IF THIS HAPPENS WE WILL EXPLAIN THE REASONS FOR THIS TO YOU

Prisoners Name and Number: Thomas Murphy

Signature: T. Murphy

Witnessed by (Staff member to print name) SJ LOMB

Date 4/12/09

Managing Director: Philomena Corrigan
NHS Leeds Community Healthcare is responsible for providing healthcare services in the Leeds area and is hosted by Leeds Primary Care Trust (NHS Leeds)

NHS Leeds is a Smoke Free Organisation

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NHS

Leeds Community Healthcare

HMP LEEDS
MEDICATION COMPACT

During your stay at H.M.P. Leeds you are required to comply with prison rules and medication directions as follows: -

1) You will not sell or give any medication that has been prescribed for you to any other prisoner.

2) You will return any unused medicines, creams or lotions to Healthcare as soon as you discontinue use and within the prescribed dates.

3) You will not have in your possession any medication or medication containers issued to any other prisoner.

4) You will keep any medication issued to you in the original, labelled container and it must not be tampered with in any way.

5) You will take the medication at the prescribed or directed time. Keeping it for another time will constitute unauthorised possession. Creams, lotions or medication that is prescribed 'taken as required' will be re-authorised 'in possession' every 28 days at the discretion of healthcare staff.

6) You will report any loss of medication to your unit officer and healthcare staff immediately. If you have difficulty in complying with any medical directions given to you, you will report immediately to healthcare.

7) Lost creams, lotions or medication will not be routinely replaced.

8) You will declare and present all prescribed medication, creams and lotions to the receiving nurse on reception.

9) If a member of staff at Centre treatments or on the wing is suspicious that you are not swallowing, absorbing or taking the medication as directed, they are authorised to undertake a visible inspection of your mouth. Failure to comply with that order and/or this compact will result in you being placed on Governors Report Any attempt to divert your medication will result in a rapid review of your treatment by a multidisciplinary team. This is your one and only warning.

10) [redacted]

11) I under stand that my Subutex may be crushed.

12) The Prison Pharmacy reserves the right to substitute any medication prescribed by brand name with the same generic medication.

I have read or have had read to me, the above instructions and I understand that disciplinary action will be taken against me if I fail to comply with the medication compact. I understand that there will be no further warnings about misuse of my medication or unauthorised possession.

Name...T. Murphy..... Prison number.....Location...D1...

Prisoner Signature.....T Murphy.....

Compact agreement explained and witnessed by.....SYLumb.....

Page 3 of 3

09 Dec 2009	Incoming Clinic Letter	Arrived 09 Dec 2009 13:02

From ,
To ,
Entered By Mrs Linda Jones

8-DEC-2009 18:17 FROM:DR CANNAVINA AND FRE 01324633636 TO:01132032857 P.1/1

RECEIVED
09 DEC 2009

NHS
Leeds Community Healthcare

TO: ADMIN TEAM
HEALTHCARE
HMP LEEDS
FAX NO: 0113 2032857

FROM: Park st

Date: 07 Dec 2009

Prison no: A7431AH

Name: Mr Thomas Murphy

NHS. No: 2005680559

D.O.B 20 May 1968

Details of any treatment given:
suffers from (c)sided sciatica (buttock)
Recent X-ray confirms reduction in disc space L5/S1

Details of any prescribed medication:
on no regular medication.
occas. uses Co-Codamol 8/500

Details of any recent outstanding hospital referrals or appointments:
none

Details of contact with keyworkers eg. community psychiatric nurse, drug workers or specialist:
none

Details of any other significant or relevant information:
none

Details of any Mental Health problems:
nil on record

Details of any CPA including the name of Psychiatric Consultant:
not applicable

Dr Franchod
8.12.09

Park Street Medical Practice
Drs Edwards, Cannavina & Franchock
6 Park Street Falkirk FK1 1RE (Vag296)
Tel 01324 623 577 Fax 01324 633 036

03 Aug 2011	Supplementary Questionnaire Guidance (RiO)	Completed on 03 Aug 2011 00:00

From Unknown,
To Unknown,

Description	Notes Questionnaire: Mental Health Clustering Tool	
Entered By		
04 Apr 2012		Completed on 04 Apr 2012 00:00
From	Unknown,	
To	Unknown,	
Reference	NHS Health Check invitation first letter	
Description	Original text document CVD	
Entered By		
31 Jul 2013		Completed on 31 Jul 2013 00:00
From	Unknown,	
To	Unknown,	
Reference	Administration	
Description	Original text document NHS REFERRAL LETTER - single point of access	
Entered By		
27 Aug 2013	Supplementary Questionnaire Guidance (RiO)	Completed on 27 Aug 2013 00:00
From	Unknown,	
To	Unknown,	
Description	Notes Questionnaire: Mental Health Clustering Tool	
Entered By		
04 Nov 2013		Completed on 04 Nov 2013 00:00
From	Unknown,	
To	Unknown,	
Reference	Administration	
Description	Original text document NHS REFERRAL LETTER - brid martin CPN	
Entered By		
18 Dec 2013		Completed on 18 Dec 2013 00:00
From	Unknown,	
To	Unknown,	
Reference	Clinical document	
Description	Original text document Provisionally Filed Letter	
Entered By		
14 Jul 2014	Supplementary Questionnaire Guidance (RiO)	Completed on 14 Jul 2014 00:00
From	Unknown,	
To	Unknown,	
Description	Notes Questionnaire: Mental Health Clustering Tool	
Entered By		
18 Dec 2014		Completed on 18 Dec 2014 00:00
From	Unknown,	
To	Unknown,	
Reference	Mental health monitoring first letter	
Description	Original text document Mental Health Review invitation - 1st letter	
Entered By		
05 Jan 2015		Completed on 05 Jan 2015 00:00
From	Unknown,	
To	Unknown,	
Reference	Mental health monitoring second letter	

Description	Original text document Mental Health Review 2nd Letter
Entered By	

22 Jan 2015		Completed on 22 Jan 2015 00:00

From	Unknown,
To	Unknown,
Reference	Mental health monitoring third letter
Description	Original text document Administration
Entered By	

18 Mar 2015		Completed on 18 Mar 2015 00:00

From	Unknown,
To	Unknown,
Reference	Administration
Description	Original text document TWIMC
Entered By	

26 Mar 2015		Completed on 26 Mar 2015 00:00

From	Unknown,
To	Unknown,
Reference	NHS 111 report received
Description	Original text document NHS 111 Report
Entered By	

14 Jul 2015	Supplementary Questionnaire Guidance (RiO)	Completed on 14 Jul 2015 00:00

From	Unknown,
To	Unknown,
Description	Notes Questionnaire: Mental Health Clustering Tool
Entered By	

14 Jul 2015	Supplementary Questionnaire Guidance (RiO)	Completed on 14 Jul 2015 00:00

From	Unknown,
To	Unknown,
Description	Notes Questionnaire: Mental Health Clustering Tool
Entered By	

11 Aug 2016	Supplementary Questionnaire Guidance (RiO)	Completed on 11 Aug 2016 00:00

From	Unknown,
To	Unknown,
Description	Notes Questionnaire: Mental Health Clustering Tool
Entered By	

Scanned Documents

01 Jan 2004	Patient Information to unknown

Letter Type Patient Information
Letter To
Letter From Patient letters from previous surgeries 2004 to 2009

07/12 2009 16:14 FAX 01132032857 HMP LEEDS HEALTHCARE 001/003

(GF)

Pg 1 of 3



NHS

Leeds Community Healthcare

H M Prison Leeds
Gloucester Terrace
Armley
Leeds
LS12 2TJ
Fax: 0113 2032857
Direct Line: 0113 2032893

Date: 07 Dec 2009

Park st

TEL NO:
FAX NO: 01324 633636

Prison Number	**A7431AH**
Name	**Mr Thomas Murphy**
D.O.B	**20 May 1968**
Address	**126 Lamond Drive, Long Lees, Falkirk, FK2 7TX**

The above named patient was received into custody at HMP Leeds on 04/12/2009

To enable us to provide the level of care afforded to him prior to his imprisonment it is essential that we are aware of any recent or ongoing health concerns for which treatment or advice has been given. It would be particularly appreciated if confirmation of prescribed medication can be forwarded as soon as possible in order to avoid unnecessary interruption to medication regimes.

Please would you return the accompanying questionnaire within two working days.
A copy of the patient consent to share medical information is attached.

To ensure continuity of care we will write to you immediately prior to his release from our establishment to advise you of any treatment administered in prison. If in the meantime he is transferred to another establishment it is their responsibility to write to you prior to his release.

If he is released on bail or at short notice we will write to you as soon as possible after the date of release.

If you have any queries please do not hesitate to contact us on the above number.

Yours sincerely

ADMIN TEAM
HEALTHCARE
LEEDS PRISONS

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07/12 2009 16:15 FAX 01132032857 HMP LEEDS HEALTHCARE 003/003

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126 Lomond Drive

Leeds Community Healthcare

HMP Leeds

CONSENT TO DISCLOSE AND SHARE INFORMATION

Healthcare at HMP Leeds is provided by Primary Care & Primary Mental Health & Well Being and by the Mental Health In-Reach Team.

There are occasions when we need to share and disclose information to other agencies/departments involved in your care, including your registered GP, other healthcare professionals, case workers, education staff and solicitors.

Signing this consent form means that you are giving permission for us to share information, which will be of benefit to you.

PLEASE NOTE

- If you say you are going to harm yourself and/or others.

- If you have broken or intend to break any of the safety/security rules in the establishment.

- If you inform us of any offence that you have committed for which the police have not yet questioned you.

Or

- If you raise any child protection issues

WE ARE PROFESSIONALLY OBLIGED TO PASS THIS INFORMATION ON, BUT IF THIS HAPPENS WE WILL EXPLAIN THE REASONS FOR THIS TO YOU

Prisoners Name and Number: Thomas Murphy A7431AN

Signature: T. Murphy

Witnessed by (Staff member to print name) SJ LUMB

Date 4/12/09

Managing Director: Philomena Corrigan
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07/12 2009 16:15 FAX 01132032857 HMP LEEDS HEALTHCARE 002/003

P3of3

NHS

Leeds Community Healthcare

TO: ADMIN TEAM
HEALTHCARE
HMP LEEDS
FAX NO: 0113 2032857

FROM: Park st Date: 07 Dec 2009

Prison no: A7431AH

Name: Mr Thomas Murphy NHS. No: 2005680559

D.O.B 20 May 1968

Details of any treatment given:
suffers from (2)sided sciatica (both legs)
Recent X-ray confirms reduction in disc space L5/S1

Details of any prescribed medication:
on no regular medication.
occas. uses Co-codamol 8/500

Details of any recent outstanding hospital referrals or appointments:
none

Details of contact with keyworkers eg. community psychiatric nurse, drug workers or specialist:
none

Details of any other significant or relevant information:
none

Details of any Mental Health problems:
nil on record

Details of any CPA including the name of Psychiatric Consultant:
not applicable

Dr Fransdod
8.12.09

Park Street Medical Practice
Drs Edwards, Cannavina & Frensebock
6 Park Street Falkirk FK1 1RE (Vg296)
Tel 01324 623 577 Fax 01324 633 636

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Practitioner Services

Medical
Stevenson House
555 Gorgie Road
Edinburgh, EH11 3LG
Tel: 0845 300 1661
Fax: 0845 300 1218
www.show.scot.nhs.uk/psd

NHS National Services Scotland

Mr Thomas Murphy
126 Lomond Drive
Langlees
FALKIRK
FK2 7TX

Date 8th May 2008
Your Ref
Our Ref FT/1e

Enquiries t FORTH VALLEY TEAM
Extension 88569
Direct Line 0131 537 8569
E-mail

Dear Mr Murphy

Mr Thomas Murphy DOB-CHI: 20/05/68 0559 NHS No: 4981092806

I have to inform you that Graeme Medical Centre, 1 Western Avenue, Falkirk, FK2 7HR has requested me to remove your name(s) from its national Health Service list of patients. Please note that you are being removed due to your aggressive and abusive behaviour towards a member of staff.

Your name(s) will be removed from the practice's list on 16th May 2008.

It is in your best interest to seek acceptance on to the list of another General Practice as soon as possible. To do this you should take your medical card(s) to the practice of your choice and ask to be accepted on to their practice list. Alternatively you may complete form GPR which is available at the practice.

If you are having difficulty finding a new General Practice, please write to this office as soon as possible requesting that you be assigned to a local practice. A letter will then be sent to you providing you with the name of the practice to which you have been assigned. I must advise that as assignments are made on a strictly rotational basis you will have no choice in the practice to which you are assigned.

Yours sincerely

FORTH VALLEY TEAM

Copy to Practice for information. It would be appreciated if, immediately following expiry of your responsibility, the appropriate medical record was returned to this office quoting the above reference.

POSITIVE ABOUT DISABLED PEOPLE
INVESTORS IN PEOPLE

Headquarters
1 South Gyle Crescent, Edinburgh, EH12 9EB

Chairman: David R Campbell CBE
Chief Executive Ian Crichton

NHS National Services Scotland is the common name of the

GRAEME MEDICAL CENTRE

Dr. Brian Merrick
Dr. Carolyn McNeill
Dr. Niall Robertson
Dr. Helen Taylor
Dr. Sian Gordon

1 Western Avenue
Falkirk
FK2 7HR
Tel: 01324 624437
Fax: 01324 633737

SFG/SR
1st May 2008.

Mr. T. Murphy,
126 Lomond Drive,
Langlees,
Falkirk,
FK2 7TX.

Dear Mr. Murphy,

We refer to the incident which took place at our Reception desk on the morning of Wednesday 30th April 2008, involving yourself and a member of our Reception Staff.

We appreciate that sometimes situations can become heated but your behaviour was entirely uncalled for. You were very aggressive in your manner and you were swearing at our receptionist who was merely trying to do her job to the best of her ability, she felt unable to do so as you kept talking over the top of her and using abusive language. This type of behaviour is unacceptable to us and will not be tolerated at this Practice.

As a result, you have left us no choice but to write to Practitioner Services today and have your name removed from our Practice List.

Please contact Practitioner Services on 0845 300 1661 who will assign you to another GP Practice within your area.

Yours sincerely,

On Behalf of Graeme Medical Centre.

GRAEME MEDICAL CENTRE

Dr. Brian Merrick
Dr. Carolyn McNeill
Dr. Niall Robertson
Dr. Helen Taylor
Dr. Sian Gordon

1 Western Avenue
Falkirk
FK2 7HR
Tel: 01324 624437
Fax: 01324 633737

SFG/SR
1st May 2008

Forth Valley Team,
Practitioner Services,
Stevenson House,
155 Gorgie Road,
Edinburgh.

Dear Team,

Thomas Murphy, D.O.B. 20/05/68.
126 Lomond Drive, Langlees, Falkirk, FK2 7TX.
CHI No: 2005680559.

We would be grateful if the above patient could be removed from our Practice List. The reason for removal is that he was very aggressive towards a member of our reception staff and was using abusive language. We will not tolerate this type of behaviour in our Practice.

Yours faithfully,

For and On Behalf of Graeme Medical Centre.

jobcentreplus

Incapacity for work

JOBCENTRE PLUS
ABERDEEN BDC
ABERDEEN
AB99 8AA

Part of the Department for Work and Pensions

Dr C McNeil
Graham's Road Surgery
FALKIRK

Our direct dial number is
Code 0845 Number 608 8749

Textphone users with speech or hearing difficulties call
Code Number

If you get in touch with us, tell us this reference number
NR 10 23 48 C

Date
21 / 04 / 2008

Personal Capability Assessment

Dear Doctor McNeil

Patient's name THOMAS MURPHY

Date of birth 20 / 05 / 1968

This patient has been claiming

- ☐ Incapacity Benefit
- ☐ Severe Disablement Allowance
- ☑ National Insurance credits

because they have been incapable of work. We recently assessed their ability to work using the Personal Capability Assessment.

We have decided that your patient is capable of work from and including 21 / 04 / 0220 .

This is based on

- ☑ the medical examination we arranged that your patient went to on 11 / 3 / 2008
- ☑ medical information you provided.
- ☑ information that your patient gave us.

This means that you do not have to give your patient any more medical certificates for Incapacity Benefit purposes. But you may need to again if their condition worsens significantly, or they have a new medical condition.

We have sent a summary of the Personal Capability Assessment to your patient.

Yours sincerely

for Manager

IB65B 04/08

Physiotherapy Service

Physiotherapy Department
Falkirk & District Royal Infirmary
Majors Loan
FALKIRK
FK1 5QE
Tel: 01324 616038

NHS Forth Valley

Date: 17/3/18

PHYSIOTHERAPY SERVICE

FALKIRK & DISTRICT ROYAL INFIRMARY

Dear Dr Robertson
Re: Thomas Murphy
DOB/CHI No: 20/5/68

The above patient was referred for physiotherapy and the outcome was as follows:

- ☑ Improved with physiotherapy.
- ☐ Did not improve with physiotherapy.
- ☐ Patient did not complete course of treatment.
- ☐ Patient did not attend for treatment.

Additional Comments:
This patient was referred with ® ankle pain. I assessed him & provided him with a home exercise program & he subsequently improved.

Yours sincerely

Emma Patrick (EMMA PATRICK)

Chartered Physiotherapist

Falkirk Unit Physiotherapy Service

Unit/CHI No: _____ GU/Ref No: _____ Date of Referral: 17/12/07

Surname: _____ Patient Status: OP IP

Forename: _____ DH A&E COMM

Address: _____ Clinic/Ward: _____

_____ Location Code: _____

_____ GP: _____

Post Code: _____ Date of Birth: _____ Consultant: _____

Telephone No: _____ Sex: _____ Source of Referral Code: _____

Occupation: _____ Therapist _____ ID Code: _____

Date of First Appointment: Day Time

Diagnosis/Clinical Details PR Diagnostic Code _____

SEC Diagnostic Code _____

(R) ankle injury 4/12 Hx: Eversion injury.
Persisting medial pain. Rigid supination

Ambulance: Yes/No ING010 Drs Signature _____

2005680559
Murphy, Thomas
20/05/1968 M
126 Lomond Drive
FALKIRK
FK2 7TX
Dr N A Robertson
Graeme MC
V60585
V25309

31 JAN 2008

NHS Forth Valley

RADIOLOGY REPORT- Falkirk & District Royal Infirmary

CHI NUMBER: 2005680559 **Examination Number:** 30141312

Name: Murphy, Thomas DOB: 20/05/1968

Address: 126 LOMOND DRIVE, LANGLEES, FALKIRK, FK2 7TX -- CC: -

Examination: XR Ankle Rt

Examination Date: 23/01/2008 **Examination Time:** 10:50

Dictating Radiologist: DR SUSAN C GALLETLY

Typed by: CAROLINE FINDLAY

Referring Consultant: GP REQUESTOR

Referring Department / Location: ROBERTSON NIALL

Normal bony joint and soft tissue appearances.

Examination Date: 23/01/2008

Examination: XR Ankle Rt

Date Reported: 26/01/2008

Dictating Radiologist / Clinical Specialist By DR SUSAN C GALLETLY

Verified by: DR SUSAN C GALLETLY

Page 1 of 1

Closed Call Details

	3756213	16/10/2006 22:57		NHS 24
	999 with Potential Dual Response		DUAL	
	Falkirk	16/10/2006 23:01	16/10/2006 23:02	

Patient Present Location

Address:	110 Seaforth Road, Falkirk, FK2 7TG
Phone:	01324 410043

Patient Home Details (2005680539)

Name:	THOMAS MURPHY
Address:	126 Lomond Drive, Falkirk, FK2 7TX
Phone:	01324 410043
Sex:	M
DOB:	20/05/1968
Age:	38 years old
Contact:	Stewart
Contact Phone Number:	01324 410043

Registered GP Details (at time of call)

Dr Name:	MCNEILL ,CAROLYN
Practice:	Graeme Medical Centre (25309)
Script No:	V57240

Clinical Summary:

Date: 16/10/2006
Description: 30 MINS L SIDED CHEST PAIN, ARM DISCOMFORT, BREATHLESSNESS, GREY / PALLOR, 999 WITH POSSIBLE DUAL RESPONSE.

Call Number:	0000221156	Date:	16/10/2006	Time:	23:07	Passed:	23:08
Started:	23:09	Status:	Telephone				
Urgency:	Urgent						

Notes to Practice:

No Notes for Practice

Diagnosis:

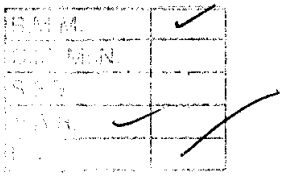
phoned ambulance control - ambulance on route

Drugs: There were no drugs attached to the call

Outcome:		Death/Presume Life Extinct:	☐	GP to certify:	☐	No Further Action:	☐
		Refer To:	None			Dept:	None
Review by GP:	☐	When:				Where:	
Patient to contact GP:	☐						

Patient's Arrival:	Date	Time					
	Date	Start Time	Finish Time		Date	Start Time	Finish Time
Clinical1:				Clinical2:			
	Clinical Group		Name		Completion Date/Time:	16/10/2006 23:10	
Duty Clinician	Falkirk		Clinician Not Specified		Closed By:	lhunter4	

Last Modified by PCEC: 16/10/2006 23:10



Primary Care Operating Division

NHS
Forth Valley

BEHAVIOURAL PSYCHOTHERAPY SERVICE

No 2 The Bungalows
Stirling Road
LARBERT
FK5 4SD
Tel: (01324) 574321
Fax (01324) 555080

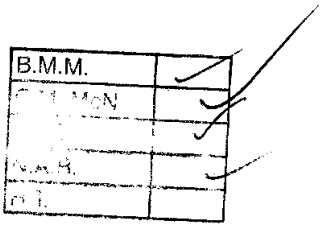
TW/IN/V0103436

- 2 MAY 2006

27 April 2006

MEDICAL IN CONFIDENCE

Dr Carolyn M McNeill
Graeme Medical Centre
1 Western Avenue
FALKIRK
FK2 7HR



Dear Dr McNeill

Re: Mr Thomas Murphy, 126 Lomond Drive, Falkirk, FK2 7TX (Dob: 20.05.68)

Further to my letter of 28.11.05.

I am happy to report that Mr Murphy has made good progress tackling his anxiety problems using cognitive, behavioural strategies. He has had no further panics for some months now and has been able to reduce his avoidance and safety behaviours. Overall, he is more optimistic about tackling this problem in the future should it re-occur.

In the meantime, however, I will discharge him from my caseload, but should he require further referral in the future I would be happy to see him.

Yours sincerely

Tom Wilson
Behavioural Psychotherapist
Behavioural Psychotherapy Service

GRAEME MEDICAL CENTRE

Dr. Brian Merrick
Dr. Carolyn McNeill
Dr. Niall Robertson
Dr. Helen Taylor
Dr. Sian Gordon

1 Western Avenue
Falkirk,
FK2 7HR
Tel: 01324 624437
Fax: 01324 633737

CMcN/SR
20th January 2005.

The Community Mental Health Team,
Westbank Clinic,
Westbridge Street,
Falkirk.

Dear Doctor,

Thomas Murphy, D.O.B. 20/05/68.
126 Lomond Drive, Langlees, Falkirk.

I would be most grateful for your advice with regard to the above young man. He has a several years' history of symptoms of anxiety, depression, low self-esteem and unusual thoughts or paranoid ideas. He recently attended the neurology clinic of Dr. Aylward as he had had "a funny turn". It was felt however, that this was more likely to be a panic attack. However, Dr. Aylward was slightly concerned by his paranoid ideas and suggested at the end of their letter to us, that perhaps he should have psychiatric referral. Thomas does have a long history of poor social circumstances and blames various family worries and life events on his present "paranoia". In view of the letter from Dr. Aylward however, I would be most grateful for your further assessment in his case. He is not presently on any regular or repeat medication. Many thanks.

Yours sincerely,

Dr. Carolyn McNeill,
General Practitioner.

Enc.

Acute Operating Division
Neurology Department
Tel: (01324) 616053
Fax: (01324) 616005

Falkirk & District Royal Infirmary
Major's Loan
Falkirk
FK1 5QE
Telephone 01324 624000
Fax 01324 616006
www.show.scot.nhs.uk/nhsfv

NHS
Forth Valley

Dictated 10th November, 2004.
Typed 30th November, 2004.

Ref: RLMA/JR/F.340413
Epilepsy Clinic

Dr. Carolyn McNeill,
Graeme Medical Centre,
1 Western Avenue,
FALKIRK,
FK2 7HR.

03 DEC 2004

letter sent 24/12/04 TMA.

Notes please (see over) TMA

Dear Dr. McNeill,

Thomas Murphy (d.o.b. 20.05.68)
126 Lomond Drive, Langlees, Falkirk, FK2 7TX

Diagnosis:
(1) Panic attacks.
(2) Hypnagogic hallucinations.
(3) History of criminal activity in his younger years.

Medication: None.

Thank you for referring this 36 year old man who is currently unemployed. He gives a story that two Christmases ago whilst he was at home with his family he went into a room where his nieces and nephews were dancing to a disco unit. The lights had the effect of making him panic and start jerking. He was very upset by this experience and explained that he went to his mother's house and 'broke down'.

He has subsequently had a great many spells in which he tends to panic. He describes himself as 'waiting for it to come on', he feels panicky and breathless and he also explains feelings of the world closing in on him. His limbs twitch occasionally. He says that he is able usually to talk himself out of it and he is often able to calm down with a cup of tea or by breathing in and out of a paper bag.

He had an EEG in June 2003. During this investigation photic-stimulation produced feelings of anxiety and several quite strong jerks. These changes were not associated with any electrical abnormality on the EEG. He has also had a CT scan of the head which was normal and a 24 hr. ECG which was also normal.

His past medical history is unremarkable as far as his physical health goes. However, he tells me that he was constantly in trouble as a youth and spent time in an approved school, in borstal and in detention centres. He was not to be drawn on the types of crime for which he was sent down but he did admit that he was involved in the drug scene, that he got involved in fights and thieving.

There are obviously some problems within his family. He described his father as nervous and prone to mood swings. He has two brothers and two sisters and has recently learnt that they are not all by the same father. Overall, today I had the impression that he was very paranoid and towards the end of the consultation he told me about very vivid dreams that he was having which he felt were messages indicating that his family were doing him harm and that somebody was at fault.

I think I can say categorically that this young man does not have epilepsy. However, I am concerned about some of his paranoid ideation and he is definitely having quite frequent panic attacks. He may benefit from psychiatric intervention.

I have not made any further appointments for him in the Epilepsy Clinic.

With best wishes.

Yours sincerely,

R. L. M. AYLWARD,
Consultant Neurologist.

01 Jan 2010	Patient Information to unknown

Letter Type Patient Information
Letter To
Letter From Patient letters from previous surgeries 2010 to 2011

The Mid Yorkshire Hospitals NHS

NHS Trust

Pinderfields Hospital
Emergency Department
Aberford Road
WAKEFIELD
West Yorkshire
WF1 4EE
Tel: 0844 811 8110
Ext. 2422
Fax: 01924 214840

Dr. DRM KAMAL
THE GRANGE MEDICAL CENTRE
HIGHFIELD ROAD
HEMSWORTH, PONTEFRACT
WEST YORKSHIRE
WF9 4DP
01977 610009

Re: Thomas Murphy
31 CORONATION ROAD
SHARLSTON COMMON
WAKEFIELD
WEST YORKSHIRE
WF4 1AH

DATE: 25/06/2011
NHS NO.: 4981092806
A&E No.: PGH-11-037917-1
Last Tetanus:
DOB.: 20/05/1968
UNIT NO.: 1363146

Dear Dr. KAMAL

The above patient attended the A&E Department of this hospital on **24/06/2011** at **02:25.**
The referral was - **Self.**
The presenting complaint was .

Radiology:
1. X-Ray
Investigations:
1. ECG, Urinanalysis, Full Blood Count, Troponin-I, U&E, "BM" analysis
Diagnosis:
1. Non-notifiable disease, low grade temp. cervical lymphadenopathy. neutrophilia. no obvious focus.
Treatment:
1. Prescription

Outcome: Discharged to GP
Comment for GP: please review re large L cervical LN (1.5cmx1.5cm) if still present in 2/52. thank you.
Discharge Medication:
1. Amoxycillin (500mg)

Yours Sincerely,

Alexandra Danecki

14 DEC 2011

RECEIVED
28 JUN 2011

Page 1 of 20

TURNING POINT
turning lives around

Turning Point
Rightsteps @ Wakefield
3rd Floor, Grosvenor House
8-20 Union Street, Wakefield WF1 3AE
T 01924 234860
F 01924 368767
rightsteps.wakefield@turning-point.co.uk
www.turning-point.co.uk

Dr. R Gupta
Newland Surgery
Newland Lane
Normanton
West Yorkshire
WF6 1QD

6 December 2011

Dear Dr Gupta,

Re: Thomas Murphy 20/05/1968 NHS No. 4981092806

Thank you for referring the above named patient for an assessment for psychological therapy. We have now completed an assessment.

On measures of depression and anxiety Mr Murphy scores were as follows:

PHQ-9 = 22
GAD-7 = 21

Due to Thomas's current episode of depression and and other issues in their past and currently, we feel that his needs would be better addressed within the Insight service. I have referred them to Insight, an Early Intervention Pychosis Team. Thomas is not aware of this as I was unable to contact him following the assessment so pleasse could you inform him on your next meeting. I will now discharge them from our service and into your care.

Please contact me if you require any further information.

Yours sincerely,

Louise Davies
Psychological Wellbeing Practitioner (Trainee)
Improving Access to Psychological Therapies Service

POSITIVE ABOUT DISABLED PEOPLE

INVESTOR IN PEOPLE

Page 2 of 20

TURNING POINT
turning lives around

Rightsteps Wakefield
3rd Floor, Grosvenor House
8-20 Union Street
Wakefield, WF1 3AE
T 01924 234 860
F 01924 368 767
rightsteps.wakefield@turning-point.co.uk
www.turning-point.co.uk

26 AUG 2011 26 AUG 2011

Private & Confidential

Mr Ed Malcolm
Crisis Resolution Service
Priory 1
Fieldhead Hospital
WF1 3SP

25th August 2011

Dear Mr Malcolm,

RE: Mr Thomas Murphy. DOB: 20/05/1968. NHS Number: 498 109 2806.

Thank you for referring the above named patient for an assessment for psychological therapy.

We offered Mr Thomas an assessment appointment following an introductory call on 25/09/11, unfortunately Mr Thomas did not attend.

Mr Thomas has not contacted RightSteps therefore we are discharging him from the service back to your care. Please follow the original referral procedures if Mr Thomas wishes to be re-referred.

If you would like to discuss this referral, please contact me on 01924 234860.

Yours sincerely

Louise Davies
Psychological Wellbeing Practitioner (Trainee)
Turning Point Rightsteps Wakefield

Improving Access to Psychological Therapies Service

Cc Dr R P Gupta
Newland Surgery
Newland Lane
Normanton
WF6 1QD

POSITIVE ABOUT DISABLED PEOPLE

INVESTOR IN PEOPLE

04/08/2011 09:12 01924327036 CRISI RESOLUTION SER PAGE 01/01

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

03 Aug 2011

Crisis Resolution Service
Priory 1
Fieldhead
Ouchthorpe Lane
Wakefield
West Yorkshire
WF1 3SP

Tel: 01924 328110
Fax: 01924 327036

Dr RP GUPTA
NEWLAND SURGERY
NEWLAND LANE
NORMANTON
WEST YORKSHIRE
WF6 1QD

CPN Nurse
Psychol Sae Nurse
Soc Cr Perek
Date Signature

NHS Number:
RiO ID: 1170597

Dear Dr GUPTA

RE: Mr T MURPHY: Date of Birth (20 May 1968)
85 Park Green, Normanton, W Yorkshire, WF6 1AN

The above service user was referred to us by GP and assessed by us on 03 Aug 2011.

These are the main points of the assessment for your information. A full copy of the assessment is available upon request.

PRESENTING CIRCUMSTANCES
Presented to Gp complaining of low mood, anxious and having thoughts to "harm other people". No further information gathered from referrer nor by triage practitioner.

RISK ASSESSMENT
No issues with regards to safety of self or others. Client presents no issue with regards to capacity and understanding the consequences of acting on a particular thought "in the heat of the moment". Client states he had no plan or intent on acting on such and removed himself from confrontation.

TREATMENT PLAN
Not appropriate for CRS input. Little evidence to suggest any form of mental illness at this present time. Client states he has "so much going on in his head" regarding his past and present issues. Query a referral to Right Steps for initial assessment via Gp/CRS. Team to contact and discuss such with Gp (Perek) on 04/08/11.

Yours sincerely

Edward Malcolm
Crisis Resolution Service

TURNING POINT

RightSteps Wakefield – Improving Access to Psychological Therapies
Referral Form

Title: MR	First Name (s): THOMAS	Surname: MURPHY
NHS Number: 498 109 2806	Date of Birth: 20.5.68	Marital Status:
Client's Address: 85 PARK GREEN NORMANTON WF6 1AN	Referrer name and address: DR H. PARIKH NEWLAND SURGERY. NEWLAND LANE, NORMANTON	Has information been given to the client explaining RightSteps to them? (Yes/No)
Client's Postcode: WF6 1AN	Referrer's Postcode WF6 1QD	Does the client require an interpreter? Yes/(No)
GP & Surgery: DR. H. PARIKH NEWLAND SURGERY.	If applicable please circle: Veterans/Perinatal /Learning disabilities/Offender/BME/Older people/Medically unexplained symptoms/Long term conditions	Does the client have hearing/physical difficulties? Please state
First Language: ENGLISH	Ethnic Origin:	Has this referral been agreed with the client? (Yes/No)

Contact Numbers: It is essential that contact numbers are included as our first contact with a client is by telephone

Home:	Work (If you are happy to for us to contact you at work):
Mobile: 07815796472	Other:

Presenting Mental Health Problem:
THANK YOU FOR SEEING THIS 43 YEAR OLD MAN WHO COMPLAINS OF ANXIETY STATE. AT ONE TIME RECENTLY HE CAME TO SEE ME SAYING HE NEEDED HELP AS HE HAD INTENSE THOUGHTS OF HARMING SOMEONE. I REFERRED HIM TO THE CRISIS TEAM AND THEY HAVE RECOMMENDED THAT HE BE REFERRED TO YOU FOR ASSESSMENT. (COPY OF THEIR LETTER IS ENCLOSED FOR YOUR CONVENIENCE)

PHQ-9 Score:

Current Medication: CITALOPRAM 60mg o.d.

THANK YOU.

Any other relevant medical information:

Risk Assessment - Please tick all that apply, details must be included in the box below

Drug/ alcohol/ substance dependency		Self Neglect		Overdose/ Self-injury	
Past history of attempted suicide		Abuse/ exploitation by others		Anti-social behaviour	
Destruction of property/ Arson		Abuse/ exploitation of others		Violence to others	✓
Please provide details:					

Fax referral to: 01924 368 767
Post it to: Turning Point, RightSteps Wakefield, 3rd Floor, Grosvenor House, 8 - 20 Union Street, Wakefield, WF1 3AE

TURNING POINT
RightSteps Wakefield

Page 5 of 20

MIND MATTERS

Counselling Services

12 May 2011

C☐ S☐ Normal ☐
Abnormal ☐ See Nurse ☐
Dr ☐ Refer ☐
Drs Signature
16 MAY 2011

Dr Parikh
Newland Lane Surgery

Dear Dr Parikh

Re: Thomas Murphy 20/05/1968
85 Park Green
Normanton

WF6 1AN

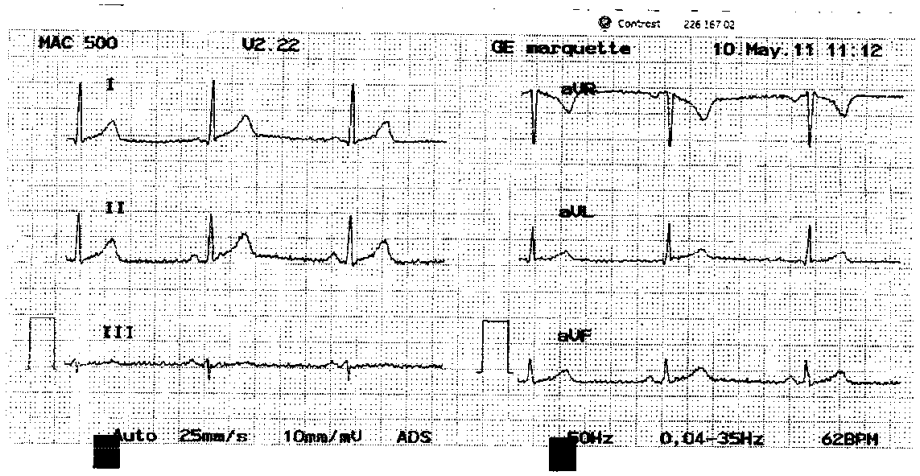
Thank you for referring this client for counselling support.

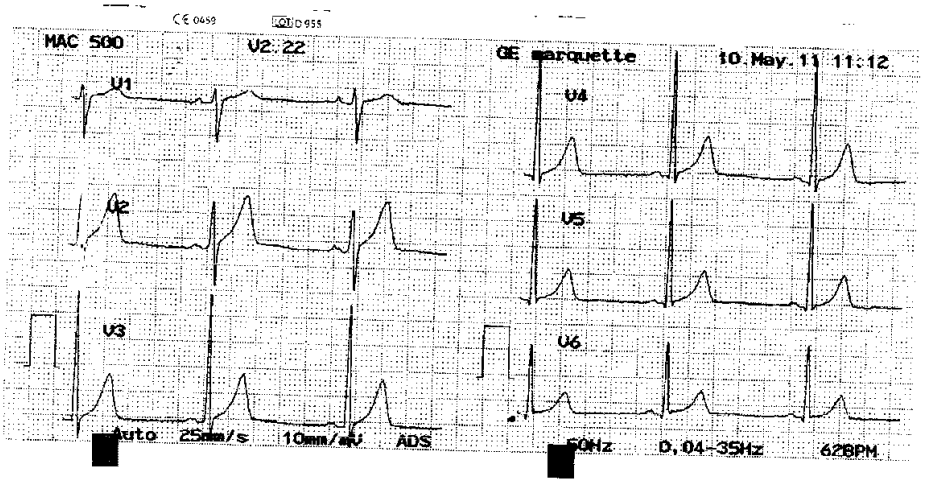
Unfortunately, your patient has failed to respond to an invitation to make an assessment appointment and, as a result, we have closed the case. If you would like us to offer a further appointment, please make another referral.

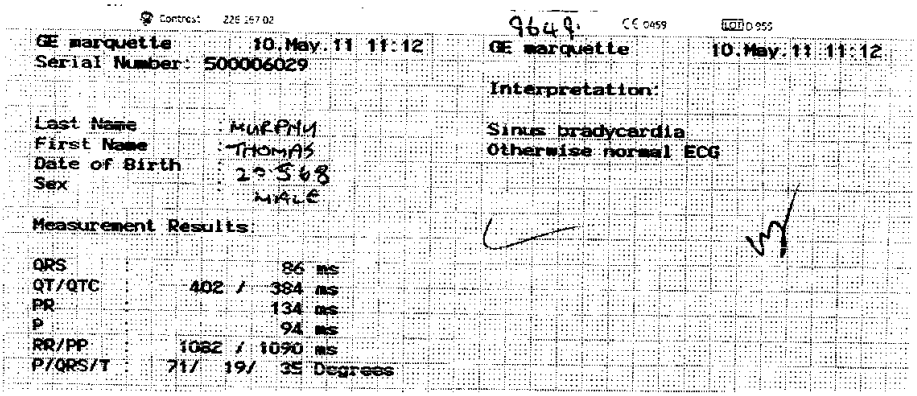
Yours sincerely

Liz Hudson
Administrator

Mind Matters Limited Liability Partnership, 28 Cheapside, Wakefield, WF1 2TF
Tel 01924 360000 Fax 0870 460 1993 Email mind.matters@btconnect.com


MAC 500 V2.22
GE marquette 10.May.11 11:12
I
II
III
aVR
aVL
aVF
Auto 25mm/s 10mm/mV ADS
50Hz 0.04-35Hz 62BPM


MAC 500 V2.22
GE marquette 10.May.11 11:12
V1
V2
V3
V4
V5
V6
Auto 25mm/s 10mm/mV ADS
50Hz 0.04-35Hz 62BPM


GE marquette 10.May.11 11:12
Serial Number: 500006029
Last Name : Murphy
First Name : Thomas
Date of Birth : 20/5/68
Sex : Male
Measurement Results:
QRS : 86 ms
QT/QTC : 402 / 384 ms
PR : 134 ms
P : 94 ms
RR/PP : 1082 / 1090 ms
P/QRS/T : 71/ 19/ 35 Degrees
GE marquette 10.May.11 11:12
Interpretation:
Sinus bradycardia
Otherwise normal ECG

jobcentreplus

Website: www.jobcentreplus.gov.uk

04439
Dr Pariqk
NEWLAND LANE
NORMANTON
WEST YORKSHIRE
WF6 1QD

Your reference is NR102348C
Please tell us this number
if you get in touch with us

Barnsley Benefit Centre
Jobcentre Plus
Brightside Lane
Sheffield
S99 1AB

Phone 0845 6088560
TEXTPHONE for the deaf/hard of
hearing ONLY 0845 6088551

Date 9 March 2011

Dear Doctor Pariqk

Work Capability Assessment Outcome Notification

Patients Name	Mr T Murphy
Patients Address	31 Coronation Rd Sharlston Common Wakefield W Yorkshire WF4 1AH

Patients D.O.B : 20 May 1968

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

WCA Effective Date 8 March 2011

We have decided that your patient is capable of work from and including 8 March 2011.

This means that you do not have to give your patient any more medical certificates for Employment and Support Allowance purposes unless they appeal against this decision. But you may need to again if their condition worsens significantly, or they have a new medical condition.

We have sent a summary of the Work Capability Assessment to your patient.

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

Yours sincerely

John Aylward

Manager

Page 8 of 20

MIND MATTERS COUNSELLING SERVICES

28 CHEAPSIDE, WAKEFIELD WF1 2TF

Tel: 01924 360880 Secure Fax: 0870 460 1003 EMAIL: mind_matters@btconnect.com

REFERRAL FORM

Surgery	NEWLAND SURGERY, NEWLAND LANE, NORMANTON WF6 1QD
Referring Doctor	TELE: 01924-220256 DR H PARIKH
Date of referral	23.2.11
Patient Name	MR. THOMAS MURPHY
Date of birth	20.5.68
NHS number	498 109 2806
Address	85 PARK GREEN NORMANTON
Post code	WF6 1AN
Tel	07815796472
Priority	high / (medium) / low

NB Mind Matters administration staff / counsellors will assume the patient can be contacted directly at home, both by phone and letter, unless specifically requested otherwise on this form

Reason(s) for referral I WOULD BE GRATEFUL IF YOU WOULD KINDLY REVIEW THIS 42 YEAR OLD GENTLEMAN FOR SOME COUNSELLING.
MR MURPHY SUFFERS FROM ONGOING ANXIETY & PANIC SYMPTOMS, AND RECENTLY HIS SYMPTONS HAVE BEEN GETTING WORSE. HE DOES NOT USUALLY GO OUT OF THE HOUSE ON HIS OWN, BECAUSE OF HIS ANXIETY SYMPTONS. I HAVE ALREADY STARTED HIM ON CITALOPRAM 40mg od, THIS WAS INCREASED TO 40mg LAST WEEK, BUT HE WOULD APPRECIATE IF YOU WOULD KINDLY SEE HIM FOR COUNSELLING.

THANKYOU

Counsellor use	Office use
First seen	Client reference
CORE start	Date received
Last seen	Standard letter sent
CORE end	Counsellor allocation

The Mid Yorkshire Hospitals NHS
NHS Trust

02 Feb 2011

Dr Parish
Newland Surgery
Newland Lane
Normanton
WF6 1QD

Physiotherapy Department
Rehabilitation Institute
Pontefract Hospital
Friarwood Lane
Pontefract
West Yorkshire
WF8 1PL

Tel: 01977 747280

Dear Dr Parish

Re **Thomas Murphy - DOB 20 May 1968**

Address **85 Park Green**
Normanton
WF6 1AN

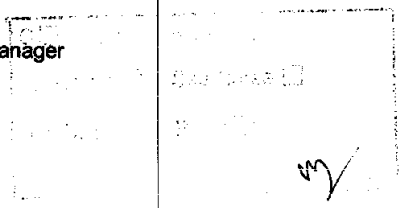
NHS Number

This patient has failed to respond to our two letters requesting that they telephone the Physiotherapy Appointment Centre to arrange an appointment.

Our second letter to the patient did indicate that if they failed to respond on this second occasion, they would be discharged back to the referrer

Yours sincerely

Jean Heseltine
Physiotherapy Clinical Manager



4 FEB 2011

The Mid Yorkshire Hospitals NHS
NHS Trust

Physiotherapy – Musculoskeletal Referral Form

Referral Date: 30-12-10

Patient Details
Name: Mr Thomas Murphy M / F
Address: 85, park green
Normanton
WF6 1AN
Postcode: Tel:(home) 07815796472
Tel:(work) (mobile)
Date of Birth: 20.5.68 Transport Required: Yes / No
NHS No: 498 109 2806

GP Details
Name: Dr. parikh
Practice Address: Needland surgery
WF6 1QD
Tel No: 220256
GP Signature:

Referring Condition
Left thigh pain on back
x many month
Full Rom @ hip

Referral Type (Tick as appropriate)
Urgent (see Criteria Below)
Routine

Treatment / Investigations / Concurrent Referral
Co-codamol 30/500
Amitriptyline 10 mg

Relevant Medical History
Tib/Fib left side many yrs ago

FOR URGENT REFERRALS

Urgent referrals must fit one or more of the criteria below: Tick as appropriate

- The patient is not gaining acceptable pain relief from step one/two from the WHO pain ladder
- The patient is unable to work or do basic activities of daily living due to the condition
- The patient is prevented from sleeping every night due to pain
- Musculoskeletal problems of less than four week duration

Post or fax this form plus any additional information if applicable to Physiotherapy, Rehabilitation Institute, Pontefract Hospital.
Fax 01977 747055

For office use
Rec : Priority
Waiting List
Read Code
S1 Log: Special Instructions
1st Letter Sent
2nd Letter sent

Name of Physiotherapist
Appt. Date/Time
Location
Transport reference no

ss/ses/tables 010/July2009

NHS

WAKEFIELD DISTRICT PCT

Smoking Cessation Service

Date: 13/9/10.

Dear Dr Newland Care Surgery.

Successful completion of Smoking Cessation

I write to inform you that the following patient, registered with your Practice

Thomas Murphy D.O.B – 20/5/68.

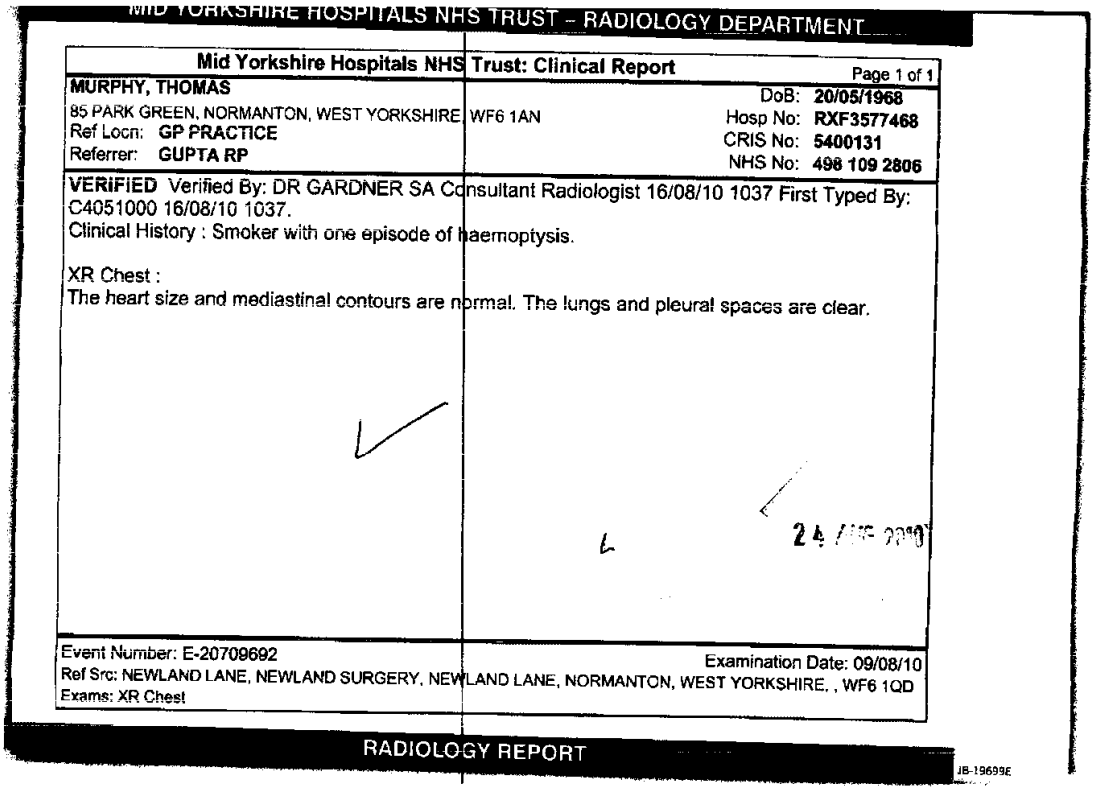
has successfully completed the course of support offered by the Smoking Cessation Specialist Service and has stopped smoking using NRT. This has been carbon monoxide validated.

Many thanks.

Yours sincerely

Smoking Cessation Advisor
M&A Pharmacy
146a Castleford Road
Normanton
WF6 2EP

Page 12 of 20



MID YORKSHIRE HOSPITALS NHS TRUST – RADIOLOGY DEPARTMENT

Mid Yorkshire Hospitals NHS Trust: Clinical Report Page 1 of 1

MURPHY, THOMAS
85 PARK GREEN, NORMANTON, WEST YORKSHIRE, WF6 1AN
Ref Locn: **GP PRACTICE**
Referrer: **GUPTA RP**

DoB: **20/05/1968**
Hosp No: **RXF3577468**
CRIS No: **5400131**
NHS No: **498 109 2806**

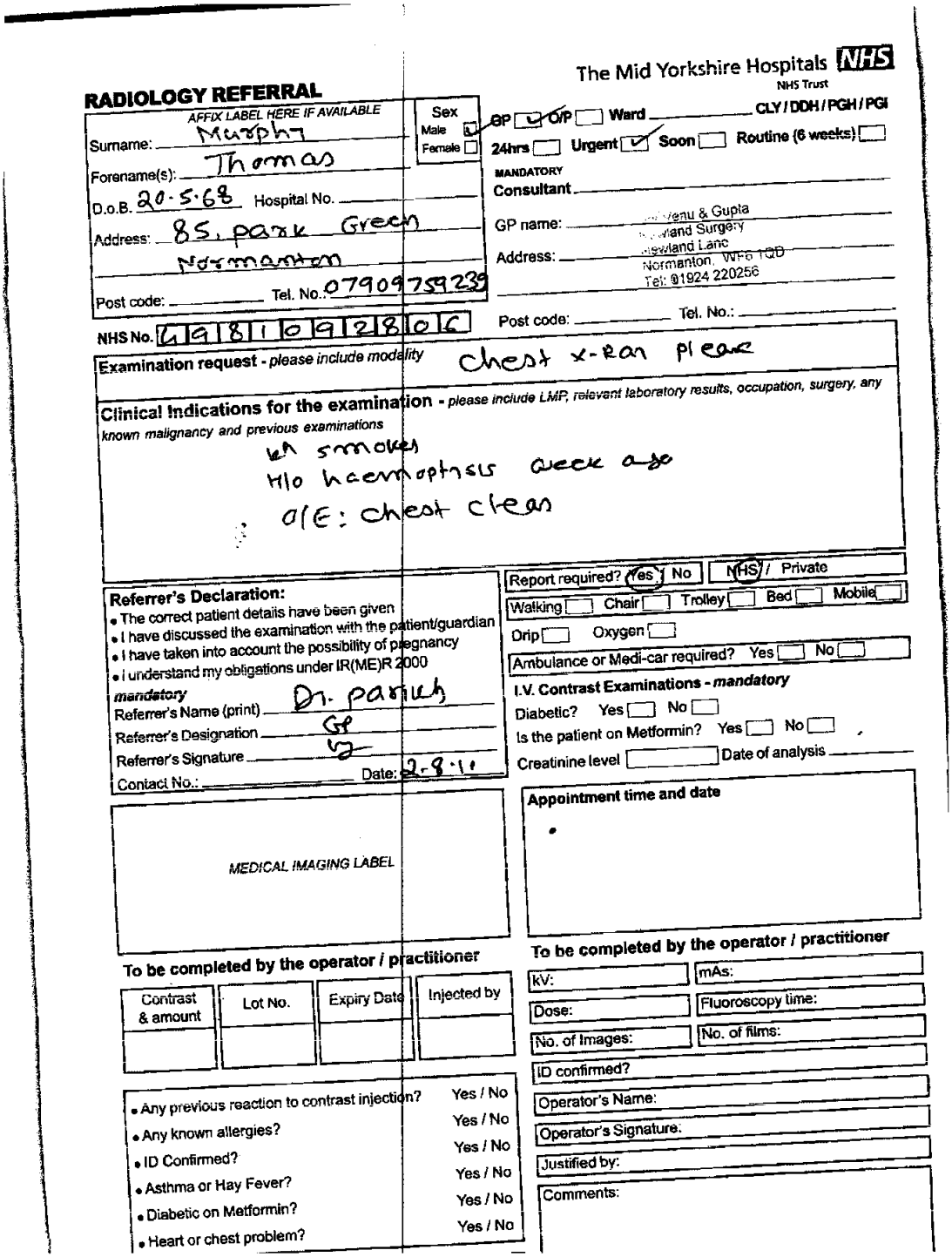
VERIFIED Verified By: DR GARDNER SA Consultant Radiologist 16/08/10 1037 First Typed By: C4051000 16/08/10 1037.
Clinical History : Smoker with one episode of haemoptysis.

XR Chest :
The heart size and mediastinal contours are normal. The lungs and pleural spaces are clear.

Event Number: E-20709692
Ref Src: NEWLAND LANE, NEWLAND SURGERY, NEWLAND LANE, NORMANTON, WEST YORKSHIRE, , WF6 1QD
Exams: XR Chest
Examination Date: 09/08/10

RADIOLOGY REPORT

JB-19699E



The Mid Yorkshire Hospitals NHS
NHS Trust

RADIOLOGY REFERRAL

AFFIX LABEL HERE IF AVAILABLE

Surname: Murphy
Forename(s): Thomas
D.o.B. 20.5.68 Hospital No.
Address: 85, park Green
Normanton
Post code: Tel. No.: 07909759239

Sex: Male ☑ Female ☐

GP ☑ O/P ☐ Ward CLY / DDH / PGH / PGI
24hrs ☐ Urgent ☑ Soon ☐ Routine (6 weeks) ☐
MANDATORY
Consultant
GP name: Shivenu & Gupta
Address: Newland Surgery
Newland Lane
Normanton. WF6 1QD
Tel: 01924 220256
Post code: Tel. No.:

NHS No. 498 109 2806

Examination request - *please include modality* chest x-ray please

Clinical Indications for the examination - *please include LMP, relevant laboratory results, occupation, surgery, any known malignancy and previous examinations*

ex smoker
H/o haemoptysis week ago
O/E: chest clear

Referrer's Declaration:
- The correct patient details have been given
- I have discussed the examination with the patient/guardian
- I have taken into account the possibility of pregnancy
- I understand my obligations under IR(ME)R 2000

mandatory
Referrer's Name (print) Dr. Parikh
Referrer's Designation GP
Referrer's Signature
Contact No.: Date: 2.8.10

Report required? Yes ☑ No ☐ NHS ☑ / Private ☐
Walking ☐ Chair ☐ Trolley ☐ Bed ☐ Mobile ☐
Drip ☐ Oxygen ☐
Ambulance or Medi-car required? Yes ☐ No ☐

I.V. Contrast Examinations - ***mandatory***
Diabetic? Yes ☐ No ☐
Is the patient on Metformin? Yes ☐ No ☐
Creatinine level ☐ Date of analysis

MEDICAL IMAGING LABEL

Appointment time and date

To be completed by the operator / practitioner

Contrast & amount	Lot No.	Expiry Date	Injected by

- Any previous reaction to contrast injection? Yes / No
- Any known allergies? Yes / No
- ID Confirmed? Yes / No
- Asthma or Hay Fever? Yes / No
- Diabetic on Metformin? Yes / No
- Heart or chest problem? Yes / No

To be completed by the operator / practitioner

kV: mAs:
Dose: Fluoroscopy time:
No. of Images: No. of films:
ID confirmed?
Operator's Name:
Operator's Signature:
Justified by:
Comments:

Page 14 of 20

Murphy, Thomas
DoB: 20/05/1968 **Report Valid On 03/08/10 15:07**

Park Street Medical Practice
Page number 1

Registration

Mr Thomas Murphy
126 Lomond Drive
Langlees
FALKIRK
FK2 7TX
Telephone: 07904161200

Service Code: Permanent
DoB: 20/05/1968
Age: 42

Contact: ? ContactRelship: ?
Email: ?
CHI Number: 2005680559 NHS Number: 4981092806 Dispensing: No
Patient ID: Road: 0 Water: 0 FootPath: 0
Occupation: Marital Status: Unknown
Registered GP: Dr. O. Frenschock Seen By GP: Dr. O. Frenschock
Repeat Consultation: ? Acute Consultation: 08/12/2009
Registered: 16/12/2008 Confirmed: 18/12/2008 Records Received: ?
BMI: 0.0 Height: 0 m Weight: 0 kg BP: 0/0
Parity: 0 Gravida: 0
SCI-DC Consent Given: Yes

Priority Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval Pres.	Interval Review

Adverse Reactions

Read Code	Description

Clinical / User Marker

Date Recorded	Start Date	Priority	Description	Modifier
18/12/2008	None	Medium	Pat. GP7B/GP8B card from HB	
16/12/2008	None	Medium	Patient reg. form sent to HB	

Screening

Referrals

Date Rec.	Priority	Provider	Speciality	Nature	Type
Ref. Appt.		Reason For Referral	Referred By	Attendance Type	

Acute Prescriptions

Drug/Preparation	Quantity/Dose/Frequency	Date
Co-Codamol 8mg/500mg TABS	60 2 Tabs up to 4 times daily	23/09/2009
Nabumetone TABS 500MG	56 1 Tab Twice daily	09/02/2009
Nicotinell Tts 30 21mg/24 Hours PATCH	28 Apply Daily	09/02/2009
Co-Codamol 8mg/500mg Effervescent TABS	100 2 Tabs up to 4 times daily	26/01/2009
Co-Codamol 8mg/500mg Effervescent TABS	60 2 Tabs As directed	12/01/2009

Summary Sheet: Patient Transfer Printed at 03/08/2010 15:07:36

Page 15 of 20

Co-Codamol 8mg/500mg TABS 30 1 or 2 Tabs every 4 to 6 hours 29/12/2008

Inactive Repeat Drugs

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Intervals Pres.	Review

Last Encounter

Dr. O. Frenschock Date: 08/12/2009

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Dr. O. Frenschock Date: 05/10/2009

Longstanding pain L buttock, post thigh and lower leg. Currently taking Co-Codamol. "Worried about it". O/e No neurol deficit, SLR 70° bilaterally, joints full ROM. Impr: sciatica. Discussed treatment options. Initially happy to try Amitriptyline & review

in 3-4/52. Also requesting sickline - declined. Unhappy, "then I don't need to try those either" - returned Rx for Amitriptyline and left swearing.

Acute Prescriptions:

Amitriptyline Hydrochloride - TABS 10MG 1tab nocte for 1 week - then contin 2tab noct 60

==========

Dr. O. Frenschock Date: 23/09/2009

Acute Prescriptions:

Co-Codamol - 8mg/500mg TABS 2 Tabs - up to 4 times daily 60

==========

Dr. O. Frenschock Date: 09/02/2009

Planned review. Xray shows reduction in disc space L5/S1. Refer physio. Start Rx. Fishing for sickline - declined. Wants to stop smoking. Rx. Review 1/12

Acute Prescriptions:

Nabumetone - TABS 500MG 1 Tab - Twice daily 56

Nicotinell Tts 30 - 21mg/24 Hours PATCH Apply - Daily 28

==========

Dr. O. Frenschock Date: 26/01/2009

Planned review. 1) Been feeling low - long discussion. Counselled, encouraged to find employment as this would have beneficial impact on his mental state. 2) Pain L sacrum and L buttock. Longstanding. Sleeps on sofa ! O/e Non tender, stressing S/I joint

non tender, hip full & painfree ROM. Impr: sciatica. Xray l.spine & review. 3) Found anal lump. No blood. O/e Small external haemorrhoid 9 o'clock. Not thrombosed. Reassured.

Acute Prescriptions:

Co-Codamol - 8mg/500mg Effervescent TABS 2 Tabs - up to 4 times daily 100

==========

Dr. O. Frenschock Date: 12/01/2009

New patient. Prev with Grahams Road. Been off work for 7yrs. Now back on job seekers allowance. Been feeling depressed. Also longstanding pain L hip. 1999 # L tib/fib - no surgery. O/e hip non tender, full & painfree ROM. Bit tender over L sacrum. Plan: r

equest old notes & review 2/52.

Acute Prescriptions:

Co-Codamol - 8mg/500mg Effervescent TABS 2 Tabs - As directed 60

==========

Dr Rachel Quyn Date: 29/12/2008

Acute Prescriptions:

Co-Codamol - 8mg/500mg TABS 1 or 2 Tabs - every 4 to 6 hours 30

==========

Dr Rachel Quyn Date: 29/12/2008

Phonmed Greeme'e road. Had cocodamol frequently in the past. Last prescribed in April. Has attended physio. Nil in notes to suggest no intent om prescribing. Given small prescription Await notes

Acute Prescriptions:

Co-Codamol - 30mg/500mg TABS 1 or 2 Tabs - every 4 to 6 hours 30

==========

Dr Rachel Quyn Date: 29/12/2008

Recently joined the practice. Previoulsy at Graeme's Road. Has long standinf problems with pain in L hip. Told arthtis-past XR. Pain constant-worse on walking. Can be excruciating. Uses cocodamol for pain -requilred more meds. Will phone practice to co

nfirm prior to issuing script. o/e min tender L hip good ROM pain on int rotatopn no groin swelling. Waling fine. No l spne tenderness. Tel 07094904161200

==========

Automatically generated by transaction

Clinical / User Markers:

Pat. GP7B/GP8B card from HB - -

==========

Automatically generated by transaction

Clinical / User Markers:

Summary Sheet: Patient Transfer Printed at 03/08/2010 15:07:36

Murphy, Thomas Park Street Medical Practice
DoB: 20/05/1968 **Report Valid On 03/08/10 15:07** Page number 4

Patient reg. form sent to HB - -

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Appointments List:

Heather Murray	Oct 9 2009 11:20AM	
Dr. O. Frenschock	Oct 5 2009 2:30PM	
Dr. O. Frenschock	Feb 9 2009 9:40AM	
Dr. O. Frenschock	Jan 26 2009 9:50AM	
Dr. O. Frenschock	Jan 12 2009 9:40AM	N P M...mgt
Dr Rachel Quyn	Dec 29 2008 9:30AM	New patient pain in legs and hip, asking for meds..mgt

Last 4 Clinical Notes

Date	Clinical Notes
05/10/2009	Longstanding pain L buttock, post thigh and lower leg. Currently taking Co-Codamol. "Worried about it". O/e No neurol deficit, SLR 70° bilaterally, joints full ROM. Impr: sciatica. Discussed treatment options. Initially happy to try Amitriptyline & review in 3-4/52. Also requesting sickline - declined. Unhappy, "then I don't need to try those either" - returned Rx for Amitriptyline and left swearing.
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26/01/2009	Planned review. 1) Been feeling low - long discussion. Counselled, encouraged to find employment as this would have beneficial impact on his mental state. 2) Pain L sacrum and L buttock. Longstanding. Sleeps on sofa ! O/e Non tender, stressing S/I joint non tender, hip full & painfree ROM. Impr: sciatica. Xray l.spine & review. 3) Found anal lump. No blood. O/e Small external haemorrhoid 9 o'clock. Not thrombosed. Reassured.
12/01/2009	New patient. Prev with Grahams Road. Been off work for 7yrs. Now back on job seekers allowance. Been feeling depressed. Also longstanding pain L hip. 1999 # L tib/fib - no surgery. O/e hip non tender, full & painfree ROM. Bit tender over L sacrum. Plan: r equest old notes & review 2/52.

Palliative Care

Associates

Title	Forename	Surname	Relationship	Relationship Type

Associate Of

Title	Forename	Surname	Relationship	Relationship Type

Clinical Values

Date	Value Type	Value

F3 Clinical Notes

Date	F3 Clinical Notes
05/10/2009	Longstanding pain L buttock, post thigh and lower leg. Currently taking Co-Codamol. "Worried about it". O/e No neurol deficit, SLR 70° bilaterally, joints full ROM. Impr: sciatica. Discussed treatment options. Initially happy to try Amitriptyline & review in 3-4/52. Also requesting sickline - declined. Unhappy, "then I don't need to try those either" - returned Rx for Amitriptyline and left swearing.

Summary Sheet: Patient Transfer Printed at 03/08/2010 15:07:36

Murphy, Thomas Park Street Medical Practice

DoB: 20/05/1968 **Report Valid On 03/08/10 15:07** Page number 5

09/02/2009	Planned review. Xray shows reduction in disc space L5/S1. Refer physio. Start Rx. Fishing for sickline - declined. Wants to stop smoking. Rx. Review 1/12
26/01/2009	Planned review. 1) Been feeling low - long discussion. Counselled, encoouraged to find employment as this would have beneficial impact on his mental state. 2) Pain L sacrum and L buttock. Longstanding. Sleeps on sofa ! O/e Non tender, stressing SI joint non tender, hip full & painfree ROM. Impr: sciatica. Xray l.spine & review. 3) Found anal lump. No blood. O/e Small external haemorrhoid 9 o'clock. Not thrombosed. Reassured.
12/01/2009	New patient. Prev with Grahams Road. Been off work for 7yrs. Now back on job seekers allowance. Been feeling depressed. Also longstanding pain L hip. 1999 # L tib/fib - no surgery. O/e hip non tender, full & painfree ROM. Bit tender over L sacrum. Plan: request old notes & review 2/52.
29/12/2008	Phonmed Graeme'e road. Had cocodamol frequently in the past. Last prescribed in April. Has attended physio. Nil in notes to suggest no intent om prescribing. Given small prescription Await notes
29/12/2008	Recently joined the practice. Previoulsy at Graeme's Road. Has long standinf problems with pain in L hip. Told arthitis-past XR. Pain constant-worse on walking. Can be excrucisting. Uses cocodamol for pain -requiired more meds. Will phone practice to confirm prior to issuing script. o/e min tender L hip good ROM pain on int rotatopn no groin swelling. Waling fine. No l spne tenderness. Tel 07094904161200
18/12/2008	Automatically generated by transaction
16/12/2008	Automatically generated by transaction

Summary Sheet: Patient Transfer Printed at 03/08/2010 15:07:37

NHS
Forth Valley

RADIOLOGY REPORT- Falkirk & District Royal Infirmary

CHI NUMBER: 2005680559 **Examination Number:** 30362147

Name: Murphy, Thomas DOB: 20/05/1968

Address: 126 LOMOND DRIVE, FALKIRK, , FK2 7TX -- **CC:** -

Examination: XR Lumbar Spine

Examination Date: 26/01/2009 **Examination Time:** 10:30

Dictating Radiologist: DR SUSAN C GALLETLY

Typed by: None

Referring Consultant: GP REQUESTOR

Referring Department / Location: FRENSHOCK, OLIVER

There is slight loss of the normal lumbar lordosis. Vertebral height alignment is satisfactory, but there is reduction in disk height at the L5 S1 level. The appendages appear intact both SIJs are normal.

Examination Date: 26/01/2009
Examination: XR Lumbar Spine
Date Reported: 26/01/2009
Dictating Radiologist / Clinical Specialist By DR SUSAN C GALLETLY

Verified by: DR SUSAN C GALLETLY

Page 1 of 1

Page 20 of 20

23 Mar 2010	Clinic Letter to Dr James Johnston
Letter Type	Clinic Letter
Letter To	Dr James Johnston
Letter From	BAGHILL HOUSE WELL BEING CENTRE

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

24 March 2020

Private and Confidential

Dr James Johnston
The Grange Medical Centre
Highfield Road
Hemsworth
Pontefract
WF9 4DP

RECEIVED

Enhanced Team East
Baghill House Health & Wellbeing Centre
Walkergate
Pontefract
W Yorkshire
WF8 1QW

Team Tel: 01977 735827
Secretary: 01977 735822

Ref:RS/ah/498 109 2806(NHS)

MEDICAL CARE PLAN

Dear Dr Johnston

Re: Mr Thomas Murphy
Address: 14 Mallard Mews, South Elmsall, Pontefract, WF9 2SF
Date of Birth: 20 May 1968
NHS No: 498 109 2806

Date and Time of Care Plan: 23 Mar 2020 14:40
Seen by: Dr Andrew MacDonald

Clinical Presentation: I conducted a telephone consultation with Thomas today. I have previously met Mr Murphy when he was under my care some years ago.

As you will be aware, Thomas was released from prison in November 2019. Since then, he says that he has been "quite bad with my head". By this he means that he has been struggling with voices which he hears most days and often repeatedly throughout the day. They take the form of an English and a Scottish voice that often argue in the background or comment on events that have taken place recently. They have been both encouraging and threatening. He is unable to identify whether they originate from internal or external space, but he finds them distressing and has sworn at them telling them to F off and has also responded to them in front of others. He has found swearing at them to be helpful and has also found that the increase in his aripiprazole some months ago to be beneficial. There has been no thought insertion, withdrawal or broadcasting but he has felt that the television gives him an occasional "nod of approval".

He has been trying to keep busy and says that a female friend has been staying with him lately and he has got back into swimming which he enjoys. He has consumed alcohol only occasionally and has refrained from illegal drug use. He is concerned that he is to be asked

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

for information as part of an inquiry into physical abuse he suffered whilst in care aged 13 years.

Mental state examination revealed Thomas to be talking openly and freely, his speech was normal and his mood euthymic. He has been eating well but his sleep pattern has been broken. There have been no suicidal thoughts nor thoughts to harm others. He has had psychotic symptoms as above.

Other Information: None.

Diagnosis / Differential Diagnosis: F200 Paranoid schizophrenia

Current Physical Illnesses: Chronic pain following past assault.

Medication: Aripiprazole to INCREASE to 15mg once daily.

Thomas reports that he is concordant with his medications and has no side effects. He understands their nature, purpose and likely effects and consents to their continuation.

Management Plan/Monitoring Arrangements: Aripiprazole to increase as above. If necessary, this can be further increased in 5mg increments. Thomas was previously maintained on 25mg with manageable symptom levels.

There are no current risks identified and Thomas can be managed within primary care.

Contingency/Crisis/Relapse Planning: In the event of any deterioration in Thomas's mental health, he can be re-referred via the single point of access. Symptoms suggestive of a deterioration would include a worsening of his voices, a lowering of his mood or thoughts to harm himself or others. Within working hours Thomas will contact the surgery and outwith working hours NHS 111.

GP Action Recommendations: See above.

This care plan has been signed off by the Assessor and therefore cannot be amended.

Dr Ruth Stockill
Consultant Psychiatrist

INVESTORS IN PEOPLE
UNIVERSITY OF LEEDS
Associated teaching trust status
CUSTOMER SERVICE EXCELLENCE
UK
With all of us in mind.

Page **2** of **2**

01 Jan 2012	Patient Information to unknown

Letter Type Patient Information
Letter To
Letter From Patient letters from previous surgeries dated 2012

The Mid Yorkshire Hospitals NHS
NHS Trust

Emergency Department
Pinderfields Hospital
Aberford Road
WAKEFIELD
West Yorkshire
WF1 4EE

Tel: 01924 541740
Fax: 01924 541776

Dr. HS PARIKH
NEWLAND SURGERY
NEWLAND SURGERY
NEWLAND LANE
NORMANTON
WEST YORKSHIRE
WF6 1QD

DATE: 30/09/2012

Re:
Thomas Murphy
148 PARK GREEN
NORMANTON
WEST YORKSHIRE
WF6 1AL

DOB: 20/05/1968
NHS No: 4981092806

UNIT No: 1363146
ED No: PGH-12-069252-1

Dear Dr. PARIKH,
The above patient attended the Emergency Department of this hospital on **29/09/2012** at **20:42.**
The referral was via - Self.
The presenting complaint was: Dental / Oral problems and injuries
The complaint at assessment was: .

Diagnosis:
1. Dental Pain, Mouth,

Radiology:
1. NONE REQUIRED

02 OCT 2012

Other Investigations:
1. NONE REQUIRED

Treatment:
1. Advice - Verbal

Outcome: Left before assessment complete

Yours Sincerely,

Consultant Jonathan Thornley

Page 1 of 19

The Mid Yorkshire Hospitals NHS

NHS Trust

Emergency Department
Pinderfields Hospital
Aberford Road
WAKEFIELD
West Yorkshire
WF1 4EE

Tel: 01924 541740
Fax: 01924 541776

Dr. HS PARIKH
NEWLAND SURGERY
NEWLAND SURGERY
NEWLAND LANE
NORMANTON
WEST YORKSHIRE
WF6 1QD

DATE: 11/09/2012

Re:
Thomas Murphy
148 PARK GREEN
NORMANTON
WEST YORKSHIRE
WF6 1AL

DOB: 20/05/1968
NHS No: 4981092806

UNIT No: 1363146
ED No: PGH-12-064508-1

Dear Dr. PARIKH,
The above patient attended the Emergency Department of this hospital on **10/09/2012** at **10:17.**
The referral was via - Self.
The presenting complaint was: Head injury
The complaint at assessment was: headache+shoulder pain.

Diagnosis:
1. Head Injury - Mild GCS 13 - 15,

Radiology:
1. NONE REQUIRED

Other Investigations:
1. NONE REQUIRED

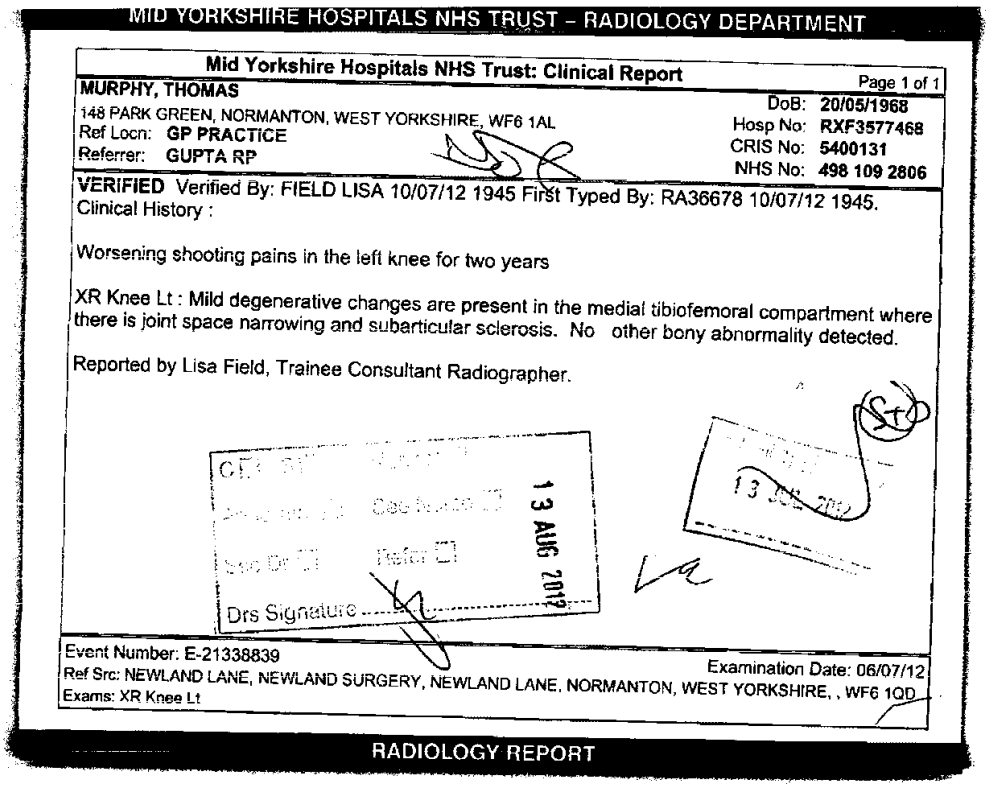
Treatment:
1. Observation/Nursing care, Advice - Written, Advice - Verbal

Outcome: Discharged - no follow up

Additional notes for GP: minor head injury. no signs of basal skull fracture

Yours Sincerely,

Consultant Matt Shepherd



MID YORKSHIRE HOSPITALS NHS TRUST – RADIOLOGY DEPARTMENT

Mid Yorkshire Hospitals NHS Trust: Clinical Report Page 1 of 1

MURPHY, THOMAS
148 PARK GREEN, NORMANTON, WEST YORKSHIRE, WF6 1AL
Ref Locn: **GP PRACTICE**
Referrer: **GUPTA RP**

DoB: **20/05/1968**
Hosp No: **RXF3577468**
CRIS No: **5400131**
NHS No: **498 109 2806**

VERIFIED Verified By: FIELD LISA 10/07/12 1945 First Typed By: RA36678 10/07/12 1945.
Clinical History :

Worsening shooting pains in the left knee for two years

XR Knee Lt : Mild degenerative changes are present in the medial tibiofemoral compartment where there is joint space narrowing and subarticular sclerosis. No other bony abnormality detected.

Reported by Lisa Field, Trainee Consultant Radiographer.

13 AUG 2012

Drs Signature

Event Number: E-21338839
Ref Src: NEWLAND LANE, NEWLAND SURGERY, NEWLAND LANE, NORMANTON, WEST YORKSHIRE, , WF6 1QD
Exams: XR Knee Lt
Examination Date: 06/07/12

RADIOLOGY REPORT

The Mid Yorkshire Hospitals NHS
NHS Trust

Bringing together community and hospital services

13 Jul 2012

Dr Gupta
Newland Surgery
Newland Lane
Normanton
WF6 1QD

17 JUL 2012

Physiotherapy Service
Castleford Normanton and District Hospital
Lumley Street
Castleford
West Yorkshire

Tel: 01977 605509

Dear Dr Gupta

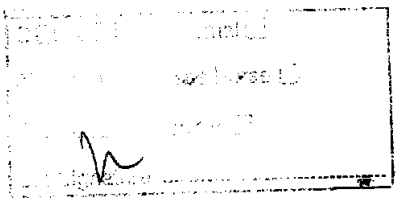
Name	Thomas Murphy
Address	148 Park Green, Normanton WF6 1AL
DOB	20 May 1968
NHS No	498 109 2806

The above patient was sent a letter asking them to contact us for an appointment. We have been informed that treatment is no longer required and therefore we have now discharged the patient from our service.

In the future, should you feel that this patient still requires therapy intervention, and has consented to treatment, we would be prepared to accept another referral.

Yours sincerely

Clair Holdsworth
Outpatient Physiotherapy Service Lead



Interim Chairman – David Stone CBE

Fax sent by : 01924223535 queen street surgery 28/06/12 17:34 Pg: 1/3

FAX HEADER SHEET

SENDER
DR PAUL DEWHIRST
QUEEN STREET SURGERY
NORMANTON
WEST YORKSHIRE
WF6 2BU
TEL 01924 893277
FAX 01924 223535

FAO Dr Gupta.

FAX NUMBER 01924 220558

PAGE 1 OF MESSAGE

DATE 28/6/2012.

Re: Thomas Murphy.

Patient seen in surgery.

Fax sent by : 01924223535

queen street surgery 28/06/12 17:34 Pg: 2/3

Dr. Gupta.

MALE | Surname: MURPHY | Forenames: THOMAS

Address: 148 Park Green N. WF6 1AL

National Health Service Number: [redacted] | Date of Birth: 20.5.68

Date	★	CLINICAL NOTES
28/6/12		Pt of Newland Surgery 12.10pm - wife rangs said pt was seen by paramedics last pm c flu like symptoms + stiff neck - thought he probably had a chest infection + viral infection + was advised to ring own GP. Now wants to be seen.
28/6/12 17:45 UNSZL FHz TAMMY		(64) PC/ High temp Feels unwell HPC/ 'Flu like symptoms' Aching all over since last evening 27/6/12.

★ This column has been provided for doctors to enter A, V or C at their discretion.

Form GP7

Fax sent by : 01924223535 queen street surgery 28/06/12 17:34 Pg: 3/3

Date	★	CLINICAL NOTES
		Called 999 last night - paramedics reviewed but DJ not attend A&E. Feels slightly better today. Cough + brown sputum. No rash. (L) side weak pain. No change in bowel habit or urine. Has headache. (L) jaw aching. No new discharge. PMH, Nil Gout + knee pain DH, Nil ✗ NKDA ✗ Hx/Smoker O/E Alert, chatty T 37.6 well hydrated, no rash Cvs/ BP 109/64 HR 76 RS 2.P.O Resp/ EAE Neuro/ PERRL No meningism Moving all 4 limbs Musc/ LRTI (P) 1) Abx 2) Regular fluids + paracetamol 3) T. seek medical attention if becomes more unwell

★ This column has been provided for doctors to enter A, V or C at their discretion.
THIS RECORD IS THE PROPERTY OF THE NHS

 Call Ref: 12235074

Patient *Mr Thomas Murphy* (NHS number: 4981092806) was seen out of hours.

If the patient should not be registered at this unit, and you believe the message to have been sent in error, please contact your OOH service provider.

SystmOne Out of Hours Call Incident Report

Patient:	Thomas Murphy	Call Ref:	12235074	From:	NHSD WYUC
NHS Number:	498 109 2806	Priority:	Less Urgent	Tel:	03456 050410
Date of Birth:	20 May 1968 (44 years)			Fax:	01924 877984
Gender:	Male	Started:	28 Jun 2012 03:26		
Tel:	07815 796472	Closed:	28 Jun 2012 03:47	To:	Newland Surgery (B87033)
Address:	148 Park Green Normanton WF6 1AL	Sent:	28 Jun 2012 03:47	Fax:	01924 220558

Contact Details:
Contact number given: 07815 796472
Patient's location: 148 Park Green, Normanton, W Yorkshire, WF6 1AL

Presenting Complaint:
UNWELL, CHEST PAIN, FEELING SICK, HEADACHE REQUESTING GP ADVICE
History: spoke to suzzanne , paramedics on site, unwell and aching all over ,pain in the neck and ear, ongoing for two days,temp 38.1, took 2 cocodamol at 2am chest pain only on movement , ECG- sinus tachycardia, BP 103 / 61 mmHg, sat 96, BM 5.2.
spoke to patient- coughing symptoms ,productive of brownish colour , associated generalised body pain ,seen by own doctor on monday . advised no problem
Nil vomiting,
PMH: psychosis,
DH: citalopram, gabapentin, sertraline, propranolol.
Allergies; nil
Diagnosis: suspected UTI
Plan: for PCC assessment

Caller Declared Allergies, Medication, or Problems:
Current problems:
ANXIETY

Assessment:
WYUCHCPAmbCrewatScene - WYUC - HCP Amb Crew at Scene Immediate attention required 0-10mins
Emergency 0 - 10 minutes

Core Activity:
Caller refused recommended advice - no further action

Follow ups:
Thu 28 Jun 2012 03:47
NHS Confidential: Personal Data about a Patient

Mr Thomas Murphy "Mr Thomas Murphy"
498 109 2806, 20 May 1968

2 of 2 Call Ref: 12235074
No Follow Up Required

All Consultations (This may contain entries from above):
28 Jun 2012 03:35
Clinician: Dr Abayomi Ogunba
History: spoke to suzzanne , paramedics on site, unwell and aching all over ,pain in the neck and ear, ongoing for two days,temp 38.1, took 2 cocodamol at 2am chest pain only on movement , ECG- sinus tachycardia, <<Missing diastolic reading>>, sat 96. BM 5.2.
spoke to patient- coughing symptoms ,productive of brownish colour , associated generalised body pain ,seen by own doctor on monday . advised no problem
Nil vomiting,
PMH: psychosis,
DH: citalopram, gabapentin, sertraline, propranolol.
Allergies; nil
Diagnosis: suspected UTI
Plan: for PCC assessment

Thu 28 Jun 2012 03:47 Mr Thomas Murphy "Mr Thomas Murphy"
NHS Confidential: Personal Data about a Patient 498 109 2806, 20 May 1968

Page 9 of 19

9649

The Mid Yorkshire Hospitals NHS Trust

Bringing together community and hospital services

RADIOLOGY REQUEST FORM

AFFIX LABEL HERE IF AVAILABLE

Surname: Murphy
Forename(s): Thomas
D.O.B. 20.5.68 Hospital No
Address: 148 Park Green
Normanton, West Yorkshire
Post Code: WF6 1AL Tel. No 01977614612
NHS Number: 498 109 2806

Sex: Male ☑ Female ☐

GP ☑ O/P ☐ Ward DDH/Pfnd/Pont
24hrs ☐ Urgent ☐ Routine ☑ NHS / Private

Consultant
Surname DR. H PARIKH
Address NEWLAND SURGERY
NORMANTON WF6 1BD
Tel No. 01924 220256

Examination request - *please include modality (CT/MRI/X-Ray/US) and details of any safety for follow up investigations. For MRI requests complete safety questions. For CTPA please see reverse for information*

X-Ray Left knee pl.

Clinical indications for the examination - *please include LMP, relevant laboratory results, medication, surgery, any known*

Worsening shooting pain in left knee x2/40
O/E: No. swelling
flexion 100°

Clinical question is ..... loose body

Additional Information - *including contraindications, safeguarding or valuable patient information, transport needs for Trust requests.*

Referrer's Declaration:

- The correct patient details have been given
- I have discussed the examination with the patient/guardian
- I have taken into account the possibility of pregnancy
- I understand my obligations under IR(ME)R 2000

Mandatory

Referrers Name (print) DR. Parikh
Referrer's Designation GP
Referrer's Signature
Date 25.6.12
Ext / Bleep number

For CT/ MRI/ IR - *mandatory*
Is the patient Diabetic? Yes / No
Is the patient on Metformin? Yes / No
eGFR level
Creatinine level
Date of analysis
For Barium Enema /CT Colonography
Has risk assessment been undertaken in patient requiring bowel preparation? Yes / No

All Inpatients - *mandatory*
Mode of transport: Chair Trolley Bed
Infection Risk Yes / No
C Diff Yes / No
MRSA Yes / No
Oxygen Yes / No

Mandatory MRI safety questionnaire. It is important that these questions are answered accurately for MRI requests only

Does the patient have a cardiac pacemaker/implantable defib. (ICD)?	Y / N	Women of child bearing age - is there any possibility the patient may be pregnant?	Y / N
Do they have a programmable hydrocephalus shunt?	Y / N	Have they ever had any electronic, mechanical, or magnetic implants?	Y / N
Have they had any metal fragments go into their eyes?	Y / N	Have they ever had any operations with metal clips, plates or implants?	Y / N
Has the patient had Neurosurgery?	Y / N	Do they have any insulin pumps/peripheral stimulators?	Y / N
		Is the patient able to confirm these details on arrival at the department?	Y / N

Please see reverse for further instruction on a positive response to the safety questionnaire.

Radiology Comments:

PF2922b July 2011

faxed GP.

The Mid Yorkshire Hospitals NHS
NHS Trust

Physiotherapy – Musculoskeletal Referral Form

Referral Date: 20.4.12

Patient Details

Name: Mr. Thomas Murphy M / F
Address: 148, Park Green
Normanton
WF6 1AL
Postcode: ..... Tel:(home) .....
Tel:(work) ..... (mobile) 07815796472
Date of Birth: 20.5.68 Transport Required: Yes / No
NHS No: 498 109 2806

GP Details

Name: DR. H PARISH
Practice Address: NEGLAND SURGERY
NEGLAND LANE
NORMONTON
WF6 1QD
Tel No: 01924 220256
GP Signature: W

Referring Condition

- Left shoulder pain x few months
O/E: Near normal movements but feels shift & painful

Referral Type (Tick as appropriate)

Urgent (see Criteria Below)	
Routine	✓

Treatment / Investigations / Concurrent Referral

co-codamol 30/500

Relevant Medical History

FOR URGENT REFERRALS

Urgent referrals must fit one or more of the criteria below:

	Tick as appropriate
• The patient is not gaining acceptable pain relief from step one/two from the WHO pain ladder	
• The patient is unable to work or do basic activities of daily living due to the condition	
• The patient is prevented from sleeping every night due to pain	
• Musculoskeletal problems of less than four week duration	

Post or fax this form plus any additional information if applicable to Physiotherapy, Rehabilitation Institute, Pontefract Hospital.
Fax 01977 747055

For office use		
Rec :	Priority	Name of Physiotherapist .....
	Waiting List	Appt. Date/Time .....
	Read Code	
S1 Log:	Special Instructions	Location .....
	1st Letter Sent	

NEWLAND SURGERY
NEWLAND LANE
NORMANTON
WF6 1QD

TEL: 01924 220256 **FAX: 01924 220558**

DR R P GUPTA **DR H S PARIKH**

04 04 2012

Mr Thomas Murphy
148 Park Green
Normanton
W Yorkshire
WF6 1AL

Dear Mr Murphy

NHS Health Check

We would like to invite you to attend for a 20 minute health check, which would include a blood test, urine test, height, weight and blood pressure. We will also discuss diet, exercise and smoking.

This health check is aimed at 40 – 74 year olds, as a screening test for coronary heart disease, diabetes, strokes, kidney disease etc.

To take up this offer please contact the surgery to make an appointment with the practice nurse for a cardiovascular risk assessment.

Please refer to the leaflet enclosed for further information.
If you have recently had this important health check up, please ignore this letter.

Thank you for your co-operation.

Yours sincerely,

Drs Gupta & Partners

NEWLAND SURGERY

DWP Department for Work and Pensions

HELPDESK
PO Box 4194,
Cardiff,
CF14 8BB.
Phone 0845 602 8244

DR RP GUPTA
NEWLANDS SURGERY,
NEWLAND LANE,
NORMANTON
WF6 1QD

Remittance Advice

Date 01/02/2012

A payment of £33.50 will be paid via Automatic Credit Transfer direct to your Bank / Building Society. Please make allowance for the time your Bank / Building Society will require to pass the payment through their clearing system prior to crediting your account. The payment has been made in respect of the following item(s).
Your reference is 2024183752. Please tell us this number if you get in touch.
If you have any queries regarding the items shown please contact the HELPDESK at the above address and telephone number.
YOUR PAYEE REFERENCE NUMBER IS 2372952

Invoice Number Invoice Description	Date	Amount Paid	Amount Recovered
17/01/2012-THOMAS MURPHY THOMAS MURPHY-20/05/1968	17/01/2012	33.50	

Page 1 of 1 (End of Remittance Advice)

Disability and Carers Service

Department for Work and Pensions

Website: www.direct.gov.uk/disability

Doctor Parik
Newlands Surgery
Normanton
Wakefield
WF6 1QG

If you get in touch with us tell us this reference number **NR102348C**
MU: 28

Command 4
Disability Benefits Centre
PO Box 33
Leeds
LS88 8AF

Our phone number **08457 12345**
If you have a textphone **08457 22443**
07:30 - 18:30 Monday - Frida

Date 05 January 2012

Dear Doctor Parik

Factual Report for Disability Living Allowance

I am writing to you about Mr Thomas Murphy

Date of Birth 20/05/1968

Note. If the person has died or recently moved to another area please still complete the report if you can.

Your patient (or person appointed to handle their affairs) has made a claim for Disability Living Allowance. This is a benefit for people with severe disability. Entitlement is based on the amount of personal care or supervision needed or difficulty with getting around as a result of this disability. In order to decide this claim we need further information about their medical condition(s).

We hold your patient's (or a person appointed to handle their affairs) written consent to allow us to approach you for this information.

We would be grateful if you would answer the questions on this factual report based on your knowledge of the patient and their records. A special examination is not required.

For further guidance on completing the Disability Living Allowance and Attendance Allowance factual report please refer to the DWP Website, Healthcare Professional Guidance, Desk Aid at http://www.dwp.gov.uk/healthcare-professional/guidance/

Disability and Carers Service

Customer Name: Thomas Murphy
NINO: NR 02348C
MU: 28

Customer's Details

Full Name Mr Thomas Murphy

Date of Birth 20/05/1968

Address 148 Park Grn
Normanton Common
Normanton
WF6 1AL

Information from your patient's claim shows that they have the following medical condition/disabilities.

1 MENTAL HEALTH PROBLEMS	**2 Arthritis**
3 Panic Attacks	

For the attention of the General Practitioner

In the section headed YOUR REPORT please consider and comment in your response on the following;

We would be grateful if you could respond to questions within the body of your report in relation to the above medical conditions/disabilities.

Please comment on details of significant findings in the upper and/or lower limbs. In respect of the upper limbs include any findings that would indicate problems with manual dexterity including grip.

Please describe your patient's present mental state including details, where relevant, of confusion, memory loss, impaired judgement, self neglect, history of self harm and dangerous behaviour. Please include details of any fluctuations or relapses of the condition.

Disability and Carers Service

Customer Name: Thomas Murphy
NINO: NR102348C
MU: 28

Your Report

Date when patient last seen 12 / 1 / 12

1. Diagnosis of the disabling conditions (do not include minor transient conditions).

- Chronic anxiety & Depression
- Left thigh, hip pain since previous # Lt. Tibia/Fibula 1999
- Back pain

2. Please give brief details of history of condition(s) stating whether they are mild, moderate, or severe, in your answer. Include details of any relevant special investigations.

- On going problem with anxiety, depression & panic attack for many yrs. had previous CBT.
- ongoing problem with low back pain, Lt. hip & thigh pain

3. Day to day variation in the conditions(s) (if any) including frequency and duration of exacerbations.

on & off flare up of all symptoms

Disability and Carers Service

Customer Name: Thomas Murphy
NINO: NR102348C
MU: 28

4. Relevant clinical findings - for example, visual acuities, hearing, auscultatory findings, peak flow, range of joint movement, muscle wasting, SLR, reflexes, extent of breathlessness.

Reasonable R.O.M at Rt & left hip joints.

5. Treatment - Current treatment including medication and dosage, response to treatment including control of condition and prognosis.

i) Citalopram 40 mg one daily
ii) T. co-codamol 30/500 2 QDS
iii) Cap Gabapentin 100 mg 1 BD
iv) T. propranolol 40 mg 1 BD

6. Please give details, IF KNOWN, of the effects of the disabling condition(s) on day to day life;

(a) Self care - for example, washing, dressing, feeding, using the toilet, continence, ability to rise from a chair and ability to communicate.

Not Known

(b) Insight and awareness of danger.

(c) Ability to get around including pain, gait, balance, breathlessness, visual loss and communication difficulties.

Disability and Carers Service

Customer Name: Thomas Murphy
NINO: NR102348C
MU: 28

Please add any further details you think would be helpful to the Department when deciding on this claim

Thank you

Now please sign and date your report.

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

Signature W

Date 12 / 1 / 12

Name in capital letters Dr. H PARIKH

Surgery Stamp

Dr. H. Parikh
Newland Surgery
Newland Lane
Normanton, WF6 1QD
Tel: 01924 220256
Fax: 01924 220558

Page 18 of 19

The Mid Yorkshire Hospitals NHS
NHS Trust

Emergency Department
Pinderfields Hospital
Aberford Road
WAKEFIELD
West Yorkshire
WF1 4EE

Tel: 01924 541740
Fax: 01924 541776

Dr. HS PARIKH
NEWLAND SURGERY
NEWLAND SURGERY
NEWLAND LANE
NORMANTON
WEST YORKSHIRE
WF6 1QD

DATE: 03/01/2012

Re:
Thomas Murphy
148 PARK GREEN
NORMANTON
WEST YORKSHIRE
WF6 1AL

DOB: 20/05/1968
NHS No: 4981092806

UNIT No: 1363146
ED No: PGH-12-000424-1

Dear Dr. PARIKH,
The above patient attended the Emergency Department of this hospital on **02/01/2012** at **13:24.**
The referral was via - Self.
The presenting complaint was: Limb problems and Injuries
The complaint at assessment was: .

Diagnosis:
1. Strain (Muscle Injury), Upper arm - Skin/Soft tissues, Left Side.

Radiology:
1. NONE REQUIRED

Other Investigations:
1. NONE REQUIRED

Treatment:
1. Advice - Verbal - advised simple analgesics to keep moving and worsening statement

Outcome: Discharged to GP

Yours Sincerely,

Dr **Doctor Locum5**

- 6 JAN

01 Jan 2013	Patient Information to unknown

Letter Type Patient Information
Letter To
Letter From Patient letters from previous surgeries dated 2013

The Mid Yorkshire Hospitals NHS

NHS Trust

Emergency Department
Pinderfields Hospital
Aberford Road
WAKEFIELD
West Yorkshire
WF1 4EE

Tel: 01924 541740
Fax: 01924 541776

Dr. HS PARIKH
NEWLAND SURGERY
NEWLAND SURGERY
NEWLAND LANE
NORMANTON
WEST YORKSHIRE
WF6 1QD

31 DEC 2013

DATE: 28/12/2013

Re:
Thomas Murphy
148 PARK GREEN
NORMANTON
WEST YORKSHIRE
WF6 1AL

DOB: 20/05/1968
NHS No: 4981092806

UNIT No: 1363146
ED No: PGH-13-089992-1

Dear Dr. PARIKH,
The above patient attended the Emergency Department of this hospital on **27/12/2013** at **16:12.**
The referral was via - Self.
The presenting complaint was: Unwell
The complaint at assessment was: .

Diagnosis:

Other Orthopaedic (non-trauma), Hip Joint, Left Side. L hip degenerative changes

Radiology:
1. X-Ray - L hip x-ray

Other Investigations:
1. NONE REQUIRED

Treatment:
1. Prescription, Observation/Nursing care, Advice - Verbal

Outcome: Discharged to GP

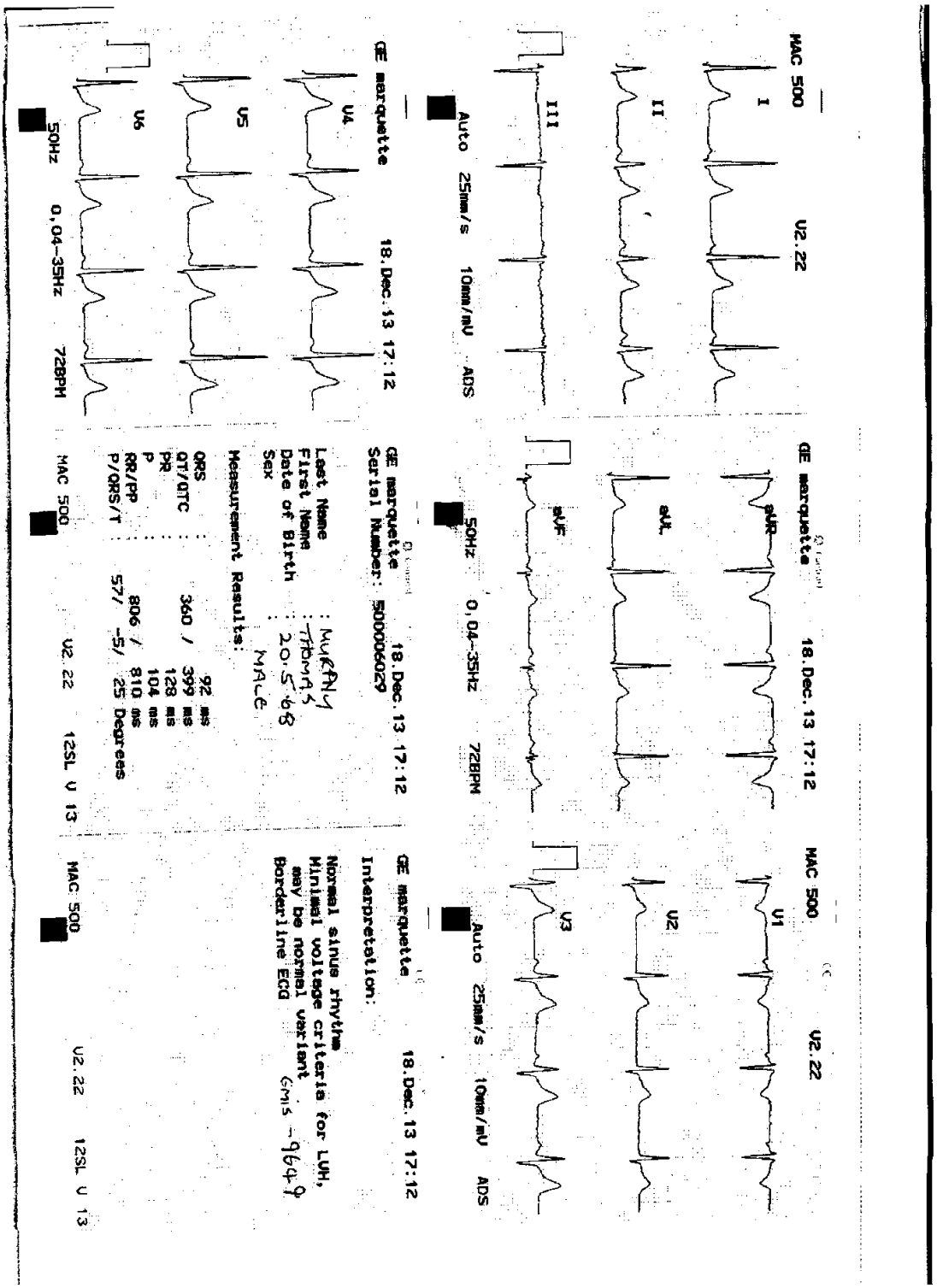
Additional notes for GP: Please consider referral to pain clinic/orthopaedic clinic for this gentleman's L hip pain.

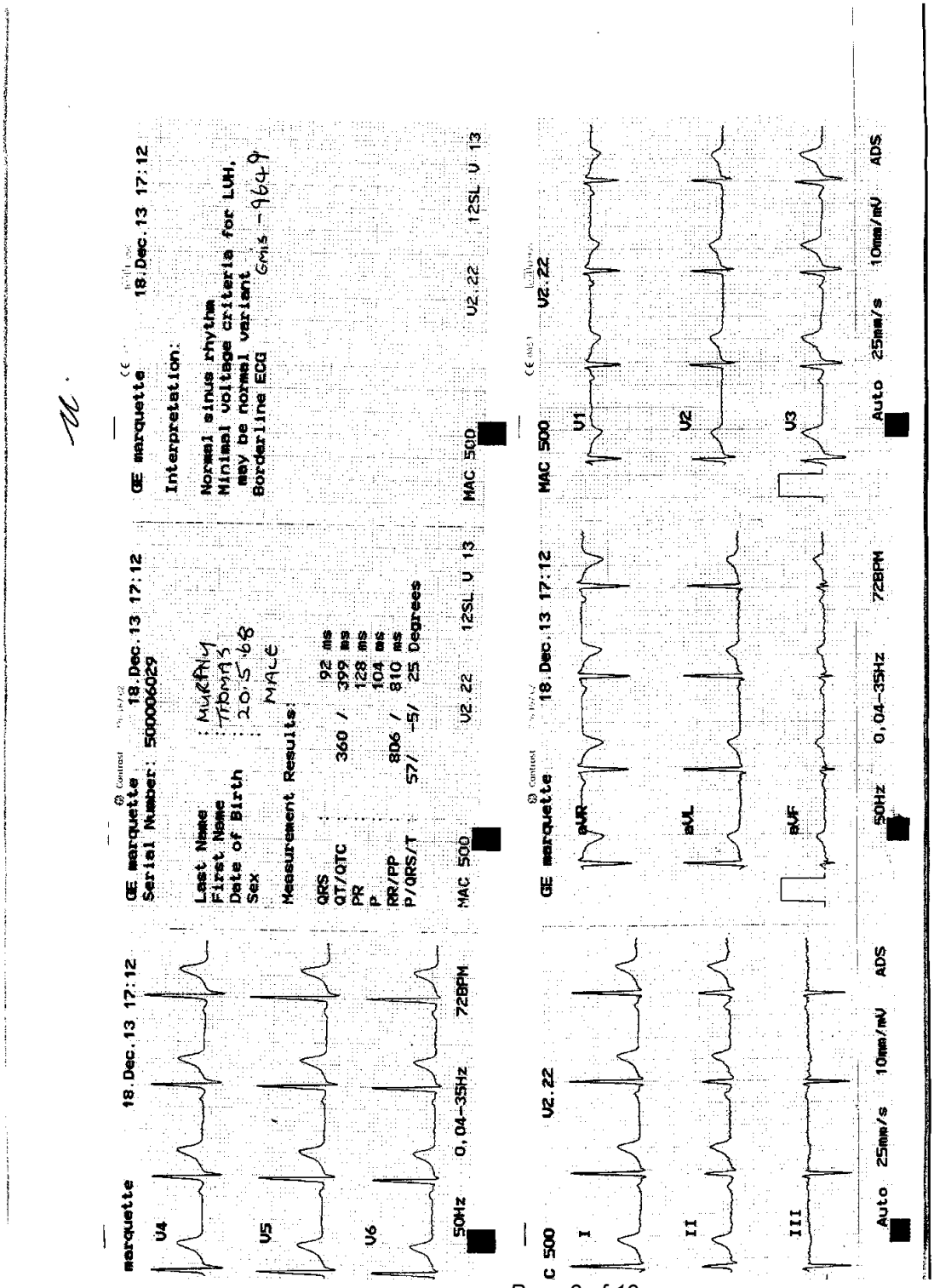
Discharge Medication:
1. Naproxen , 500 Milligrams, Three to four times a day - as required. Duration 7 days Day(s)

Yours Sincerely,

Dr Borislava Dimitrova

Page 1 of 19


MAC 500
V2.22
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
Auto 25mm/s 10mm/mV ADS
50Hz 0.04-35Hz 728PM
GE marquette
18.Dec.13 17:12
Last Name : MURPHY
First Name : THOMAS
Date of Birth : 20-5-68
Sex : MALE
Measurement Results:
QRS 92 ms
QT/QTC 360 / 399 ms
PR 128 ms
P 104 ms
RR/PP 806 / 810 ms
P/QRS/T 57/ -5/ 25 Degrees
Interpretation:
Normal sinus rhythm
Minimal voltage criteria for LVH,
may be normal variant
Borderline ECG
Cmis -9649
12SL V 13


GE marquette
18.Dec.13 17:12
Serial Number: 500006029
Last Name : MURPHY
First Name : THOMAS
Date of Birth : 20.5.68
Sex : MALE
Measurement Results:
QRS 92 ms
QT/QTC 360 / 399 ms
PR 128 ms
P 104 ms
RR/PP 806 / 810 ms
P/QRS/T 57 / -5 / 25 Degrees
MAC 500
V2.22
12SL V 13
Interpretation:
Normal sinus rhythm
Minimal voltage criteria for LVH, may be normal variant
Borderline ECG
Gmis - 9649
I
II
III
V1
V2
V3
V4
V5
V6
aVR
aVL
aVF
50Hz
0,04-35Hz
72BPM
Auto 25mm/s 10mm/mV ADS

L

[redacted]
With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

20 Dec 2013

Private and Confidential

Dr RP GUPTA
NEWLAND SURGERY
NEWLAND LANE
NORMANTON
WEST YORKSHIRE
WF6 1QD

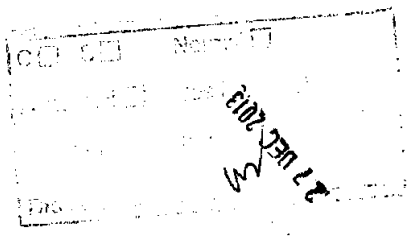
CMHT 2
Airedale Health Centre
The Square
Fryston Road
Airedale
WF10 3JJ

Tel: 01977 465712
Fax: 01977 465701
Ref: SS/JR

MEDICAL CARE PLAN

Dear Dr GUPTA

Medical Care Plan Re: Mr Thomas MURPHY
Address: 148 Park Green, Normanton, West Yorkshire, WF6 1AL
Date of Birth: 20 May 1968
NHS No: 498 109 2806
Internal Client ID: 1170597



Care Co-ordinator:
Dr Andrew MacDonald

CPA Level:
Standard Care

Date of Last CPA Review:
16 Dec 2013

Date of Care Plan:
16 Dec 2013

Seen by:
Dr Sapan Sunder based at Airedale Health Centre. Telephone: 01977 465700

Clinical Presentation:
I reviewed Thomas in the outpatient clinic at Airedale Health Centre on 16 December 2013, along with his friend Lisa. He reported that he still felt the same. His head was all muddled up and confused. He had decreased and stopped the

Citalopram as advised. When asked about his previous statement 'I am able to read minds' he stated that he is not able to read the people's minds however, said he could identify people by their personalities. He gave an example for the same. When asked about his voices he reported that there were at least 2 or 3 people at one time, but they could be different. He had a rough idea at times of who they could be however, seemed to be more confused. He felt that people could put thoughts in his head and try to encourage him to do bad things, which he is able to stop himself by swearing at them out loud. He did not feel that people could take his thoughts away and did not feel that others could hear what he thought. He felt helpless and felt in control of the voices, and felt that if it wasn't for these voices he would be able to get on with his life and do a job. He reported that his mood was 2-3/10 and went on to say 'I'm a good soul however I cannot think clearly sometimes and things come in the way'. He went on to state that his thoughts tend to get muddled up all the time and he finds it difficult at times to concentrate on the television or read a book. He admitted that he broods a lot over things and he feels significantly low. When asked about the future he stated that he hoped he could get rid of the voices and do a job, and have a good future which he sees with Lisa. He denied any thoughts to end his life or any plans or actions regarding the same stating 'life is worth living for and I try to be positive in spite of the voices dragging me down'.

We had a detailed discussion regarding the various medical options available, going through the side effect profiles of each medication, the dosage and how it acts. We went through the options i.e. Risperidone, Olanzapine, Quetiapine and Aripiprazole. After a debate Lisa decided to go for Aripiprazole which was agreed by Thomas. They have chosen Ariprazole 10mg once in the morning. I have emphasised that they need to contact GP for an ECG.

Thomas seems to have good insight into his mental health problems and is willing to engage and get treatment.

Other Information:
He currently lives on his own and is supported by his friend Lisa. His mother lives close by and does support him over the phone.

Diagnosis/Differential Diagnosis:
Paranoid schizophrenia

Medication:
Citalopram stopped.
✓ Commence Aripiprazole 10mg mane.

Management Plan/Monitoring Arrangements:
1. Medication changes as above.
2. ECG.
3. Review in clinic in 3 weeks time.

Contingency/Crisis/Relapse Planning:
Within working hours contact care co-ordinator; Out of hours NHS 111 Service.

GP Action Recommendations:
Please continue to prescribe medication as above. I would be grateful if you could arrange an ECG as soon as possible.

Date of Next Appointment:
6 Jan 2014

Yours sincerely

DR SAPAN SUNDER

SHO TO DR ANDREW MACDONALD

CONSULTANT PSYCHIATRIST

CUSTOMER SERVICE EXCELLENCE
UK
The Government Standard

Chair: Ian Black **Chief Executive: Steven Michael**

INVESTORS IN PEOPLE

[redacted]
With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

10 Dec 2013

Private and Confidential

Dr RP GUPTA
NEWLAND SURGERY
NEWLAND LANE
NORMANTON
WEST YORKSHIRE
WF6 1QD

CMHT 2
Airedale Health Centre
The Square
Fryston Road
Airedale
WF10 3JJ

Tel: 01977 465712
Fax: 01977 465701
Ref: AKM/JR

MEDICAL CARE PLAN

Dear Dr GUPTA

Medical Care Plan Re: Mr Thomas MURPHY
Address: 148 Park Green, Normanton, West Yorkshire, WF6 1AL
Date of Birth: 20 May 1968
NHS No: 498 109 2806
Internal Client ID: 1170597

C ☐ S ☐
Abnormal ☐ See Nurse ☐
See Dr ☐ Refer ☐
Drs Signature
5 DEC
medical

Care Co-ordinator:
Dr Andrew MacDonald

CPA Level:
Standard Care

Date of Care Plan:
2 Dec 2013

Seen by:
Dr Sapan Sunder based at Airedale Health Centre. Telephone: 01977 465700

Clinical Presentation:
Thomas attended the interview along with Lisa who he referred to as his best friend over 25 years. Dr MacDonald was present during this consultation.

Thomas reported that 'my head is not right. I have lots of family problems. My father died of a heart attack 7 years ago and I think he was killed'. He went on to report that the family dynamics with his siblings have not been very good and he had a few issues with his other siblings. He did not explain what the issues were however,

stated that he can hear voices in his head, some of the people whom he can recognise. They are both men and women and they are constantly arguing with each other about life situations, basically describing third party auditory hallucinations. He stated that sometimes these voices challenge him to either run in front of a bus or go and get some tablets to end his life. He went over to his friend Lisa to ask for his medications and when Lisa did not give him the medication he just left. He reports that the voices do command him to self harm however, he just shouts out loud and swears at them and this tends to calm them down. The voices vary from day to day. He could not go out on his own for the last 4-5 years and he is always accompanied by friends or his mother. He gets anxious and worried, as well as angry if the voices shout at him.

He currently lives on his own and has his friend Lisa who comes over to see him on a regular basis. Twelve years ago he was threatened in Pontefract and hence he moved to Scotland. Between 3 and 3 and a half years ago he moved back from Scotland to the Pontefract area where his mum lives. He used to enjoy playing the guitar as well as singing however, recently he has not been playing the guitar as much. He admitted that he used to take drugs in the past however, stated that he has not taken any drugs for well over 10 years. He reports that he only drinks alcohol on social occasions and for the last 1 month he has stopped smoking. He is supported by Lisa with his cooking, mainly microwavable meals, and feels that television is a good distraction. He reported that sometimes the people from the television speak to him however, no messages are given. He explained this by stating that the news reporter would stare at him and at times she talks to him. His appetite is varied and he feels that recently he has gained weight since stopping smoking.

Past Psychiatric History:
Thomas was referred to the Crisis Team in 2011 with a similar presentation, but there was no previous contact with Mental Health Services.

Past Medical History:
In 1999 he had a fracture of his lower limb with a baseball bat which has resulted in him having ankle and hip arthritis. He requires regular Gabapentin as well as Amitriptyline. He is has been on Citalopram 40mg for well over 2 and a half years and was unsure about the side effects. He wasn't sure that it worked. He has been asked to test for diabetes over a month ago however, he has not done so.

He had brain scans in Scotland over 10 years ago but was not sure of the reason for the same.

Family History:
Mum Margaret, 73 years of age is alive and well and lives in the Pontefract area. Father passed away 7 years ago due to a heart attack however, Thomas believes that he was killed. He stated that he is waiting for confirmation because he feels the voices are telling him the circumstances of the death of his father. He admitted that his father had mental health issues after leaving the army at the age of 20. He has regular contact with his mother and talks to her on a regular basis. The family situation is currently messy and he does not see any of his older siblings. He has 2

brothers and 2 sisters, and 2 step sisters who he has never seen. Apart from his father, he did not report any other family history of mental health problems or physical health problems.

Personal History:
He was born in Scotland and was in Glasgow for 2 years, following which the family moved to Yorkshire. Twelve years ago he moved back to Scotland following an incident where he was threatened by another person. He has 4 children who are all adults (from different biological mothers).

Forensic History:
From comprehensive assessment - It was very difficult to ascertain the chronological order of events as Thomas seemed to get confused however, he was in prison at the age of 15 for abduction. In 1987 he was taken in for 3 months for driving offences.

Mental State Examination:
Thomas appeared as a 45 year old gentleman. He was appropriately dressed and reasonably kempt. He appeared to be guarded during the initial part of the interview and was responding to unseen stimuli. He made good eye contact and rapport was established. At times he spoke very fast and it was difficult to understand his strong accent. There was no obvious hostility shown towards the assessor. When asked about his mood Thomas reported that his mood was mostly angry however, was not able to explain this. He reported third party auditory hallucinations, command hallucinations and ideas of reference. He reports responding to the voices by using swear words and that keeps the voices at bay. He reports poor attention and concentration and currently has no interest in playing the guitar which he used to enjoy. He seems to be oriented to time, place and person and has insight into his current mental health problems. He is willing to engage and get treatment.

Further to a detailed discussion with Dr MacDonald we feel that Thomas is describing symptoms suggestive of Schizophrenia. We have explained to him that we will need to reduce his Citalopram to 20mg for 1 week and then discontinue. We have made him aware of the possible withdrawal symptoms he may experience over the next 2 weeks. We have asked him to get a blood test, as well as an ECG at his GP surgery and we will review him again in 2 weeks time.

Mental Health Act Status:
Informal.

Diagnosis/Differential Diagnosis:
Paranoid schizophrenia

Medication:
Citalopram to reduce to 20mg for 1 week and then discontinue.

Management Plan/Monitoring Arrangements:
1. Medication to reduce and discontinue as above.
2. Bloods and ECG.
3. Review in clinic in 2 weeks time.

Contingency/Crisis/Relapse Planning:
In the event of an emergency: Within working hours contact the care co-ordinator; Out of hours NHS 111 Service.

GP Action Recommendations:
Bloods and ECG as above.

Date of Next Appointment:
16 Dec 2013

Yours sincerely

DR SAPAN SUNDER

SHO TO DR ANDREW MACDONALD

CONSULTANT PSYCHIATRIST

10/12/13

CUSTOMER SERVICE EXCELLENCE
The Government Standard

Chair: Ian Black **Chief Executive: Steven Michael**

INVESTORS IN PEOPLE

NEWLAND SURGERY
NEWLAND LANE
NORMANTON
WF6 1QD

TEL: 01924 220256 FAX: 01924 220558
DR R P GUPTA DR H S PARIKH

Brid Martin
CPN

Ref HP/SW
4th November 2013

Re: MURPHY, Thomas (Mr)
DOB 20-May-1968
148 Park Green, Normanton, W Yorkshire, WF6 1AL
HOME TELEPHONE: 01977 614612 mothers NHS NUMBER: 498 109 2806

Dear Brid Martin

I would be grateful to you if you can review this gentleman who was offered an appointment with Dr Shastry but unfortunately he did not receive the letter and he was discharged to our care.
I would be grateful if you can review him again.

Many thanks
Yours sincerely

Dr H Parikh

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Our Ref: BM/AMD Date: 25th September 2013	**Mental Health Team Manager – Linda Pidd** **C.M.H.T 2** **Airedale Health Centre** **The Square, Fryston Road** **CASTLEFORD** **WF10 3JJ** **Tel No: 01977 465702** **Fax No: 01977 465701**

PRIVATE AND CONFIDENTIAL
Dr Parikh
Newland Surgery
Newland Lane
Normanton
WF6 1QD

Dear Dr Parikh

Re: Thomas Murphy, 148 Park Green, Normanton, WF6 1AL, d.o.b. 20.05.68

Thank you for referring this gentleman to the team.

Following our screening, we offered him a follow up appointment with Dr Shastry. Unfortunately he did not attend this appointment and after discussion with the team we have decided to discharge this gentleman back to your care.

The medical team have advised that if you do see him again he may benefit from starting a small dose of Risperidone or Quetiapine.

Should he ask to be re-referred back to the team please do not hesitate to do so.

Yours sincerely

pp
Brid Martin
CPN

30 SEP 2013

Chair: Joyce Catterick OBE Chief Executive: Steven Michael

Page 12 of 19

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

CMHT 2
Airedale Health Centre
The Square
Fryston Road
Airedale
WF10 3JJ

Tel: 01977 465712
Fax: 01977 465701
Ref: SS/JR

24 September 2013

PRIVATE & CONFIDENTIAL
Dr Gupta
Newland Surgery
Newland Lane
Normanton
WF6 1QD

Dear Dr Gupta

THOMAS MURPHY – 20.05.68
85 PARK GREEN NORMANTON WF6 1AN
NHS NUMBER: 498 109 2806

Unfortunately Thomas failed to attend his appointment with me in the outpatient clinic at Airedale Health Centre on 16 September 2013. I am now discharging him back to your care.

Yours sincerely

DR SANDEEP SHASTRY
SPECIALTY DOCTOR IN PSYCHIATRY

Chair: Ian Black Chief Executive: Steven Michael

INVESTORS IN PEOPLE

NEWLAND SURGERY
NEWLAND LANE
NORMANTON
WF6 1QD

TEL: 01924 220256 FAX: 01924 220558
DR R P GUPTA DR H S PARIKH
Single point of access

Ref HP/SW
31st July 2013

MURPHY, Thomas (Mr)
DOB 20-May-1968
148 Park Green, Normanton, W Yorkshire, WF6 1AL
HOME TELEPHONE: 01977 614612 mothers NHS NUMBER: 498 109 2806

Dear Colleague

I would be grateful to you if you could review this forty five year old gentleman who has suffered from depression for a long time and recently he has started hearing voices.
Mr Murphy has got ongoing problems with depression and at the moment he is on Citalopram 40mg. Mr Murphy mentioned to me that for the last few months he has been hearing voices and he says that someone is telling him to jump in front of a bus. He says that his symptoms are getting worse.
In the past Mr Murphy has tried several anti-depressants but after sometime they have stopped working. Considering his symptoms I would be grateful if you could review this gentleman.

Medication

Repeat

Drug	*Dosage*	*Quantity*	*Last Issued On*
Citalopram 40mg tablets	One To Be Taken Each Day	28 tablet	05-Jul-2013
Zapain 30mg/500mg tablets (Mercury Pharma Group Ltd)	Two To Be Taken Four Times A Day	224 tablet	05-Jul-2013
Amitriptyline 25mg tablets	ONE AT NIGHT	28 tablet	05-Jul-2013
Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	05-Jul-2013

Problems

Active

Date	*Problem*	*Associated Text*	*Date Ended*
18-Jan-2011	Thigh pain		
21-Dec-2010	Anxiety states		
01-May-2008	[V]Administrative encounters	removed from Grame Medical Centre list due to aggression and abusive behaviour to member of staff	
20-Jan-2005	H/O: depression	several years history of depression, anxiety, low self esteem and unusual thoughts or paranoid ideas	

Allergies

Many thanks
Yours sincerely

Dr H Parikh

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Private and Confidential

31/7/13
Newland Lane Surgery
Newland Lane, Normanton
Wakefield, WF6 1QD

Single Point Of Access
Block 9
Fieldhead Hospital
Ouchthorpe Lane
Wakefield
WF1 3SP

C ☐ S ☐ Normal ☐
Abnormal ☐ See Notes ☐
Refer ☐
Drs Signature .....

Dear Colleague,

Re: Thomas Murphy 20/5/68
148 Park Green, Normanton, WF6 1AL

The above person was referred to Single Point of Access on 31/7/13.

This letter is making you aware of the outcome of your referral.

This person has been referred to CMHT 2 Airedale.

The above service will contact you to provide further information & recommendations.

Yours sincerely

pp

Single Point of Access

jobcentreplus

Website: www.jobcentreplus.gov.uk

Your reference is NR102348C
Please tell us this number
if you get in touch with us

06127
Dr Pariqk
NEWLAND LANE
NORMANTON
WEST YORKSHIRE
WF6 1QD

Barnsley Benefit Centre
Jobcentre Plus
Brightside Lane
Sheffield
S99 1AB

Phone 0845 6088560
TEXTPHONE for the deaf/hard of hearing ONLY 0845 6088551

Date 15 July 2013

Dear Doctor Pariqk

Work Capability Assessment Outcome Notification

19 JUL 2013

Patients Name Mr T Murphy
Patients Address 148 Park Grn
Normanton Common
Normanton
W Yorkshire
WF6 1AL

Patients D.O.B : 20 May 1968

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

WCA Effective Date 3 April 2011

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

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

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

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

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

15 July 2013

Dr Pariqk

REF: NR102348C

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

Yours sincerely

Mrs J Fewster

Manager

Please read - important information regarding the Social Fund

Please note that from 1 April 2013 parts of the Social Fund, Crisis Loans and Community Care Grants are abolished. From 1 April 2013 they are no longer available from the Department for Work and Pensions (DWP).

The letter you have received from DWP may still mention the Social Fund

This is because other parts of the Social Fund remain in place after 1 April 2013. We are sorry for any inconvenience or confusion this may cause. We are in the process of changing our letters.

More information

From 1 April 2013 a new local provision will begin, introduced by local authorities in England and under arrangements made by the Scottish and Welsh Governments (devolved administrations).

The new provision is not Crisis Loans and Community Care Grants as these have been abolished. Instead local authorities and the Scottish and Welsh Governments have developed their own provision as they think best to meet their communities' needs.

Depending on where you live help may be available directly from your local authority or it may be through another local organisation:

- if you live in England you can contact your local authority or other organisations in your area
- if you live in Scotland you could contact your local authority and ask them about the Scottish Welfare Fund
- if you live in Wales you should ask locally about the Welsh Discretionary Assistance Fund

If you are already repaying a Social Fund loan you should continue to repay any outstanding loans you may have.

01 Jan 2014	Patient Information to unknown

Letter Type Patient Information
Letter To
Letter From Patient letters from previous surgeries, dated 2014

NEWLAND SURGERY
NEWLAND LANE
NORMANTON
WF6 1QD

TEL: 01924 220256 FAX: 01924 220558

DR R P GUPTA DR H S PARIKH

18-Dec-2014 9649

Mr Thomas Murphy
148 Park Green
Normanton
W Yorkshire
WF6 1AL

Dear Mr Murphy

Annual Mental Health Review

According to our records you are due to attend for a Mental Health Review at the surgery. Please could you contact the surgery at your earliest convenience to arrange an appointment for this?

You will first see the nurse who will assess your general health and then the doctor who will discuss an appropriate care plan.

You may wish to attend your appointment with a relative or carer.

If you do not wish to attend for a review, please sign below and return this letter to the surgery. You may change your mind at any time.

Yours sincerely

DR R P GUPTA
DR H S PARIKH

Please sign below if you do not wish to attend for this years annual mental health review.

Signature : _____ Date _____

Page 1 of 21

Mid Yorkshire Hospitals NHS Trust: Clinical Report Page 1 of 1

MURPHY, THOMAS DoB: **20/05/1968**
148 PARK GREEN, NORMANTON, WEST YORKSHIRE, WF6 1AL Hosp No: **RXF1363146**
Ref Locn: **GP PRACTICE** CRIS No: **20237159**
Referrer: **PARIKH HS** NHS No: **498 109 2806**

VERIFIED Verified By: GODSON KIRSTIE 07/11/14 1559 First Typed By: RA33365 07/11/14 1559.

Clinical History :
History : 5x4 cm size semimobile swelling over left shoulder over AC joint for 2 weeks
Question : ? lipoma but needs to confirm

US Shoulder Lt : the lump appears to have reduced in size since GP visit.

There is prominence of the A/C joint on the left with slight thickening of the synovium compared to the contra lateral side, but no definite focal lesions noted.
Degenerative changes noted at the left A/c joint.

Comment: Degenerative changes of the left A/C joint with some synovial thickening.

Scanned by K Godson
Advanced Practitioner Sonographer

13 NOV 2014

C ☐ S ☐ Normal ☐
Abnormal ☐ See Nurse ☐
See Dr ☐ Refer ☐
Drs Signature ..... Examination Date: 07/11/14

Event Number: E-22241731
Ref Src: NEWLAND LANE, NEWLAND SURGERY, NEWLAND LANE, NORMANTON, WEST YORKSHIRE, WF6 1QD
Exams: US Shoulder Lt

Page 2 of 21

With all of us in mind

South West Yorkshire Partnership NHS

15 Oct 2014

Private and Confidential

CMHT 2
Airedale Health Centre
The Square
Fryston Road
Airedale
WF10 3JJ

Tel: 01977 465712
Fax: 01977 465701
Ref: AKM/JR

Dr RP GUPTA
NEWLAND SURGERY
NEWLAND LANE
NORMANTON
WEST YORKSHIRE
WF6 1QD

MEDICAL CARE PLAN

Dear Dr GUPTA

Medical Care Plan Re: Mr Thomas MURPHY
Address: 148 Park Green, Normanton, West Yorkshire WF6 1AL
Date of Birth: 20 May 1968
NHS No: 498 109 2806
Internal Client ID: 1170597

Care Co-ordinator:
Dr Andrew MacDonald

CPA Level:
Standard Care

Date of Last CPA Review:
13 Oct 2014

Date of Care Plan:
13 Oct 2014

Normal

20 OCT 2014

Seen by:
Dr Andrew MacDonald based at Airedale Health Centre. Telephone: 01977 465700

Clinical Presentation:
I reviewed Thomas in clinic, accompanied by his friend Lisa. Thomas informs me that things have been fairly stable since he was last reviewed. His voices overall have been diminished, but he still hears them almost every day. They are reduced by activity and distraction. They continue to tell him to kill himself and he responds by shouting back at them which reduces their intensity and may make them go away for several hours. He denies any thought insertion, thought withdrawal or thought broadcasting, but does believe that his actions are being influenced by the voices and telepathy. He has no delusions of reference and the psychotic belief that he previously had that a thought chip may have been put into his head is no longer present. His sleep pattern is not very good. He tends to go to bed at 9pm, drops off to sleep 3 hours later and then wakes multiple times in the night before finally waking at

10am. He has to get up in the night to go to the toilet, but admits that he drinks 12-15 cups of tea per day. His appetite is currently good, his weight 77.8kg and he has no suicidal ideation. He denies any alcohol or substance misuse. He tends to confine himself to his home during the day, playing guitar and watching television.

Mental state examination showed Thomas to be casually clothed with good eye contact and rapport. His speech was normal, mood bright and reactive and thought form and content as described above.

Diagnosis/Differential Diagnosis:
F200 Paranoid schizophrenia

Current Physical Illnesses:
Ongoing leg pain.

Medication:
1. Aripiprazole to increase to 20mg mane.
2. Sertaline continue 50mg mane.

Thomas is concordant and describes no side effects.

Management Plan/Monitoring Arrangements:
1. Medication to increase as above. I have given Thomas a 4 week supply of the increase and would be grateful if this could be continued.
2. I have arranged for him to have a fasting blood screen.
3. We discussed his fluid intake during the day and trying to reduce his use of caffeine, which may help with his sleep.
4. I have arranged a review in approximately 6 weeks.

Contingency/Crisis/Relapse Planning:
In the event of any increase in auditory hallucinations or difficulty resisting the content of his hallucinations, Thomas will consult the surgery and if necessary his appointment can be brought forward for review.

GP Action Recommendations:
Please continue and not increased medication as above.

Date of Next Appointment:
24 Nov 2014

Yours sincerely

DR ANDREW MACDONALD

CONSULTANT PSYCHIATRIST

Chair: Ian Black Chief Executive: Steve... Richard OBE

INVESTORS IN PEOPLE
UNIVERSITY OF LEEDS
Associated teaching trust status
CUSTOMER SERVICE EXCELLENCE UK

The Mid Yorkshire Hospitals NHS
NHS Trust

Bringing together community and hospital services

Dr Gupta
Newland Surgery
Newland Lane
Normanton
WF6 1QD

20 AUG 2014

C ☐ S ☐ Normal ☐
Abnormal ☐ See Nurse ☐
See Dr ☐ Refer ☐
Drs Signature .....

Physiotherapy Service
Holywell Lane Centre
Holywell Lane
Castleford
WF10 3HH

Tel: 01977 747310

PHYSIOTHERAPY DISCHARGE REPORT

Dear Dr Gupta

Name	Thomas Murphy
Address	148 Park Green, Normanton WF6 1AL
DOB	20 May 1968
NHS No	498 109 2806

Thank you for referring the above patient to the Physiotherapy Department. Mr Murphy has successfully completed a course of Physiotherapy.

Clinical Impression / Diagnosis

LEFT LUMBAR DYSFUNCTION

Treatment

HOME EXERCISES AND ADVICE

Prognosis

Mr Murphy has had no change in his symptoms with physiotherapy. He had poor compliance with his home exercises, Advised to continue with home exercise programme prescribed.

Should you require any further information please do not hesitate to contact me on the above telephone number.

Yours sincerely

LINDSAY CAIRNS
SENIOR PHYSIOTHERPIST
PP

Chairman – Jules Preston MBE ***An Associated Teaching Trust*** Chief Executive – Stephen Eames

Page 5 of 21

With all of us in mind

South West Yorkshire Partnership NHS

21 Jul 2014

Private and Confidential

CMHT 2
Airedale Health Centre
The Square
Fryston Road
Airedale
WF10 3JJ

Tel: 01977 465712
Fax: 01977 465701
Ref: PB/JR

Dr RP GUPTA
NEWLAND SURGERY
NEWLAND LANE
NORMANTON
WEST YORKSHIRE
WF6 1QD

MEDICAL CARE PLAN

Dear Dr GUPTA

Medical Care Plan Re: Mr Thomas MURPHY
Address: 148 Park Green, Normanton, West Yorkshire WF6 1AL
Date of Birth: 20 May 1968
NHS No: 498 109 2806
Internal Client ID: 1170597

Care Co-ordinator:
Dr Andrew MacDonald

CPA Level:
Standard Care

Date of Last CPA Review:
16 Dec 2013

Date of Care Plan:
14 Jul 2014

28 JUL 2014

C ☐ S ☐ Abnormal ☐ See Dr ☐ Refer ☐ Drs Signature .....

Seen by:
Dr Philippa Bailey based at Airedale Health Centre. Telephone: 01977 465700

Clinical Presentation:
I reviewed Thomas in the outpatient clinic at Airedale Health Centre on 14 July 2014, along with his partner Lisa and Dr Andrew MacDonald, Consultant Psychiatrist.

Thomas remains relatively stable in terms of his mental health since I last saw him in April. He continues to experience voices in the form of command hallucinations. These voices encourage him to call strangers in the street derogatory names. He also gets periods of intermittent anxiety which are often triggered by the voices which he experiences. These in turn then cause him to feel low in mood and occasionally he becomes tearful. Despite this he describes his mood in general as okay and feels that he is on an even keel at the moment and not particularly low in mood. He denies any suicidal thoughts or thoughts of self harm. He continues to enjoy playing his guitar, as well as cooking, and remains well supported by Lisa. He feels that the Sertraline has caused an improvement in his mood. He feels a bit brighter and has more energy than when I last saw him in April. He states that he

hasn't bought any further Diazepam tablets since I last saw him and remains concordant with his current medication.

On mental state examination Thomas presented as a well kempt, casually dressed gentleman who engaged well during consultation. He maintained eye contact and maintained good rapport with both myself and Dr MacDonald. His speech was normal in form and content. I felt that his speech was more articulate and spontaneous than when I had seen him in the past. Objectively and subjectively he was euthymic. He was not seen responding to any unseen stimuli. There was no irrelevance in his speech. He does continue to report auditory hallucinations which he doesn't find too distressing at the moment and are manageable. There was no evidence of any formal thought disorder aside from this. He continues to have good insight into his illness and is fully concordant with his medication. Cognitively he was orientated.

Diagnosis/Differential Diagnosis:
F200 Paranoid schizophrenia

Medication:
1. Aripiprazole 15mg once a day.
2. Sertaline 50mg once daily

Management Plan/Monitoring Arrangements:
1. Continue medication as above.
2. I discussed with Thomas the possibility of Day Treatment Services for help with his anxiety issues and making this more manageable. He feels he is in control of the anxiety at the moment and this isn't something he is wanting to consider currently.
3. We discussed structuring his day and setting small achievable goals throughout the day.
4. Review in clinic in 3 months.

Contingency/Crisis/Relapse Planning:
In the event of an emergency: Within working hours contact the Care Co-ordinator; Out of hours contact the NHS 111 Service. Thomas can also see his GP in the meantime if necessary.

GP Action Recommendations:
Please continue to prescribe medication as above.

Date of Next Appointment:
13 Oct 2014

Yours sincerely

DR PHILIPPA BAILEY

SHO TO DR ANDREW MACDONALD

CONSULTANT PSYCHIATRIST

Chair: Ian Block Chief Executive: Steven Maginnis

INVESTORS IN PEOPLE

UNIVERSITY OF LEEDS
Associated teaching trust status

CUSTOMER SERVICE EXCELLENCE UK

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

15 May 2014

Private and Confidential

Dr RP GUPTA
NEWLAND SURGERY
NEWLAND LANE
NORMANTON
WEST YORKSHIRE
WF6 1QD

CMHT 2
Airedale Health Centre
The Square
Fryston Road
Airedale
WF10 3JJ

Tel: 01977 465712
Fax: 01977 465701
Ref: PB/JR

MEDICAL CARE PLAN

Dear Dr GUPTA

Medical Care Plan Re: Mr Thomas MURPHY
Address: 148 Park Green, Normanton, West Yorkshire, WF6 1AL
Date of Birth: 20 May 1968
NHS No: 498 109 2806
Internal Client ID: 1170597

Care Co-ordinator:
Dr Andrew MacDonald

CPA Level:
Standard Care

Date of Last CPA Review:
16 Dec 2013

Date of Care Plan:
28 Apr 2014

Seen by:
Dr Philippa Bailey based at Airedale Health Centre. Telephone: 01977 465700

Clinical Presentation:
I reviewed Thomas in the outpatient clinic at Airedale Health Centre on 28 April 2014. He attended with his longstanding close friend Lisa.

Thomas reported that things haven't been great for him since I last saw him in February. He continues to hear voices which he finds a distraction. When he responds to the voices they tend to go away, for example he hears voices that tell him 'call her a slag' 'don't talk to her' and 'she's a slag'. He responds to the voices by saying f*** off and tries to shrug them off however, this sometimes causes problems in social circumstances when he is out shopping for example, when this behaviour can be easily misinterpreted by others. He tries to remain active during the day. He goes out a few times a week and Lisa is a good support for him. The voices that he hears usually trigger acute episodes of anxiety. He states that he always has a background level of anxiety anyway, but he has acute episodes where this suddenly gets worse, triggered by either the voices or childhood flashbacks which aren't necessarily negative memories, but make him feel quite unnerved. He also has recurring memories from when he was in prison. He tells me he gets quite emotional and tearful at times and that he has been low in mood recently. Lisa tells me that he can be a bit hyper at times. On occasion she has found him very low in mood and tearful and then within half an hour describes him singing and dancing about in his flat. He also receives support from other friends that live locally. He doesn't drink alcohol. He has now finished decorating his flat and he enjoys playing the guitar and singing as hobbies. He denies any suicidal thoughts and states that life is worth living.

On mental state examination Thomas presented as a well kempt, appropriately dressed man whose behaviour was appropriate for the environment. He maintained rapport during the consultation. He was reactive in affect. Objectively his mood was euythymic. Subjectively he describes his mood as low at times. His speech was normal in rate, tone and rhythm, there was no irrelevance and he was fully coherent. He was not seen responding to any unseen stimuli. He denied any strange or paranoid beliefs. He was oriented to time, place and person. He continues to have good insight into his illness and is fully concordant with his medication. He has had no side effects with the increased dose of Aripiprazole and is willing to engage with services.

Other Information:
He currently lives on his own and is well supported by his friend Lisa.

Diagnosis/Differential Diagnosis:
F200 Paranoid schizophrenia

Medication:
Aripiprazole 15mg once a day.

Management Plan/Monitoring Arrangements:
I discussed Thomas with Dr MacDonald during the clinic. Thomas disclosed during the consultation that he had been buying Diazepam tablets at 2 week intervals on the street and that currently he was taking 5mg tablets once daily. He asked me if I could re-prescribe this for him today as he found it helpful. I discussed the options for management with Dr MacDonald. We have decided to try him on an antidepressant tablet and keep the Aripiprazole at the same dose. I have advised him against buying medication on the street and that Diazepam isn't a long term strategy to deal with the

symptoms. We need to first look at trying to improve his mood and background level of anxiety to see if this helps with his symptoms. The plan is therefore:

1. Continue Aripiprazole 15mg as above.
2. Commence Sertraline 50mg once daily.
3. I discussed Thomas in the MDT meeting regarding allocation of a care co-ordinator. In the first instance Day Treatment Services may be beneficial for him. I will discuss this with him when I see him next month. Failing this, Mandy Bray, Occupational Therapist has agreed to run through some anxiety management techniques with him.
4. Follow up in 8 weeks.

Contingency/Crisis/Relapse Planning:
In the event of an emergency: Within working hours contact the Care Co-ordinator; Out of hours contact the NHS 111 Service.

GP Action Recommendations:
Please continue to prescribe medication as above, noting commencement of Sertraline.

Date of Next Appointment:
14 Jul 2014

Yours sincerely

DR PHILIPPA BAILEY

SHO TO DR ANDREW MACDONALD

CONSULTANT PSYCHIATRIST

Chair: Ian Black Chief Executive: Steven Michael

INVESTORS IN PEOPLE

UNIVERSITY OF LEEDS
Associated teaching trust status

CUSTOMER SERVICE EXCELLENCE

www.wakefield.gov.uk

wakefieldcouncil

Corporate Services

Blue Badge Unit
PO Box 700
Wakefield One
WF1 2EB

Blue Badge Unit
PO Box 700
Wakefield One
WF1 2EB

Your ref:
Our ref:
Date: 28/01/2014

Please reply to: **Administrator**
Telephone: 0845 8 506 506
Email address: bluebadge@wakefield.gov.uk

Dr Parik
Newlands Surgery
Newland Lane
Normanton
WF6 1QD

Dear Dr Parik

The person named below has applied for a concessionary travel permit for the Disabled.

In order to assist in the decision whether the applicant is eligible, please could you complete the attached Medical Form and return it to:

The Car Badge Unit
PO Box 700
Wakefield
WF1 2EB

Yours sincerely

Administrator
Car Badge Unit

working for you

WAKEFIELD METROPOLITAN DISTRICT COUNCIL

TRANSPORT ACT 2000 APPLICATION FOR CONCESSIONARY TRAVEL PASS

Name **Thomas Murphy**

Address **148 Park Green, Normanton WF6 1AL**

D.o.b **20/05/1968**

It is my opinion that the above named person is so/ ~~is not so~~ disabled by (please state medical condition)

paranoid schizophrenia

.....

that their ability to walk is seriously impaired and the issue of a Concessionary Travel Pass is justified on health grounds.

Signed..... Date 9.5.14

ACCOUNT

Transport Act 2000 – Application for Concessionary Travel Pass

Claim for fee in respect of "report by person's own doctor" to be paid under the collaborative arrangements by DHSS.

Date of report .....

Surname: Forename:

Doctors Details:

Dr. H. Parikh
Newland Surgery
Newland Lane
Normanton, WF6 1QD
Tel: 01924 220256
Fax: 01924 220558

working for you

www.wakefield.gov.uk

wakefieldcouncil

Corporate Services

Blue Badge Unit
PO Box 700
Wakefield One
WF1 2EB

Blue Badge Unit
PO Box 700
Wakefield One
WF1 2EB

Normal ☐

Your ref:
Our ref:
Date: 28/01/2014

Please reply to: **Administrator**
Telephone: 0845 8 506 506
Email: bluebadge@wakefield.gov.uk

Dr Parik
Newlands Surgery
Newland Lane
Normanton
WF6 1QD

Dear Dr Parik

The person named overleaf wishes to obtain a companion travel pass under the West Yorkshire Concessionary Travel Scheme.

The Transport Act of 2000 may allow them to have such a concession on the grounds that:

They are so severely disabled as to require the help of a companion in order to travel on public transport.

I shall be pleased if you will confirm that, in your opinion, they qualify for such a concession by signing the recommendation on the attached sheet.

Please note if you require a fee for completing this form, this must be borne by the applicant.

Yours sincerely

Administrator
Car Badge Unit

working for you

CONCESSIONARY TRAVEL PERMIT – COMPANION PASS

Name: Thomas Murphy

Address: 148 Park Green, Normanton WF6 1AL

D.O.B: 20/05/1968

I do/~~do not~~ recommend the issue of a companion travel pass on the grounds that they suffer from paranoid Schizophrenia

.....

Which is a **permanent** disability or injury

Doctor's signature ..... Date 9.5.14

Practice Stamp

Dr. H. Parikh
Newland Surgery
Newland Lane
Normanton, WF6 1QD
Tel: 01924 220256
Fax: 01924 220558

working for you

9649

The Mid Yorkshire Hospitals NHS
NHS Trust

Physiotherapy – Musculoskeletal Referral Form

Referral Date: 24.3.14

Patient Details

Name: Thomas Murphy (M) F
Address: 148 park green
Normanton
Postcode: WF6 1AL Tel:(home)
Tel:(work) (mobile) 07870 618223
Date of Birth: 20.5.68 Transport Required: No
NHS No: 498 109 2806

GP Details

DR. HEMAL PARIKH
Practice Address:
NEWLAND SURGERY
NEWLAND LANE
NORMANTON
WF61QD
Tel No: 01924 220256
GP Signature:

Referring Condition

Bilateral Hip pain x few months

Referral Type (Tick as appropriate)

Urgent (see Criteria Below)	
Routine	✓

Treatment / Investigations / Concurrent Referral

X-Ray pelvis m AP on 27.12.13 (on ICE)
Shows mild arthritis

Relevant Medical History

FOR URGENT REFERRALS

Urgent referrals must fit one or more of the criteria below:

	Tick as appropriate
• The patient is not gaining acceptable pain relief from step one/two from the WHO pain ladder	
• The patient is unable to work or do basic activities of daily living due to the condition	
• The patient is prevented from sleeping every night due to pain	
• Musculoskeletal problems of less than four week duration	

Post or fax this form plus any additional information if applicable to Physiotherapy , Rehabilitation Institute, Pontefract Hospital. Fax Number 01977 722951

For office use		
Rec :	Priority	Name of Physiotherapist
	Waiting List	Appt. Date/Time
	Read Code	
S1 log:	Special Instructions	Location
	1st Letter Sent	Transport reference no
	2nd Letter sent	

ss/ses/tables 010/July2009

With all of us in mind

South West Yorkshire Partnership NHS

6 Mar 2014

Private and Confidential

Dr RP GUPTA
NEWLAND SURGERY
NEWLAND LANE
NORMANTON
WEST YORKSHIRE
WF6 1QD

CMHT 2
Airedale Health Centre
The Square
Fryston Road
Airedale
WF10 3JJ

Tel: 01977 465712
Fax: 01977 465701
Ref: PB/JR

MEDICAL CARE PLAN

Dear Dr GUPTA

Medical Care Plan Re: Mr Thomas MURPHY
Address: 148 Park Green, Normanton, West Yorkshire, WF6 1AL
Date of Birth: 20 May 1968
NHS No: 498 109 2806
Internal Client ID: 1170597

Care Co-ordinator:
Dr Andrew MacDonald

CPA Level:
Standard Care

Date of Last CPA Review:
16 Dec 2013

Date of Care Plan:
24 Feb 2014

Seen by:
Dr Philippa Bailey based at Airedale Health Centre. Telephone: 01977 465700

Clinical Presentation:
I reviewed Thomas in the outpatient clinic at Airedale Health Centre on 24 February 2014, along with Dr MacDonald, Consultant Psychiatrist. He attended with his longstanding close friend Lisa. Thomas has been concordant with his medication

and reports no side effects. In general he has been well in himself since he was last seen in January. At this time he had had an episode of pain in his hip. He is expecting to be referred to Orthopaedics for review but he hasn't yet had an appointment. Thomas lives alone but has been coping quite well over the last month or so. He has been positive towards the future and has been painting and decorating his flat. He has good support from his friend Lisa who he sees on a regular basis. They have a very good relationship. In general he described his mood as okay and he was quite upbeat about this. He has had occasional thoughts of suicide but no active intent. These tend to be fleeting thoughts which he is able to distract himself from quite easily. Lisa reported that Thomas has episodes where he becomes very angry very quickly and his mood deteriorates over a matter of a couple of minutes. He can become very aggressive and shout out at strangers. Lisa reports that he seems to shout out and respond to voices that aren't there. Thomas described this as like having Tourettes where he will swear sporadically and without provocation. These episodes tend to happen in open environments like shops or the supermarket, and often where there are quite a few other people about. He states that it sounds like the voices are talking to him but in general he doesn't feel that they are causing any problems. He described it as like having two conversations, one real, one false. His physical health in general is good.

On mental state examination Thomas was appropriately and casually dressed. He was well kempt. He is of slim build and there has been no recent change in his weight. He was able to build up and maintain good rapport with both myself and Dr MacDonald. Objectively he was quite upbeat and positive and subjectively his mood was euthymic. His speech was normal in rate, tone and rhythm. There was no irrelevance and he was fully coherent. He has poor attention and concentration and this is a longstanding, ongoing issue. He was not seen responding to any external or abnormal stimuli during the consultation. He seemed oriented to time, place and person. He continues to have good insight into his illness and is fully concordant with his medication and willing to engage with services.

Other Information:
He currently lives on his own and is well supported by his friend Lisa.

Diagnosis/Differential Diagnosis:
F200 Paranoid schizophrenia

Current Physical Illnesses:
Ongoing arthritis of the left hip joint - awaiting orthopaedic opinion.

Medication:
Aripiprazole increased to 15mg once a day with food.

Management Plan/Monitoring Arrangements:
1. Medication increased as above.
2. Review in clinic in 6-8 weeks.

Contingency/Crisis/Relapse Planning:
In the event of an emergency: Within working hours contact the Care Co-ordinator; Out of hours contact the NHS 111 Service.

GP Action Recommendations:
Please continue to prescribe medication as above, noting increase in dose of Aripiprazole to 15mg.

Date of Next Appointment:
28 Apr 2014

Yours sincerely

DR PHILIPPA BAILEY

SHO TO DR ANDREW MACDONALD

CONSULTANT PSYCHIATRIST

Chair: Ian Black Chief Executive: Steven Michael

INVESTORS IN PEOPLE

UNIVERSITY OF LEEDS
Associated teaching trust status

CUSTOMER SERVICE EXCELLENCE UK

[redacted]
With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

7 Jan 2014

Private and Confidential

CMHT 2
Airedale Health Centre
The Square
Fryston Road
Airedale
WF10 3JJ

Tel: 01977 465712
Fax: 01977 465701
Ref: SS/JR

Dr RP GUPTA
NEWLAND SURGERY
NEWLAND LANE
NORMANTON
WEST YORKSHIRE
WF6 1QD

MEDICAL CARE PLAN

Dear Dr GUPTA

Medical Care Plan Re: Mr Thomas MURPHY
Address: 148 Park Green, Normanton, West Yorkshire, WF6 1AL
Date of Birth: 20 May 1968
NHS No: 498 109 2806
Internal Client ID: 1170597

Care Co-ordinator:
Dr Andrew MacDonald

CPA Level:
Standard Care

Date of Last CPA Review:
16 Dec 2013

Date of Care Plan:
6 Jan 2014

Seen by:
Dr Sapan Sunder based at Airedale Health Centre. Telephone: 01977 465700

Clinical Presentation:
I reviewed Thomas in the outpatient clinic at Airedale Health Centre on 6 January 2014, accompanied by his friend Lisa. He reported that since commencing Aripiprazole 3 weeks ago he has had a few blips in his general physical health. He attended hospital and was kept in overnight as he had intense pain in his left hip. He

is currently awaiting an orthopaedic opinion regarding surgery. There were some issues with his ESA as he was unwell when he should have attended for one of the appointments and was marked absent. This caused a few issues which Lisa has helped him with. He stated that he could not handle pressure and hence had a difficult time with regards to the above. He has noticed that he has been getting increasingly restless, but this is now settling. He had a couple of episodes of loose stools however, did not have any abdominal pain or any other concerns. He has felt sick but has not had any vomiting. He has had no headaches and no visual problems or dizziness. He feels that he has had panic attacks and palpitations every other day and felt that something was creeping on him which was similar to what he felt in the past. He admitted that he has restarted smoking after being abstinent for 7 weeks. He currently smokes around 10 cigarettes a day. He had very little alcohol over the Christmas period (a couple of pints of lager and a glass of wine).

On mental state examination Thomas was appropriately dressed and well kempt. He was not seen to be responding to unseen stimuli and made good eye contact. Rapport was established. His speech was normal in rate, tone and rhythm however at times it was difficult to understand his accent. There was no obvious hostility shown towards the assessor. Thomas reported that his mood was mostly the same since his last review where he had stated that it can be anything between high and low and is worse in the mornings. He has poor attention and concentration and this is a longstanding, ongoing issue. He seems to be oriented to time, place and person and still suffers third party auditory hallucinations which are constantly telling him to end his life however, he feels that he is able to shrug this off and this is why he swears most of the time. When asked about the future he stated that he would like his hip pain to settle and the medication to help him with his voices. He has good insight and is willing to engage with services.

He had a recent full blood count which showed that the platelets were slightly low at 113 on 18 December 2014. I have asked him to get in touch with his GP to repeat the full blood count again.

Other Information:
He currently lives on his own and is well supported by his friend Lisa and his mother who lives locally.

Mental Health Act Status:
Informal.

Diagnosis/Differential Diagnosis:
Paranoid schizophrenia

Current Physical Illnesses:
Ongoing arthritis of the left hip joint - awaiting orthopaedic opinion.

Medication:
Aripiprazole 10mg once a day with food. Thomas is happy to continue at this dose as medication was only commenced 3 weeks ago.

Management Plan/Monitoring Arrangements:
1. Medication as above.
2. Relaxation techniques explained to help him cope with the panic attacks and palpitations.
3. Review in clinic in approximately 4 weeks time.

Contingency/Crisis/Relapse Planning:
In the event of an emergency: Within working hours contact the Care Co-ordinator; Out of hours contact the NHS 111 Service.

GP Action Recommendations:
Please continue to prescribe medication as above. I would be grateful if you could repeat his full blood count as detailed above.

Date of Next Appointment:
10 Feb 2014

Yours sincerely

DR SAPAN SUNDER

SHO TO DR ANDREW MACDONALD

CONSULTANT PSYCHIATRIST

CUSTOMER SERVICE EXCELLENCE UK
The Government Standard

Chair: Ian Black **Chief Executive: Steven Michael**

INVESTORS IN PEOPLE

15 Aug 2014	Patient Notes to Lindsay Cairns
Letter Type	Patient Notes
Letter To	Lindsay Cairns
Letter From	Dr Hemal Parikh, Newland Surgery

GP

Page: 1

The Mid Yorkshire Hospitals NHS
NHS Trust

Musculoskeletal/Orthopaedic & Rheumatology
Physiotherapy Services

NAME: Thomas Murphy

Mr	Thomas	Murphy	20 May 1968
Physiotherapist 1 LINDSAY CAIRNS		Physiotherapist 2	
NHS No 498 109 2806		Transport Yes / No	Type
Tel 1 01977 614612 (mum).	Tel 2 07870 618223		Ref Date 24.3.14

Appropriate ☐ Non Appropriate ☐ Urgent ☐ Non Appropriate Urgent ☐

Chronicity (months) (0-1) ☐ (2-4) ☐ (5-7) ☐ (8-10) ☐ (11-36) ☐ (37+) ☑

Date of 1st Appt 6.5.14 10.40AM

Risk Ass ! MED · D · Yes ☐ No ☐

Clinical Impression / Diagnosis: (L) Lx dysfunction.

Attendance Status DNA ☐ Attended ☑

Discharge Date 15/7/14 | Discharge Status 1 | No of Treatments 5 | Discharge Letter (Y) N

PROBLEM	PLAN/GOALS	CONSENT
Back pain.	Ex.	LC
↓ Lx mob		LC.

Treatment

Ex

OUTCOME MEASURE – EQ – 5D – 5L Score

Date of session	NHS Number	EQ – 5D – 5L Score				
Initial Session		3	3	3	4	4
Discharge Session		3	3	4	4	4

Clinic Appt 1 RMDQ 18	Clinic Appt 2	VAS Score Initial: 10	VAS Score Discharge: 8

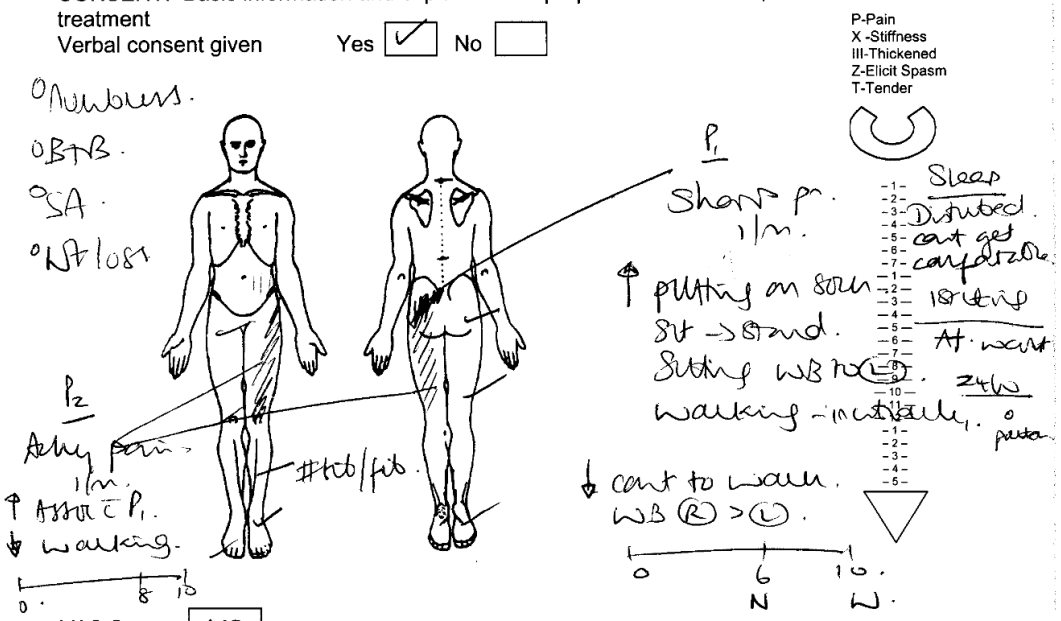
Page 1 of 10

Thomas Murphy NHS Number: 498 109 2806 Page 2

PHYSIOTHERAPIST (print name) LINDSAY OWENS. Signature

CONSENT: Basic information and explanation of proposed assessment, examination and treatment

Verbal consent given Yes ☑ No ☐



VAS Score 10

Patient's perception of condition Bottom of Spine - injury.

Patient's Expectations Pain relief

Relevant Investigations XR - Pelvis.

Precautions / Allergies / Contraindications °steroids 1° Ax

HPC - Hx (L) hip pain for ≥ 10yrs - °med & inj.
→ GP → XR - Degen Spine.
- Pain began to get worse over last 12/12. Dec pain crossed.
→ GP → physio. → A+E - XR pelvis - mild OA.
Given PR's - help.
- °prenans & physio.

PMH - Gh ✓ ° CI° chest I° BP I° DM I° epI° opS I° RAT° Ca
H tib/fib 99.
Mental health problems

SH - Wan - Sick - long term.
- Hobbies/Ex - Guitar.

DH - Coradonal 30/500.
- Iripiprazol - anti psychotic.
Sertraline.

Physiotherapy Service
Continuation Sheet

The Mid Yorkshire Hospitals NHS
NHS Trust
Bringing together community and hospital services

3

Name: Thomas Murphy D.O.B. 20/5/68 Hosp. No.

Date		Signed
6/5/14	OIE - Standing - Sl. leaning to (R) - R at hip - ↓ Lx lordosis.	
	Lx - flex - Patella ↓PP, - RFTS ISQ. - ↓ control - quadriceps. flex in sitting P, - ext - ½ ↓PP, - RETPL ISQ. (R) SF ✓ (L) SF - ↓PP, +	
	SLR - 65° limited by HS (L) = (R).	
	Hip flex ✓ (L) = (R) IR groin pain (L) - (R) ✓ ER " " (L) - (R) ✓ Abd ✓ (L) = (R)	
	Calf - TOP @ 5° Lats. P,.	
	R, - Tangent HSP - knee MS - knee to chest - flex in sitting.	
	A - (L) Low Lx dysfunction - ? degen (L) IVF. 1 stab.	
	P R(V, IS2 ? Ω	
27/5/14	VTA - left message	
29/5/14	PT RANG VTA 30/5/14 TO RING BEFORE (3rd ?). 13/6/14 TO MAKE APP	
9/6/14	PT RANG Given APP 10/6/14 ECC	

NAME ..... SIGNATURE ..... DATE .....

PF 2930a Apr 06

Page No. 4

Name: Thomas Murphy D.O.B. 20/5/68 Hosp. No.

Date		Signed
10/6/14.	S- Only done ex's a couple of times	
	O- Plat loss	
	Lx-flex - mid Shin ? P. -	
	ext 3/4 ? P.	
	(R)SF ✓✓	
	(L)SF - block - ? P. +	
	A- Returned and practised ex's	
	- Added ⊖PL	
	// (L)SF ✓ ↓ P.	
	- Reinforced impatience q ex	
	A- Poor compliance - Better after ex's	
	P Cont 2/52.	
24/6/14.	S- Aching and q touch pain. Ex helps a little. ?change in legs.	(3d ?)
	O- P. at best	
	Lx flex- Mid Shi P. -	
	ext ✓✓	
	(R)SF ✓	
	(L)SF block P.	
	A- Checked ⊖PL ✓	
	- ↓ 5° L3-5 qdTTT 3x30sec	
	// ?Pain at best.	
	(L)SF ? a little easier	
	- Repeated (R)SG ?change to (L)SF.	
	A- ? improved after mobs.	
	P- R/V 1/52 - told ⇒	
1/7/14.	S- Leg ok at the minute - ? pain a few days after A- stayed touch to (N) rules.	
	O- Lx flex - mid Shin - pain.	
	flex in sitting ✓	
	(L)SF - blocks / P.	
	HS length - lacks 40° (L) - (R).	
	A- Advice to ? freq q ex's - daily then every other day.	
	- Taught HS Stretch in lying.	

NAME ..... SIGNATURE ..... DATE .....

Physiotherapy Service
Continuation Sheet

The Mid Yorkshire Hospitals NHS Trust
Bringing together community and hospital services

S

Name: Thomas Murphy D.O.B. 20/5/68 Hosp. No.

Date		Signed
1/7/14	- ↓ ↔ L3-5 cd III 2×45 sec // (L) SLR - 1 P, ↑ pain.	
	A - unwilling ↑ ↔ Tight ITS limiting flex Not dang ax's Rep-range.	
	P- R/U 10/7.	L. Owens (3d+)
18/7/14	DNA	
21/7/14	Pt Rang Given App 28/7/14 TLC	JThompson
29/7/14	Pt rang ct stated ↓ pain & app -ill. Advised back pt as SUI 2e?/2 - need to ring within two if wish under appt	EC.
15/8/14	S- Got a Shat amount of relief after MT last session then back to square one - overall no change. - Doesn't feel physio is going to help. - Did ex for a week or so after last session, then stopped. O- Pain ISO. A- Tensioned importance of ex's - Discussed if not - physio unlikely to be of any benefit at present due to poor compliance. A- ↑ change P- D/C.	

NAME LINDSAY OWENS SIGNATURE [signature] DATE 15/8/14

PF 2930a Apr 06

The Mid Yorkshire Hospitals NHS
NHS Trust

Patient Name: Thomas Murphy D.O.B: 20/5/68 Date: 6/5/14

Modified Rowland Morris Disability Questionnaire

As you experience your pain you may find it difficult to do some of the things you normally do. This list contains some sentences that people have used to describe themselves when they are in pain. When you read them, you may find some stand out as they describe you **today**. As you read the list, think of yourself **today**. When you read a sentence that does not describe you, leave the space blank and go on to the next one. Remember only tick the sentence if you are sure that it describes you **today**.

1.	I stay at home most of the day	☑
2.	I change position frequently to try and get comfortable	☑
3.	I walk more slowly than usual	☑
4.	I am not doing any of the jobs that I usually do around the house	☑
5.	I use a handrail to get upstairs	☐
6.	I lie down to rest more often	☑
7.	I have to hold onto something to get out of an easy chair	☐
8.	I try to get other people to do things for me	☑
9.	I get dressed more slowly than usual	☑
10.	I only stand for short periods of time	☑
11.	I try not to bend or kneel	☑
12.	I find it difficult of get out of a chair	☑
13.	I experience pain almost all the time	☑
14.	I find it difficult to turn over in bed	☑
15.	My appetite is not very good	☐
16.	I have trouble putting on socks or tights	☑
17.	I only walk short distances	☑
18.	I sleep less well	☑
19.	I get dressed with help from someone else	☐
20.	I sit down for most of the day	☐
21.	I avoid heavy jobs around the house	☑
22.	I am more irritable and bad tempered with people than usual	☑
23.	I go upstairs more slowly than usual	☑
24.	I stay in bed most of the time	☐

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Therapist Name: L. Lewis Signature: Designation: BDT.

The Mid Yorkshire Hospitals NHS
NHS Trust

Patient Name: Thomas Murphy D.O.B: 20/5/68 Date: 15/8/14

Modified Rowland Morris Disability Questionnaire

As you experience your pain you may find it difficult to do some of the things you normally do. This list contains some sentences that people have used to describe themselves when they are in pain. When you read them, you may find some stand out as they describe you **today**. As you read the list, think of yourself **today**. When you read a sentence that does not describe you, leave the space blank and go on to the next one. Remember only tick the sentence if you are sure that it describes you **today**.

1.	I stay at home most of the day	☑
2.	I change position frequently to try and get comfortable	☑
3.	I walk more slowly than usual	☑
4.	I am not doing any of the jobs that I usually do around the house	☑
5.	I use a handrail to get upstairs	☐
6.	I lie down to rest more often	☑
7.	I have to hold onto something to get out of an easy chair	☐
8.	I try to get other people to do things for me	☑
9.	I get dressed more slowly than usual	☑
10.	I only stand for short periods of time	☑
11.	I try not to bend or kneel	☑
12.	I find it difficult of get out of a chair	☑
13.	I experience pain almost all the time	☑
14.	I find it difficult to turn over in bed	☑
15.	My appetite is not very good	☐
16.	I have trouble putting on socks or tights	☑
17.	I only walk short distances	☑
18.	I sleep less well	☑
19.	I get dressed with help from someone else	☐
20.	I sit down for most of the day	☑
21.	I avoid heavy jobs around the house	☑
22.	I am more irritable and bad tempered with people than usual	☑
23.	I go upstairs more slowly than usual	☑
24.	I stay in bed most of the time	☐

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Therapist Name: L. Evans Signature: Designation: AP 7 &

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NHS Trust
Bringing together community and hospital services

Name: Thomas Murphy DOB: 20/5/68

Please complete this form and bring it to your first appointment. This will allow both you and your Physiotherapist to get the most out of your session.

Please complete all relevant sections (front and back):

Have you or have you ever had any of the following:

(Please mark an **X** in the relevant box if any of these conditions apply to you and use the section provided to ***COMMENT** on any of the conditions)

Condition	X	Condition	X
Breathing problems		History of Depression/Anxiety/Stress	
Heart problems		Have you had any falls within the past year?	
Pacemaker		Could you be pregnant?	
Blood pressure **high** or **low**		Smoker	
Cholesterol		Parkinson's Disease	
Stroke		Multiple sclerosis	
Spinal cord injury/brain injury		Alcohol or Drug dependency	
Diabetes		HIV	
Thyroid problems		Hepatitis	
Epilepsy		Previous surgery	
Osteoarthritis		Previous broken bones	
Inflammatory Arthritis (e.g. Rheumatoid)		History of Cancer	
Osteoporosis		Memory problems	
Blood clots		**Other health issues? (please comment)**	

***COMMENT:**

Please note: The information contained on this document will be held in your personal record and will not be shared with any other individual without your consent.

Physiotherapist Name: (print) **Signature:** **Date:**

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Please list all medication that you are currently taking:

Name of Medicine	Dosage	Frequency
PROPRANOLOL	100MG.	EVERYDAY.
ANTY PHYSCOTICS.		
SERTRALINE.	50MG	EVERYDAY.
CO-CODAMOL.	30x 500MG	EVERYDAY.

Have you had any recent investigation (blood tests/X-rays/scans)?

YES, ALL CLEAR.

Have you any allergies?

NO.

Please use this space to write any questions you would like to ask your physiotherapist:

If there are any issues that you have not discussed in the above questionnaire that may have an impact on your treatment, please discuss this with your physiotherapist.

For official use only:

Information on this sheet has been discussed with the patient and clarified as correct at the time of the assessment.

Physiotherapist Name: (print) DR MCDOWELL **Signature:** **Date:**

Tues 6/5/14
10-40. 9649
thc
LC.

The Mid Yorkshire Hospitals NHS
NHS Trust

Physiotherapy – Musculoskeletal Referral Form

Referral Date: 26.3.14

Patient Details

Name: Thomas Murphy (M) F
Address: 148 park green
Normanton
Postcode: WF6 1RL Tel:(home)
Tel:(work) (mobile) 07870 618223
Date of Birth: 20.5.68 Transport Required: No
NHS No: 498 109 2806

GP Details

DR. HEMAL PARIKH
Practice Address:
NEWLAND SURGERY
NEWLAND LANE
NORMANTON
WF61QD
Tel No: 01924 220256
GP Signature:

Referring Condition

Bilateral Hip pain x few months

Referral Type (Tick as appropriate)

Urgent (see Criteria Below)	
Routine	✓

Treatment / Investigations / Concurrent Referral

X-Ray pelvis on ABE on 27.12.13 (on ICE)
shows mild arthritis

Relevant Medical History

FOR URGENT REFERRALS

Urgent referrals must fit one or more of the criteria below:

	Tick as appropriate
• The patient is not gaining acceptable pain relief from step one/two from the WHO pain ladder	
• The patient is unable to work or do basic activities of daily living due to the condition	
• The patient is prevented from sleeping every night due to pain	
• Musculoskeletal problems of less than four week duration	

Post or fax this form plus any additional information if applicable to Physiotherapy , Rehabilitation Institute, Pontefract Hospital.
Fax Number 01977 722951

For office use		
Rec :	Priority 2	Name of Physiotherapist
	Waiting List 31/3/14	Appt. Date/Time
	Read Code	Location
S1 log:	Special Instructions	Transport reference no
	1st Letter Sent	
	2nd Letter sent	

ss/ses/tables 010/July2009

01 Jan 2015	Patient Information to unknown

Letter Type Patient Information
Letter To
Letter From Letters from previous surgeries dated 2015

The Mid Yorkshire Hospitals NHS
NHS Trust
Bringing together community and hospital services

Dr Gupta
Newland Surgery
Newland Lane
Normanton
WF6 1QD

10 JUN 2015

Physiotherapy Department
Rehabilitation Institute
Level C
Pontefract Hospital
Friarwood Lane
Pontefract
West Yorkshire
WF8 1PL

Tel: 01977 747280
Fax: 01977 747055

Dear Dr Gupta

Name	Thomas Murphy
Address	55 Greenwood House, Wakefield WF1 1NF
DOB	20 May 1968
NHS No	498 109 2806

Mr Murphy failed to respond to our letter requesting they telephone the Physiotherapy Appointments Centre to arrange an appointment.

Our letter did indicate that failure to respond within four weeks would result in discharge back to the referrer.

In the future, should you feel that this patient still requires therapy intervention, and has consented to treatment, we would be prepared to accept another referral.

Yours sincerely

Admin Office
Physiotherapy

The Mid Yorkshire Hospitals NHS
NHS Trust

Physiotherapy – Musculoskeletal Referral Form

Referral Date: 29.4.15

Patient Details

Name: Mr Thomas Murphy M / F
Address: 55 Greenwood House
WAKEFIELD
Postcode: WF1 1NF Tel (home)
Tel.(work) (mobile) 07757121102
Date of Birth: 20.5.68 Transport Required: No
NHS No: 498 109 2806

GP Details

DR HEMAL PARIKH
Practice Address:
NEWLAND SURGERY
NEWLAND LANE
NORMANTON
WF61QD

Tel No: 01924 220256
GP Signature:

Referring Condition

worsening left hip pain x few months

Referral Type (Tick as appropriate)

Urgent (see Criteria Below)	
Routine	✓

Treatment / Investigations / Concurrent Referral

Tramadol PRN

Relevant Medical History

FOR URGENT REFERRALS

Urgent referrals must fit one or more of the criteria below:

	Tick as appropriate
• The patient is not gaining acceptable pain relief from step one/two from the WHO pain ladder	
• The patient is unable to work or do basic activities of daily living due to the condition	
• The patient is prevented from sleeping every night due to pain	
• Musculoskeletal problems of less than four week duration	

Post or fax this form plus any additional information if applicable to Physiotherapy , Rehabilitation Institute, Pontefract Hospital.
Fax Number 01977 747055

For office use		
Rec :	Priority	Name of Physiotherapist .....
	Waiting List	Appt. Date/Time .....
	Read Code	Location .....
S1 log:	Special Instructions	Transport reference no .....
	1st Letter Sent	
	2nd Letter sent	

ss/ses/tables 010/July2009

Page 2 of 12

Needs to change surgery as per Dr P.

Change Of Details

One form per adult please

Name MURPHY Date 29/4/15

Date of birth 20/05/68 Date moved/moving 1/5/15.

New Address/Name 55 GREENWOOD HOUSE WAKEFIELD.

Postcode WF1-1NF - ?

Tel Mobile 07757121[illegible] Work

Old Address 148 PARK GREEN NORMANTON.

Postcode WF6.1AL.

OFFICE USE EMIS _____ Lloyd George _____ Date Changed ___/___/___ Initial _____

Other Family Members THIS IS ONLY FOR CHILDREN UNDER THE AGE OF 18YEARS OF AGE WHO LIVE WITH YOU – any adults changing address need to complete and sign their own form

Name _____ Date of Birth ___/___/___	OFFICE USE Parent EMIS # _____
Name _____ Date of Birth ___/___/___	OFFICE USE Parent EMIS # _____
Name _____ Date of Birth ___/___/___	OFFICE USE Parent EMIS # _____
Name _____ Date of Birth ___/___/___	OFFICE USE Parent EMIS # _____

The Mid Yorkshire Hospitals NHS

NHS Trust

Accident&Emergency Department
Pontefract Hospital
Friarwood Lane
PONTEFRACT
West Yorkshire
WF8 1PL

Tel: 01977 747550
Fax: 01977 747552

Dr. HS PARIKH
NEWLAND SURGERY
NEWLAND SURGERY
NEWLAND LANE
NORMANTON
WEST YORKSHIRE
WF6 1QD

DATE: 27/03/2015

Re:
Thomas Murphy
148 PARK GREEN
NORMANTON
WEST YORKSHIRE
WF6 1AL

DOB: 20/05/1968
NHS No: 4981092806

UNIT No: 1363146
ED No: PGI-15-008428-1

Dear Dr. PARIKH,
The above patient attended the Emergency Department of this hospital on **26/03/2015** at **11:48.**
The referral was via - Emergency Services.
The presenting complaint was: Unwell
The complaint at assessment was: .

Diagnosis:

Chest Pain - Unknown Cause,

Radiology:
1. X-Ray - CXR

ICE Investigations:
1. Full Blood Count 2. Troponin-I
3. U&E

Other Investigations:
1. Full Blood Count, Troponin-I, U&E

Treatment:
1. Advice - Written, Advice - Verbal

Outcome: Discharged to GP

Additional notes for GP: 2/52 Hx chest pain and feeling generally unwell. Examination unremarkable. ECG, CXR and bloods NAD. Return if becomes unwell

Yours Sincerely,

Page 4 of 12

Community Physiotherapy Service – Referral Form

Please complete this form and fax to: **01924 242976**

If you feel that the patient needs to be seen urgently, please call Mike Hodgson on 07958 527704 or indicate in the patient condition box.

Select any venue that your patient could attend (can be more than one):

- ☐ Church Street Surgery, Ossett Health Village, Kingsway, Ossett, WF5 8DF
- ☑ King's Medical Centre , King Edward Street, Normanton, WF6 2AZ
- ☐ The Sandal Clinic, 6A Standbridge Lane, Sandal, Wakefield, WF2 7DY
- ☐ Pinfold Surgery, Pinfold Lane, Methley, Leeds, LS26 9AB
- ☐ Grange Medical Centre, Highfield Road, Hemsworth, WF9 4D
- ☐ Chapelthorpe Medical Centre, Standbridge Lane, Wakefield, WF2 7GP
- ☐ Lupset Health Centre, George-A-Green Court, Lupset, Wakefield, WF2 8RE
- ☐ Maybush Medical Centre, Portabello Road, Maybush, Wakefield, WF1 5PN
- ☐ Church View Health Centre, Langthwaite Road, South Kirkby, South Kirkby, West Yorkshire, WF9 3AP
- ☐ Friarwood Surgery, Carleton Glen, Pontefract, West Yorkshire WF8 1SU
- ☐ Southmoor Surgery, Southmoor Road, Hemsworth, WF9 4LU
- ☐ Ferrybridge Medical Centre, 8-10 High Street, Ferrybridge, WF118NQ
- ☐ Ash Grove Medical Centre, England Lane, Knottingley, WF11 0JA
- ☐ Elizabeth Court Surgery, Elizabeth Drive, Airedale, Castleford, WF10 3TG
- ☐ Warrengate Medical Centre, Upper Warrengate, Wakefield, WF1 4PR
- ☐ Castleford Health Centre, Welbeck Street, Castleford, WF10 1DP
- ☐ Stuart Road Surgery, Stuart Road, Pontefract, WF9 4DP
- ☐ Prospect Surgery, Ossett Health Village, Kingsway, Ossett, Wakefield, WF5 8DF
- ☐ Northgate Surgery, Northgate, Pontefract, WF6 1QD

Patient Details:

Patient Name: Thomas Murphy	D.O.B: 20.5.68
Patient Address: 148 Park Green, Normanton, WF6 1AL.	NHS Number: 498 109 2806.
	Patient Telephone: — / Patient Mobile: 07557121102.
Referring Practitioner: Dr. Parikh	G.P Practice Telephone: 01924 220256
G.P Practice Name: NEWLAND SURGERY	Date: 17.3.15
Patient Ethnicity: British	Patient Next of Kin & contact details: Lisa Elliott 31 School close

Patient Condition/History left knee pain + giving away x few yrs.
O/E: Flexion (N). Valgus, varus (N). restricted squatting.

Community Physiotherapy Referral Form-V7 – Jan2014

NEWLAND SURGERY
NEWLAND LANE
NORMANTON
WF6 1QD

TEL: 01924 220256 **FAX: 01924 220558**
DR R P GUPTA **DR H S PARIKH**

18 March 2015

Our ref: HP/DMC

To Whom It May Concern

Re: Mr Thomas Murphy 148 Park Green, Normanton, W Yorkshire, WF6 1AL

This is to confirm that Mr Murphy is a registered patient of Newland Surgery.

Mr Murphy suffers from ongoing low back pain for a few years. Mr Murphy also has left leg pain since 1999 after having a fracture of the tibia on the same side. Mr Murphy also suffers from left knee pain for the last few years.

Because of the above mentioned condition Mr Murphy finds it difficult to use stairs in his house.

Mr Murphy wishes to be transferred to a bungalow so that he does not have to use stairs.

I would appreciate it if you can take this into consideration.

Thanks.

Dr H Parikh

The Mid Yorkshire Hospitals NHS

NHS Trust

Accident&Emergency Department
Pontefract Hospital
Friarwood Lane
PONTEFRACT
West Yorkshire
WF8 1PL

Tel: 01977 747550
Fax: 01977 747552

DATE: 02/02/2015

Dr. HS PARIKH
NEWLAND SURGERY
NEWLAND SURGERY
NEWLAND LANE
NORMANTON
WEST YORKSHIRE
WF6 1QD

Re:
Thomas Murphy
148 PARK GREEN
NORMANTON
WEST YORKSHIRE
WF6 1AL

DOB: 20/05/1968
NHS No: 4981092806

UNIT No: 1363146
ED No: PGI-15-002888-1

Dear Dr. PARIKH,
The above patient attended the Emergency Department of this hospital on **01/02/2015** at **00:37.**
The referral was via - Police.
The presenting complaint was: Chest pain
The complaint at assessment was: Chest Pain.

Diagnosis:

Chest Pain - Unknown Cause, Muscukoskeeltal chest pain

Radiology:
1. NONE REQUIRED

Other Investigations:
1. ECG

Treatment:
1. Advice - Verbal

Outcome: Discharged to GP

Yours Sincerely,

Dr Esteban Herrera

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

27 Jan 2015

Private and Confidential

Dr RP GUPTA
NEWLAND SURGERY
NEWLAND LANE
NORMANTON
WEST YORKSHIRE
WF6 1QD

CMHT 2
Airedale Health Centre
The Square
Fryston Road
Airedale
WF10 3JJ

Tel: 01977 465712
Fax: 01977 465701
Ref: AKM/JR

MEDICAL CARE PLAN

Dear Dr GUPTA

Medical Care Plan Re: Mr Thomas MURPHY
Address: 148 Park Green, Normanton, West Yorkshire WF6 1AL
Date of Birth: 20 May 1968
NHS No: 498 109 2806
Internal Client ID: 1170597

Care Co-ordinator:
Dr Andrew MacDonald

CPA Level:
Standard Care

Date of Last CPA Review:
26 Jan 2015

Date of Care Plan:
26 Jan 2015

Seen by:
Dr Andrew MacDonald based at Airedale Health Centre. Telephone: 01977 465700

Clinical Presentation:
I reviewed Thomas in clinic, accompanied by his friend Lisa. Unfortunately Thomas was unwell over the Christmas and New Year period and has become quite hit and miss with his medication. This was exacerbated as his friend who normally supervises his medication was also unwell. His voices have perhaps been a little bit

more troublesome. They still occur every day and whilst not all day, they remain quite negative telling him to steal or telling him unpleasant things about people he is with. He hears them inside his head, but is adamant that they are a voice and not one of his own thoughts. He believes that they come from somebody or something else. He also feels sometimes that they put thoughts into his head, but has no thought withdrawal or thought broadcasting, or delusions of reference. His sleep pattern has improved a little, but his appetite has been poor with his physical illness and his weight has dropped to 74.1kg. He says he has some very fleeting thoughts that life is not worth living, but no thoughts of actually doing anything about this, indeed he was adamant that he never would.

Mental state examination showed him to be casually but appropriately attired with both good eye contact and rapport. His speech pattern was normal, his mood positive and bright and thought form and content as above.

Other Information:
Nil.

Mental Health Act Status:
N/A

Diagnosis/Differential Diagnosis:
F200 Paranoid schizophrenia

Current Physical Illnesses:
Ongoing leg pain.

Medication:
1. Aripiprazole 20mg mane.
2. Sertaline 50mg mane.

Thomas is concordant with his medication but was describing some inner restlessness. This is of very recent onset and I wonder if it might be more related to his physical state of wellbeing.

Management Plan/Monitoring Arrangements:
1. To continue medication as above.
2. I have arranged a further review for 3 months.
3. I have tried to encourage him to set some goals.
4. As his triglyceride levels are slightly elevated, I have encouraged him to follow a healthier diet and lifestyle and we will continue to monitor this.

Contingency/Crisis/Relapse Planning:
In the event of any increase in auditory hallucinations or difficulty resisting the content of his hallucinations, Thomas will consult the surgery and if necessary his appointment can be brought forward for review. Out of hours he will contact NHS 111.

GP Action Recommendations:
Please continue medication as above.

Date of Next Appointment:
27 Apr 2015

Yours sincerely

DR ANDREW MACDONALD

CONSULTANT PSYCHIATRIST

Chair: Ian Black Chief Executive: Steven Michael OBE

INVESTORS IN PEOPLE

UNIVERSITY OF LEEDS
Associated teaching trust status

CUSTOMER SERVICE EXCELLENCE

NEWLAND SURGERY
NEWLAND LANE
NORMANTON
WF6 1QD

TEL: 01924 220256 FAX: 01924 220558
DR R P GUPTA DR H S PARIKH

22-Jan-2015 9649

Mr Thomas Murphy
148 Park Green
Normanton
W Yorkshire
WF6 1AL

Dear Mr Murphy

Annual Mental Health Review – Final Reminder

According to our records you have not yet attended for your Mental Health Review at the surgery.

You will first see the nurse who will assess your general health and then the doctor who will discuss an appropriate care plan.

You may wish to attend your appointment with a relative or carer.

Please contact the surgery as soon as possible to arrange your appointment.

Yours sincerely

DR R P GUPTA
DR H S PARIKH

Please sign below if you do not wish to attend for this years annual mental health review.

Signature : _____ Date _____

NEWLAND SURGERY
NEWLAND LANE
NORMANTON
WF6 1QD

TEL: 01924 220256 FAX: 01924 220558

DR R P GUPTA DR H S PARIKH

05-Jan-2015 9649

Mr Thomas Murphy
148 Park Green
Normanton
W Yorkshire
WF6 1AL

Dear Mr Murphy

Annual Mental Health Review – 2nd Letter

According to our records you have not yet attended for your Mental Health Review at the surgery.

You will first see the nurse who will assess your general health and then the doctor who will discuss an appropriate care plan.

You may wish to attend your appointment with a relative or carer.

Please could you contact the surgery as soon as possible to arrange your appointment. If you do not wish to attend for a review, please sign below and return this letter to the surgery. You may change your mind at any time.

Yours sincerely

DR R P GUPTA
DR H S PARIKH

Please sign below if you do not wish to attend for this years annual mental health review.

Signature : _____ Date _____

Page 12 of 12

25 May 2015	Care Plan to Dr Michelle Grainger

Letter Type Care Plan
Letter To Dr Michelle Grainger
Letter From

25/05/2015 13:48 01977-465701 AIREDALE CMHT PAGE 02

With all of us in mind

South West Yorkshire Partnership NHS

27 Jan 2015

Private and Confidential

Dr RP GUPTA
NEWLAND SURGERY
NEWLAND LANE
NORMANTON
WEST YORKSHIRE
WF6 1QD

CMHT 2
Airedale Health Centre
The Square
Fryston Road
Airedale
WF10 3JJ

Tel: 01977 465712
Fax: 01977 465701
Ref: AKM/JR

MEDICAL CARE PLAN

Dear Dr GUPTA

Medical Care Plan Re: Mr Thomas MURPHY
Address: 148 Park Green, Normanton, West Yorkshire WF6 1AL
Date of Birth: 20 May 1968
NHS No: 498 109 2806
Internal Client ID: 1170597

Care Co-ordinator:
Dr Andrew MacDonald

CPA Level:
Standard Care

Date of Last CPA Review:
26 Jan 2015

Date of Care Plan:
26 Jan 2015

Seen by:
Dr Andrew MacDonald based at Airedale Health Centre. Telephone: 01977 465700

Clinical Presentation:
I reviewed Thomas in clinic, accompanied by his friend Lisa. Unfortunately Thomas was unwell over the Christmas and New Year period and has become quite hit and miss with his medication. This was exacerbated as his friend who normally supervises his medication was also unwell. His voices have perhaps been a little bit

more troublesome. They still occur every day and whilst not all day, they remain quite negative telling him to steal or telling him unpleasant things about people he is with. He hears them inside his head, but is adamant that they are a voice and not one of his own thoughts. He believes that they come from somebody or something else. He also feels sometimes that they put thoughts into his head, but has no thought withdrawal or thought broadcasting, or delusions of reference. His sleep pattern has improved a little, but his appetite has been poor with his physical illness and his weight has dropped to 74.1kg. He says he has some very fleeting thoughts that life is not worth living, but no thoughts of actually doing anything about this, indeed he was adamant that he never would.

Mental state examination showed him to be casually but appropriately attired with both good eye contact and rapport. His speech pattern was normal, his mood positive and bright and thought form and content as above.

Other Information:
Nil.

Mental Health Act Status:
N/A

Diagnosis/Differential Diagnosis:
F200 Paranoid schizophrenia

Current Physical Illnesses:
Ongoing leg pain.

Medication:
1. Aripiprazole 20mg mane.
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Thomas is concordant with his medication but was describing some inner restlessness. This is of very recent onset and I wonder if it might be more related to his physical state of wellbeing.

Management Plan/Monitoring Arrangements:
1. To continue medication as above.
2. I have arranged a further review for 3 months.
3. I have tried to encourage him to set some goals.
4. As his triglyceride levels are slightly elevated, I have encouraged him to follow a healthier diet and lifestyle and we will continue to monitor this.

Contingency/Crisis/Relapse Planning:
In the event of any increase in auditory hallucinations or difficulty resisting the content of his hallucinations, Thomas will consult the surgery and if necessary his appointment can be brought forward for review. Out of hours he will contact NHS 111.

GP Action Recommendations:
Please continue medication as above.

Date of Next Appointment:
27 Apr 2015

Yours sincerely

DR ANDREW MACDONALD

CONSULTANT PSYCHIATRIST

Chairman: Ian Black Chief Executive: Steven Mitchell OBE

INVESTORS IN PEOPLE

UNIVERSITY OF LEEDS
Associated teaching trust status

CUSTOMER SERVICE EXCELLENCE

28 May 2015	Patient Summary to unknown

Letter Type Patient Summary
Letter To
Letter From

CP2CP. – AU consultation on 5/1

MURPHY, Thomas (Mr)
Date of Birth: 20-May-1968

Newland Surgery
NHS Number: 498 109 2806

MURPHY, Thomas (Mr) Date of Birth: **20-May-1968 (47y)**

Report Path: Local Record

55 Greenwood House, Wakefield, W Yorkshire, WF1 1NF

NHS Number:	498 109 2806	Home Tel:	01977614612
Usual GP:	GUPTA, Rp (Dr)	Work Tel:	07757121102
Patient Type:	Regular	Mobile Tel:	
Registered	30-Jun-2010	email	
Language:	unknown	Dispensing:	No
Advocacy Needs:		Transport Needs:	

Problems

Active

30-Jun-2014	Medication review	
28-Apr-2014	Care plan	CMHT 2
24-Jan-2014	Pure hypercholesterolaemia	
23-Dec-2013	Paranoid schizophrenia	
02-Dec-2013	Care Programme Approach review	CMHT 2
18-Jan-2011	Thigh pain	
21-Dec-2010	Anxiety states	
20-Jan-2005	H/O: depression	several years history of depression, anxiety, low self esteem and unusual thoughts or paranoid ideas

Significant Past

06-Dec-2011	Generalised anxiety disorder 7 item score	PHQ-9 = 22
24-Jun-2011	A&E attendance	Non-notifiable disease
13-Sep-2010	Notes summary on computer	
04-Dec-2009	In prison	
27-Apr-2006	Anxiety states	
07-Dec-2005	General psychotherapy	
28-Nov-2005	Psychotherapy - behavioural	
10-Nov-2004	Criminal record	
10-Nov-2004	Hypnagogic hallucination	
12-Jan-1999	Closed fracture shaft of tibia	left
1999	Substance misuse of Heroin	
May-1997	Nondependent abuse of drugs	
21-Mar-1997	H/O amphetamine misuse	
Nov-1985	In prison	
1983	Social problem	special school
07-Dec-1982	Psychiatric observation	
Dec-1982	[X]Deliberate drug overdose / other poisoning	
1977	Nocturnal enuresis	
09-Jan-1974	Tonsillectomy and adenoidectomy	
22-Oct-1973	Fasciotomy foot	bilateral plantar fasciotomy
20-Jun-1968	Date records held from	

Minor Past

29-Apr-2015	Hip pain	28-May-2015
31-Mar-2015	Hip pain	29-Apr-2015

MURPHY, Thomas (Mr)
Date of Birth: 20-May-1968

Newland Surgery
NHS Number: 498 109 2806

26-Mar-2015	Seen in accident and emergency department	Chest pain	26-Mar-2015
17-Mar-2015	Knee pain		15-Apr-2015
01-Feb-2015	Seen in accident and emergency department	Chest pain	01-Feb-2015
02-Jan-2015	Chest infection		31-Jan-2015
30-Dec-2014	Chesty cough		28-Jan-2015
12-Feb-2014	Indigestion symptoms		13-Mar-2014
03-Jan-2014	Hip pain		01-Feb-2014
08-Oct-2013	Knee pain		06-Nov-2013
27-Aug-2013	Low back pain		25-Sep-2013
15-Jan-2013	Chest infection NOS		13-Feb-2013
16-Nov-2012	Whiplash injury		15-Dec-2012
24-Oct-2012	Dental symptoms		22-Nov-2012
24-Aug-2012	Did not attend - no reason		21-Sep-2012
25-Jun-2012	Knee pain		22-Dec-2012
16-Apr-2012	Shoulder pain		14-May-2012
17-Jan-2012	Cannot sleep - insomnia		14-Feb-2012
21-Dec-2010	Thigh pain		18-Jan-2011
02-Aug-2010	[D]Haemoptysis		30-Aug-2010

Medication

Acute

Tramadol 50mg capsules	One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	100 capsule	03-Jun-2015

Repeat

Aripiprazole 10mg tablets	2 tab each am	56 tablet	01-Jun-2015
Sertraline 50mg tablets	One To Be Taken Each Day	28 tablet	01-Jun-2015
Propranolol 40mg tablets	1 TWICE DAILY	56 tablet	01-Jun-2015

Allergies
No allergies recorded.
Health Status

29-Apr-2015	Stopped smoking		
29-Apr-2015	Alcohol consumption	1	U/week
29-Apr-2015	O/E - blood pressure reading	110/60	mmHg
29-Apr-2015	Body mass index	26.1	kg/m2
29-Apr-2015	O/E - weight	74	kg
03-Jan-2014	O/E - height	168.5	cm
13-Sep-2010	Notes summary on computer		

Family History

24-Jan-2014	FH: Ischaemic heart dis. <60	Family member: Father
02-Jul-2012	FH myocardial infarction male first degree age known	
10-May-2011	FH myocardial infarction male first degree age known	
30-Jun-2010	FH myocardial infarction male first degree age known	
30-Jun-2010	FH: Diabetes mellitus	

MURPHY, Thomas (Mr)
Date of Birth: 20-May-1968

Newland Surgery
NHS Number: 498 109 2806

Planned Events

09-Jun-2015	Named GP missing
09-Jun-2015	Patient on QOF Registers
31-Mar-2016	Medication review
29-Apr-2016	Mental health review

Consultations

15-May-2015		GP Surgery (Newland Surgery) PARIKH, Hemal (Dr)
	History	came to discuss resut
	Comment	explained moving to wakefield will organise fasting lipid with new dr. diet advice given
11-May-2015		Externally Entered PARIKH, Hemal (Dr) Entered By: , System User ()
	Lab Results !	Full blood count - FBC (HP10353) - Normal - No Action
	!	Serum lipids (HP10353) - Repeat Test
11-May-2015		GP Surgery (Newland Surgery) PARIKH, Hemal (Dr)
	History	came to discuss blood result
	Test Request	Blood sciences - Unknown specimen Test Request : Full Blood Count Test Request : Chol.Trig.HDL + LDL + ratio
	Comment	explained high TG having blood this morning as FBC needs repeate form given for both
11-May-2015		GP Surgery (Newland Surgery) DICKINSON, Tracy (Mrs)
	Test Request	Blood sciences - Unknown specimen Test Request : Full Blood Count
	Procedure	Blood sample taken
	Comment	Informed consent for procedure
30-Apr-2015		Newland Surgery WINDLE, Toni (Miss)
	Document	Referral (29-Apr-2015) Referral physio (29-Apr-2015)
30-Apr-2015		Newland Surgery WINDLE, Toni (Miss)
	Document	Administration (29-Apr-2015) Administration change of details(29-Apr-2015)
30-Apr-2015		Externally Entered PARIKH, Hemal (Dr) Entered By: , System User ()
	Lab Results !	Serum lipids (29-Apr-2015) (HP10353) - Make appointment with Dr
30-Apr-2015		Externally Entered PARIKH, Hemal (Dr) Entered By: , System User ()
	Lab Results	Full blood count - FBC (29-Apr-2015) (HP10353) - Repeat Test Liver function test (29-Apr-2015) (HP10353) - Normal - No Action
29-Apr-2015		GP Surgery (Newland Surgery) PARIKH, Hemal (Dr)
	Problem	**Hip pain** *(New)*
	History	4 mins late came for result
	Comment	Refer to physiotherapist form given
29-Apr-2015		GP Surgery (Newland Surgery) PARIKH, Hemal (Dr)
	History	patiwent came for nurse appointment but did not wait to see dr
29-Apr-2015		GP Surgery (Newland Surgery) LINDSAY, Maria (Mrs)
	Examination	O/E - weight 74 kg • Body mass index 26.1 kg/m2 • O/E - blood pressure reading 110/60 mmHg • Alcohol consumption 1 U/week

MURPHY, Thomas (Mr)
Date of Birth: 20-May-1968

Newland Surgery
NHS Number: 498 109 2806

Lab results	Liver function test (Dr Rp Gupta) Normal - No Action Serum lipids (Dr Rp Gupta) Normal - No Action Thyroid function test (Dr Rp Gupta) Normal - No Action Urea and electrolytes (Dr Rp Gupta) Normal - No Action Blood glucose level (Dr Rp Gupta) Normal - No Action
08-Jul-2010	Main Surgery (Newland Surgery) LINDSAY, Maria (Mrs) Duration: 0 mins Travel time: 0 mins
Result	Blood sample taken
Test Request	Full Blood Count - Completed, Glucose - Completed, Liver - Completed, Chol.Trig.HDL + LDL - Completed, TFT (TSH & FT4) - Completed, Urea and Electrolytes - Completed
02-Jul-2010	Main Surgery (Newland Surgery) PARIKH, Hemal (Dr) Duration: 0 mins Travel time: 0 mins
Problem	hip pain
History	recently moved from scotland. lived there for 9 yrs. ongoing problem with pain in left hip and thigh. nagging. says he had # left tib/fib and since then like this. was on benefit but was told he is fit to work
Examination	left hip: very good ext/int rotation. SLR 80
Comment	looks like nerve related. try amitriptyline. warn about se. r/v in 3-4 weeks
Medication	Amitriptyline Hydrochloride Tablets 10 mg 28 tablet ONE IN THE EVENING
30-Jun-2010	Main Surgery (Newland Surgery) LINDSAY, Maria (Mrs) Duration: 0 mins Travel time: 0 mins
Examination	O/E Blood Pressure Reading 110/80 mm Hg • O/E - height 168 cm (10 - 250 cm) • O/E - weight 57.6 Kg • Body Mass Index 20.41 (20 - 25) • Waist circumference 74 cm
Family History	FH: Diabetes mellitus • FH myocardial infarction male first degree age known 66 Years
Social	Rolls own cigarettes 1 oz/wk • Moderate drinker - 3-6u/day • Alcohol consumption 20 units/week • Enjoys light exercise
Comment	No known allergies ,Conplaining of left hip pain ,to see doctor.
Additional	Health ed. - smoking • Smoking cessation advice • Health ed. - alcohol • Health ed. - exercise • New patient screen • New patient health check • British or mixed British - ethnic category 2001 census • Patient advised re diet • Lifestyle counselling

Values and Investigations

11-May-2015	**! Serum lipids - (HP10353) - Repeat Test**			
	Serum cholesterol	6.5	mmol/L	
	! Serum triglycerides	**4.4**	**mmol/L**	**0.00 - 2.60mmol/L**
	Serum HDL cholesterol level	1.23	mmol/L	
	Serum LDL cholesterol level	3.3	mmol/L	
	Serum cholesterol/HDL ratio	5.3	1/1	
11-May-2015	**! Full blood count - FBC - (HP10353) - Normal - No Action**			
	Haemoglobin estimation	142	g/L	130.00 - 180.00g/L
	Please note from 26/1/2013 Haemoglobin (Hb) and Mean Cell Haemoglobin Concentration (MCHC) results will report in g/L.			
	Total white cell count	8.4	10*9/L	4.00 - 11.0010*9/L
	Platelet count	208	10*9/L	135.00 - 400.0010*9/L
	Red blood cell (RBC) count	4.76	10*12/L	4.50 - 6.0010*12/L
	Mean corpuscular volume (MCV)	90.3	fL	80.00 - 98.00fL
	Haematocrit	0.430	1/1	0.40 - 0.541/1
	Mean corpusc. haemoglobin(MCH)	29.8	pg	27.00 - 35.00pg
	Mean corpusc. Hb. conc. (MCHC)	330	g/L	300.00 - 350.00g/L
	! Red blood cell distribut width	**14.7**	**%**	**0.00 - 14.00%**
	Neutrophil count	4.32	10*9/L	2.00 - 7.5010*9/L
	Lymphocyte count	2.74	10*9/L	1.50 - 4.0010*9/L
	! Monocyte count	**1.09**	**10*9/L**	**0.20 - 0.8010*9/L**

MURPHY, Thomas (Mr)
Date of Birth: 20-May-1968

Newland Surgery
NHS Number: 498 109 2806

	Eosinophil count	0.26	10*9/L	0.04 - 0.4010*9/L
	Basophil count	0.03	10*9/L	0.00 - 0.1010*9/L
29-Apr-2015	**! Serum lipids - (HP10353) - Make appointment with Dr**			
	Serum cholesterol	6.1	mmol/L	
	! Serum triglycerides	**6.5**	**mmol/L**	**0.00 - 2.60mmol/L**
	Serum HDL cholesterol level	1.17	mmol/L	
	Serum LDL cholesterol level			
	LDLChol calculation not valid if serum TG > 4.5 mmol/L			
	Serum cholesterol/HDL ratio	5.2	1/1	
29-Apr-2015	Liver function test - (HP10353) - Normal - No Action			
	Serum ALT level	34	u/L	<56.00u/L
	Serum albumin	43	g/L	35.00 - 50.00g/L
	Serum alkaline phosphatase	115	U/L	25.00 - 130.00U/L
	Serum bilirubin level	6	umol/L	<22.00umol/L
29-Apr-2015	Full blood count - FBC - (HP10353) - Repeat Test			
	No EDTA sample received for FBC			
	Haemoglobin estimation			
	See below			
	Please note from 26/1/2013 Haemoglobin (Hb) and Mean Cell Haemoglobin Concentration (MCHC) results will report in g/L.			
	Total white cell count			
	See below			
	Platelet count			
	See below			
	Red blood cell (RBC) count			
	See below			
	Mean corpuscular volume (MCV)			
	See below			
	Haematocrit			
	See below			
	Mean corpusc. haemoglobin(MCH)			
	See below			
	Mean corpusc. Hb. conc. (MCHC)			
	See below			
	Red blood cell distribut width			
	See below			
	Neutrophil count			
	See below			
	Lymphocyte count			
	See below			
	Monocyte count			
	See below			
	Eosinophil count			
	See below			
	Basophil count			
	See below			
29-Apr-2015	Alcohol consumption	1	U/week	
29-Apr-2015	O/E - blood pressure reading	110/60	mmHg	
29-Apr-2015	Body mass index	26.1	kg/m2	
29-Apr-2015	O/E - weight	74	kg	
10-Apr-2015	Plain X-ray pelvis - (HP10353) - mild arthritis			
	Report Summary			
	Clinical History :			
	History : worsning pain in left hip for few months			
	Question : to r/o OA			
	XR Pelvis			
	XR Pelvis :			
	Mild degenerative changes are noted in both hips with joint space			

MURPHY, Thomas (Mr) Newland Surgery
Date of Birth: 20-May-1968 NHS Number: 498 109 2806

reduction and mildly increased sclerosis of the superior acetabular margins.
Reported by Kevin Flintham (Advanced Radiographer Practitioner)
Reported by: FLINTHAM KEVIN / RA37638

30-Dec-2014	Alcohol consumption	2	U/week	
07-Nov-2014	US SHOULDER LT - (HP10353) - Normal - No Action			

Report Summary
Clinical History :
History : 5x4 cm size semimobile swelling over left shoulder over AC joint for 2 weeks
Question : ? lipoma but needs to confirm
US Shoulder Lt
US Shoulder Lt : the lump appears to have reduced in size since GP visit.
There is prominence of the A/C joint on the left with slight thickening of the synovium compared to the contra lateral side, but no definite focal lesions noted.
Degenerative changes noted at the left A/c joint.
Comment: Degenerative changes of the left A/C joint with some synovial thickening.
Scanned by K Godson
Advanced Practitioner Sonographer
Reported by: GODSON KIRSTIE / RA33365

22-Sep-2014	Cigarette smoker	12	/day	
22-Sep-2014	O/E - blood pressure reading	104/60	mmHg	
24-Jan-2014	QRISK2 cardiovascular disease 10 year risk score	8	%	
24-Jan-2014	Body mass index	26.4	kg/m2	
17-Jan-2014	HbA1c levl - IFCC standardised - (HP10353) - Normal - No Action	38	mmol/mol	
17-Jan-2014	Plasma glucose level - (HP10353) - Normal - No Action	3.5	mmol/L	2.50 - 7.80mmol/L
17-Jan-2014	**! Serum lipids - (HP10353) - Make appointment with Dr**			
	Serum cholesterol	6.3	mmol/L	
	! Serum triglycerides	**3.7**	**mmol/L**	**0.00 - 2.60mmol/L**
	Serum HDL cholesterol level	1.00	mmol/L	
	Serum LDL cholesterol level	3.6	mmol/L	
	Total cholesterol:HDL ratio	6.3	1/1	
17-Jan-2014	**! Full blood count - FBC - (HP10353) - Normal - No Action**			
	Haemoglobin estimation	144	g/L	130.00 - 180.00g/L
	Please note from 26/1/2013 Haemoglobin (Hb) and Mean Cell Haemoglobin Concentration (MCHC) results will report in g/L.			
	Total white cell count	9.3	10*9/L	4.00 - 11.0010*9/L
	Platelet count	207	10*9/L	135.00 - 400.0010*9/L
	Red blood cell (RBC) count	4.71	10*12/L	4.50 - 6.0010*12/L
	Mean corpuscular volume (MCV)	90.0	fL	80.00 - 98.00fL
	Haematocrit	0.424	1/1	0.40 - 0.541/1
	Mean corpusc. haemoglobin(MCH)	30.6	pg	27.00 - 35.00pg
	Mean corpusc. Hb. conc. (MCHC)	340	g/L	300.00 - 350.00g/L
	! Red blood cell distribut width	**14.9**	**%**	**0.00 - 14.00%**
	Neutrophil count	5.25	10*9/L	2.00 - 7.5010*9/L
	Lymphocyte count	2.79	10*9/L	1.50 - 4.0010*9/L
	! Monocyte count	**0.92**	**10*9/L**	**0.20 - 0.8010*9/L**
	Eosinophil count	0.29	10*9/L	0.04 - 0.4010*9/L
	Basophil count	0.02	10*9/L	0.00 - 0.1010*9/L
17-Jan-2014	Alcohol consumption	1	U/week	
03-Jan-2014	Body mass index	26.42	kg/m2	
03-Jan-2014	O/E - weight	75	kg	

MURPHY, Thomas (Mr)
Date of Birth: 20-May-1968

Newland Surgery
NHS Number: 498 109 2806

03-Jan-2014	O/E - height	168.5	cm	
18-Dec-2013	ECG performed as per hospital request			
18-Dec-2013	O/E - blood pressure reading	100/70	mmHg	
06-Jul-2012	Plain X-ray knee - (Dr Rp Gupta) Normal - No Action Report Summary Clinical History : Worsening shooting pains in the left knee for two years XR Knee Lt XR Knee Lt : Mild degenerative changes are present in the medial tibiofemoral compartment where there is joint space narrowing and subarticular sclerosis. No other bony abnormality detected. Reported by Lisa Field, Trainee Consultant Radiographer. Reported by: FIELD LISA / RA36678			
06-Jul-2012	Knee X-ray			
02-Jul-2012	Blood glucose level - (Dr Hemal Parikh) Normal - No Action			
	Plasma glucose level	5	mmol/L	2.5 - 7.8 mmol/L
02-Jul-2012	Serum lipids - (Dr Hemal Parikh) Normal - No Action			
	Serum cholesterol	4.6	mmol/L	
	Serum triglycerides	1.8	mmol/L	0.0 - 2.6 mmol/L
	Serum HDL cholesterol level	0.67	mmol/L	
	Serum LDL cholesterol level	3.1	mmol/L	
	Total cholesterol:HDL ratio	6.9	1/1	
02-Jul-2012	O/E Blood Pressure Reading	120/70	mm Hg	
02-Jul-2012	QRisk cardiovascular disease score, 5 % Calculated using Patients Own Data. Score = 5, Typical Score = 3.	5	%	
02-Jul-2012	Body Mass Index	24.06		20 - 25
02-Jul-2012	O/E - weight	68.3	Kg	
02-Jul-2012	O/E - height	168.5	cm	10 - 250 cm
02-Jul-2012	Blood sent for serum lipids			
02-Jul-2012	Alcohol consumption	2	units/week	
02-Jul-2012	Cigarette smoker	15	Cigarettes/day	
02-Jul-2012	Waist circumference	89	cm	
02-Jul-2012	Cardiovascular event risk			
06-Dec-2011	Generalised anxiety disorder 7 item score PHQ-9 = 22	=21	/21	
10-May-2011	O/E Blood Pressure Reading	100/70	mm Hg	
10-May-2011	Rolls own cigarettes	1	oz/wk	
10-May-2011	Body Mass Index	22.25		20 - 25
10-May-2011	O/E - weight	62.8	Kg	
10-May-2011	ECG performed .For review by doctor.			
13-Sep-2010	Cigarette smoker			
08-Jul-2010	Blood glucose level - (Dr Rp Gupta) Normal - No Action			
	Plasma glucose level	2.9	mmol/L	2.5 - 7.8 mmol/L
08-Jul-2010	Urea and electrolytes - (Dr Rp Gupta) Normal - No Action			
	Serum sodium	144	mmol/L	136 - 145 mmol/L
	Serum potassium	4	mmol/L	3.5 - 5.1 mmol/L
	Serum urea level	4.7	mmol/L	2.2 - 7.7 mmol/L
	Serum creatinine	84	umol/L	60 - 120 umol/L
	GFR calculated abbreviated MDRD For Afro-Caribbean patients multiply this eGFR by 1.212 The eGFR calculation is NOT valid in children, nor in pregnancy, acute renal failure, oedematous states, malnutrition, muscle wasting or amputees.	84	mL/min/1.73m2	
08-Jul-2010	Thyroid function test - (Dr Rp Gupta) Normal - No Action			

MURPHY, Thomas (Mr)
Date of Birth: 20-May-1968

Newland Surgery
NHS Number: 498 109 2806

	Serum free T4 level	14.1	pmol/L	9.0 - 19.0 pmol/L
	Serum TSH level	1.77	mU/L	0.20 - 4.00 mU/L
08-Jul-2010	Serum lipids - (Dr Rp Gupta) Normal - No Action			
	Serum cholesterol	4.6	mmol/L	
	Serum triglycerides	1.8	mmol/L	0.0 - 2.6 mmol/L
	Serum HDL cholesterol level	1.15	mmol/L	
	Serum LDL cholesterol level	2.6	mmol/L	
	Total cholesterol:HDL ratio	4	1/1	
08-Jul-2010	Liver function test - (Dr Rp Gupta) Normal - No Action			
	ALT/SGPT serum level	23	u/L	56 u/L
	Serum albumin	39	g/L	35 - 50 g/L
	Serum alkaline phosphatase	100	u/L	25 - 130 u/L
	Serum bilirubin level	5	umol/L	22 umol/L
08-Jul-2010	**! Full blood count - FBC - (Dr Rp Gupta) Normal - No Action**			
	Haemoglobin estimation	16.3	g/dL	13.0 - 18.0 g/dL
	Total white cell count	10.5	10*9/L	4.0 - 13.0 10*9/L
	Platelet count	253	10*9/L	135 - 400 10*9/L
	Red blood cell (RBC) count	5.2	10*12/L	4.5 - 6.0 10*12/L
	Mean corpuscular volume (MCV)	95.4	fL	80 - 98 fL
	Haematocrit	0.496	L/L	0.40 - 0.54 L/L
	Mean corpusc. haemoglobin(MCH)	31.3	pg	27 - 35 pg
	Mean corpusc. Hb. conc. (MCHC)	32.9	g/dL	30.0 - 35.0 g/dL
	! Red blood cell distribution width	**14.2**	**CV%**	**0.00 - 14.0 CV%**
	Neutrophil count	6.34	10*9/L	2.0 - 7.5 10*9/L
	Lymphocyte count	2.87	10*9/L	1.5 - 4.0 10*9/L
	! Monocyte count	**1**	**10*9/L**	**0.2 - 0.8 10*9/L**
	Eosinophil count	0.29	10*9/L	0.04 - 0.4 10*9/L
	Basophil count	0.03	10*9/L	0.0 - 0.1 10*9/L
30-Jun-2010	O/E Blood Pressure Reading	110/80	mm Hg	
30-Jun-2010	Alcohol consumption	20	units/week	
30-Jun-2010	Rolls own cigarettes	1	oz/wk	
30-Jun-2010	Waist circumference	74	cm	
30-Jun-2010	Body Mass Index	20.41		20 - 25
30-Jun-2010	O/E - weight	57.6	Kg	
30-Jun-2010	O/E - height	168	cm	10 - 250 cm
30-Jun-2010	O/E - weight	60.3	Kg	
30-Jun-2010	O/E - height	170.18	cm	
01-Jul-2003	Computerised tomograph scan normal			

Referrals

Attachments

Date	Document Type	Details	Source
29-Apr-2015	Referral	Referral physio (29-Apr-2015)	
29-Apr-2015	Administration	Administration change of details(29-Apr-2015)	
26-Mar-2015	Accident & emergency	Accident & emergency (26-Mar-2015)	
26-Mar-2015	NHS 111 report received	NHS 111 Report	
18-Mar-2015	Administration	TWIMC	
17-Mar-2015	Referral	Referral Physio (17-Mar-2015)	

Jun 2015	New Patient Registration to unknown

Letter Type New Patient Registration
Letter To
Letter From

Checked and Information for Summary Care Records given by: .....

ID Seen (details) .....

ID seen. Dawn. 12/6/15 11.50am NPNC

ALMSHOUSE SURGERY
NEW PATIENT QUESTIONNAIRE

Welcome to the Almshouse Surgery. Whilst you are a patient with the practice we will aim to give you the best quality care we can. We encourage you to read our Practice Leaflet so you know what services we offer.

You will not be fully registered with this surgery unless this form is completed in full and you have produced identification.

It is **VERY IMPORTANT** that you complete all questions.

Name: THOMAS MURPHY.	**Date of Birth:** 20.05.1968.
Height: 5 FT 7 INCH.	**Weight:** 11 STONE.
Home Tel No:	**Mobile No:** 07757121102.

Where were your born? GLASGOW.
What is you ethnic background? BRITISH.

What language do you speak? ENGLISH.
Can you speak English? YES/NO

Who would we contact in an emergency and what is their relationship to you?
Name: LISA ELLIOTT.
Relationship: FRIEND.
Telephone Number: 07968171248.

Do you want your summary records shared with other NHS users? Yes/No (Please delete one)
Please see attached form regarding Summary Care Records.
If you do not opt out of this your records will be shared with other NHS users

Allergies/Sensitivities

Do you have any allergies or sensitivities?	YES/NO	If yes, what are they?

Smoking

Never Smoked	YES/NO	
Ex-Smoker	YES/NO	When stopped?
Current Smoker	YES/NO	How many a day?

Alcohol

How often do you drink alcohol?	How many alcohol drinks do you have?	How often do you have 6 drinks or more on one occasion?
Never	1-2	Never
Monthly	3-4	Less than Monthly
2-4 times a month	5-6	Monthly
2-3 times a week	7-9	Weekly
4 times a week or more	10+	Daily

1

Page 1 of 2

Family History:
Are there any conditions that run in your family?
Have any close relatives died of or developed: heart disease, stroke, blood pressure or diabetes before the age of 65 years?

FATHER MASSIVE HEART ATTACK, 64 YEARS OLD.

Health History: Please write down any conditions for which you take regular medication, or any operations or serious illness you have had

Date:	Description: MEDICINES
	PROPRANOL, CERTRALINE,

DRUGS & MEDICINES:
Please list all drugs and medications that have been prescribed to you.
If you are on regular medicine, you will need to make a routine appointment with the doctor.

VACCINATIONS/IMMUNISATIONS
Please give details of any vaccinations/immunisations that you can remember having (please include any travel/holiday vaccinations). Parents – please could you bring in your child's "red immunisation book"

For women only		
Have you ever had a **cervical smear** test?	~~Yes~~/No	**If yes, when was it?**
Have you ever had a **Breast Cancer Screening Test (Mammogram)?**	~~Yes~~/No	**If yes, when was it?**

Registered on System One. Initials and Date: T.M. 02.06.15

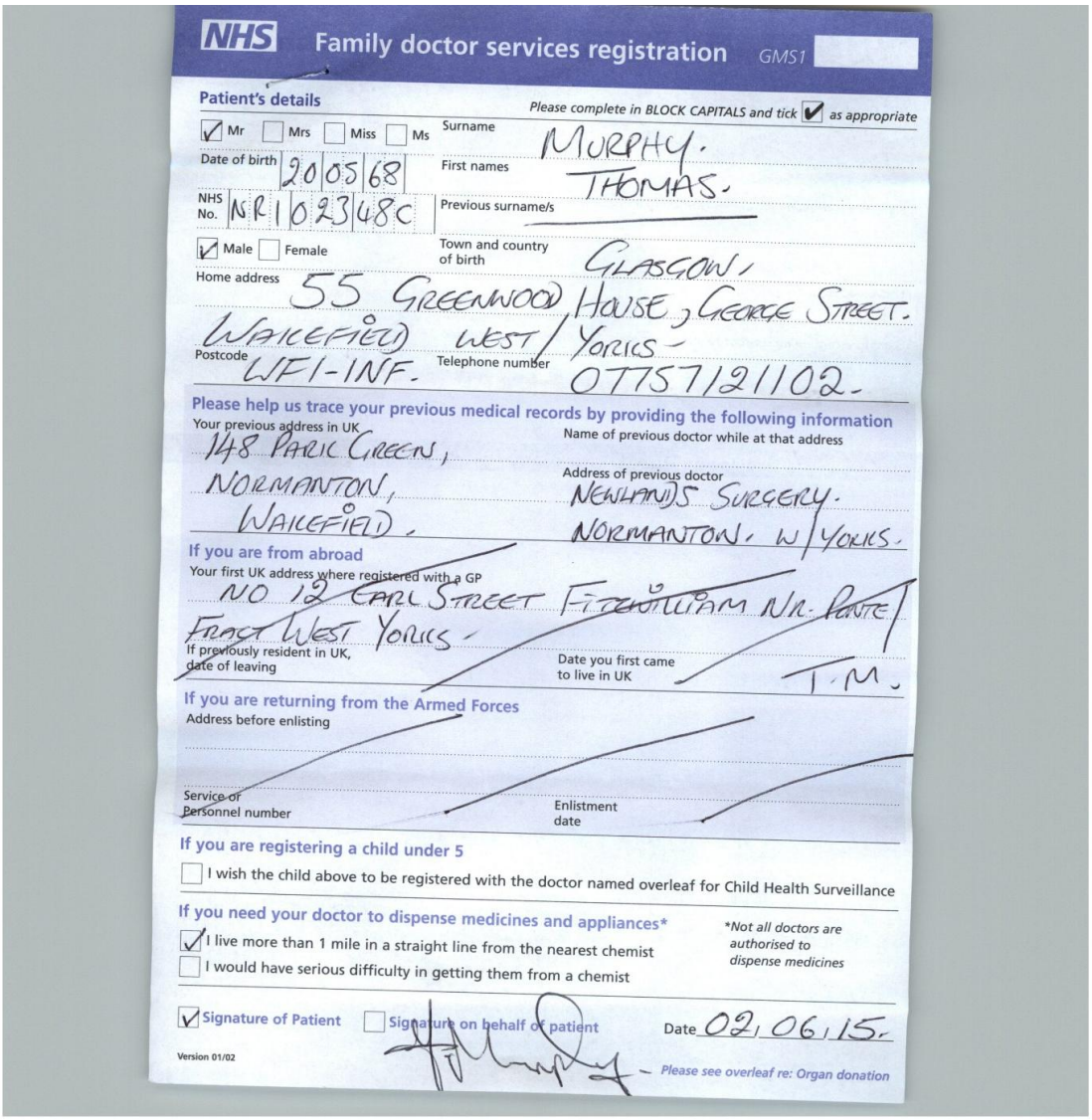
N/P Health Check Completed. Initials and Date: .....

Further action required: Yes/No Registered to: .....

2

02 Jun 2015	New Patient Registration to unknown

Letter Type New Patient Registration
Letter To
Letter From



NHS Family doctor services registration GMS1

Patient's details Please complete in BLOCK CAPITALS and tick ✔ as appropriate

☑ Mr ☐ Mrs ☐ Miss ☐ Ms
Surname MURPHY.
Date of birth 20/05/68
First names THOMAS.
NHS No. NR 102348C
Previous surname/s
☑ Male ☐ Female
Town and country of birth GLASGOW.
Home address 55 GREENWOOD HOUSE, GEORGE STREET. WAKEFIELD WEST YORKS.
Postcode WF1-1NF.
Telephone number 07757121102.

Please help us trace your previous medical records by providing the following information
Your previous address in UK 148 PARK GREEN, NORMANTON, WAKEFIELD.
Name of previous doctor while at that address
Address of previous doctor NEWLANDS SURGERY. NORMANTON. W/YORKS.

If you are from abroad
Your first UK address where registered with a GP NO 12 EARL STREET FITZWILLIAM NR. PONTE FRACT WEST YORKS.
If previously resident in UK, date of leaving
Date you first came to live in UK T.M.

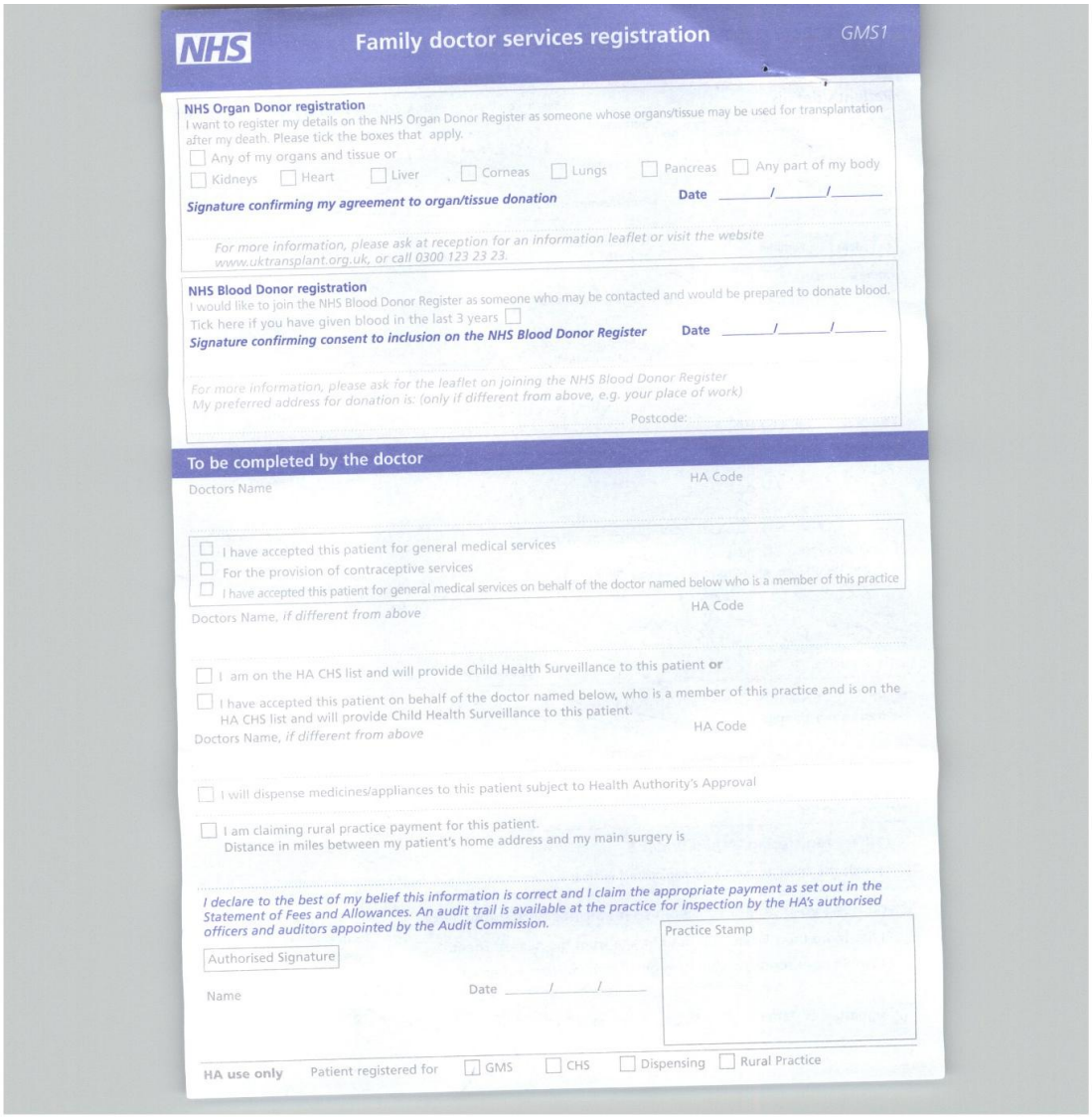
If you are returning from the Armed Forces
Address before enlisting
Service or Personnel number
Enlistment date

If you are registering a child under 5
☐ I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

If you need your doctor to dispense medicines and appliances*
☑ I live more than 1 mile in a straight line from the nearest chemist
☐ I would have serious difficulty in getting them from a chemist
*Not all doctors are authorised to dispense medicines

☑ Signature of Patient ☐ Signature on behalf of patient Date 02.06.15.
Version 01/02
Please see overleaf re: Organ donation

Page 1 of 2



NHS **Family doctor services registration** GMS1

NHS Organ Donor registration
I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

☐ Any of my organs and tissue or
☐ Kidneys ☐ Heart ☐ Liver ☐ Corneas ☐ Lungs ☐ Pancreas ☐ Any part of my body

Signature confirming my agreement to organ/tissue donation **Date** _____/_____/_____

For more information, please ask at reception for an information leaflet or visit the website www.uktransplant.org.uk, or call 0300 123 23 23.

NHS Blood Donor registration
I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.
Tick here if you have given blood in the last 3 years ☐

Signature confirming consent to inclusion on the NHS Blood Donor Register **Date** _____/_____/_____

For more information, please ask for the leaflet on joining the NHS Blood Donor Register
My preferred address for donation is: (only if different from above, e.g. your place of work)

Postcode:

To be completed by the doctor

Doctors Name HA Code

☐ I have accepted this patient for general medical services
☐ For the provision of contraceptive services
☐ I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, *if different from above* HA Code

☐ I am on the HA CHS list and will provide Child Health Surveillance to this patient **or**
☐ I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, *if different from above* HA Code

☐ I will dispense medicines/appliances to this patient subject to Health Authority's Approval

☐ I am claiming rural practice payment for this patient.
Distance in miles between my patient's home address and my main surgery is

I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.

Authorised Signature

Name Date _____/_____/_____

Practice Stamp

HA use only Patient registered for ☐ GMS ☐ CHS ☐ Dispensing ☐ Rural Practice

Page 2 of 2

07 Jul 2015	Care Plan to Dr Michelle Grainger

Letter Type Care Plan
Letter To Dr Michelle Grainger
Letter From Airedale Community Mental Health Team

GRAINGER

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

7 Jul 2015

Private and Confidential

10 JUL 2015

Dr AP POWER
THE ALMSHOUSE SURGERY
TRINITY M.C.,THORNHILL ST
WAKEFIELD
WEST YORKSHIRE
WF1 1PG

CMHT 2
Airedale Health Centre
The Square
Fryston Road
Airedale
WF10 3JJ

Tel: 01977 465712
Fax: 01977 465701
Ref: AKM/JR

MEDICAL CARE PLAN

Dear Dr POWER

Medical Care Plan Re: Mr Thomas MURPHY
Address: 55 Greenwood House, George Street, Wakefield, West Yorkshire WF1 1NF
Date of Birth: 20 May 1968
NHS No: 498 109 2806
Internal Client ID: 1170597

Care Co-ordinator:
Dr Andrew MacDonald

CPA Level:
Standard Care

Date of Last CPA Review:
26 Jan 2015

Date of Care Plan:
6 Jul 2015

Seen by:
Dr Andrew MacDonald based at Airedale Health Centre. Telephone: 01977 465700

Clinical Presentation:
I reviewed Thomas in clinic, accompanied by his friend Lisa. He has now moved to a 1 bedroomed flat in the city centre of Wakefield and seems to have settled in quite nicely. He feels quite settled in his local area and finds it much more convenient,

Page 1 of 3

indeed he is getting himself out and about a lot more, despite the fact that he has been experiencing quite severe problems with pain in his hip and knee. I gather he has consulted the surgery for this and investigations and possible treatment options are currently being looked into. This has also affected his sleep pattern. His appetite has been good though, and his weight is stable at 76.3kg. He continues to experience voices most days, but these have been tending to come and go. He hears them often commenting on things that he has said to other people. Interestingly, he is unsure if these are internal or external at present, but he remains convinced that they are an actual voice. He is no longer responding out loud to them as he has done previously, and his friend Lisa confirmed that this is the case.

Mental state examination showed him to be appropriately attired for the warm weather. There was good eye contact and rapport. His speech pattern was normal and his mood bright and cheerful with evidence of good humour. There was no disorder of thought form, no thought insertion, withdrawal or broadcasting, or delusions of reference, or passivity phenomenon, but he does experience auditory hallucinations as above.

Other Information:
Nil.

Mental Health Act Status:
N/A

Diagnosis/Differential Diagnosis:
F200 Paranoid schizophrenia

Current Physical Illnesses:
Ongoing leg pain.

Medication:
1. Aripiprazole 20mg mane.
2. Sertaline 50mg mane.

Thomas has maintained his improved concordance with medication and is currently side effect free.

Management Plan/Monitoring Arrangements:
1. To continue medication as above.
2. I will arrange a review in approximately 3 months time with the local services in Wakefield.

Contingency/Crisis/Relapse Planning:
In the event of any increase in auditory hallucinations or difficulty resisting the content of his hallucinations, Thomas will consult the surgery and if necessary his appointment can be brought forward for review. Out of hours he will contact NHS 111.

GP Action Recommendations:
Please continue medication as above.

Yours sincerely

DR ANDREW MACDONALD

CONSULTANT PSYCHIATRIST

Chair: Ian Black Chief Executive: Steven Michael OBE

INVESTORS IN PEOPLE

UNIVERSITY OF LEEDS
Associated teaching trust status

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CUSTOMER SERVICE EXCELLENCE UK
The Government Standard

20 Jul 2015	Psychiatry to Dr Dena Smith
Letter Type	Psychiatry
Letter To	Dr Dena Smith
Letter From	

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

20 July 2015

Mr T Murphy
55 Greenwood House
George Street
Wakefield
WF1 1NF

23 JUL 2015

COPY

Psychiatry
Community Mental Health Team 1
8 Peterson Road
Wakefield
WF1 4EB

Tel: 01924 327108
Fax: 01924 327150
Jane.Slatter@swyt.nhs.uk

Dear Mr Murphy

I understand that you have now moved from Normanton to the Wakefield area and have registered with Almshouse Surgery. Therefore, your mental health care will be transferred from CMHT 2, at Airedale Health Centre to CMHT 1. I would also like to offer you an appointment to come and see me at CMHT 1 at the above address on Thursday 1st October 2015 at 10.00am.

I look forward to meeting you then.

Yours sincerely,

Dr J Nazari
Consultant Psychiatrist

Cc: Dr A MacDonald, Consultant Psychiatrist, CMHT 2, Airedale Health Centre.
GP - Dr A P Power, The Almshouse Surgery, Trinity Medical Centre, Wakefield WF1 1PG

Christian Black Chief Executive Officer

INVESTORS IN PEOPLE

UNIVERSITY OF LEEDS
Associated teaching trust status

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CUSTOMER SERVICE EXCELLENCE
The Government Standard

17 Aug 2015	Referral In to Cora Mainprize

Letter Type Referral In
Letter To Cora Mainprize
Letter From Dr L Jose

PHYSIOTHERAPY REFERRAL FORM

17 AUG 2015

PATIENT DETAILS		GP DETAILS	
Name	Mr Thomas Murphy	Name :	Dr L Jose
Address	55 Greenwood House George St Wakefield WF1 1NF	Practice Address:	Thornhill Street Wakefield WF1 1PG
DOB	20 May 1968	GP. Signature :	.....
Tel Home Work			
NHS no:	01977 614612 498 109 2806	Date of referral :	11 August 2015

MID YORKSHIRE HOSPITALS NHS TRUST

Please complete all boxes to help us prioritise referrals. NB. Patients who are already under the care of a Consultant for the same condition cannot be accepted for treatment.

Duration of presenting symptoms	Days		Weeks		Months		Years	3
Patient working		Condition prevents Patient working		Patient unable to work for other reasons		y	Retired	

Briefly indicate the presenting symptoms

Has left sided hip pain that is getting worse. Unable to do much and now pain radiating down leg and up the le side .?

Please indicate the presenting signs or symptoms :	Tick if Yes
1. PAIN	y
2. LOSS OF FUNCTION	n
3. SWELLING	
4.NEUROLOGICAL SYMPTOMS	n
5.NEUROLOGICAL SIGNS	n

CHECKLIST FOR RED FLAGS	Y / N	INVESTIGATIONS	Y / N	MEDICATION TO DATE
Intractable night pain	y	X Rays / Imaging	y	Tramadol
Weight loss	nn	Blood tests	n	
Systemic illness	n	Other		
Previous history of Ca	n	Please attach photocopy of any relevant results		

TREATMENT TO DATE	RELEVANT PAST MEDICAL HISTORY
	schizoprenia

Previous Physiotherapy for the same problem in the last 6 months? If yes, please tick

MID YORKSHIRE HOSPITALS NHS TRUST

IF THERE IS ANY FURTHER RELEVANT INFORMATION PLEASE WRITE ON THE BACK OF THIS PAGE

Page 1 of 2

Blood Collection

Details of the current phlebotomy (blood collecting service) opening hours are available on the website www.midyorks.nhs.uk and can be viewed by selecting "My Services", then "B" followed by "Blood tests".

Phlebotomy contact details are:

Telephone 0844 811 8110 - For Dewsbury & District Hospital - ext **84052**
- For Pinderfields Hospital - ext **51440**
- For Pontefract Hospital - ext **7199**

Laboratory contact details for general enquiries and results

Hospital	Telephone Numbers		
	Clinical Biochemistry	Haematology	Microbiology
Dewsbury & District Hospital	Ext **83232** **01924 512394** (direct dial)	Ext **83232** **01924 512394** (direct dial)	
Pinderfields Hospital and Pontefract Hospital	Ext **57000** **01924 317000** (direct dial)	Ext **57000** **01924 317000** (direct dial)	Ext **57144** **01924 317144** (direct dial)

The Mid Yorkshire Hospitals NHS Trust

Pathology Request Form

CPA ACCREDITED

NHS Number | Hospital Number | Consultant/GP | Lab Number

Surname | Address | Ward/Clinic/Surgery

Forename | Post Code | Collected By | Lab Use Only

Date of Birth | Gender M / F | Specimen Type

Clinical Details & Drug Therapy | Date & Time of Specimen

U/E ☐ Liver ☐ Calcium & Albumin ☐ TSH ☐ TSH & Free T4 ☐ **Fasting Only** Glucose ☐ Chol. Trig. HDL & LDL ☐

Random Glucose ☐ Cholesterol ☐ Cholesterol HDL & Ratio ☐

CLINICAL BIOCHEMISTRY

Other Tests:

FBC ☐ ESR ☐ INR (Warfarin Monitoring Only) ☐

HAEMATOLOGY

Other Tests:

M, C & S (Please Tick) ☐

MICROBIOLOGY

Other Tests:

HIGH RISK SAMPLE, ATTACH A DANGER OF INFECTION LABEL ON FORM AND SAMPLE

FOR URGENT REQUESTS TELEPHONE DEPARTMENT

DO NOT COMBINE MICROBIOLOGY TESTS WITH BIOCHEMISTRY OR HAEMATOLOGY REQUESTS

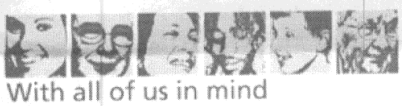
AFFIX ICE SPECIMEN BAG HERE

PLACE LABELLED SPECIMEN IN SEPARATE BAG, REMOVE COVERING STRIP, FOLD FLAP ONTO BAG AND SEAL FIRMLY, THEN ATTACH THIS FORM TO BAG AS ILLUSTRATED

Page 2 of 2

05 Oct 2015	Care Plan to Dr Omar Alisha

Letter Type Care Plan
Letter To Dr Omar Alisha
Letter From



With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

5 Oct 2015

Private and Confidential

Alisha 07 OCT 2015

Dr AP POWER
THE ALMSHOUSE SURGERY
TRINITY M.C.,THORNHILL ST
WAKEFIELD
WEST YORKSHIRE
WF1 1PG

Psychiatry
Community Mental Health
Team 1
8 Peterson Road
Wakefield
WF1 4EB

Tel: 01924 327108
Fax: 01924 327150

MEDICAL CARE PLAN

Dear Dr POWER

Medical Care Plan Re: Mr Thomas MURPHY
Address: 55 Greenwood House, George Street, Wakefield, West Yorkshire WF1 1NF
Date of Birth: 20 May 1968
NHS No: 498 109 2806
Internal Client ID: 1170597

Care Co-ordinator:
Dr Jamshid Nazari

CPA Level:
Standard Care

Date of Last CPA Review:
26 Jan 2015

Date of Care Plan:
1 Oct 2015

Seen by:
Dr Jamshid Nazari based at Community Mental Health Team 1, Peterson Road, Wakefield.. Telephone: 01924 327114

Page 1 of 4

Clinical Presentation:
I met with Mr Murphy in my Outpatient Clinic at CMHT 1, Peterson Road. He was accompanied by his friend, Lisa.

His mental health care has been transferred from CMHT 2, at Airedale Health Centre to our CMHT, after he moved from Normanton to Wakefield area and has registered with Almshouse Surgery.

From the transfer letter that I have received from his previous Consultant, Dr Andrew MacDonald, I understand that he has a diagnosis of Schizophrenia and is currently treated with Aripiprazole 20mg mane and Sertraline 50mg mane. It was reported that he experienced hearing voices which occurred most days, but these were far more intermittent and much less distressing than they had been in the past.

His available psychiatric notes indicate that he was born in Scotland and lived there part of his life. He had reported history of mental health problems in his father, who died 9 years ago, due to a heart attack. It was mentioned that he was in prison at the age of 15yrs of abduction and in 1987 he was again imprisoned for 3 months for driving offences. He appears to have been in contact with Wakefield Mental Health Services since 2011 and received treatment in the community from the Crisis Team and CMHT.

Today, Mr Murphy told me that he moved to Wakefield because he could not climb the stairs and his current accommodation has a lift. He is happy with his one bedroom flat. He expressed his frustration with his painful left leg but he was hopeful that his forthcoming MRI scan would help with him getting treated, possibly with an operation.

Regarding his mental health, he reported that he continues hearing different voices, mostly muffled, unsure whether they were internal or external but explained that they are from different people talking to themselves and to him. They sometimes instruct him to do things such as; making a cup of tea whilst he is doing something else. He told me that the voices have also told him to hurt himself or others, but he states that he is "a strong person" and that he never acts upon what they tell him to do. He stated that he cut his forearm once in 1986 whilst he was in prison, but denied ever harming others.

Thomas told me that he has recently started swimming, by joining a swimming pool and he has enjoyed his first session. He informed me that he has re-started smoking but his aim is to stop smoking again. He drinks alcohol once every two weeks in moderation and denies using drugs.

On mental state examination, Thomas presented with adequate self care, engaged well and had appropriate eye contact. His speech was normal. He described his mood to be "ok" but continued to say that he sometimes becomes emotional and explained rapid mood swings with no trigger factor. There was no paranoid or suspicious thoughts reported, however, he explained that he used to become suspicious in the past which used to make him angry. He reported auditory experiences which appear to be second and third person hallucinations including; command hallucinations. He denied thoughts or plans of harming self or others and

was hopeful that his quality of life could get better once he received appropriate treatment for his hip. There was no thought interference or passivity phenomena evident. His insight appears to be good, reports full compliance with medication with no side effects.

Other Information:
Nil.

Mental Health Act Status:
Informal

Diagnosis/Differential Diagnosis:
F200 Paranoid schizophrenia

Current Physical Illnesses:
Ongoing leg pain.

In 1999, he had fracture to his lower limb with a baseball bat, which has resulted in him having ankle and hip arthritis.

Medication:
Medication before review:

1. Aripiprazole 20mg mane.
2. Sertaline 50mg mane.

Medication after review:
No change.

Management Plan/Monitoring Arrangements:
1. We agreed that he continues with the medication as above.
2. I discussed with him his Crisis planning as below.
3. I will review him again 2 month's time.

Contingency/Crisis/Relapse Planning:
In the event of any increase in auditory hallucinations or difficulty resisting the content of his hallucinations, Thomas will consult the surgery and if necessary his appointment can be brought forward for review. Out of hours he will contact NHS 111.

GP Action Recommendations:
Thank you for prescribing his psychotropic medication and monitoring his physical health.

Date of Next Appointment:

Please note that Mr MURPHY's carers are entitled to a carer's assessment.

This Assessment has been signed off by the Assessor and can no longer be amended.

Yours sincerely

Dr J Nazari
Consultant Psychiatrist

Chair: Ian Black Chief Executive: Steven Michael OBE

INVESTORS IN PEOPLE

UNIVERSITY OF LEEDS
Associated teaching trust status

© Copyright Barnsley LGBT Forum 2008

CUSTOMER SERVICE EXCELLENCE UK
The Government Standard

15 Oct 2015	Prescription or Medication details to unknown

Letter Type Prescription or Medication details
Letter To
Letter From

Printed by Dr Gary Dyson HMP Leeds 1 of 1

HMP Leeds Medication Prescription

2 Armley Jail, Gloucester Terrace, Armley, Leeds LS12 2TJ
15 October 2015

Mr Thomas Murphy	
Date of Birth	20 May 1968
Age	47 y
Prison Number	A7431AH
Wing	
Landing	D
Cell	

Not In Possession Prescriptions

	DRUG	COURSE LENGTH	DOSE	QUANTITY	NOTES
1	tramadol 24 hour modified release tablets 100mg	7 days	AM: 1 (one) tablets	7 (seven) tablets	REF.

Weekly In Possession Prescriptions

	DRUG	COURSE LENGTH	DOSE	QUANTITY	NOTES
2	Amitriptyline 10mg tablets	7 days	Take one Each Night	7 (seven) tablets	
3	Sertraline 50mg tablets	7 days	Take one daily	7 (seven) tablets	

Full Possession Prescriptions

	DRUG	COURSE LENGTH	DOSE	QUANTITY	NOTES
4	Paracetamol 500mg tablets	14 days	take 2 (two) upto Four Times Daily	112 (one hundred and twelve) tablets	REF

AUTHORISING PRESCRIBER	SIGNATURE	DATE
DYSON		15 Oct 2015

(4) Owe.

RECEIVED BY | DISPENSED | CHECK 2

Thu 15 Oct 2015 19:29
NHS Confidential: Personal Data about a Patient

Page 1 of 2

PHARMACY USE

	DATE DISPENSED	DISPENSED BY	CHECKED BY
2	11.10	RT	J
3	16.10	CR	J
4	16.10	BX16	J.

TRAMADOL (Tradorec XL)
Modified-Release Tablets 100mg
Take ONE tablet every MORNING.SUPERVISE.
WARNING: May cause drowsiness. If affected do not drive or operate machinery. Avoid alcoholic drink.
7 THOMAS MURPHY (A7431AH) 16-Oct-2015
H.M. Prison Leeds
Tel 0113 203 2726
Keep out of the reach and sight of children
DISP CHKD

WING USE

	DATE OF ISSUE	ISSUED BY	PRISONERS SIGNATURE
2	16.10.15	IX7 RD	
3	16.10.15	IX7 RD	
2	23.10.15		
3	23.10.15		

DAILY ISSUED MEDICATION

Leeds West NHS Primary Care Trust
The Key to Change

No: ..... Name: .....

DATE	16	18	19	20	21		
Tramadol	ND	RETD DOSE					
Paracets	ND	ND DOSE					

LP 760 – HMP Leeds
Issue D (W) - 07.09

Page 2 of 2

15 Oct 2015	Consent Forms to unknown

Letter Type Consent Forms
Letter To
Letter From



Leeds Community Healthcare NHS
NHS Trust

Name: THOMAS MURPHY Number: A7483A

Date: 15.09.15

RECEPTION CHECKLIST.

- Drug issues. YES / NO
- Have you confirmed outside prescriptions? YES / NO
- Alcohol issues. YES / NO
- Mental Health problem. YES / NO
- Drug screen required. YES / NO
- Registered on System-One YES / NO
- I.M.R. YES / NO

- Immediate Health/Mental Health needs. YES / NO
- Baseline observations. YES / NO
- D.I.R YES / NO
- I.D.T.S Leaflet given YES / NO
- Chlamydia Test (under 25's) YES / NO

Ht – 1.70
W – 63

BP- 143/90 P 63

NHS Leeds Community Healthcare is responsible for providing healthcare services in the Leeds area and is hosted by Leeds Primary Care Trust (NHS Leeds) - NHS Leeds is a Smoke Free Organisation.

I:\ADMIN\TEMPLATES - LETTERS AND DOCUMENTS\Medical Reception\1st Night Reception Healthcare Check List 2.doc

Page 1 of 4



Leeds Community Healthcare NHS
NHS Trust

HMP Leeds
MEDICATION COMPACT.

During your stay at H.M.P Leeds you are required to comply with prison rules and medication directions as follows:

1) You will not sell or give any medication that has been prescribed for you to any other prisoner.
2) You will return any unused medicines, creams or lotions to Healthcare as soon as you discontinue its use and within the prescribed dates.
3) You will not have in your possession any medication of medication containers issued to any other prisoner.
4) You will keep any medication issued to you in the original, labelled container and it must not be tampered with in anyway.
5) You will take the medication at the prescribed or directed time. Keeping it for another time with constitute unauthorised possession. Creams, lotion or medication that is prescribed "taken as required" will be reauthorized "in possession" every 28 days at the discretion of healthcare.
6) You will report any loss of medication to your unit officer and healthcare staff immediately. If you have difficulty in complying with any medical directions given to you, you will report immediately to healthcare.
7) Lost creams, lotions or medication will not be routinely replaced.
8) You will declare and present all prescribed medication, creams and lotions to the receiving nurse on reception.
9) If a member of staff at Centre Treatments or on the wings is suspicious that you are not swallowing, absorbing or taking the medication as directed, they are authorised to undertake a visible inspection of your mouth. Failure to comply with that order and/or this compact will result in you being placed on Governors Report. Any attempt to divert your medication will result in a rapid review of your treatment by a multidisciplinary team. This is your one and only warning.
10) **I understand that I will be required to drink 200ml of water after taking either Methadone or Subutex as directed by the dispensing staff.**
11) I understand that my Subutex/Suboxone may be crushed.
12) The prison pharmacy reserves the right to substitute any; medication prescribed by brand name with the same generic medication.

I have read or have had read to me, the above instructions and I understand that disciplinary action will be taken against me if I fail to comply with the medical compact. I understand that there will be no further warnings about misuse of my medication or unauthorised possessions.

Name T. Murphy Prisoner Number A7431AH Location.....

Prisoner's Signature T. Murphy

Compact Agreement explained and witnessed by R Fellows

Date of Agreement 15/10/15

A copy of this form to be given to the prisoner and the original will be allocated in the inmate Medical Record

I:\ADMIN\TEMPLATES - LETTERS AND DOCUMENTS\Medical Reception\HMP Leeds medication compact.doc

Consent Required

The Substance Misuse Service will need to share certain information (for example on the outcome of your treatment) with other treatment services involved in your care, and as part of your continuous treatment journey.

Please indicate which of the following agencies you agree to your information to be shared with and between:

	Consent Given	Consent Withdrawn
Any Treatment Service providing me with Treatment now or in The future		
GP/Community Chemist		
Criminal Justice Integrated Team		
Probation Service		
NOMS/OMU		
Family/Carer		
Other		

The sharing of sensitive personal information is strictly controlled by law. Anyone who receives information from us is also under a legal duty to:

- only use the information for the purposes you have agreed to;
- keep the information strictly confidential.

We share some information about you with the NDTMS. This is the database used to collect information on drug and alcohol treatment provision. It is managed nationally by the National Treatment Agency for Substance Misuse (NTA), the NHS body responsible for collecting drug and alcohol data and for overseeing drug misuse treatment in England. After 1st April 2013, the functions of the NTA will be transferred to Public Health England, an executive agency of the Department of Health. After this date, your data will be held by PHE and be used for the same purposes.

Consent to NDTMS	Yes	No

Tick as appropriate

Prisoner Name: Thomas Murphy **Prison No:** A7431AH

Nationality: (please state)

Prisoner Signature: **Date:** 15/10/15

Witness Signature: **Date:** 15/10/15

Leeds Community Healthcare NHS
NHS Trust

HMP Leeds

CONSENT TO DISCLOSE AND SHARE INFORMATION

Healthcare at HMP Leeds is provided by Primary Care & Primary Mental Health & Well Being and by the Mental Health In-Reach Team.

There are occasions when we need to share and disclose information to other agencies/departments involved in your care, including your registered GP, other healthcare professionals, prison disability liaison officer, case worker, education staff and solicitors.

Signing this consent form means that you are giving permission for the healthcare staff at HMP Leeds to obtain medical information or pass medical information to the above agencies which will be of benefit to you

PLEASE NOTE

- If you say you are going to harm yourself and/or other
- If you have broken or intend to break any of the safety/ security rules in the establishment.
- If you inform us of any offence that you have committed for which the police have not yet questioned you.

Or

- If you raise any child protection issues

WE ARE PROFESSIONALLY OBLIGED TO PASS THIS INFORMATION ON, BUT IF THIS HAPPENS WE WILL EXPLAIN THE REASONS FOR THIS TO YOU

Prisoner Name Thomas Murphy

Prisoner Number A7431AH DOB 20/05/68

Signature T. Murphy

Witnessed by (Staff member to print name) R. Tilson

Date 15/10/15

Version 2 18 August 2011

I:\ADMIN\TEMPLATES - LETTERS AND DOCUMENTS\Medical Reception\HMP Leeds consent form.doc

16 Oct 2015	Clinic Letter to unknown

Letter Type Clinic Letter
Letter To
Letter From gp reply

16/10/2015 14:52 01924327165 RECEIVED 16/10/2015 15:16 ALMSHOUSE PAGE 02/07

NHS
Leeds Community Healthcare

TO: ADMIN TEAM
HEALTHCARE
HMP LEEDS

FAX NO: 0113 2032857

FROM: THE ALMSHOUSE SURGERY Date: 16 Oct 2015

Prison no: A7431AH

Name: Mr Thomas Murphy NHS. No: .....

D.O.B 20 May 1968

IF IT WOULD BE HELPFUL TO SPEAK TO PRISON HEALTHCARE STAFF PLEASE TELEPHONE 0113 203 2729

Current medication prescribed:
- (L) Side back pain radiating to the left leg Under Investigations for Sciatica.
- (L) Side neck pain. - Osteoarthritis in the spine
- Schizophrenia

Medications
Aripiprazole 10mg 2 tabs am. + Propranolol 40mg BD
Carbamazepine 100mg TDS - Sertraline 50mg OD
- Tramadol 50mg QDS PRN

Significant health problem/diagnosis:

Outstanding hospital appointments:
Please send copies of any recent referrals/clinical letters (name of the hospital and consultant/speciality)

Not I know about
See recent letter from CMHT

Mental Health/Substance Misuse and partner organisations:

NK

Any other information:

See attached letter.

Page 1 of 5

RECEIVED 16/10/2015 15:16
16/10/2015 14:52 01924327165 ALMSHOUSE PAGE 04/07

Oct 201514:40

South West Yorkshire Partnership NHS

With all of us in mind

5 Oct 2015

Private and Confidential

Atsle 07 OCT 2015

Dr AP POWER
THE ALMSHOUSE SURGERY
TRINITY M.C., THORNHILL ST
WAKEFIELD
WEST YORKSHIRE
WF1 1PG

Psychiatry
Community Mental Health
Team 1
8 Peterson Road
Wakefield
WF1 4EB

Tel: 01924 327108
Fax: 01924 327150

MEDICAL CARE PLAN

Dear Dr POWER

Medical Care Plan Re: Mr Thomas MURPHY
Address: 55 Greenwood House, George Street, Wakefield, West Yorkshire WF1 1NF
Date of Birth: 20 May 1968
NHS No: 498 109 2806
Internal Client ID: 1170597

Care Co-ordinator:
Dr Jamshid Nazari

CPA Level:
Standard Care

Date of Last CPA Review:
26 Jan 2015

Date of Care Plan:
1 Oct 2015

Seen by:
Dr Jamshid Nazari based at Community Mental Health Team 1, Peterson Road, Wakefield.. Telephone: 01924 327114

Clinical Presentation:
I met with Mr Murphy in my Outpatient Clinic at CMHT 1, Peterson Road. He was accompanied by his friend, Lisa.

His mental health care has been transferred from CMHT 2, at Airedale Health Centre to our CMHT, after he moved from Normanton to Wakefield area and has registered with Almshouse Surgery.

From the transfer letter that I have received from his previous Consultant, Dr Andrew MacDonald, I understand that he has a diagnosis of Schizophrenia and is currently treated with Aripiprazole 20mg mane and Sertraline 50mg mane. It was reported that he experienced hearing voices which occurred most days, but these were far more intermittent and much less distressing than they had been in the past.

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Today, Mr Murphy told me that he moved to Wakefield because he could not climb the stairs and his current accommodation has a lift. He is happy with his one bedroom flat. He expressed his frustration with his painful left leg but he was hopeful that his forthcoming MRI scan would help with him getting treated, possibly with an operation.

Regarding his mental health, he reported that he continues hearing different voices, mostly muffled, unsure whether they were internal or external but explained that they are from different people talking to themselves and to him. They sometimes instruct him to do things such as; making a cup of tea whilst he is doing something else. He told me that the voices have also told him to hurt himself or others, but he states that he is "a strong person" and that he never acts upon what they tell him to do. He stated that he cut his forearm once in 1986 whilst he was in prison, but denied ever harming others.

Thomas told me that he has recently started swimming, by joining a swimming pool and he has enjoyed his first session. He informed me that he has re-started smoking but his aim is to stop smoking again. He drinks alcohol once every two weeks in moderation and denies using drugs.

On mental state examination, Thomas presented with adequate self care, engaged well and had appropriate eye contact. His speech was normal. He described his mood to be "ok" but continued to say that he sometimes becomes emotional and explained rapid mood swings with no trigger factor. There was no paranoid or suspicious thoughts reported, however, he explained that he used to become suspicious in the past which used to make him angry. He reported auditory experiences which appear to be second and third person hallucinations including; command hallucinations. He denied thoughts or plans of harming self or others and

was hopeful that his quality of life could get better once he received appropriate treatment for his hip. There was no thought interference or passivity phenomena evident. His insight appears to be good, reports full compliance with medication with no side effects.

Other Information:
Nil.

Mental Health Act Status:
Informal

Diagnosis/Differential Diagnosis:
F200 Paranoid schizophrenia

Current Physical Illnesses:
Ongoing leg pain.

In 1999, he had fracture to his lower limb with a baseball bat, which has resulted in him having ankle and hip arthritis.

Medication:
Medication before review:

1. Aripiprazole 20mg mane.
2. Sertaline 50mg mane.

Medication after review:
No change.

Management Plan/Monitoring Arrangements:
1. We agreed that he continues with the medication as above.
2. I discussed with him his Crisis planning as below.
3. I will review him again 2 month's time.

Contingency/Crisis/Relapse Planning:
In the event of any increase in auditory hallucinations or difficulty resisting the content of his hallucinations, Thomas will consult the surgery and if necessary his appointment can be brought forward for review. Out of hours he will contact NHS 111.

GP Action Recommendations:
Thank you for prescribing his psychotropic medication and monitoring his physical health.

Date of Next Appointment:

Please note that Mr MURPHY's carers are entitled to a carer's assessment.

This Assessment has been signed off by the Assessor and can no longer be amended.

Yours sincerely

Dr J Nazari
Consultant Psychiatrist

Chairman Black Chief Executive: Steven Mitchell OBE

INVESTORS IN PEOPLE
UNIVERSITY OF LEEDS
Associated teaching trust status
CUSTOMER SERVICE EXCELLENCE UK

20 Oct 2015	Prescription or Medication details to unknown

Letter Type Prescription or Medication details
Letter To
Letter From

Printed by Dr Alun George HMP Leeds 1 of 1

HMP Leeds Medication Prescription

2 Armley Jail, Gloucester Terrace, Armley, Leeds LS12 2TJ
20 October 2015

RECEIVED RX | DISPENSED | FINAL CHECK

Mr Thomas Murphy	
Date of Birth	20 May 1968
Age	47 y
Prison Number	A7431AH
Wing	D
Landing	2
Cell	040

Not In Possession Prescriptions

DRUG	COURSE LENGTH	DOSE	QUANTITY	NOTES
Aripiprazole 10mg tablets	28 days	AM: 2 (two) tablets	56 (fifty six) tablets	from GP reply

AUTHORISING PRESCRIBER	SIGNATURE	DATE
DR A GEORGE		20 Oct 2015

ONE. - 35.

Tue 20 Oct 2015 10:46
NHS Confidential: Personal Data about a Patient

Page 1 of 2

PHARMACY USE

DATE DISPENSED	DISPENSED BY	CHECKED BY
22.10.15	21.5.	HB

WING USE

DATE OF ISSUE	ISSUED BY	PRISONERS SIGNATURE

Leeds West NHS Primary Care Trust

The Key to Change

DAILY ISSUED MEDICATION

No: ..... Name: .....

DATE							
23/10	K						
Aripiprazole 10mg							

LP 760 – HMP Leeds
Issue D (W) - 07.09

25 Oct 2015	Refusal Slip to unknown

Letter Type Refusal Slip
Letter To
Letter From

Leeds Community Healthcare NHS
NHS Trust

HM PRISON SERVICE
HMP LEEDS

REFUSE MEDICAL TREATMENT FORM

NAME: Thomas Murphy **NUMBER** A7493AH

I wish to notify the medical officer/medical staff that I refuse medical treatment/medication (delete) that has been offered to me.

Medication refused Amoxicillin

I am aware that this is against the advice of the medical staff

The reason for my decision is

MADE ME VIOLENTLY SICK AND ILL

Signed: T. Murphy

Witnessed by: S. Cundall

Date ; 25/10/2015

Page 1 of 1

29 Oct 2015	Prescription or Medication details to unknown

Letter Type Prescription or Medication details
Letter To
Letter From

Printed by Dr Gary Dyson HMP Leeds 1 of 1

HMP Leeds Medication Prescription

2 Armley Jail, Gloucester Terrace, Armley, Leeds LS12 2TJ
29 October 2015

Mr Thomas Murphy	
Date of Birth	20 May 1968
Age	47 y
Prison Number	A7431AH
Wing	D
Landing	2
Cell	040

E5/04.

Not In Possession Prescriptions

DRUG	COURSE LENGTH	DOSE	QUANTITY	NOTES
tramadol 24 hour modified release tablets 200mg	28 days	AM: 1 (one) tablets	28 (twenty eight) tablets	

AUTHORISING PRESCRIBER	SIGNATURE	DATE
Dyson		29 Oct 2015

Thu 29 Oct 2015 20:25
NHS Confidential: Personal Data about a Patient

Page 1 of 2

PHARMACY USE

DATE DISPENSED	DISPENSED BY	CHECKED BY

WING USE

DATE OF ISSUE	ISSUED BY	PRISONERS SIGNATURE

DAILY ISSUED MEDICATION

NHS Leeds West Primary Care Trust

The Key to Change

No: ..... Name: T. Murphy

DATE							
Tramadol 200mg	31.	1.	2.	3.			
	8						

LP 760 – HMP Leeds
Issue D (W) - 07.09

03 Nov 2015	Patient Information to unknown

Letter Type Patient Information
Letter To
Letter From

Printed by Susan Roberts (Admin/Clinical Support Access Role) HMP Leeds
1 of 1

- 3 NOV 2015

Mr Thomas Murphy
Prison Number: A7431AH
Patient Summary: Patient Summary

Mr Thomas Murphy **NHS Number:**

Date of Birth	20 May 1968 16:42 (47 y)	Gender	Male
Language	Main spoken language English (XaG5t)	English Speaker	Yes

Contact Details

Current Home Address	55 George Street Wakefield W Yorkshire WF1 1NF	15 Oct 2015 -
Previous Home Address	126 Lomond Drive Falkirk Falkirk FK2 7TX	04 Dec 2009 - 15 Oct 2015

Registration Details

PDS Registered Practice
Usual Branch HMP Leeds (01132032600)

Current medication

A = Acute P = Private I = Instalment Dispensed D = Dental H = Hospital O = Other

20 Oct 2015	Aripiprazole 10mg tablets	AM: 2 tablets	56 tablets	A
Administrative notes: from GP reply				
22 Oct 2015	Paracetamol 500mg tablets	take 2 upto Four Times Daily	112 tablets	A
22 Oct 2015	Propranolol 40mg tablets	AM: 1 tablets, PM: 1 tablets	56 tablets	A
22 Oct 2015	Sertraline 50mg tablets	one daily	7 tablets	A
29 Oct 2015	tramadol 24 hour modified release tablets 200mg	AM: 1 tablets	28 tablets	A

Allergies / Adverse Drug Reactions
No information recorded

Active Problems
No information recorded

Inactive Problems
No information recorded

Smoking Status

CS = Chronic Summary MS = Major Summary OS = Minor Summary S = Unspecified Summary NE = New Episode OE = Ongoing Episode

04 Dec 2009	Smoker (137R.)		S
04 Dec 2009	Smoker (137R.)		
10 Dec 2009	Smoker (137R.)		

Tue 03 Nov 2015 09:17
NHS Confidential: Personal Data about a Patient

Mr Thomas Murphy (A7431AH)
, 20 May 1968

Page 1 of 1

05 Nov 2015	Jobcentreplus to Dr Omar Alisha
Letter Type	Jobcentreplus
Letter To	Dr Omar Alisha
Letter From	Jobcentreplus

jobcentreplus

Website: www.jobcentreplus.gov.uk

11 NOV 2015

Your reference is NR102348C
Please tell us this number
if you get in touch with us

04127
Dr Alisha
ALMSHOUSE SURGERY
THORNHILL STREET
WAKEFIELD
WEST YORKSHIRE
WF1 1PG

Barnsley Benefit Centre
Mail Handling Site A
Wolverhampton
WV98 1GD

Phone 0345 6088545
TEXTPHONE for the deaf/hard of
hearing ONLY 0845 6088551

Date 5 November 2015

Dear Doctor Alisha JOSE.

Work Capability Assessment Outcome Notification

Patients Name Mr T Murphy
Patients Address 55 Greenwood House
George St
Wakefield
W Yorkshire
WF1 1NF

Patients D.O.B : 20 May 1968

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

WCA Effective Date 11 July 2013

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

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

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

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

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

2172/0664 90168006640020021 9 Page 01 of 02

Page 1 of 2

5 November 2015

Dr Alisha REF: NR102348C

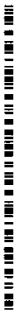
If you want to ask us anything about this letter please get in touch with us. Our phone number and address are at the top of the letter.

Yours sincerely

Mrs J Fewster

Manager





---

11 Dec 2015	Community Mental Health to Dr Omar Alisha

Letter Type Community Mental Health
Letter To Dr Omar Alisha
Letter From



South West Yorkshire Partnership NHS
NHS Foundation Trust

11 DEC 2015

8 Dec 2015

Private and Confidential

Dr AP POWER
THE ALMSHOUSE SURGERY
TRINITY M.C.,THORNHILL ST
WAKEFIELD
WEST YORKSHIRE
WF1 1PG

Alisha.

Psychiatry
Community Mental Health Team 1
8 Peterson Road
Wakefield
WF1 4EB

Tel: 01924 327108
Fax: 01924 327150

MEDICAL CARE PLAN

Dear Dr POWER

Medical Care Plan Re: Mr Thomas MURPHY
Address: 55 Greenwood House, George Street, Wakefield, West Yorkshire WF1 1NF
Date of Birth: 20 May 1968
NHS No: 498 109 2806
Internal Client ID: 1170597

Care Co-ordinator:
Dr Jamshid Nazari

CPA Level:
Standard Care

Date of Last CPA Review:
26 Jan 2015

Date of Care Plan:
3 Dec 2015

Seen by:
Dr Jamshid Nazari based at Community Mental Health Team 1, Peterson Road, Wakefield.. Telephone: 01924 327114

Clinical Presentation:
This is to inform you that the above person did not attend his Outpatient clinic appointment with me on 3rd December 2015.

We had received a telephone message from the Prison In Reach Team in Leeds that he was released from prison on 4 Nov 2015, no further information given. We have since been trying to make contact with him but we have been unsuccessful.

Today, I tried to contact him on his mobile number provided, but was only able to leave a message for him to get back to us for an appointment. I also contacted your surgery and the Lloyds Pharmacy where he collects his medication, when I was told that he last collected his psychotropic medications including Aripiprazole and Sertraline on 5th November for 4 week's supply. When I spoke to your surgery, I was informed that he was last seen at your surgery on 19th November with complaints about his back and leg pain but no concerns mentioned regarding his mental health.

I have left a note for my team to try and make contact with him again tomorrow.

Please do not hesitate to contact me if you have any concerns regarding his mental health.

Other Information:
Nil.

Mental Health Act Status:
Informal

Diagnosis/Differential Diagnosis:
F200 Paranoid schizophrenia

Current Physical Illnesses:
Ongoing leg pain.

In 1999, he had fracture to his lower limb with a baseball bat, which has resulted in him having ankle and hip arthritis.

Medication:
As per previous Care Plan.

Management Plan/Monitoring Arrangements:
As per previous Care Plan.

Contingency/Crisis/Relapse Planning:
In the event of any increase in auditory hallucinations or difficulty resisting the content of his hallucinations, Thomas will consult the surgery and if necessary his appointment can be brought forward for review. Out of hours he will contact NHS 111.

GP Action Recommendations:
As per previous Care Plan.

Date of Next Appointment:

Please note that Mr MURPHY's carers are entitled to a carer's assessment.

***This* Assessment has been signed off by the Assessor and can no longer be amended.**

Yours sincerely

Dr J Nazari
Consultant Psychiatrist

Chair: Ian Black Chief Executive: Steven Michael OBE

INVESTORS IN PEOPLE

UNIVERSITY OF LEEDS
Associated teaching trust status

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CUSTOMER SERVICE EXCELLENCE UK
The Government Standard

05 Jan 2016	Care Plan to Dr Andrew Power

Letter Type Care Plan
Letter To Dr Andrew Power
Letter From

05 JAN 2016

With all of us in mind

South West Yorkshire Partnership NHS

30 Dec 2015

Private and Confidential

Dr AP POWER
THE ALMSHOUSE SURGERY
TRINITY M.C.,THORNHILL ST
WAKEFIELD
WEST YORKSHIRE
WF1 1PG

Psychiatry
Community Mental Health Team 1
8 Peterson Road
Wakefield
WF1 4EB

Tel: 01924 327108
Fax: 01924 327150

MEDICAL CARE PLAN

Dear Dr POWER

Medical Care Plan Re: Mr Thomas MURPHY
Address: 55 Greenwood House, George Street, Wakefield, West Yorkshire WF1 1NF
Date of Birth: 20 May 1968
NHS No: 498 109 2806
Internal Client ID: 1170597

Care Co-ordinator:
Dr Jamshid Nazari

CPA Level:
Standard Care

Date of Last CPA Review:
26 Jan 2015

Date of Care Plan:
18 Dec 2015

Seen by:
Dr Jamshid Nazari based at Community Mental Health Team 1, Peterson Road, Wakefield.. Telephone: 01924 327114

Clinical Presentation:
This is to inform you that the above person did not attend his Outpatient clinic appointment with me on 18th December 2015. Following his previous DNA on 3rd December 2015, we wrote to him and offered him an appointment on 7th December when he attended and was seen by a member of our CMHT. He reported low mood linked to his pending Court case and daily pain in his spine. He also informed that he was recently in hospital due to defending himself against a man who threatened him with a knife in a car. The man ended up with facial injuries and Thomas was charged and is due a 4 day trial in April 2016. No risks were identified due to this review and he was going to attend his Outpatient clinic appointment with me today but unfortunately he DNA'ed.

Today I tried to contact him on his mobile number but I was unsuccessful to speak to him. I am going to send him another Outpatient appointment in 4 week's time.

Other Information:
Nil.

Mental Health Act Status:
Informal

Diagnosis/Differential Diagnosis:
F200 Paranoid schizophrenia

Current Physical Illnesses:
Ongoing leg pain.

In 1999, he had fracture to his lower limb with a baseball bat, which has resulted in him having ankle and hip arthritis.

Medication:
As per previous Care Plan.

Management Plan/Monitoring Arrangements:
As per previous Care Plan.

Contingency/Crisis/Relapse Planning:
In the event of any increase in auditory hallucinations or difficulty resisting the content of his hallucinations, Thomas will consult the surgery and if necessary his appointment can be brought forward for review. Out of hours he will contact NHS 111.

GP Action Recommendations:
As per previous Care Plan.

Date of Next Appointment:

Please note that Mr MURPHY's carers are entitled to a carer's assessment.

This Assessment has been signed off by the Assessor and can no longer be amended.

Yours sincerely

Dr J Nazari
Consultant Psychiatrist

Chairman Mark Chief Executive: Steven Richard OBE

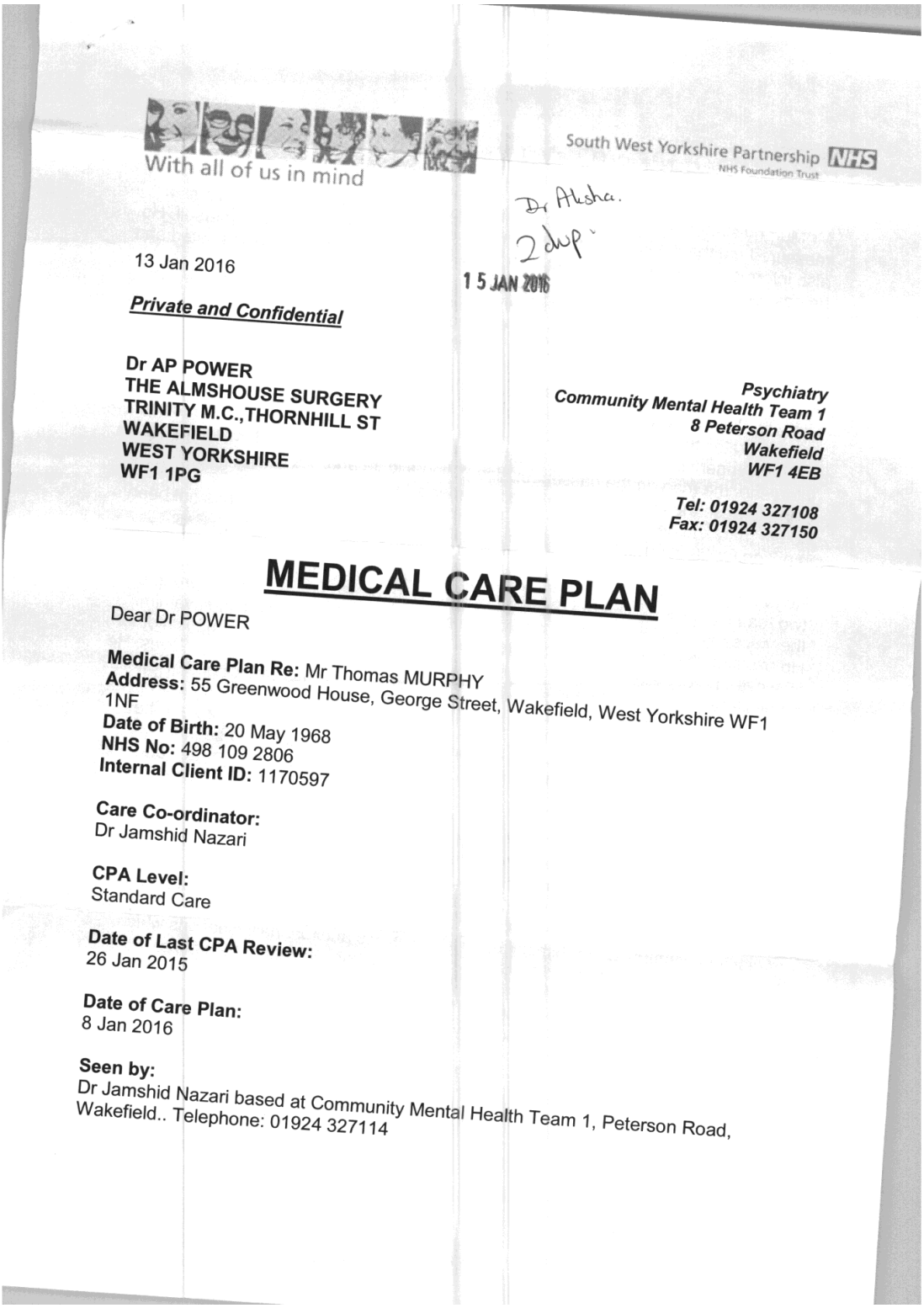
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CUSTOMER SERVICE EXCELLENCE
UK

08 Jan 2016	Care Plan to Dr Omar Alisha

Letter Type Care Plan
Letter To Dr Omar Alisha
Letter From Community Mental Health Team



With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Dr Alisha.
2 dup

13 Jan 2016

15 JAN 2016

Private and Confidential

Dr AP POWER
THE ALMSHOUSE SURGERY
TRINITY M.C.,THORNHILL ST
WAKEFIELD
WEST YORKSHIRE
WF1 1PG

Psychiatry
Community Mental Health Team 1
8 Peterson Road
Wakefield
WF1 4EB

Tel: 01924 327108
Fax: 01924 327150

MEDICAL CARE PLAN

Dear Dr POWER

Medical Care Plan Re: Mr Thomas MURPHY
Address: 55 Greenwood House, George Street, Wakefield, West Yorkshire WF1 1NF
Date of Birth: 20 May 1968
NHS No: 498 109 2806
Internal Client ID: 1170597

Care Co-ordinator:
Dr Jamshid Nazari

CPA Level:
Standard Care

Date of Last CPA Review:
26 Jan 2015

Date of Care Plan:
8 Jan 2016

Seen by:
Dr Jamshid Nazari based at Community Mental Health Team 1, Peterson Road, Wakefield.. Telephone: 01924 327114

Page 1 of 4

Clinical Presentation:
I reviewed Mr Murphy in my Outpatient clinic at CMHT 1, Peterson Road. He arrived with his partner, who preferred to wait in the reception area.

Mr Murphy started the review by complaining of stomach pain and sickness but reassured me that he is going to make an appointment to come and see yourself. He also informed me about a shooting pain in his left leg, which is being investigated and he has recently had an MRI scan.

We also discussed about his recent arrest and the time that he spent in custody in Leeds. He informs me that he has been charged with Section 18, Malicious Wounding and is currently on bail and has an electronic tag on, until going to Trial in April. He explains that he was in a car with his partner's son (Lee, aged 31yrs) and Lee's two friends, one in the passenger side and the other one who was driving the car. He states that there was an escalated argument between Lee and the man on the passenger side, which led to a fight and according to him, when Thomas trying to intervene, the man on the passenger side pulled a knife and when Thomas was trying to push the knife away, it injured the man's face. He explains that he is not a violent man and he never intended to hurt anyone. He explains that he has not been in prison for 20 years.

Regarding his mental health, Mr Murphy reports that he continues to hear voices "like two teams of people who are fighting over my welfare". He states that one group of the voices say that he needs to die but the other group of voices want to save him. He explains that the voices used to tell him to hurt other people, including his mother. However, he explains that he never hurts anyone, especially people that he loves. He reports adequate appetite and is able to enjoy playing the guitar and singing. He tells me that he has stopped smoking and he is pleased about it. He drinks only occasionally and denies using illicit drugs. He reports poor quality of sleep and he feels that this is partly related to his ongoing leg pain. He continues to be in a relationship with his partner, Lisa, and the couple have been together for five and half years.

On mental state examination, Mr Murphy presented as kempt, cooperative, maintained good eye contact and remained calm. I did not note any abnormalities in his speech, mood or thought content. He reported auditory hallucinations as mentioned above. He reported that the voices at times tell him to hurt other people but he denied any urges or intent of wanting to hurt anyone. He denied any thoughts or plans of wanting to hurt himself or end his life. His auditory hallucinations which are in the form of second and third person hallucinations including command hallucinations, appear to be longstanding and he reports that he has been able to "conquer them". He denied any forms of hallucinations in other mordalities and there was no thought interference or passivity phenomena noted.

Other Information:
Nil.

Mental Health Act Status:
Informal

Diagnosis/Differential Diagnosis:
F200 Paranoid schizophrenia

Current Physical Illnesses:
Ongoing leg pain.

In 1999, he had fracture to his lower limb with a baseball bat, which has resulted in him having ankle and hip arthritis.

Medication:
Medication before review:

Aripiprazole 20mg mane.
Sertraline 50mg mane.

Medication after review:

To increase Aripiprazole to 25mg mane.
To continue with Sertraline as above.

Management Plan/Monitoring Arrangements:
1. Today we discussed about his antipsychotic medication and we agreed with a trial of increased dose of Aripiprazole to see whether that can help further with his auditory hallucinations.
2. He is aware of his Crisis planning.
3. We agreed that he is seen again in 2 months' time which would be before his his Court hearing.

Contingency/Crisis/Relapse Planning:
In the event of any increase in auditory hallucinations or difficulty resisting the content of his hallucinations, Thomas will consult the surgery and if necessary his appointment can be brought forward for review. Out of hours he will contact NHS 111.

GP Action Recommendations:
Thank you for prescribing his psychotropic medication and monitoring his physical health.

Since he is on antipsychotic medication, I would be grateful if you could arrange annual blood tests for FBC, Us&Es, LFT, Lipid profile and HbA1c, as well as weight checks and ECG if there are any cardiovascular risks

Date of Next Appointment:

Please note that Mr MURPHY's carers are entitled to a carer's assessment.

This Assessment has been signed off by the Assessor and can no longer be amended.

Yours sincerely

Dr J Nazari
Consultant Psychiatrist

Chair: Ian Black Chief Executive: Steven Michael OBE

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The Government Standard

29 Feb 2016	Neurosurgery to Dr Omar Alisha

Letter Type Neurosurgery
Letter To Dr Omar Alisha
Letter From

Dr O S Alisha
The Almshouse Surgery
Trinity M.c.,thornhill St
Wakefield
West Yorkshire
WF1 1PG

29 FEB 2016

One Health Group
131 Psalter Lane
Sheffield
S11 8UX

Tel: 0845 6066859
Fax: 0114 2505523
enquiries@onehealth.co.uk
www.onehealth.co.uk

18 February 2016

Dear Dr Alisha

Mr Thomas Murphy 20/05/1968 498 109 2806
55 Greenwood House George St Wakefield W Yorkshire WF1 1NF

Diagnosis:

1 L5/S1 discopathy with chronic mechanical low back pain and left-sided radiculopathy, possibly S1

2 Suffers from anxiety

Management:

Listed for left L5/S1 nerve root block injection

History:

Mr Murphy is a pleasant 47-year-old gentleman who has recently been released from prison and has got a tag on. He mentions to me that he has got a twelve year history of back pain and radicular leg pain mostly down the left side. Over the last six months he is getting some occasional pain on the right side but it is mostly the left side that he is worried about. The pain is a bit atypical but does go all the way down to the ankle and could be S1 radiculopathy. The initial location of the pain however is along the lateral thigh as opposed to the back of the thigh which brings some doubt into the matter. He mentions to me that he is worried that the symptoms are getting worse and they are preventing him from getting a good night's sleep. He also mentions previously he has tried Gabapentin and Pregabalin without any particular relief. Presently he is taking Co-codamol.

Examination:

Mr Murphy came to the clinic walking with a slow gait. He has got a good posture, square shoulders. He can walk on his tiptoes and heels. Movements of the spine are reduced. There is no deformity of the spine or tenderness. Screening test for both hips and sacroiliac joint is negative. Straight leg raising test is positive only on the left side at 60° with a positive sciatic stretch test. There are no obvious motor or sensory deficits. The reflexes are equal.

Investigations:

MRI scan has shown a loss of disc height at L5/S1 with mention about a 5mm left-sided disc

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One Health Working with the NHS

Page 1 of 2

prolapse which is possibly impinging on the S1 nerve root.

Management:

I have explained to Mr Murphy that he would be a candidate to be offered a left L5/S1 diagnostic injection to see whether we can settle his pain down. If it does then he would be discharged back to your care without any further actions. If the injection does not work for him, then he would be a candidate to be referred to the Pain Clinic. He is happy with this management plan and understands the issues involved especially the chronicity of the pain. I have explained to him what is involved with the injection stating risks of the injection as bleeding, infection and nerve root injury. He has given his informed consent.

I will see him shortly and keep you informed of the outcome.

Kind regards

Yours sincerely,

Abhinay Kamat

Mr Abhinay Kamat
Consultant Spinal Neurosurgeon

Apr 2016	GP Patient Summary to unknown

Letter Type GP Patient Summary
Letter To
Letter From One Health Group

One Health

ONE HEALTH GROUP – INJECTION TREATMENT & DISCHARGE FORM

Mr Thomas Murphy
20/05/1968
NHS : 498 109 2806
55 Greenwood House George St
Wakefield
W Yorkshire
WF1 1NF

DATE: 2.4.16
TREATMENT CENTRE: Ossett
TREATMENT PERFORMED: L5/S1 NRB

	YES/NO	COMMENTS
CONFIRMATION OF PATIENT ID	Y	
CONFIRMATION OF LATERALITY	Y	
APPLICABLE ALLERGIES	N	
APPLICABLE MEDICATION (Anticoagulants/Diabetes)	N	

VITAL SIGNS OBSERVATIONS

Nursing Notes:

	BP	PULSE	Sa O2
PRE			
PERI			
POST			
POST			

Post Treatment Information Leaflet Given Y/N

Comments
Advised of temporary leg weakness.

MEDICATIONS USED DURING TREATMENT

TYPE	DOSE	EXPIRY
BUPIVACAINE 0.25%	3 ML	05/16
DEPOMEDRONE	20 mg	03/18
OMNIPAQUE	ONE ML	11/17

Left L5/S1 NRB **DOCTORS NOTES:**
prone – xray – 22G sp. needle

DR GOSSA

Signed by - Clinician:_____ Patient:_____

WHITE COPY – PATIENT COPY / PINK COPY – OHG COPY / BLUE COPY - GP

Page 1 of 5

One Health™

CONSENT FORM

Patient details

Patient's fu Mr Thomas Murphy _____ Male / Female *(please circle)*

Date of bir 20/05/1968

NHS : 498 109 2806

55 Greenwood House George St

Age_____ Wakefield

W Yorkshire

Responsibl WF1 1NF _____

Job Title_____

Special Requirements_____

Statement of Health Professional

To be filled in by health professional with appropriate knowledge of proposed procedure, as specified in DOH guidelines for obtaining consent.

Name of proposed procedure or course of treatment *(include brief explanation if medical term not clear)*_____

Left L5/S1 Nerve root block

LA + steroids

I have explained the procedure to the patient. In particular I have explained.....

The intended benefits: pain relief

Serious or frequently occurring risks: infection

Nerve injury

Signature:_____ **Date:** 2-4-16

Name *(print)*: EGSA **Job Title:** Cons.

Contact details *(if patient wishes to discuss options later)*:_____

I agree to the procedure or course of treatment described on this form.

Patients Signature: x T. Murphy **Date:** 2-4-16.

A witness should sign below if the patient is unable to sign but has indicated his or her consent.

Signature:_____ **Name:**_____ **Date:**_____

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way which I believe he/she can understand.

Signature:_____ **Name:**_____ **Date:**_____

You are entitled to a copy of this form – copy accepted by patient Yes / No

White copy – Medical Records/Consultant, Pink Copy – Patient

Mid Yorkshire Hospitals NHS

NHS Trust

RADIOLOGY DEPARTMENT (NEW HOSPITAL)
Pinderfields General Hospital
Aberford Road
Wakefield
West Yorkshire
WF1 4DG

Telephone 01924 512266

Mr Thomas Murphy
55 Greenwood House
George Street
Wakefield
West Yorkshire
WF1 1NF

Date: 13 April 2016
Hosp No: RXF1363146
Dob: 20/05/1968

Dear Mr Murphy,

An appointment has been made for you to attend the RADIOLOGY DEPARTMENT (NEW HOSPITAL) for the following:

For: **XR Knee Lt**
On: **Thursday, 21 April, 2016 at 7:15 pm**
At: **Pinderfields General Hospital, RADIOLOGY DEPARTMENT (NEW HOSPITAL)**

Please enter the hospital through the main Out Patient entrance, the Radiology Department is clearly signposted and is adjacent to W H Smith, there are guides on hand to help you find your way.

When attending for hip or knee x-rays please wear loose fitting trousers preferably without anything metal around the waist. If you are male and attending for a chest x-ray please wear a plain loose fitting T-shirt type top without any metal. This is in order to speed up your time spent in the Radiology department and avoid having to change into an x-ray gown.
Due to limited space available in some sub waiting areas, only one person will be allowed to accompany you to a sub wait area unless there are exceptional circumstances.

PLEASE BRING THIS LETTER WITH YOU WHEN YOU ATTEND.
If you require transport please contact your GP/consultant's secretary.
If you cannot keep this appointment please ring 01924 512266

Yours sincerely,

Appointment Centre

E-22852641

Page 1 of 1

Page 3 of 5

Mr Thomas Murphy
55 Greenwood House George St
Wakefield
W Yorkshire
WF1 1NF

Tuesday 23 February 2016

Dear Mr Murphy

An appointment has been made for you to attend for a Spinal Injection with:

Dr Ayman Eissa
Consultant in Anaesthesia & Pain Management

at:

Church Street Surgery
Ossett Health Village
Kingsway
Ossett
WF5 8DF

on: **Saturday 02 April 2016 at 10:45 am**

Please find enclosed the following documentation:

- A Day of Injection leaflet, which we would ask you to read carefully as it contains some very useful instructions/advice. Failure to adhere to the content may result in the cancellation of your injection.
- We have also enclosed a leaflet explaining the specifics of your proposed injection, although it should be noted that just prior to any injection the Consultant may change the treatment to best manage your symptoms as presented at that time.

If you are unable to attend this appointment please contact us ASAP on 0845 6066859, we can then reallocate the same slot to someone else. Please help us, to help you and others.

The One Health Group

Working with the NHS

One Health Group
131 Psalter Lane
Sheffield
S11 8UX

Tel: 0845 6066859
Fax: 0114 2505523
enquiries@onehealth.co.uk
www.onehealth.co.uk

One Health Group

Orthopaedics:
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Spinal/Neurosurgery

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General & Colorectal
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Upper GI
Gastroenterology

Gynaecology

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ias Murphy
wood House George St
d
iire

February 2016

Murphy

An appointment has been made for you to see;

Mr Abhinay Kamat
Consultant Spinal Neurosurgeon

at:

Back In Action
10 Agbrigg Road
Wakefield
West Yorkshire
WF2 6AF

on:

Thursday 18 February 2016 at 10:40 am

note that this appointment is for a consultation only. If any es are to be carried out following this consultation, the details will be discussed at the above appointment.

you need to change the date or time of the appointment please contact the above office on 0845 6066859.

Yours sincerely

The One Health Group

One Health Group
131 Psalter Lane
Sheffield
S11 8UX

Tel: 0845 6066859
Fax: 0114 2505523
enquiries@onehealth.co.uk
www.onehealth.co.uk

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Orthopaedics:
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Page 5 of 5

08 Apr 2016	Patient Notes to Cora Mainprize

Letter Type Patient Notes
Letter To Cora Mainprize
Letter From Dr JOSE

PATIENT NOTES

Page: 1

NAME Thomas Murphy DNA 30.9.15

The Mid Yorkshire Hospitals NHS
NHS Trust

Musculoskeletal/Orthopaedic & Rheumatology
Physiotherapy Services

Mr	Thomas	Murphy	20 May 1968

Physiotherapist 1 Adam Stirling Sign Initials	Physiotherapist 2 Sign Initials
NHS No 498 109 2806	Transport Yes / No Type
Tel 1 01977 614612 Tel 2 07757 121102	Ref Date 17 Aug 2015

Date of 1st Appt Wednesday 30th September 2015 13:20 NP

Risk Ass !	Low / Medium / High	Code	Clinical Impression / Diagnosis

Discharge Date 6/1/16 | Discharge Status 2 | No of Treatments 0 | Discharge Letter Y / N

Admin use only: Discharge letter sent: Y/N *Copy letter on Systmone: Y/N*

PROBLEM	PLAN/GOALS	CONSENT

OUTCOME MEASURE – 5Q – 5D – 5L Score

Date of session	5Q – 5D – 5L Score	Patient aware of DNA/UTA Policy Y / N
Initial Session		
Discharge Session		Consent to sharing of information on S1 Y / N

VAS Score Initial:	VAS Score Discharge:

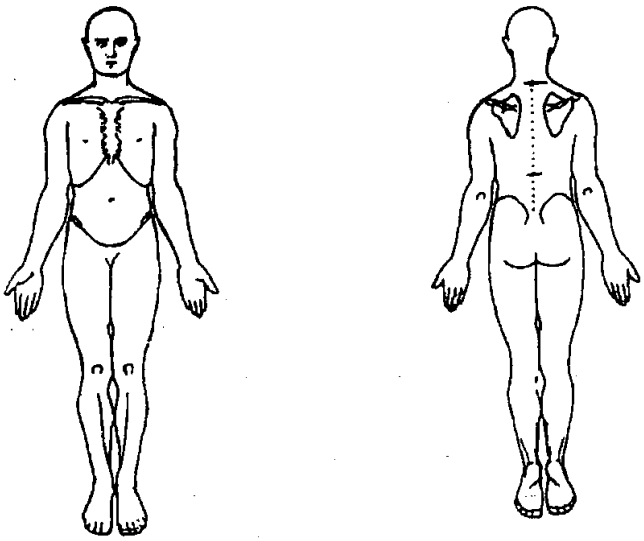
Page 1 of 5

Patient Name: Thomas Murphy **DOB: 20 May 1968** **NHS No: 498 109 2806**

PHYSIOTHERAPIST (print name) ..... **Signature**.....

CONSENT: Basic information and explanation of proposed assessment, examination and treatment.

Verbal Consent given Yes ☐ No ☐



VAS Score ☐

Patient's perception of condition .....

Patient's Expectations .....

Relevant Investigations .....

Precautions / Allergies / Contraindications .....

CONTINUATION SHEET

Name Mr Thomas Murphy DOB: 20 May 1968 NHS No 498 109 2806

Date/ time		Name Designation Signature
30.9.15	PI DNA 13:20 appointment.	A. Shirley (PT)

Name ..... Signature ..... Date .....

PHYSIOTHERAPY REFERRAL FORM

PATIENT DETAILS		GP DETAILS	
Name	Mr Thomas Murphy	Name :	Dr L Jose
Address	55 Greenwood House George St Wakefield WF1 1NF	Practice Address:	Thornhill Street Wakefield WF1 1PG
DOB		GP. Signature :	.....
Tel Home Work	20 May 1968		
NHS no:	01977 614612 498 109 2806	Date of referral :	11 August 2015

MID YORKSHIRE HOSPITALS NHS TRUST

Please complete all boxes to help us prioritise referrals. NB. Patients who are already under the care of a Consultant for the same condition cannot be accepted for treatment.

Duration of presenting symptoms	Days		Weeks		Months		Years	3
Patient working		Condition prevents Patient working		Patient unable to work for other reasons		y	Retired	

Briefly indicate the presenting symptoms

Has left sided hip pain that is getting worse. Unable to do much and now pain radiating down leg and up the le side .?

Please indicate the presenting signs or symptoms :	Tick if Yes
1. PAIN	y
2. LOSS OF FUNCTION	n
3. SWELLING	
4.NEUROLOGICAL SYMPTOMS	n
5.NEUROLOGICAL SIGNS	n

CHECKLIST FOR RED FLAGS	Y / N	INVESTIGATIONS	Y / N	MEDICATION TO DATE
Intractable night pain	y	X Rays / Imaging	y	Tramadol
Weight loss	nn	Blood tests	n	
Systemic illness	n	Other		
Previous history of Ca	n	Please attach photocopy of any relevant results		

TREATMENT TO DATE	RELEVANT PAST MEDICAL HISTORY
	schizoprenia

Previous Physiotherapy for the same problem in the last 6 months? If yes, please tick

MID YORKSHIRE HOSPITALS NHS TRUST

IF THERE IS ANY FURTHER RELEVANT INFORMATION PLEASE WRITE ON THE BACK OF THIS PAGE

Mr Thomas Murphy, printed 17 Sep 2015 14:32 (page 1 of 2)

Page 4 of 5

Blood Collection

Details of the current phlebotomy (blood collecting service) opening hours are available on the website www.midyorks.nhs.uk and can be viewed by selecting "My Services", then "B" followed by "Blood tests".

Phlebotomy contact details are:

Telephone 0844 811 8110 - For Dewsbury & District Hospital - ext **84052**
- For Pinderfields Hospital - ext **51440**
- For Pontefract Hospital - ext **7199**

Laboratory contact details for general enquiries and results

Hospital	Telephone Numbers		
	Clinical Biochemistry	Haematology	Microbiology
Dewsbury & District Hospital	Ext **83232** **01924 512394** (direct dial)	Ext **83232** **01924 512394** (direct dial)	
Pinderfields Hospital and Pontefract Hospital	Ext **57000** **01924 317000** (direct dial)	Ext **57000** **01924 317000** (direct dial)	Ext **57144** **01924 317144** (direct dial)

The Mid Yorkshire Hospitals NHS Trust

Pathology Request Form

CPA Accredited

NHS Number	Hospital Number	Consultant/GP	Lab Number
Surname	Address	Ward/Clinic/Surgery	
Forename		Post Code	Collected By / Lab Use Only
Date of Birth	Gender M / F	Specimen Type	
Clinical Details & Drug Therapy			Date & Time of Specimen

U/E ☐ Liver ☐ Calcium & Albumin ☐ TSH ☐ TSH & Free T4 ☐ **Fasting Only** Glucose ☐ Chol. Trig. HDL & LDL ☐

Random Glucose ☐ Cholesterol ☐ Cholesterol HDL & Ratio ☐ Other Tests:

CLINICAL BIOCHEMISTRY

FBC ☐ ESR ☐ INR (Warfarin Monitoring Only) ☐

Other Tests:

HAEMATOLOGY

M, C & S (Please Tick) ☐

Other Tests:

MICROBIOLOGY

HIGH RISK SAMPLE, ATTACH A DANGER OF INFECTION LABEL ON FORM AND SAMPLE

FOR URGENT REQUESTS TELEPHONE DEPARTMENT

DO NOT COMBINE MICROBIOLOGY TESTS WITH BIOCHEMISTRY OR HAEMATOLOGY REQUESTS

AFFIX ICE SPECIMEN BAG HERE

PLACE LABELLED SPECIMEN IN SEPARATE BAG, REMOVE COVERING STRIP, FOLD FLAP ONTO BAG AND SEAL FIRMLY, THEN ATTACH THIS FORM TO BAG AS ILLUSTRATED

Mr Thomas Murphy, printed 17 Sep 2015 14:32 (page 2 of 2)

27 Apr 2016	Neurosurgery to Dr Omar Alisha

Letter Type Neurosurgery
Letter To Dr Omar Alisha
Letter From

Dr Os Alisha
The Almshouse Surgery
Trinity M.c,thornhill St
Wakefield
West Yorkshire
WF1 1PG

6 MAY 2016

Date: 27th April 16

Dear Dr Alisha

Mr Thomas Murphy 20/05/1968 498 109 2806
55 Greenwood House George St Wakefield W Yorkshire WF1 1NF

I reviewed Mr Murphy by telephone appointment today. The response has been equivocal and in this scenario I would say that I feel that it is best that he manage his pain with his present painkilling concoction. He is happy to work with the injections and see how things go along. He has taken up swimming which I feel will be beneficial for him.

I have given him reassurance and advice and discharged him back to your care. He is aware that if he has a significant flare up in the future he can contact yourself and get re-referred.

It is encouraging to note that he has stopped smoking and we may have to re-evaluate his situation. It is however of note that he has got poor prognostic factors in view of his chronic pain syndrome and this will have to be taken into account when suggesting any treatment modalities.

I have discharged him back to your care.

Yours sincerely,

Abhinay Kamat

Mr Abhinay Kamat
Consultant Spinal Neurosurgeon

Working with the NHS

One Health™

One Health Group
131 Psalter Lane
Sheffield
S11 8UX

Tel: 0845 6066859
Fax: 0114 2505523
enquiries@onehealth.co.uk
www.onehealth.co.uk

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Page 1 of 1

19 May 2016	Care Plan to Dr David Bell

Letter Type Care Plan
Letter To Dr David Bell
Letter From

With all of us in mind

South West Yorkshire Partnership NHS

13 May 2016

Private and Confidential

DR A P POWER
THE ALMSHOUSE SURGERY
TRINITY MEDICAL CENTRE
THORNHILL STREET
WAKEFIELD
WF1 1PG

Psychiatry
Community Mental Health Team 1
8 Peterson Road
Wakefield
WF1 4EB

Tel: 01924 327108
01924 327150

MEDICAL CARE PLAN

Dear Dr POWER

Medical Care Plan Re: Mr Thomas MURPHY
Address: 55 Greenwood House, George Street, Wakefield, West Yorkshire WF1 1NF
Date of Birth: 20 May 1968
NHS No: 498 109 2806
Internal Client ID: 1170597

Care Co-ordinator:
Dr Jamshid Nazari

CPA Level:
Standard Care

Date of Last CPA Review:
26 Jan 2015

Date of Care Plan:
12 May 2016

Seen by:
Dr Jamshid Nazari based at Community Mental Health Team 1, Peterson Road, Wakefield..
Telephone: 01924 327114

Clinical Presentation:
I reviewed Mr Murphy in my Outpatient clinic at CMHT 1, Peterson Road. He attended alone.

Thomas reports that since the increase in his Aripiprazole, he feels that the increase has

"eased the voices" in his mind. However, he explains that he can still experience hearing voices but they are not distressing him. He explains that the voices sometimes tell him to hit his family members but adds that he loves his family members and he will never have any intention to hurt them. Thomas mentions that he sometimes sees visions "in my mind" and last week saw a man dressed in dark blue stating that "I make him to commit suicide", referring to him in third person. However, he explains that "that's never going to happen" and denies suicidal thoughts/plans.

Thomas mentioned that his trial has been adjourned until 5th September (explained in my previous letter). He again explained that he is regretful that the incident happened and that he did that only for self defence. He denies experiencing command hallucinations to attack the person with a knife and mentions that the other person first pulled the knife out. However, he acknowledges that he was "intoxicated" at the time.

Thomas updates me that he had an injection in his spine for his discopathy and since, he has been in less pain. He has stopped smoking and he has been going swimming early in the mornings three times a week and he states that he "feels a lot better". His appetite and sleep are reported to be adequate.

On mental state examination, Thomas presented as kempt, calm and cooperative. He was pleasant with normal speech and appropriate affect. There continues to be residual auditory hallucinations, together with command hallucinations and possibly third person auditory hallucinations but they are not causing major distress for him and he has benefitted from a further increase in his antipsychotic medication. He denies any thoughts/plans of wanting to hurt himself or others.

Other Information:
Nil.

Mental Health Act Status:
Informal

Diagnosis/Differential Diagnosis:
F200 Paranoid schizophrenia

Current Physical Illnesses:
Ongoing leg pain.

In 1999, he had fracture to his lower limb with a baseball bat, which has resulted in him having ankle and hip arthritis.

Medication:
Medication before review:

Aripiprazole 25mg mane.
Sertraline 50mg mane.

Medication after review:
No change.

Management Plan/Monitoring Arrangements:
1. I gave him an option of increasing his Aripiprazole up to 30mg daily, due to his ongoing psychotic experiences. However, he believes that he can cope with his symptoms and would like to continue with the current dose until his next appointment, when we can discuss this

option again.
2. He is aware of his Crisis Planning as below, which was again discussed today.
3. I will review him again in 3 months' time.

Contingency/Crisis/Relapse Planning:
In the event of any increase in auditory hallucinations or difficulty resisting the content of his hallucinations, Thomas will consult the surgery and if necessary his appointment can be brought forward for review. Out of hours he will contact NHS 111.

GP Action Recommendations:
Thank you for prescribing his psychotropic medication and monitoring his physical health.

Since he is on antipsychotic medication, I would be grateful if you could arrange annual blood tests for FBC, Us&Es, LFT, Lipid profile and HbA1c, as well as weight checks and ECG if there are any cardiovascular risks

Date of Next Appointment:

Please note that Mr MURPHY's carers are entitled to a carer's assessment.

This Assessment has been signed off by the Assessor and can no longer be amended.

Yours sincerely

Dr J Nazari
Consultant Psychiatrist

Chief Executive: Simon Worrall OBE
INVESTORS IN PEOPLE
UNIVERSITY OF LEEDS
Associated teaching trust status
CUSTOMER SERVICE EXCELLENCE UK

17 Jul 2016	Accident and Emergency Letter to Dr Abdul Mustafa

Letter Type: Accident and Emergency Letter
Letter To: Dr Abdul Mustafa
Letter From: Yorkshire Ambulance Service NHS Trust

NHS 111 Report - For Information

MURPHY, Thomas *Born* 20-May-1968 *Gender* Male *NHS No.* 498 109 2806
Local Patient ID 43A1F1F1-0F19-4F8E-99CC-EB934B74F681

Home Address
55 Greenwood House George St
Wakefield
W Yorkshire
WF1 1NF

Emergency Phone 07968171248

GP Practice
Almshouse Surgery

Patient's Reported Condition

pt has fever, vomiting, sore throat, symptoms started 3 days ago.

Case Summary

Disposition:
The disposition is: Emergency Ambulance Response (Green 2)
Dx012

Selected care service:
No referral made.

Rationale:
Breathing and conscious
Illness
Warm to touch
Sore throat with a hoarse voice
Severe illness and neck pain
No indication scene unsafe

Full Report:
An injury or health problem was the reason for the contact.
The individual was breathing and conscious at the time of the assessment.
Heavy bleeding had not occurred in the previous 30 minutes.
An illness or health problem was the main problem.
User Comments: pt has fever, vomiting, sore throat, symptoms started 3 days ago.
The individual was not fighting for breath.
The main reason for the assessment was not a heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for assessment was not new confusion, declared diabetic hypo/hyperglycaemia, probable allergic reaction, successful resuscitation or ICD shock.
The skin on the torso felt normal, warm or hot.
Pathway selected - Sore Throat or Hoarse Voice
The problem involved a sore throat and a hoarse voice.
There was no new or worsening breathlessness.
Severe illness and a rash suggestive of septicaemia were not described.
Severe illness and inability to flex the neck were described.
Instructions given were: An emergency ambulance is being arranged.
Further information to help with dispatch was not described.
There was no safeguarding concern.
The scene was safe.
Pre-arrival instructions were considered appropriate.
Advice given: Closing instructions 3rd party

Advice given:
If you can, collect together any current medications or list of medications and any medical records and give these to the crew when they arrive.
Don't let them have anything to eat or drink (a sip of water is fine if medication needs to be taken).
Don't let them get cold or overheated.
If there are any new symptoms, or their condition gets worse, changes or you have any other concerns call 999.
Once this call is finished don't ring anyone else in case we need to call you back.
If you can, ask for someone to meet and direct the vehicle.
If there are any pets shut them away. Be prepared to lock up the premises before leaving.
If there are any children or other dependents try to arrange for someone to look after them.

Document

Created	**17-Jul-2016, 12:51**
Document Owner	**Yorkshire Ambulance Service - 111**
Authored by	**Shelley Web - Call handler, Rotherham (Yorkshire Ambulance Service - 111) on 17-Jul-2016, 12:47**
Consent Status	**Consent given for electronic record sharing**

Informant Lisa - Partner (Other) - Not specified

Home Phone 07968171248

Encounter Type	**NHS111 Encounter**
Encounter Time	**17-Jul-2016, 12:37 to 17-Jul-2016, 12:47**
Case Reference	**7243AF25-A9CD-4DDC-9830-311B8CFE21C1**
Case ID	**4137388**
Encounter Disposition	**The disposition is: Emergency Ambulance Response (Green 2)**
Care Setting Location	**Incident Location**
Care Setting Address	*Visit Address* **55 Greenwood House George St** **Wakefield** **W Yorkshire** **WF1 1NF**
Care Setting Type	
Responsible Party	**Phil Foster - Medical Director, Yorkshire Ambulance Service - 111**

Document ID **43DE6E80-574D-4D8C-9F86-C2DDF433AA4F** *Version* **1**

11 Aug 2016	GP Patient Summary to HMP Lindholme
Letter Type	GP Patient Summary
Letter To	HMP Lindholme
Letter From	One Health Group

Health

ONE HEALTH GROUP – INJECTION TREATMENT & DISCHARGE FORM

Mr Thomas Murphy
20/05/1968
NHS : 498 109 2806
55 Greenwood House George St
Wakefield
W Yorkshire
WF1 1NF

DATE: 2.4.16

TREATMENT CENTRE: Ossett

TREATMENT PERFORMED: L5/S1 NRB

	YES/NO	COMMENTS
CONFIRMATION OF PATIENT ID	Y	
CONFIRMATION OF LATERALITY	Y	
APPLICABLE ALLERGIES	N	
APPLICABLE MEDICATION (Anticoagulants/Diabetes)	N	

VITAL SIGNS OBSERVATIONS

Nursing Notes:

	BP	PULSE	Sa O2
PRE			
PERI			
POST			
POST			

Post Treatment Information Leaflet Given (Y)/N

Comments

Advised of tempory leg weakness.

MEDICATIONS USED DURING TREATMENT

TYPE	DOSE	EXPIRY
Bupivacaine 0.25%	3 ml	05/16
Depomedrone	20 mg	03/18
Omnipaque	one ml	11/17

Left L5/S1 NRB

DOCTORS NOTES:

prone – xray – 22G sp. needle

Dr Ossa

Signed by - Clinician: _____ Patient: _____

WHITE COPY – PATIENT COPY / PINK COPY – OHG COPY / BLUE COPY - GP

Page 1 of 10

Health

CONSENT FORM

Patient details

Patient's fu Mr Thomas Murphy _____ Male / Female *(please circle)*

Date of bir 20/05/1968

NHS : 498 109 2806

55 Greenwood House George St

Age_____ Wakefield

W Yorkshire

Responsibl WF1 1NF _____

Job Title_____

Special Requirements_____

Statement of Health Professional

To be filled in by health professional with appropriate knowledge of proposed procedure, as specified in DOH guidelines for obtaining consent.

Name of proposed procedure or course of treatment *(include brief explanation if medical term not clear)*_____

Left L5/S1 Nerve root block

LA + steroids

I have explained the procedure to the patient. In particular I have explained.....

The intended benefits: pain relief

Serious or frequently occurring risks: infection

None significant

Signature: _____ **Date:** 2.4.16

Name *(print)*: EGSA **Job Title:** Cons.

Contact details *(if patient wishes to discuss options later)*:_____

I agree to the procedure or course of treatment described on this form.

Patients Signature: x T. Murphy **Date:** 2.4.16.

A witness should sign below if the patient is unable to sign but has indicated his or her consent.

Signature:_____ **Name:**_____ **Date:**_____

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way which I believe he/she can understand.

Signature:_____ **Name:**_____ **Date:**_____

You are entitled to a copy of this form – copy accepted by patient Yes / No

White copy – Medical Records/Consultant, Pink Copy – Patient

Page 2 of 10

Mr Thomas Murphy
55 Greenwood House George St
Wakefield
W Yorkshire
WF1 1NF

Tuesday 23 February 2016

Dear Mr Murphy

An appointment has been made for you to attend for a Spinal Injection with:

Dr Ayman Eissa
Consultant in Anaesthesia & Pain Management

at:

Church Street Surgery
Ossett Health Village
Kingsway
Ossett
WF5 8DF

on: **Saturday 02 April 2016 at 10:45 am**

Please find enclosed the following documentation:

- A Day of Injection leaflet, which we would ask you to read carefully as it contains some very useful instructions/advice. Failure to adhere to the content may result in the cancellation of your injection.
- We have also enclosed a leaflet explaining the specifics of your proposed injection, although it should be noted that just prior to any injection the Consultant may change the treatment to best manage your symptoms as presented at that time.

If you are unable to attend this appointment please contact us ASAP on 0845 6066859, we can then reallocate the same slot to someone else. Please help us, to help you and others.

The One Health Group

Working with the NHS

One Health Group
131 Psalter Lane
Sheffield
S11 8UX

Tel: 0845 6066859
Fax: 0114 2505523
enquiries@onehealth.co.uk
www.onehealth.co.uk

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Gastroenterology

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Mr Thomas Murphy
55 Greenwood House George St
Wakefield
W Yorkshire
WF1 1NF

Date: 09 February 2016

Dear Mr Murphy

An appointment has been made for you to see;

Mr Abhinay Kamat
Consultant Spinal Neurosurgeon

at:

Back In Action
10 Agbrigg Road
Wakefield
West Yorkshire
WF2 8AF

on:

Thursday 18 February 2016 at 10:40 am

Please note that this appointment is for a consultation only. If any procedures are to be carried out following this consultation, the details will be discussed at the above appointment.

If you need to change the date or time of the appointment please contact the above office on 0845 6066859.

Yours sincerely

The One Health Group

One Health Group
131 Psalter Lane
Sheffield
S11 8UX

Tel: 0845 6066859
Fax: 0114 2505523
enquiries@onehealth.co.uk
www.onehealth.co.uk

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In association with The OneHealth Group Physio Networks Tel: 0845 1008093

Mid Yorkshire Hospitals NHS
NHS Trust

RADIOLOGY DEPARTMENT (NEW HOSPITAL)
Pinderfields General Hospital
Aberford Road
Wakefield
West Yorkshire
WF1 4DG

Telephone 01924 512266

Mr Thomas Murphy
55 Greenwood House
George Street
Wakefield
West Yorkshire
WF1 1NF

Date: 13 April 2016
Hosp No: RXF1363146
Dob: 20/05/1968

Dear Mr Murphy,

An appointment has been made for you to attend the RADIOLOGY DEPARTMENT (NEW HOSPITAL) for the following:

For: **XR Knee Lt**
On: **Thursday, 21 April, 2016 at 7:15 pm**
At: **Pinderfields General Hospital, RADIOLOGY DEPARTMENT (NEW HOSPITAL)**

Please enter the hospital through the main Out Patient entrance, the Radiology Department is clearly signposted and is adjacent to W H Smith, there are guides on hand to help you find your way.

When attending for hip or knee x-rays please wear loose fitting trousers preferably without anything metal around the waist. If you are male and attending for a chest x-ray please wear a plain loose fitting T-shirt type top without any metal. This is in order to speed up your time spent in the Radiology department and avoid having to change into an x-ray gown.
Due to limited space available in some sub waiting areas, only one person will be allowed to accompany you to a sub wait area unless there are exceptional circumstances.

PLEASE BRING THIS LETTER WITH YOU WHEN YOU ATTEND.
If you require transport please contact your GP/consultant's secretary.
If you cannot keep this appointment please ring 01924 512266

Yours sincerely,

Appointment Centre

E-22852641

Page 1 of 1

Mid Yorkshire Hospitals NHS
NHS Trust

Radiology Department New Hospital
Pontefract General Infirmary
Friarwood Lane
Pontefract
West Yorkshire
WF8 1PL

Telephone 01924 512266

Mr Thomas Murphy
55 Greenwood House
George Street
Wakefield
West Yorkshire
WF1 1NF

Date: 24 September 2015
Hosp No: RXF1363146
Dob: 20/05/1968

Dear Mr Murphy,

An appointment has been made for you to attend the Radiology Department New Hospital for the following:

For: **MRI Spine cervical**, at: **10:50 am**
For: **MRI Spine lumbar & sacral**, at: **10:50 am**
All on: **Saturday, 03 October, 2015**
All at: **Pontefract General Infirmary, Radiology Department New Hospital**

Here's what you need to do before your MRI:

Please ensure that you read "Important Safety Information" on the attached information sheet.

Arrive at least 10 minutes before your appointment to allow time to complete the necessary paperwork before your scan. Please complete the safety questionnaire attached to this letter.

Expect your scan to be performed as scheduled. However, on occasions emergency patients have to be given priority and this may result in a delay to your appointment time.

We have included an information sheet about your MRI scan. **It is very important that you read this information sheet to fully prepare for your scan.**

Whilst we will do all we can to keep the exact time of the appointment, emergencies can occur in a hospital. We shall keep you informed if you are kept waiting.

Please be aware that we will be holding personal information regarding your test (including all the images we acquire). We would like to assure you that your information is treated confidentially.

The Radiology Department is situated on the ground floor of the **New Hospital**, Friarwood Lane. Enter through the main entrance, turn left along the corridor to the end, the Radiology Department is through the double doors on the right. Please check in with the reception on the right.

PLEASE BRING THIS LETTER WITH YOU WHEN YOU ATTEND.
If you require transport please contact your GP.

Yours sincerely,

Appointment clerk

E-22613409

PATIENT INFORMATION PRIOR TO MRI EXAMINATIONS

What is MRI?

Magnetic Resonance Imaging (MRI) is a diagnostic scanning technique that uses a strong magnetic field and radio waves. The human body is predominantly made of water molecules which contain hydrogen protons. When you are placed in a strong magnetic field the tiny magnetic fields of the hydrogen protons, which normally move around randomly, are aligned to the magnetic field. A brief radio pulse is rapidly switched on and off. This makes the protons spin round in unison and emit a weak radio signal. By altering the timing of the radio wave applications it is possible to produce images which show up the various body tissues as shades of grey. This contrast depends upon whether the hydrogen protons are linked to fat, muscle, water, etc.
During the scan, the main magnet field strength is altered using electromagnetic coils. This causes a wide range of sounds during the scanning procedure including banging, buzzing and rumbling noises. The area of your body the doctor would like imaging will need to be in the middle of the MRI scanner. You may require a coil (a hard plastic cover) with image enhancing elements around the part of your body being scanned.

Is it safe?

Unlike traditional X-rays and CT scans MRI does not require the use of ionising radiation, MRI must NOT be performed on people with certain metal implants in their bodies such as pacemakers, cochlear implants, some surgical clips and some artificial heart valves. The banging noise the scanner makes is loud and we strongly recommend that you use the earplugs or headphones provided.

Will I need an injection?

Some patients may need an injection of contrast medium to enhance the images. In most patients the injection is given in the vein in your elbow (the same place as a bloood test). Please note that this is not the same kind of contrast medium which you may have had during an X-ray or CT procedure

How long will it take?

Different MRI examinations take various lengths of time but generally the scan takes 20 - 30 minutes. The length of the scan will vary depending on the anatomy being covered and the diagnosis being sought. The important thing to remember is that just because a scan takes longer, does not necessarily mean there is something wrong.

Does it hurt?

No; an MRI scan is a painless procedure, but you must be able to keep still and lie quite flat during the scan.

Your appointment and results

Please try to wear clothing which has no zips of fasteners; otherwise you may need to change into a clean gown. The radiologist will report your scan and the report will be sent to, and available at your follow up appointment with the referring doctor/consultant.



South West Yorkshire Partnership NHS
NHS Foundation Trust

23rd September 2016

Your Ref: MGF/GMA/469088.Murphy

Psychiatry
Community Mental Health Team 1
8 Peterson Road
Wakefield
WF1 4EB

Tel: 01924 327108
Fax: 01924 327150

FAO Mr Mark Foley
Ison Harrison Limited
Harrison Bundey Solicitors
219 Chapeltown Road
Chapeltown
Leeds
LS7 3DX

Dear Mr Foley

Thomas Murphy - DoB: 20.05.1968

Thank you for asking me for a medical report regarding Mr Thomas Murphy, having obtained his written consent. I understand from your letter that Mr Murphy is the subject of criminal proceedings and is to be sentenced at Leeds Crown Court on the 30th September 2016. I answer your questions in this report.

This report is based upon information obtained from Mr Murphy's available psychiatric records dating back to August 2013 and from consultations I have had with him since taking over consultant responsibility for his Community Psychiatric care in October 2015.

Summary of Past History

Mr Murphy's records indicate that he had his first psychiatric assessment with Wakefield Community Services in December 2013 when he was diagnosed with Schizophrenia and started treatment with Aripiprazole (an antipsychotic medication). His notes suggest that his symptoms reduced following commencement of treatment but he continued to hear voices although with reduced intensity and frequency.

Recent Mental Health condition

Mr Murphy's psychiatric care was transferred to our Community Mental Health Team (CMHT1 in Wakefield) in October 2015 after he moved to Wakefield from Pontefract. His previous psychiatrist had reported in his transfer letter that Mr Murphy still experienced hearing voices which occurred most days, but these were far more intermittent and much less distressing than they had been in the past.

When I first met Mr Murphy on 1st October 2015, he reported that he continued hearing different voices, mostly muffled, but explained that they were from different people talking to themselves and to him. They sometimes instructed him to do things such as; making a cup of tea whilst he was doing something else.

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Associated teaching trust status
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The Government Standard

He told me that the voices had also told him to hurt himself or others, but he stated that he was "a strong person" and that he would never act upon what they told him to do. He stated that he cut his forearm once in 19[illegible] but denied ever harming others. On mental state examination, Mr Murphy presented with adequate self care, engaged well and had appropriate eye contact. His speech was normal. He described his mood to be "ok" but continued to say that he sometimes became emotional and explained rapid mood swings with no trigger factor. There was no paranoid or suspicious thoughts reported, however, he explained that he used to become suspicious in the past which used to make him angry. He denied thoughts or plans of harming self or others and was hopeful that his quality of life could improve once he received appropriate treatment for his painful hip. There were no thought interference or passivity phenomena evident. His insight appeared to be good and reported full compliance with medication with no side effects. He continued to take Aripiprazole 20mg and Sertraline 50mg (an anti depressant)

Mr Murphy did not attend his Outpatient clinic appointment with me on 3rd December 2015 and again on 18th December 2015 .

I next reviewed Mr Murphy on 8 January 2016, when he discussed about his recent arrest and the time that he spent in custody in Leeds. Mr Murphy reported that he continued to hear voices "like two teams of people who are fighting over my welfare". He stated that one group of the voices say that he needed to die but the other group of voices wanted to save him. He explained that the voices used to tell him to hurt other people, including his mother. However, he explained that he never hurt anyone, especially people that he loves, and that he has never acted upon what the voices tell him. He reported adequate appetite and that he was able to enjoy playing the guitar and singing. He told me that he had stopped smoking and he was pleased about it. He reported drinking only occasionally and denied using illicit drugs. Mr Murphy reported poor quality of sleep and he felt that this was partly related to his ongoing leg pain.

On mental state examination, Mr Murphy presented as kempt, cooperative, maintained good eye contact and remained calm. I did not note any abnormalities in his speech, mood or thought content. He reported auditory hallucinations as mentioned above. He reported that the voices at times tell him to hurt other people but he denied any urges or intent of wanting to hurt anyone. He denied any thoughts or plans of wanting to hurt himself or end his life. His auditory hallucinations which were in the form of second and third person hallucinations including command hallucinations, appeared to be longstanding and he reported that he had been able to "conquer them". He denied any forms of hallucinations in other modalities and there was no thought interference or passivity phenomena noted. we discussed about his antipsychotic medication and we agreed with a trial of increased dose of Aripiprazole to 25mg daily to see whether that can help further with his auditory hallucinations.

I next saw him on 12 May 2016 when he reported that since the increase in his Aripiprazole, he felt that the increase in his medication had "eased the voices" in his mind. Mr Murphy mentioned that he sometimes saw visions "in my mind" and last week saw a man dressed in dark blue stating that "I make him to commit suicide", referring to him in third person. However, he explained that "that's never going to happen" and denied suicidal thoughts/plans. He had stopped smoking and he had been going swimming early in the mornings three times a week and he stated that he "feels a lot better". On mental state examination, Thomas presented as kempt, calm and cooperative. He was pleasant with normal speech and appropriate affect.

There continued to be residual auditory hallucinations, together with command hallucinations and possibly third person auditory hallucinations but they were not causing major distress for him.

I last saw Mr Murphy on 11 august 2016 when he reported fairly stable mental health. On mental state examination, he presented as kempt, calm and pleasant. He was slightly anxious but there was no evidence for clinical depression. He described longstanding auditory hallucinations, in the form of second person and gave an example of the voice sometimes telling him "to F off". He gave a history of cutting himself in 1996. He reported occasional suicidal thoughts but no active thoughts or plans. He felt regretful about the knife incident but he added that he had not started the fight.

Future mental health care if received a prison sentence

If court decided that Mr Murphy needs to serve a term of imprisonment, in my opinion, Mr Murphy should continue with his current medication including Aripiprazole 25mg daily and Sertraline 50mg daily and to receive mental health support and reviews from prison inreach mental health services.

Yours sincerely

Dr J Nazari
Consultant Psychiatrist

MD, Dip Clin Psych, MRCPsych

17 Aug 2016	Psychiatry to Dr Omar Alisha

Letter Type Psychiatry
Letter To Dr Omar Alisha
Letter From

19 AUG 2016 2 dup.

NHS
South West Yorkshire Partnership
NHS Foundation Trust

17 Aug 2016

Private and Confidential

Dr AP POWER
THE ALMSHOUSE SURGERY
TRINITY M.C.,THORNHILL ST
WAKEFIELD
WEST YORKSHIRE
WF1 1PG

ALISHA.

Psychiatry
Community Mental Health Team 1
8 Peterson Road
Wakefield
WF1 4EB

Tel: 01924 327108
Fax: 01924 327150

MEDICAL CARE PLAN

Dear Dr POWER

Medical Care Plan Re: Mr Thomas MURPHY
Address: 55 Greenwood House, George Street, Wakefield, West Yorkshire WF1 1NF
Date of Birth: 20 May 1968
NHS No: 498 109 2806
Internal Client ID: 1170597

Care Co-ordinator:
Dr Jamshid Nazari

CPA Level:
Standard Care

Date of Last CPA Review:
26 Jan 2015

Date of Care Plan:
11 Aug 2016

Seen by:
Dr Jamshid Nazari based at Community Mental Health Team 1, Peterson Road, Wakefield.. Telephone: 01924 327114

Page 1 of 3

Clinical Presentation:
I reviewed Tom in my Outpatient clinic at CMHT 1, Peterson Road. He attended alone and Dr Sarah Manning (FY2) was also present.

Mr Murphy reports fairly stable mental health. He occupies himself by shopping, housework and going swimming three times a week. He denies use of alcohol or drugs. He is currently on Bail has an electronic tag, awaiting to attend Court on 5th September for a recent knife attack, which he claims was in self defence, as explained in his previous letters.

Tom has a partner who stays with him during the weekends. He informs me that his partner has two sons who are involved in drugs and that there was a recent incident when five bullets were shot into his partner's house window. He states that this was done by drug dealers but fortunately, no-one was injured. He described that the Homicide Team made his partner and partner's son to live with him. He confirms that no illicit drugs are used in his house.

On mental state examination, Tom presented as kempt, calm and pleasant. He was slightly anxious but there was no evidence for clinical depression. He described longstanding auditory hallucinations, in the form of second person and gave an example of the voice sometimes telling him "to F off". He gives a history of cutting himself in 1996. He reports occasional suicidal thoughts but no active thoughts or plans. He feels regretful about the knife incident but he adds that he was not the person who caused the trouble and that the other person pulled the knife first.

Other Information:
Nil.

Mental Health Act Status:
Informal

Diagnosis/Differential Diagnosis:
F200 Paranoid schizophrenia

Current Physical Illnesses:
Ongoing leg pain.

In 1999, he had fracture to his lower limb with a baseball bat, which has resulted in him having ankle and hip arthritis.

Medication:
Medication before review:

Aripiprazole 25mg mane.
Sertraline 50mg mane.

Medication after review:
No change.

19 AUG 2016

Management Plan/Monitoring Arrangements:
1. We agreed that he remains on the current medication regime. He continues to prefer to remain on the same dose of his Aripiprazole.
2. He is aware of his Crisis Planning.
3. We agreed that he is reviewed again in 3 months' time.

Contingency/Crisis/Relapse Planning:
In the event of any increase in auditory hallucinations or difficulty resisting the content of his hallucinations, Thomas will consult the surgery and if necessary his appointment can be brought forward for review. Out of hours he will contact NHS 111.

GP Action Recommendations:
Thank you for prescribing his psychotropic medication and monitoring his physical health.

Since he is on antipsychotic medication, I would be grateful if you could arrange annual blood tests for FBC, Us&Es, LFT, Lipid profile and HbA1c, as well as weight checks and ECG if there are any cardiovascular risks

Date of Next Appointment:

Please note that Mr MURPHY's carers are entitled to a carer's assessment.

This Assessment has been signed off by the Assessor and can no longer be amended.

Yours sincerely

Dr Jamshid Nazari
Consultant Psychiatrist

Chair: Ian Black Chief Executive: Rob Webster

INVESTORS IN PEOPLE UNIVERSITY OF LEEDS Associated teaching trust status

CUSTOMER SERVICE EXCELLENCE UK

With all of us in mind.

Page 3 of 3

09 Sep 2016	Consent Forms to HMP Leeds
Letter Type	Consent Forms
Letter To	HMP Leeds
Letter From	HMP Leeds

care UK

Needs Signing by Staff. GP Meds.

NHS

Name: Thomas Murphy Number: A7431AH

Date: 9-9-16

RECEPTION CHECKLIST.

- Drug issues. YES / (NO)
- Have you confirmed outside prescriptions? YES / (NO)
- Alcohol issues. YES / (NO)
- Drug screen required. YES / (NO)
- Registered on System-One (YES) / NO
- Immediate Health/Mental Health needs. (YES) / NO
- Baseline observations. (YES) / NO
- Mental Health problem. (YES) / NO

T:\ADMIN\medical reception consent forms 1.doc

Page 1 of 4

HMP Leeds

CONSENT TO DISCLOSE AND SHARE INFORMATION

Healthcare at HMP Leeds is provided by Primary Care & Primary Mental Health & Well Being and by the Mental Health In-Reach Team.

There are occasions when we need to share and disclose information to other agencies/departments involved in your care, including your registered GP, other healthcare professionals, prison disability liaison officer, case worker, education staff and solicitors.

Signing this consent form means that you are giving permission for the healthcare staff at HMP Leeds to obtain medical information or pass medical information to the above agencies which will be of benefit to you

PLEASE NOTE

- If you say you are going to harm yourself and/or other
- If you have broken or intend to break any of the safety/ security rules in the establishment.
- If you inform us of any offence that you have committed for which the police have not yet questioned you.

Or

- If you raise any child protection issues

WE ARE PROFESSIONALLY OBLIGED TO PASS THIS INFORMATION ON, BUT IF THIS HAPPENS WE WILL EXPLAIN THE REASONS FOR THIS TO YOU

Prisoner Name ..... T Murphy .....

Prisoner Number ..... A7463IAH ..... DOB ..... 20 05 1968 .....

Signature .....

Witnessed by (Staff member to print name) .....

Date ..... 9-9-16 .....

Version 2 18 August 2011

Consent Required

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Page 2 of 4

HMP Leeds **MEDICATION COMPACT.**

During your stay at H.M.P Leeds you are required to comply with prison rules and medication directions as follows:

1) You will not sell or give any medication that has been prescribed for you to any other prisoner.

2) You will return any unused medicines, creams or lotions to Healthcare as soon as you discontinue its use and within the prescribed dates.

3) You will not have in your possession any medication of medication containers issued to any other prisoner.

4) You will keep any medication issued to you in the original, labelled container and it must not be tampered with in anyway.

5) You will take the medication at the prescribed or directed time. Keeping it for another time with constitute unauthorised possession. Creams, lotion or medication that is prescribed "taken as required" will be reauthorized "in possession" every 28 days at the discretion of healthcare.

6) You will report any loss of medication to your unit officer and healthcare staff immediately. If you have difficulty in complying with any medical directions given to you, you will report immediately to healthcare.

7) Lost creams, lotions or medication will not be routinely replaced.

8) You will declare and present all prescribed medication, creams and lotions to the receiving nurse on reception.

9) If a member of staff at Centre Treatments or on the wings is suspicious that you are not swallowing, absorbing or taking the medication as directed, they are authorised to undertake a visible inspection of your mouth. Failure to comply with that order and/or this compact will result in you being placed on Governors Report. Any attempt to divert your medication will result in a rapid review of your treatment by a multidisciplinary team. This is your one and only warning.

10) **I understand that I will be required to drink 200ml of water after taking either Methadone or Subutex as directed by the dispensing staff.**

11) I understand that my Subutex/Suboxone may be crushed.

12) The prison pharmacy reserves the right to substitute any; medication prescribed by brand name with the same generic medication.

I have read or have had read to me, the above instructions and I understand that disciplinary action will be taken against me if I fail to comply with the medical compact. I understand that there will be no further warnings about misuse of my medication or unauthorised possessions.

Name T Murphy Prisoner Number A7681AH Location.....

Prisoner's Signature .....

Compact Agreement explained and witnessed by .....

Date of Agreement.....

A copy of this form to be given to the prisoner and the original will be allocated in the inmate Medical Record

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The Substance Misuse Service will need to share certain information (for example on the outcome of your treatment) with other treatment services involved in your care, and as part of your continuous treatment journey.

Please indicate which of the following agencies you agree to your information to be shared with and between:

	Consent Given	Consent Withdrawn
Any Treatment Service providing me with Treatment now or in The future	✓	
GP/Community Chemist	✓	
Criminal Justice Integrated Team	✓	
Probation Service	✓	
NOMS/OMU	✓	
Family/Carer	✓	
Other	✓	

The sharing of sensitive personal information is strictly controlled by law. Anyone who receives information from us is also under a legal duty to:

- only use the information for the purposes you have agreed to;
- keep the information strictly confidential.

We share some information about you with the NDTMS. This is the database used to collect information on drug and alcohol treatment provision. It is managed nationally by the National Treatment Agency for Substance Misuse (NTA), the NHS body responsible for collecting drug and alcohol data and for overseeing drug misuse treatment in England. After 1st April 2013, the functions of the NTA will be transferred to Public Health England, an executive agency of the Department of Health. After this date, your data will be held by PHE and be used for the same purposes.

Consent to NDTMS	Yes	No

Prisoner Name: T Murphy **Prison No:** A7683AH

Nationality: (please state)

Prisoner Signature: T Murphy **Date:** 9-9-16

Witness Signature: PMC **Date:** 9-9-16

T:\ADMIN\medical reception consent forms 1.doc

14 Sep 2016	Patient Information to Dr Sarah Renga

Letter Type Patient Information
Letter To Dr Sarah Renga
Letter From HM Prison Leeds

care UK NHS

TO: ADMIN TEAM
HEALTHCARE
HMP LEEDS

FAX NO: 0113 2032857

FROM: Dr A Power & Partners - Almshouse Surgery Date: 14 Sep 2016

Prison no: A7431AH

Name: Mr Thomas Murphy NHS. No: 498 109 2806

D.O.B 20 May 1968

IF IT WOULD BE HELPFUL TO SPEAK TO PRISON HEALTHCARE STAFF PLEASE TELEPHONE 0113 203 2893

Current medication prescribed: See attached copy of repeats

Significant health problem/diagnosis: See Summary Sheet

Outstanding hospital appointments:
Please send copies of any recent referrals/clinical letters (name of the hospital and consultant/speciality)
Under psychiatrist → see letter.

Mental Health/Substance Misuse and partner organisations:

Recent Blood tests and results (if applicable):
Knee X-ray results → attached.

Any other information:

15/9/16

Dr. J. H. Daru
The Almshouse Surgery
Trinity Medical Centre
Thornhill Street
Wakefield WF1 1PG
01924 784104

Page 1 of 2

HMP Leeds

CONSENT TO DISCLOSE AND SHARE INFORMATION

Healthcare at HMP Leeds is provided by Primary Care & Primary Mental Health & Well Being and by the Mental Health In-Reach Team.

There are occasions when we need to share and disclose information to other agencies/departments involved in your care, including your registered GP, other healthcare professionals, prison disability liaison officer, case worker, education staff and solicitors.

Signing this consent form means that you are giving permission for the healthcare staff at HMP Leeds to obtain medical information or pass medical information to the above agencies which will be of benefit to you

PLEASE NOTE

- If you say you are going to harm yourself and/or other
- If you have broken or intend to break any of the safety/ security rules in the establishment.
- If you inform us of any offence that you have committed for which the police have not yet questioned you.

Or

- If you raise any child protection issues

WE ARE PROFESSIONALLY OBLIGED TO PASS THIS INFORMATION ON, BUT IF THIS HAPPENS WE WILL EXPLAIN THE REASONS FOR THIS TO YOU

Prisoner Name ..... T Murphy .....

Prisoner Number ..... A7631AH ..... DOB 20 05 1968

Signature .....

Witnessed by (Staff member to print name) .....

Date ..... 9-9-16 .....

Version 2 18 August 2011

Consent Required

T:\ADMIN\medical reception consent forms 1.doc

Page 2 of 2

14 Sep 2016	Patient Information to Dr Sarah Renga

Letter Type Patient Information
Letter To Dr Sarah Renga
Letter From HM Prison Leeds

Scan + File

care UK

URGENT

15 SEP 2016

15 SEP 2016

NHS
H M Prison Leeds
Gloucester Terrace
Armley
Leeds
LS12 2TJ
Direct Line: 0113 2032893
Fax: 0113 2032857

Date: 14 Sep 2016

Dr A Power & Partners - Almshouse Surgery

TEL NO: 01924 784 104
FAX NO: 01924 327 165

PLEASE COULD YOU INFORM OUR SERVICE BY FAX IF THE BELOW PATIENT IS NOT REGISTERED AT YOUR PRACTICE. THANK YOU.

Prison Number	**A7431AH**
Name	**Mr Thomas Murphy**
D.O.B	**20 May 1968**
Address	**55 George Street** **Wakefield** **WF1 1NF**

The above named patient was received into custody at HMP Leeds on 9th September 2016.

To enable us to provide the level of care afforded to him prior to his imprisonment it is essential that we are aware of any recent or ongoing health concerns for which treatment or advice has been given. It would be particularly appreciated if confirmation of prescribed medication can be forwarded as soon as possible in order to avoid unnecessary interruption to medication regimes.

Please would you return the accompanying questionnaire within two working days.

A copy of the patient consent to share medical information is attached.

To ensure continuity of care we will write to you immediately prior to his release from our establishment to advise you of any treatment administered in prison. If in the meantime he is transferred to another establishment it is their responsibility to write to you prior to his release.

As well as completing this questionnaire please could you also send a copy of the patients Quick Glance Summary and copies of any recent referrals.

If he is released on bail or at short notice we will write to you as soon as possible after the date of release.

If you have any queries please do not hesitate to contact us on the above number.

Yours sincerely

ADMIN TEAM
HEALTHCARE
LEEDS PRISONS

Page 1 of 1

15 Sep 2016	GP Summary to HMP Leeds

Letter Type GP Summary
Letter To HMP Leeds
Letter From Almshouse Surgery

RECEIVED 15/09/2016 14:16
15/09/2016 14:34 01924784108 SECRETARY PAGE 02/11

care UK NHS

TO: ADMIN TEAM
HEALTHCARE
HMP LEEDS

FAX NO: 0113 2032857

FROM: Dr A Power & Partners - Almshouse Surgery Date:
14 Sep 2016

Prison no: A7431AH

Name: Mr Thomas Murphy NHS. No: 498 109 2806

D.O.B 20 May 1968

IF IT WOULD BE HELPFUL TO SPEAK TO PRISON HEALTHCARE STAFF PLEASE TELEPHONE 0113 203 2893

Current medication prescribed: See attached copy of repeats

Significant health problem/diagnosis: See Summary Sheet

Outstanding hospital appointments:
Please send copies of any recent referrals/clinical letters (name of the hospital and consultant/speciality)
Under psychiatrist → see letter.

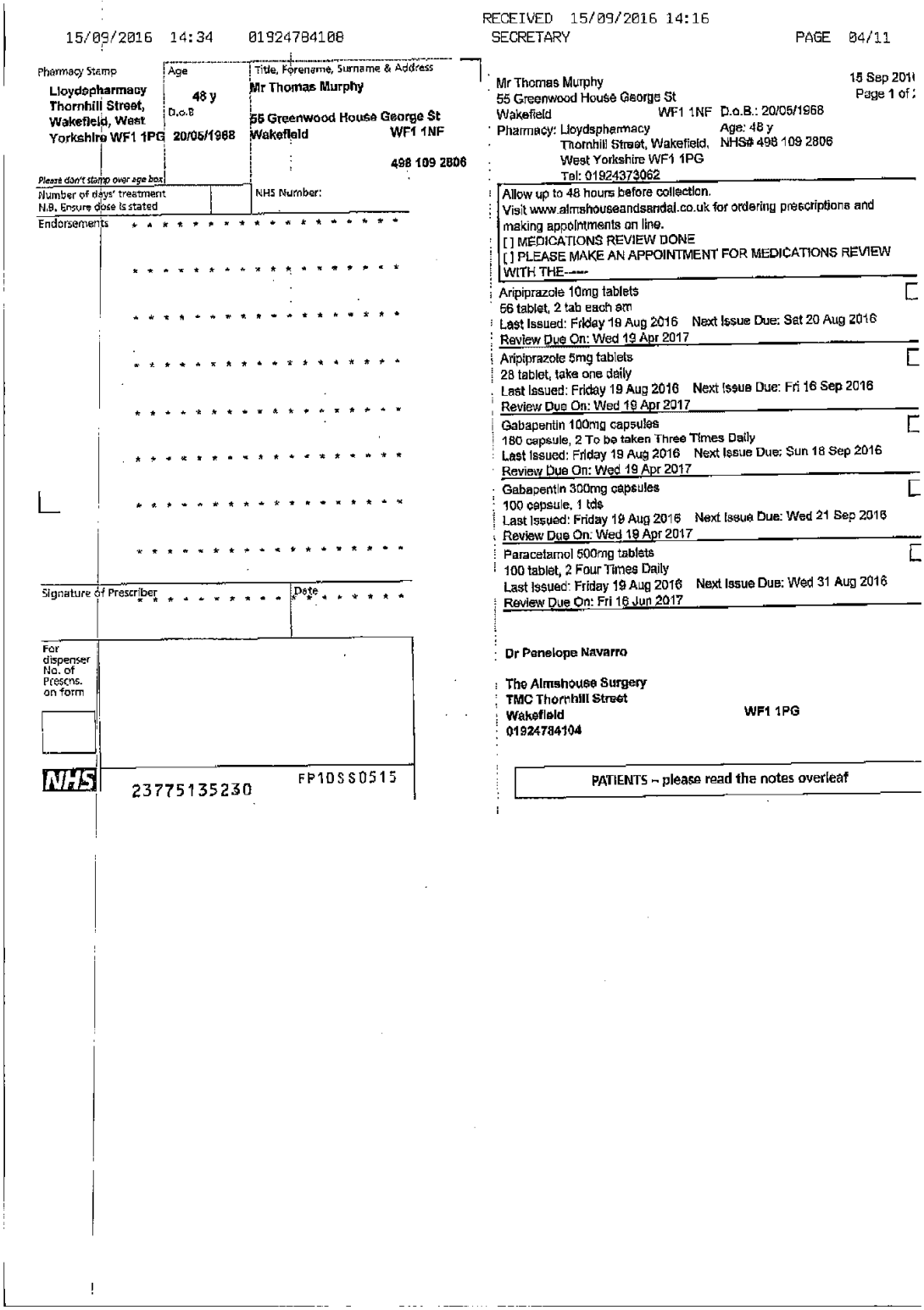
Mental Health/Substance Misuse and partner organisations:

Recent Blood tests and results (If applicable):
Knee X-ray results → attached.

Any other information:

15/9/16

Dr. J. H. Daru
The Almshouse Surgery
Trinity Medical Centre
Thornhill Street
Wakefield WF1 1PG
01924 784104



RECEIVED 15/09/2016 14:16

15/09/2016 14:34 01924784108 SECRETARY PAGE 04/11

Pharmacy Stamp
Lloydspharmacy
Thornhill Street,
Wakefield, West
Yorkshire WF1 1PG

Age 48 y
D.o.B 20/05/1968

Please don't stamp over age box

Title, Forename, Surname & Address
Mr Thomas Murphy
55 Greenwood House George St
Wakefield WF1 1NF

498 109 2806

Number of days' treatment
N.B. Ensure dose is stated

NHS Number:

Endorsements

Signature of Prescriber

Date

For dispenser No. of Prescns. on form

NHS 23775135230 FP10SS0515

Mr Thomas Murphy 15 Sep 2016
55 Greenwood House George St Page 1 of 2
Wakefield WF1 1NF D.o.B.: 20/05/1968
Pharmacy: Lloydspharmacy Age: 48 y
Thornhill Street, Wakefield, NHS# 498 109 2806
West Yorkshire WF1 1PG
Tel: 01924373062

Allow up to 48 hours before collection.
Visit www.almshouseandsandal.co.uk for ordering prescriptions and making appointments on line.
[ ] MEDICATIONS REVIEW DONE
[ ] PLEASE MAKE AN APPOINTMENT FOR MEDICATIONS REVIEW WITH THE-----

Aripiprazole 10mg tablets
56 tablet, 2 tab each am
Last Issued: Friday 19 Aug 2016 Next Issue Due: Sat 20 Aug 2016
Review Due On: Wed 19 Apr 2017

Aripiprazole 5mg tablets
28 tablet, take one daily
Last Issued: Friday 19 Aug 2016 Next Issue Due: Fri 16 Sep 2016
Review Due On: Wed 19 Apr 2017

Gabapentin 100mg capsules
180 capsule, 2 To be taken Three Times Daily
Last Issued: Friday 19 Aug 2016 Next Issue Due: Sun 18 Sep 2016
Review Due On: Wed 19 Apr 2017

Gabapentin 300mg capsules
100 capsule, 1 tds
Last Issued: Friday 19 Aug 2016 Next Issue Due: Wed 21 Sep 2016
Review Due On: Wed 19 Apr 2017

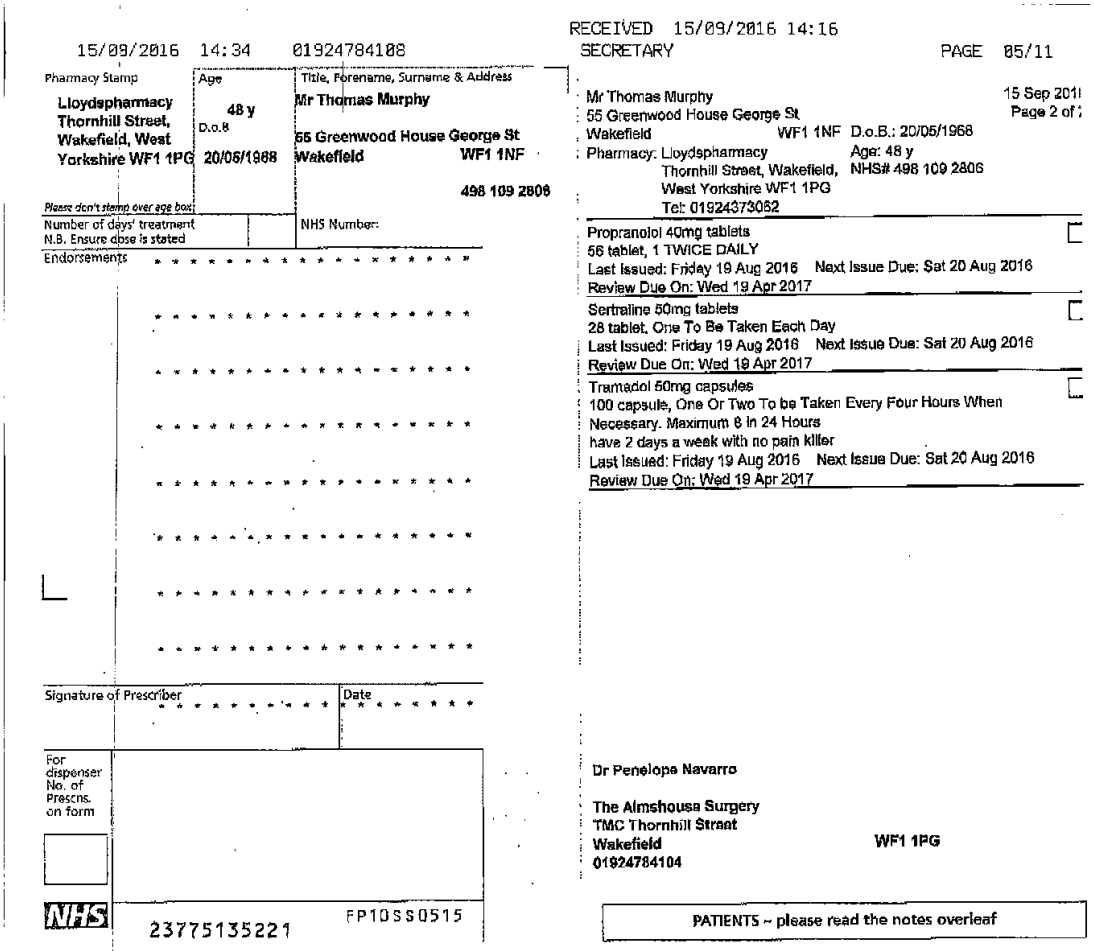
Paracetamol 500mg tablets
100 tablet, 2 Four Times Daily
Last Issued: Friday 19 Aug 2016 Next Issue Due: Wed 31 Aug 2016
Review Due On: Fri 16 Jun 2017

Dr Penelope Navarro

The Almshouse Surgery
TMC Thornhill Street
Wakefield WF1 1PG
01924784104

PATIENTS – please read the notes overleaf

Page 2 of 9



15/09/2016 14:34 01924784108 RECEIVED 15/09/2016 14:16
SECRETARY PAGE 05/11

Pharmacy Stamp
Lloydspharmacy
Thornhill Street,
Wakefield, West
Yorkshire WF1 1PG

Age 48 y
D.o.B 20/05/1968

Please don't stamp over age box

Title, Forename, Surname & Address
Mr Thomas Murphy
55 Greenwood House George St
Wakefield WF1 1NF

498 109 2806

Number of days' treatment
N.B. Ensure dose is stated

NHS Number:

Endorsements

Signature of Prescriber

Date

For dispenser No. of Prescns. on form

NHS 23775135221 FP10SS0515

Mr Thomas Murphy 15 Sep 2016
55 Greenwood House George St Page 2 of 3
Wakefield WF1 1NF D.o.B.: 20/05/1968
Pharmacy: Lloydspharmacy Age: 48 y
Thornhill Street, Wakefield, NHS# 498 109 2806
West Yorkshire WF1 1PG
Tel: 01924373052

Propranolol 40mg tablets
56 tablet, 1 TWICE DAILY
Last Issued: Friday 19 Aug 2016 Next Issue Due: Sat 20 Aug 2016
Review Due On: Wed 19 Apr 2017

Sertraline 50mg tablets
28 tablet, One To Be Taken Each Day
Last Issued: Friday 19 Aug 2016 Next Issue Due: Sat 20 Aug 2016
Review Due On: Wed 19 Apr 2017

Tramadol 50mg capsules
100 capsule, One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 In 24 Hours
have 2 days a week with no pain killer
Last Issued: Friday 19 Aug 2016 Next Issue Due: Sat 20 Aug 2016
Review Due On: Wed 19 Apr 2017

Dr Penelope Navarro

The Almshouse Surgery
TMC Thornhill Street
Wakefield WF1 1PG
01924784104

PATIENTS – please read the notes overleaf

Page 3 of 9

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Mr Thomas Murphy
Patient Summary: Problems

Mr Thomas Murphy **NHS Number: 498 109 2806**

Date of Birth	20 May 1968 00:00 (48 y)	Gender	Male
Language	Main spoken language English (XaG5t)	English Speaker	Unknown

Contact Details

Current Home Address	55 Greenwood House George St Wakefield W Yorkshire WF1 1NF	15 Jun 2015 -
Mobile Tel. (preferred)	07757121102, Amendment via PDS	
Home Tel.	01977614612, Amendment via PDS	
Previous Home Address	55 Greenwood House Wakefield W Yorkshire WF1 1NF	29 Apr 2015 - 15 Jun 2015

Registration Details

Usual GP	Dr Penelope Navarro	Home GP
PDS Registered Practice	The Almshouse Surgery (NHS Wakefield CCG) (01924 784104)	
Usual Branch	The Almshouse Surgery (01924 784104)	

Fasciotomy foot (7H35B)		22 Oct 1973 - 08 Jun 2015
Short Note	First bilateral plantar fasciotomy	
Tonsillectomy and adenoidectomy (75306)		09 Jan 1974 - 08 Jun 2015
Short Note	First	
Nocturnal enuresis (X008B)		01 Jan 1977 - 08 Jun 2015
Short Note	First	
[X]Intentional self poisoning/exposure to noxious substances (XE22d)		01 Dec 1982 - 08 Jun 2015
Short Note	First Original text: [X]Deliberate drug overdos...	
History of amphetamine misuse (XaMf5)		21 Mar 1997 - 08 Jun 2015
Short Note	First Original text: H/O amphetamine misuse	
Harmful substance use (Xa1bX)		01 May 1997 - 08 Jun 2015
Short Note	First Original text: Nondependent abuse of drugs	
Substance misuse of Heroin		01 Jan 1999 - 08 Jun 2015
Short Note	Original text: Substance misuse of Heroin	
Closed fracture shaft of tibia (S3320)		12 Jan 1999 - 08 Jun 2015
Short Note	First left	
Hypnagogic hallucinations (X760E)		10 Nov 2004 - 08 Jun 2015
Short Note	First Original text: Hypnagogic hallucination	
H/O: depression (1465.)		20 Jan 2006 - 09 Jun 2015
Short Note	First several years history of depression, anxi...	
Psychotherapy - behavioural (8G10.)		28 Nov 2005 - 08 Jun 2015
Short Note	First	
Anxiety disorder (E200.)		27 Apr 2006 - 08 Jun 2015
Short Note	First Original text: Anxiety states	
Sciatica (XE1FC)		05 Oct 2009 - 16 Jun 2015
[D]Haemoptysis (R063.)		02 Aug 2010 - 30 Aug 2010
Short Note	First	
Anxiety disorder (E200.)		21 Dec 2010 - 09 Jun 2015
Short Note	New Original text: Anxiety states	
Insomnia (XE2Pv)		17 Jan 2012 - 14 Feb 2012
Short Note	First Original text: Cannot sleep - insomnia	
Shoulder pain (X75s9)		16 Apr 2012 - 14 May 2012
Short Note	First	
Knee pain (Xa0wx)		25 Jun 2012 - 22 Dec 2012
Short Note	First	
Osteoarthritis of knee (X703L)		06 Jul 2012 - Ongoing
Short Note	mild	

Whiplash injury (Xa06Y)		16 Nov 2012 - 15 Dec 2012
Short Note	First	
Low back pain (Xa0wt)		27 Aug 2013 - 25 Sep 2013
Short Note	First	
Paranoid schizophrenia (E103.)		23 Dec 2013 - Ongoing
Short Note	First	
Osteoarthritis of hip (X703K)		27 Dec 2013 - Ongoing
Pure hypercholesterolaemia (XE11S)		24 Jan 2014 - 16 Jun 2015
Short Note	First	
Care plan (Xa0jb)		28 Apr 2014 - 16 Jun 2015
Short Note	First CMHT 2	
Lumbar disc prolapse with radiculopathy (N12C2)		01 Mar 2016 - Ongoing
Short Note	L5/S1	

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15/09/2016 14:34 01924784108 SECRETARY PAGE 08/11

CW19 Aug 201611:10

19 AUG 2016 2 dup.

NHS
South West Yorkshire Partnership
NHS Foundation Trust

17 Aug 2016

Private and Confidential

Dr AP POWER
THE ALMSHOUSE SURGERY
TRINITY M.C.,THORNHILL ST
WAKEFIELD
WEST YORKSHIRE
WF1 1PG

ALISHA.

Psychiatry
Community Mental Health Team 1
8 Peterson Road
Wakefield
WF1 4EB

Tel: 01924 327108
Fax: 01924 327150

MEDICAL CARE PLAN

Dear Dr POWER

Medical Care Plan Re: Mr Thomas MURPHY
Address: 55 Greenwood House, George Street, Wakefield, West Yorkshire WF1 1NF
Date of Birth: 20 May 1968
NHS No: 498 109 2806
Internal Client ID: 1170597

Care Co-ordinator:
Dr Jamshid Nazari

CPA Level:
Standard Care

Date of Last CPA Review:
26 Jan 2015

Date of Care Plan:
11 Aug 2016

Seen by:
Dr Jamshid Nazari based at Community Mental Health Team 1, Peterson Road, Wakefield.. Telephone: 01924 327114

Clinical Presentation:
I reviewed Tom in my Outpatient clinic at CMHT 1, Peterson Road. He attended alone and Dr Sarah Manning (FY2) was also present.

Mr Murphy reports fairly stable mental health. He occupies himself by shopping, housework and going swimming three times a week. He denies use of alcohol or drugs. He is currently on Bail has an electronic tag, awaiting to attend Court on 5th September for a recent knife attack, which he claims was in self defence, as explained in his previous letters.

Tom has a partner who stays with him during the weekends. He informs me that his partner has two sons who are involved in drugs and that there was a recent incident when five bullets were shot into his partner's house window. He states that this was done by drug dealers but fortunately, no-one was injured. He described that the Homicide Team made his partner and partner's son to live with him. He confirms that no illicit drugs are used in his house.

On mental state examination, Tom presented as kempt, calm and pleasant. He was slightly anxious but there was no evidence for clinical depression. He described longstanding auditory hallucinations, in the form of second person and gave an example of the voice sometimes telling him "to F off". He gives a history of cutting himself in 1996. He reports occasional suicidal thoughts but no active thoughts or plans. He feels regretful about the knife incident but he adds that he was not the person who caused the trouble and that the other person pulled the knife first.

Other Information:
Nil.

Mental Health Act Status:
Informal

Diagnosis/Differential Diagnosis:
F200 Paranoid schizophrenia

Current Physical Illnesses:
Ongoing leg pain.

In 1999, he had fracture to his lower limb with a baseball bat, which has resulted in him having ankle and hip arthritis.

Medication:
Medication before review:

Aripiprazole 25mg mane.
Sertraline 50mg mane.

Medication after review:
No change.

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15/09/2015 14:34 01924784188 SECRETARY PAGE 10/11

19 AUG 2015

Management Plan/Monitoring Arrangements:
1. We agreed that he remains on the current medication regime. He continues to prefer to remain on the same dose of his Aripiprazole.
2. He is aware of his Crisis Planning.
3. We agreed that he is reviewed again in 3 months' time.

Contingency/Crisis/Relapse Planning:
In the event of any increase in auditory hallucinations or difficulty resisting the content of his hallucinations, Thomas will consult the surgery and if necessary his appointment can be brought forward for review. Out of hours he will contact NHS 111.

GP Action Recommendations:
Thank you for prescribing his psychotropic medication and monitoring his physical health.

Since he is on antipsychotic medication, I would be grateful if you could arrange annual blood tests for FBC, Us&Es, LFT, Lipid profile and HbA1c, as well as weight checks and ECG if there are any cardiovascular risks

Date of Next Appointment:

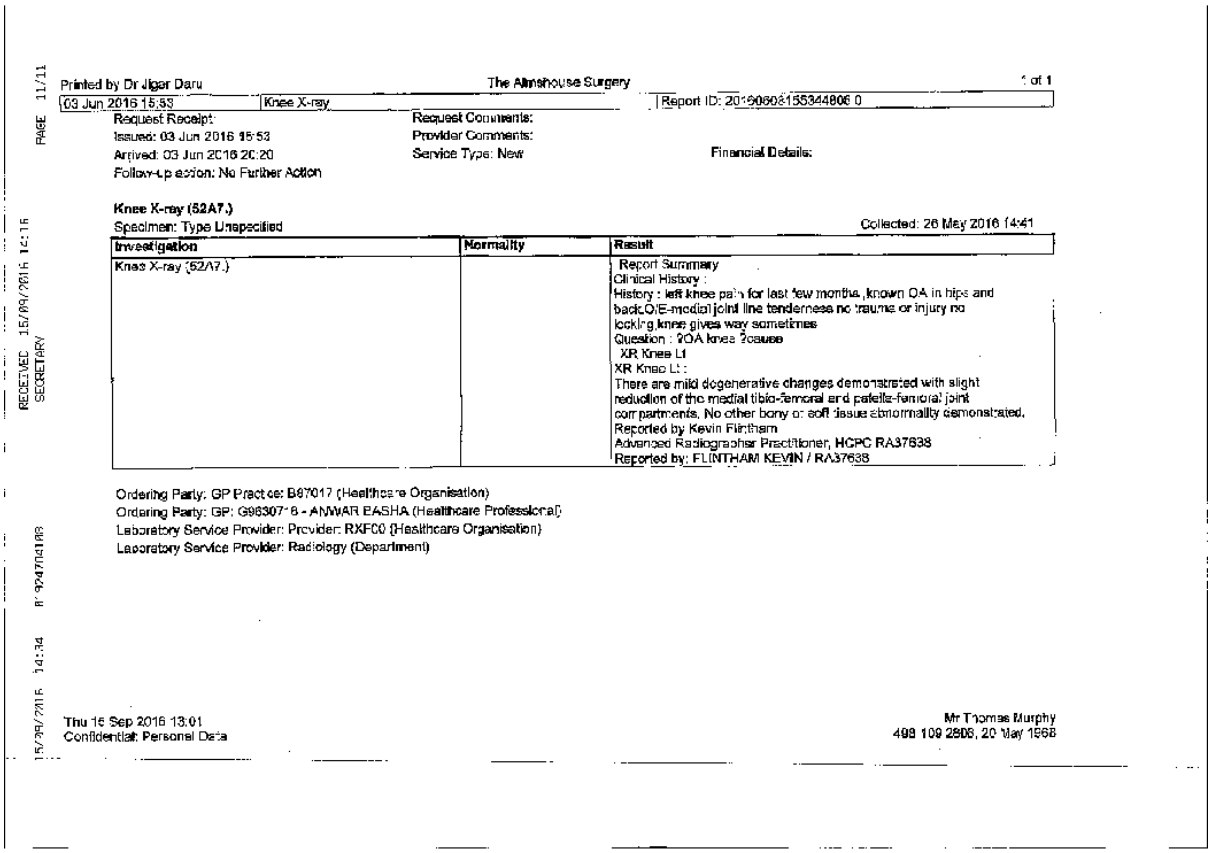
Please note that Mr MURPHY's carers are entitled to a carer's assessment.

This Assessment has been signed off by the Assessor and can no longer be amended.

Yours sincerely

Dr Jamshid Nazari
Consultant Psychiatrist

INVESTORS IN PEOPLE UNIVERSITY OF LEEDS CUSTOMER SERVICE EXCELLENCE UK With all of us in mind



Printed by Dr Jigar Daru — The Almshouse Surgery — 1 of 1

03 Jun 2016 15:53 | Knee X-ray | Report ID: 20160603155344806 0

Request Receipt:
Issued: 03 Jun 2016 15:53
Arrived: 03 Jun 2016 20:20
Follow-up action: No Further Action

Request Comments:
Provider Comments:
Service Type: New

Financial Details:

Knee X-ray (52A7.)
Specimen: Type Unspecified
Collected: 26 May 2016 14:41

Investigation	Normality	Result
Knee X-ray (52A7.)		Report Summary Clinical History : History : left knee pain for last few months ,known OA in hips and back,O/E-medial joint line tenderness no trauma or injury no locking,knee gives way sometimes Question : ?OA knee ?cause XR Knee Lt XR Knee Lt : There are mild degenerative changes demonstrated with slight reduction of the medial tibio-femoral and patello-femoral joint compartments. No other bony or soft tissue abnormality demonstrated. Reported by Kevin Flintham Advanced Radiographer Practitioner, HCPC RA37638 Reported by: FLINTHAM KEVIN / RA37638

Ordering Party: GP Practice: B87017 (Healthcare Organisation)
Ordering Party: GP: G9630716 - ANWAR EASHA (Healthcare Professional)
Laboratory Service Provider: Provider: RXF00 (Healthcare Organisation)
Laboratory Service Provider: Radiology (Department)

Thu 16 Sep 2016 13:01
Confidential: Personal Data

Mr Thomas Murphy
498 109 2806, 20 May 1968

RECEIVED: 15/09/2016 14:16 SECRETARY PAGE 11/11 15/09/2016 14:34 R 92447041R8

Page 9 of 9

23 Sep 2016	Mental Health to Ison Harrison Solicitors

Letter Type Mental Health
Letter To Ison Harrison Solicitors
Letter From CMHT 1 Wakefield

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

23rd September 2016

Your Ref: MGF/GMA/469088.Murphy

Psychiatry
Community Mental Health Team 1
8 Peterson Road
Wakefield
WF1 4EB

Tel: 01924 327108
Fax: 01924 327150

FAO Mr Mark Foley
Ison Harrison Limited
Harrison Bundey Solicitors
219 Chapeltown Road
Chapeltown
Leeds
LS7 3DX

Dear Mr Foley

Thomas Murphy - DoB: 20.05.1968

Thank you for asking me for a medical report regarding Mr Thomas Murphy, having obtained his written consent. I understand from your letter that Mr Murphy is the subject of criminal proceedings and is to be sentenced at Leeds Crown Court on the 30th September 2016. I answer your questions in this report.

This report is based upon information obtained from Mr Murphy's available psychiatric records dating back to August 2013 and from consultations I have had with him since taking over consultant responsibility for his Community Psychiatric care in October 2015.

Summary of Past History

Mr Murphy's records indicate that he had his first psychiatric assessment with Wakefield Community Services in December 2013 when he was diagnosed with Schizophrenia and started treatment with Aripiprazole (an antipsychotic medication). His notes suggest that his symptoms reduced following commencement of treatment but he continued to hear voices although with reduced intensity and frequency.

Recent Mental Health condition

Mr Murphy's psychiatric care was transferred to our Community Mental Health Team (CMHT1 in Wakefield) in October 2015 after he moved to Wakefield from Pontefract. His previous psychiatrist had reported in his transfer letter that Mr Murphy still experienced hearing voices which occurred most days, but these were far more intermittent and much less distressing than they had been in the past.

When I first met Mr Murphy on 1st October 2015, he reported that he continued hearing different voices, mostly muffled, but explained that they were from different people talking to themselves and to him. They sometimes instructed him to do things such as; making a cup of tea whilst he was doing something else.

Chair: Ian Black Chief Executive: Steven Michael OBE

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Page 1 of 3

He told me that the voices had also told him to hurt himself or others, but he stated that he was "a strong person" and that he would never act upon what they told him to do. He stated that he cut his forearm once in 1986, but denied ever harming others. On mental state examination, Mr Murphy presented with adequate self care, engaged well and had appropriate eye contact. His speech was normal. He described his mood to be "ok" but continued to say that he sometimes became emotional and explained rapid mood swings with no trigger factor. There was no paranoid or suspicious thoughts reported, however, he explained that he used to become suspicious in the past which used to make him angry. He denied thoughts or plans of harming self or others and was hopeful that his quality of life could improve once he received appropriate treatment for his painful hip. There were no thought interference or passivity phenomena evident. His insight appeared to be good and reported full compliance with medication with no side effects. He continued to take Aripiprazole 20mg and Sertraline 50mg (an anti depressant)

Mr Murphy did not attend his Outpatient clinic appointment with me on 3rd December 2015 and again on 18th December 2015 .

I next reviewed Mr Murphy on 8 January 2016, when he discussed about his recent arrest and the time that he spent in custody in Leeds. Mr Murphy reported that he continued to hear voices "like two teams of people who are fighting over my welfare". He stated that one group of the voices say that he needed to die but the other group of voices wanted to save him. He explained that the voices used to tell him to hurt other people, including his mother. However, he explained that he never hurt anyone, especially people that he loves, and that he had never acted upon what the voices tell him. He reported adequate appetite and that he was able to enjoy playing the guitar and singing. He told me that he had stopped smoking and he was pleased about it. He reported drinking only occasionally and denied using illicit drugs. Mr Murphy reported poor quality of sleep and he felt that this was partly related to his ongoing leg pain.

On mental state examination, Mr Murphy presented as kempt, cooperative, maintained good eye contact and remained calm. I did not note any abnormalities in his speech, mood or thought content. He reported auditory hallucinations as mentioned above. He reported that the voices at times tell him to hurt other people but he denied any urges or intent of wanting to hurt anyone. He denied any thoughts or plans of wanting to hurt himself or end his life. His auditory hallucinations which were in the form of second and third person hallucinations including command hallucinations, appeared to be longstanding and he reported that he had been able to "conquer them". He denied any forms of hallucinations in other modalities and there was no thought interference or passivity phenomena noted. we discussed about his antipsychotic medication and we agreed with a trial of increased dose of Aripiprazole to 25mg daily to see whether that can help further with his auditory hallucinations.

I next saw him on 12 May 2016 when he reported that since the increase in his Aripiprazole, he felt that the increase in his medication had "eased the voices" in his mind. Mr Murphy mentioned that he sometimes saw visions "in my mind" and last week saw a man dressed in dark blue stating that "I make him to commit suicide", referring to him in third person. However, he explained that "that's never going to happen" and denied suicidal thoughts/plans. He had stopped smoking and he had been going swimming early in the mornings three times a week and he stated that he "feels a lot better". On mental state examination, Thomas presented as kempt, calm and cooperative. He was pleasant with normal speech and appropriate affect.

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If court decided that Mr Murphy needs to serve a term of imprisonment, in my opinion, Mr Murphy should continue with his current medication including Aripiprazole 25mg daily and Sertraline 50mg daily and to receive mental health support and reviews from prison inreach mental health services.

Yours sincerely

Dr J Nazari
Consultant Psychiatrist

MD, Dip Clin Psych, MRCPsych

Page 3 of 3

26 Sep 2016	Psychiatric Reports to HMP Lindholme

Letter Type Psychiatric Reports
Letter To HMP Lindholme
Letter From HMP Lindholme

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

23rd September 2016

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HEARING VOICE TO

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Yours sincerely

Dr J Nazari
Consultant Psychiatrist

MD, Dip Clin Psych, MRCPsych

07 Oct 2016	Blood Results to unknown

Letter Type Blood Results
Letter To
Letter From LTH

Report Destination 2666	Sex	Name	DoB
Prison Doctor	M	MURPHY THOMAS	20.05.68
HMP Leeds Gloucester Terrace Armley, Leeds LS12 2TJ	ID No: ZC16971814	NHS No: 200 568 0559	Lab No: L,16.2479987.J
	Address		External Ref

Clinical details: Routine
Specimen details:

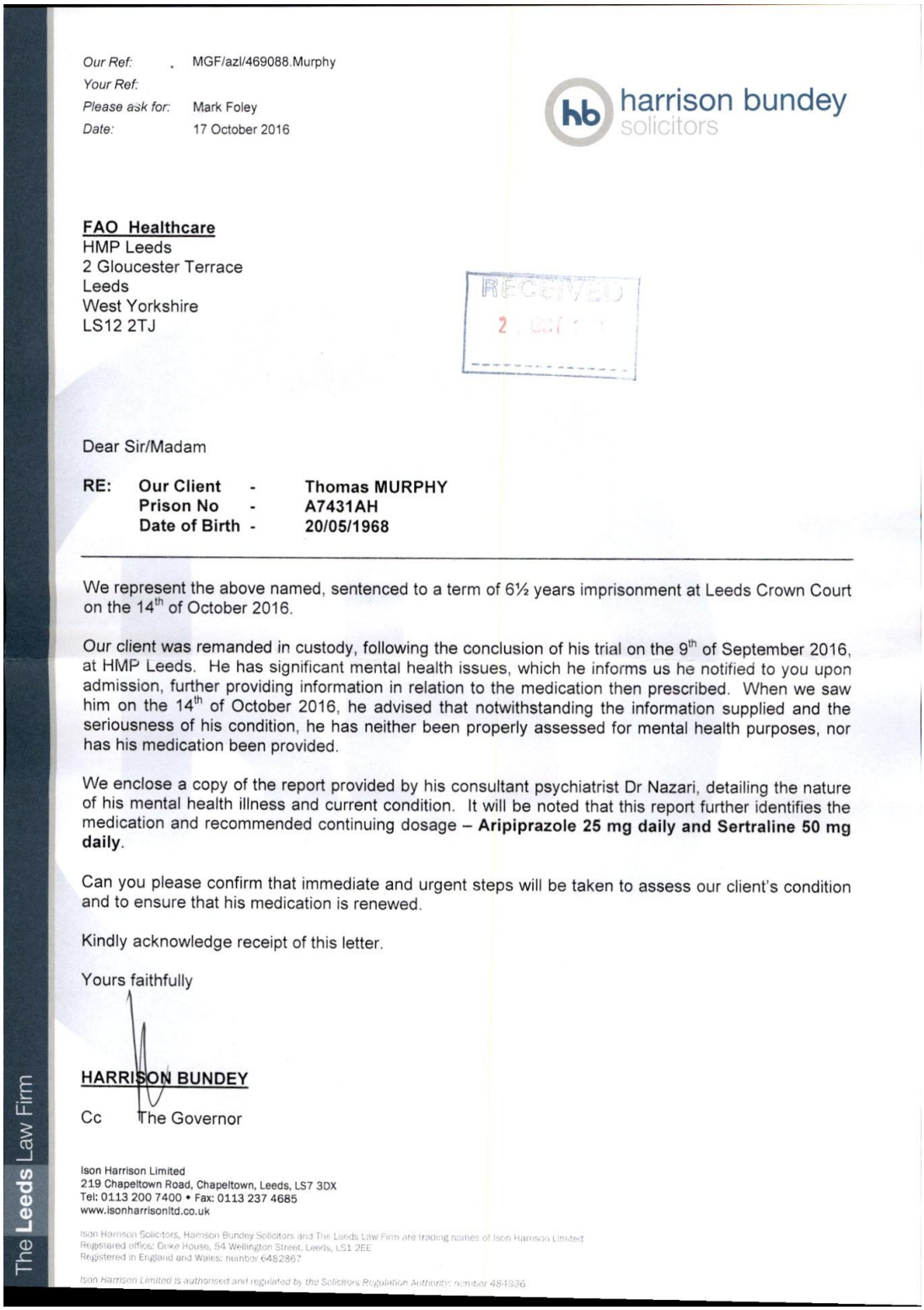
AKI Warning Stage NA

Collected: 03.10.16 08:30 Blood Reported 05.10.16 09:46 run 929
Leeds & Bradford NHS Trusts Clin Biochemistry & Immunology Page 1 of 1

Page 1 of 1

17 Oct 2016	SOLICITORS to Healthcare, HMP Leeds

Letter Type SOLICITORS
Letter To Healthcare, HMP Leeds
Letter From Harrison Bundey Solicitors



Our Ref: MGF/azl/469088.Murphy
Your Ref:
Please ask for: Mark Foley
Date: 17 October 2016

harrison bundey solicitors

FAO Healthcare
HMP Leeds
2 Gloucester Terrace
Leeds
West Yorkshire
LS12 2TJ

RECEIVED
2 OCT

Dear Sir/Madam

RE: Our Client - Thomas MURPHY
Prison No - A7431AH
Date of Birth - 20/05/1968

We represent the above named, sentenced to a term of 6½ years imprisonment at Leeds Crown Court on the 14th of October 2016.

Our client was remanded in custody, following the conclusion of his trial on the 9th of September 2016, at HMP Leeds. He has significant mental health issues, which he informs us he notified to you upon admission, further providing information in relation to the medication then prescribed. When we saw him on the 14th of October 2016, he advised that notwithstanding the information supplied and the seriousness of his condition, he has neither been properly assessed for mental health purposes, nor has his medication been provided.

We enclose a copy of the report provided by his consultant psychiatrist Dr Nazari, detailing the nature of his mental health illness and current condition. It will be noted that this report further identifies the medication and recommended continuing dosage – **Aripiprazole 25 mg daily and Sertraline 50 mg daily**.

Can you please confirm that immediate and urgent steps will be taken to assess our client's condition and to ensure that his medication is renewed.

Kindly acknowledge receipt of this letter.

Yours faithfully

HARRISON BUNDEY

Cc The Governor

The Leeds Law Firm

Ison Harrison Limited
219 Chapeltown Road, Chapeltown, Leeds, LS7 3DX
Tel: 0113 200 7400 • Fax: 0113 237 4685
www.isonharrisonltd.co.uk

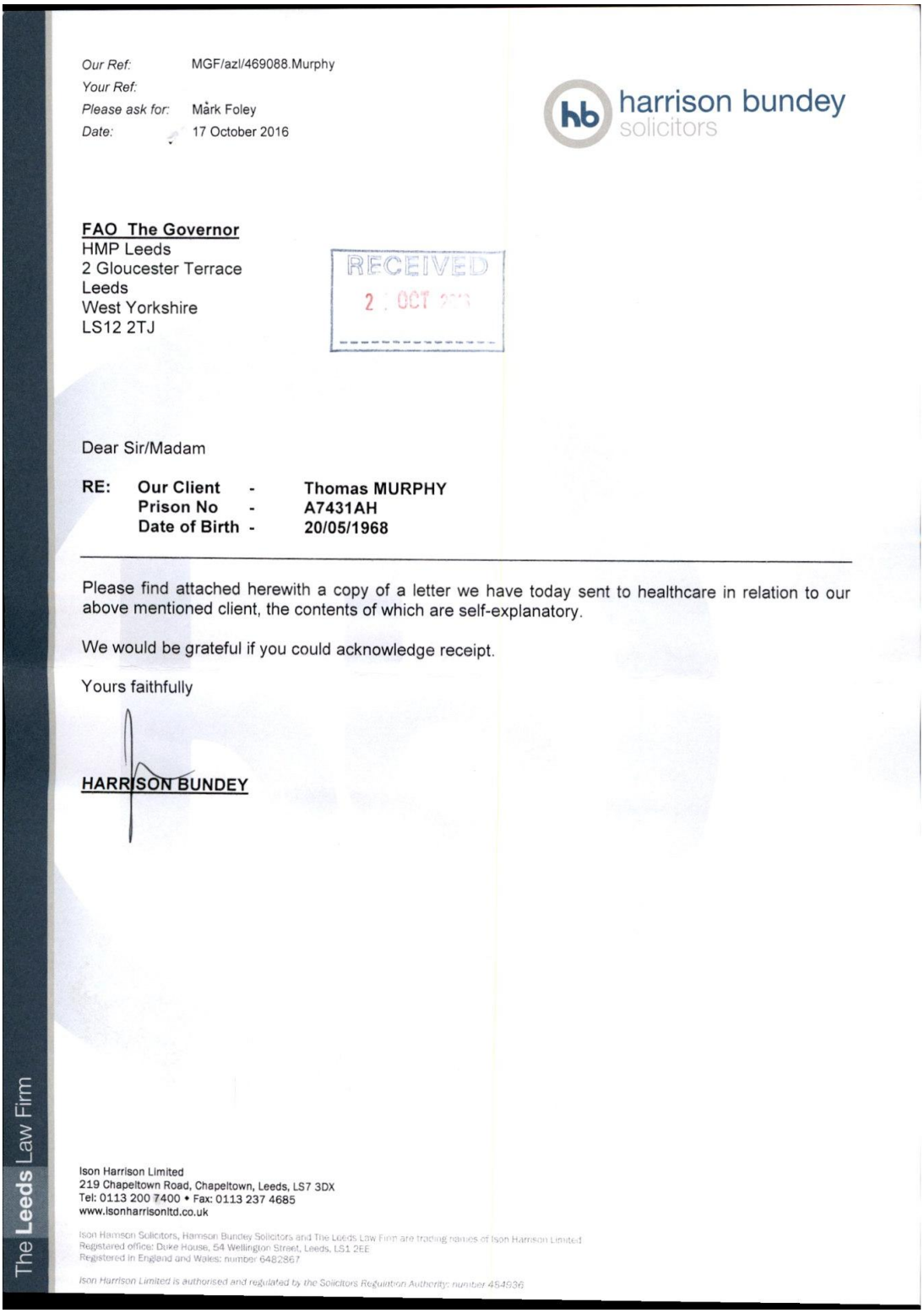
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Page 1 of 1

17 Oct 2016	SOLICITORS to The Governor, HMP Leeds

Letter Type SOLICITORS
Letter To The Governor, HMP Leeds
Letter From Harrison Bundey Solicitors



Our Ref: MGF/azl/469088.Murphy
Your Ref:
Please ask for: Mark Foley
Date: 17 October 2016

harrison bundey solicitors

FAO The Governor
HMP Leeds
2 Gloucester Terrace
Leeds
West Yorkshire
LS12 2TJ

RECEIVED
2 OCT

Dear Sir/Madam

RE: Our Client - Thomas MURPHY
Prison No - A7431AH
Date of Birth - 20/05/1968

Please find attached herewith a copy of a letter we have today sent to healthcare in relation to our above mentioned client, the contents of which are self-explanatory.

We would be grateful if you could acknowledge receipt.

Yours faithfully

HARRISON BUNDEY

The Leeds Law Firm

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219 Chapeltown Road, Chapeltown, Leeds, LS7 3DX
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www.isonharrisonltd.co.uk

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Page 1 of 2

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Please ask for: Mark Foley
Date: 17 October 2016

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2 Gloucester Terrace
Leeds
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18 Oct 2016	Prescription or Medication details to unknown

Letter Type Prescription or Medication details
Letter To
Letter From HMP Leeds

Printed by Dr Gary Dyson

Patient name: **Mr Thomas Murphy**

HMP Leeds

2 Armley Jail, Gloucester Terrace, Armley, Leeds, West Yorkshire, LS12 2TJ
Telephone: 0113 203 2893

Patient name:	**Mr Thomas Murphy**
Date of birth:	20 May 1968
Patient age:	48 y
Prisoner number:	A7431AH
Wing:	D
Landing:	2
Cell:	017

Medication Possession Status:
Not Recorded

PHARMACY CHECKED

IN Possession Prescriptions

Drug name	Dose	Start date	Days duration	Quantity	Medication type	Issuer	Possession quantity	Possession interval	Medication notes
Co-codamol 30mg/500mg tablets	[07:00-2 tablets][15:00-2 tablets]	22 Oct 2016	28	112 tablets	In Possession	Dr Gary D Dyson G4550217	4 tablets	1 day	

Signed: .....

Date: 18 October 2016

Qve 56 (2 weeks)

18/10/2016 10:12
NHS Confidential: Personal Data about a Patient

Page **1** of **1**

Page 1 of 1

24 Oct 2016	Clinic Letter to HMP Lindholme
Letter Type	Clinic Letter
Letter To	HMP Lindholme
Letter From	Mental Health Team

23/10/2016 05:07 +441132032836 CARATS HMP LEEDS PAGE 01/04

HMP Leeds
Mental Health Team
2 Gloucester Terrace
Leeds
LS12 2TJ

Tel: 0113 2032946
Fax: 0113 2038312
www.careuk.com

FAX

To: MENTAL HEALTH TEAM

Organisation: HMP LINDHOLME

Fax No: 01302 - 524665

Date: 24-10-16

No of Pages (inc front sheet): 5

From: RITA, ADMIN

Re: THOMAS MURPHY – A7431AH – 20-5-68

Please Acknowledge Receipt ☐ **Urgent** ☑

Further to tele call. Please find attached letter from Solicitor Hanison Bundeje report from Dr Nazari. I will let the Solicitor know that this man has transferred to Lindholme & that you are in receipt of this letter

Mental Health Team, HMP Leeds / Care UK
Tel: 0113 2032946 / Fax: 0113 2038312 / www.careuk.com

This fax may contain privileged and confidential information and is intended only for the use of the person or organisation to whom it is addressed. The unauthorised use, disclosure or copying of this fax is strictly prohibited. If you have received this fax in error, please notify the sender and destroy the transmission.

Our Ref: MGF/azl/469088.Murphy
Your Ref:
Please ask for: Mark Foley
Date: 17 October 2016

harrison bundey solicitors

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Sertraline 50mg daily and to receive mental health support [illegible]
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24 Oct 2016	SOLICITORS to Harrison Bundey Solicitors/HMP Lindholme

Letter Type SOLICITORS
Letter To Harrison Bundey Solicitors/HMP Lindholme
Letter From Mental Health Team, HMP Leeds

care UK

NHS

HMP Leeds
Mental Healthcare Team
2 Gloucester Terrace
LEEDS
LS12 2TJ

Tel: 0113 2032946
Fax: 0113 2038312

For the Attention of Mark Foley
Harrison Bundey Solicitors
219 Chapeltown Road
Chapeltown
Leeds
LS7 3DX

FAX: 0113 2845150

24th October, 2016

Dear Sirs

THOMAS MURPHY – A7431AH - 20/05/68

We confirm receipt of your letter dated 17th October, which was received by our team on 21st October 2016, regarding your above named client.

Please be advised that Mr Murphy was transferred to HMP Lindholme on 21st October. We have spoken to the mental health team at Lindholme and made them aware of this gentleman. A copy of your letter together with the psychiatric report has been sent to them today.

Yours faithfully

Admin, Mental Health Team
HMP Leeds

Cc Medical Records, HMP Leeds.

Clinical Services Limited on behalf of the NHS. Registered in England. Registration Number: 03462881
Registered office: Connaught House, 850 The Crescent, Colchester Business Park, Colchester, Essex CO4 9QB

Page 1 of 2

HMP Leeds
Mental Health Team
2 Gloucester Terrace
Leeds
LS12 2TJ

Tel: 0113 2032946
Fax: 0113 2038312
www.careuk.com

FAX

To: MENTAL HEALTH TEAM

Organisation: HMP LINDHOLME

Fax No: 01302 – 524665

Date: 24-10-16

No of Pages (inc front sheet): 5

From: RITA, ADMIN

Re: THOMAS MURPHY – A7431AH – 20-5-68

Please Acknowledge Receipt ☐ **Urgent** ☑

Further to tele call. Please find attached letter from Solicitor Hanison Bundey e report from Dr Nazari. I will let the Solicitor know that this man has transferred to Lindholme e that you are in receipt of this letter

This fax may contain privileged and confidential information and is intended only for the use of the person or organisation to whom it is addressed. The unauthorised use, disclosure or copying of this fax is strictly prohibited. If you have received this fax in error, please notify the sender and destroy the transmission.

28 Oct 2016	Consent Forms to HMP Lindholme

Letter Type Consent Forms
Letter To HMP Lindholme
Letter From

positive about integrated healthcare

Nottinghamshire Healthcare NHS
NHS Foundation Trust

Confidentiality & Information Sharing

Date: 28 Oct 2016

Patient Name: Mr Thomas Murphy

Prison Number: A7431AH

Information sharing and risk sharing understood: Please ensure that the following is discussed: We would like to notify the prison Offender Management Services that you are under the care of the IMHT. This is to primarily ensure that we communicate effectively and your care and treatment is consistent and tailored to meet your needs. Consent will ensure that we communicate transfer and release details. In summary this will initially incorporate the Offender Management Services being aware that I am involved in your care. Any further transfer of information will be discussed with you in advance. Under rare circumstances however, your consent is not needed to share this information and this applies if i believe that you or the safety of other is at risk.

Do you consent to this? YES / NO

In addition we may have to request from and / or share information with other healthcare organisations that are, have been or may in future involved in your care.

Do you consent to this? YES / NO

With your consent I would like to share your care plan with all agencies who are involved in your care.

Do you consent to this? YES / NO

If consent is declined please give the details of this and record in the running records.

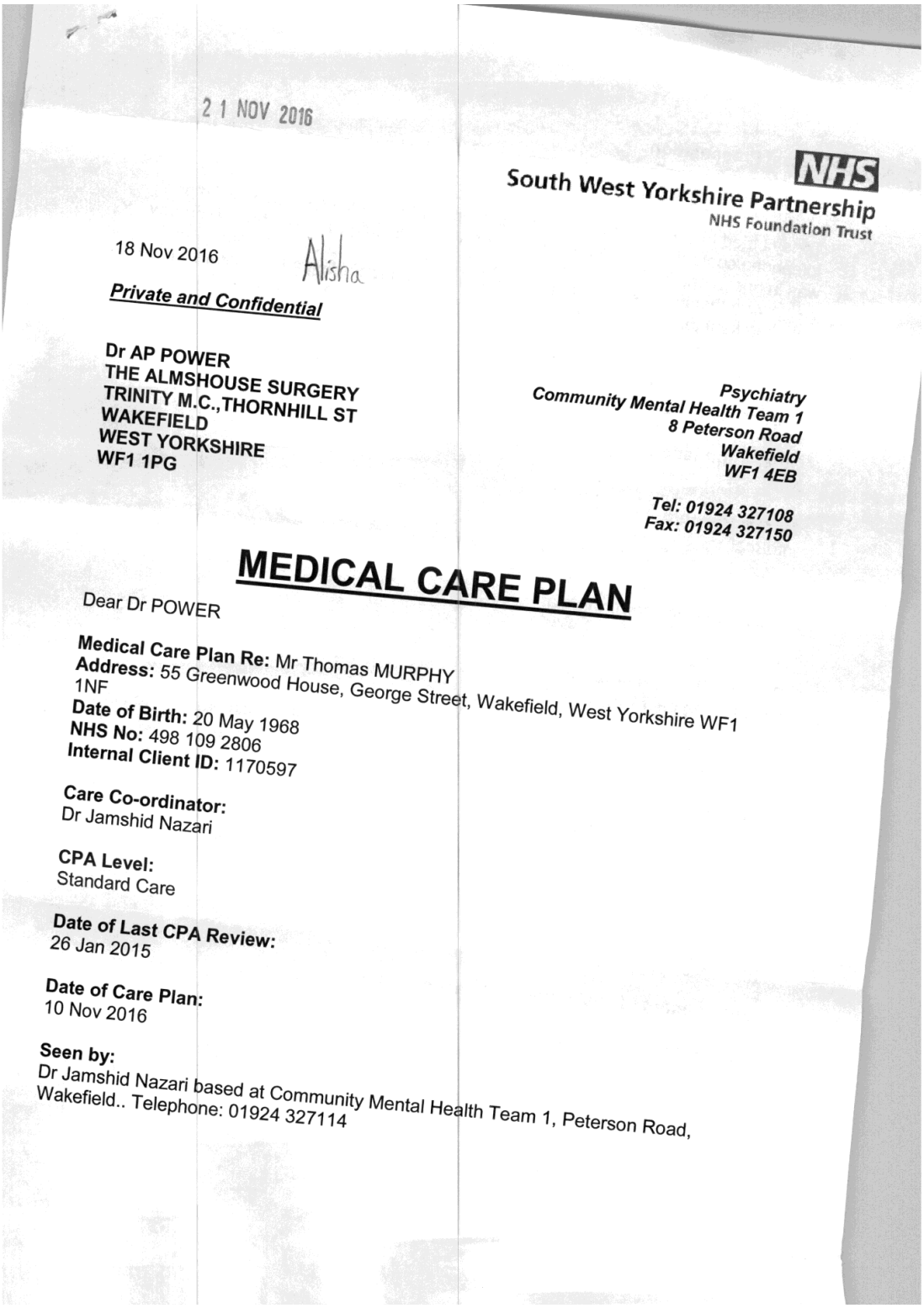
Service User: T. Murphy **Date:** 28.10.16

IMHP: K Thomas **Date:** 28.10.16

Page 1 of 1

18 Nov 2016	Psychiatry to Dr Omar Alisha

Letter Type Psychiatry
Letter To Dr Omar Alisha
Letter From



21 NOV 2016

NHS
South West Yorkshire Partnership
NHS Foundation Trust

18 Nov 2016 Alisha

Private and Confidential

Dr AP POWER
THE ALMSHOUSE SURGERY
TRINITY M.C.,THORNHILL ST
WAKEFIELD
WEST YORKSHIRE
WF1 1PG

Psychiatry
Community Mental Health Team 1
8 Peterson Road
Wakefield
WF1 4EB

Tel: 01924 327108
Fax: 01924 327150

MEDICAL CARE PLAN

Dear Dr POWER

Medical Care Plan Re: Mr Thomas MURPHY
Address: 55 Greenwood House, George Street, Wakefield, West Yorkshire WF1 1NF
Date of Birth: 20 May 1968
NHS No: 498 109 2806
Internal Client ID: 1170597

Care Co-ordinator:
Dr Jamshid Nazari

CPA Level:
Standard Care

Date of Last CPA Review:
26 Jan 2015

Date of Care Plan:
10 Nov 2016

Seen by:
Dr Jamshid Nazari based at Community Mental Health Team 1, Peterson Road, Wakefield.. Telephone: 01924 327114

Page 1 of 3

Clinical Presentation:
This it to inform you that the above person did not attend his Outpatient clinic appointment with me on 10th November 2016.

Today I tried to contact him on his mobile number but I was unsuccessful. I made telephone contact and spoke to his mother, when she informed me that Mr Murphy was in prison and had receive a sentence of six and half years of imprisonment. I was aware that he was going to appear before Court regarding a recent knife incident but I had kept this appointment open because I was not sure about the outcome of his Court case.

I am therefore discharging him from my caseload, as he would be receiving healthcare in prison if required.

Other Information:
Nil.

Mental Health Act Status:
Informal

Diagnosis/Differential Diagnosis:
F200 Paranoid schizophrenia

Current Physical Illnesses:
Ongoing leg pain.

In 1999, he had fracture to his lower limb with a baseball bat, which has resulted in him having ankle and hip arthritis.

Medication:
Medication before review:

Aripiprazole 25mg mane.
Sertraline 50mg mane.

Medication after review:
No change.

Management Plan/Monitoring Arrangements:

Contingency/Crisis/Relapse Planning:
In the event of any increase in auditory hallucinations or difficulty resisting the content of his hallucinations, Thomas will consult the surgery and if necessary his appointment can be brought forward for review. Out of hours he will contact NHS 111.

GP Action Recommendations:

Date of Next Appointment:

Please note that Mr MURPHY's carers are entitled to a carer's assessment.

This Assessment has been signed off by the Assessor and can no longer be amended.

Yours sincerely
Dr Jamshid Nazari
Consultant Psychiatrist

Chair: Ian Black Chief Executive: Rob Webster

INVESTORS IN PEOPLE UNIVERSITY OF LEEDS Associated teaching trust status

CUSTOMER SERVICE EXCELLENCE UK

With all of us in mind.

Page 3 of 3

24 Nov 2016	Consent Forms to unknown

Letter Type Consent Forms
Letter To
Letter From

positive
about integrated healthcare

Nottinghamshire Healthcare NHS
NHS Foundation Trust

Confidentiality & Information Sharing

Date: 24 Nov 2016

Patient Name: Mr Thomas Murphy

Prison Number: A7431AH

Information sharing and risk sharing understood: Please ensure that the following is discussed: We would like to notify the prison Offender Management Services that you are under the care of the IMHT. This is to primarily ensure that we communicate effectively and your care and treatment is consistent and tailored to meet your needs. Consent will ensure that we communicate transfer and release details. In summary this will initially incorporate the Offender Management Services being aware that I am involved in your care. Any further transfer of information will be discussed with you in advance. Under rare circumstances however, your consent is not needed to share this information and this applies if i believe that you or the safety of other is at risk.

Do you consent to this? YES / NO

In addition we may have to request from and / or share information with other healthcare organisations that are, have been or may in future involved in your care.

Do you consent to this? YES / NO

With your consent I would like to share your care plan with all agencies who are involved in your care.

Do you consent to this? YES / NO

If consent is declined please give the details of this and record in the running records.

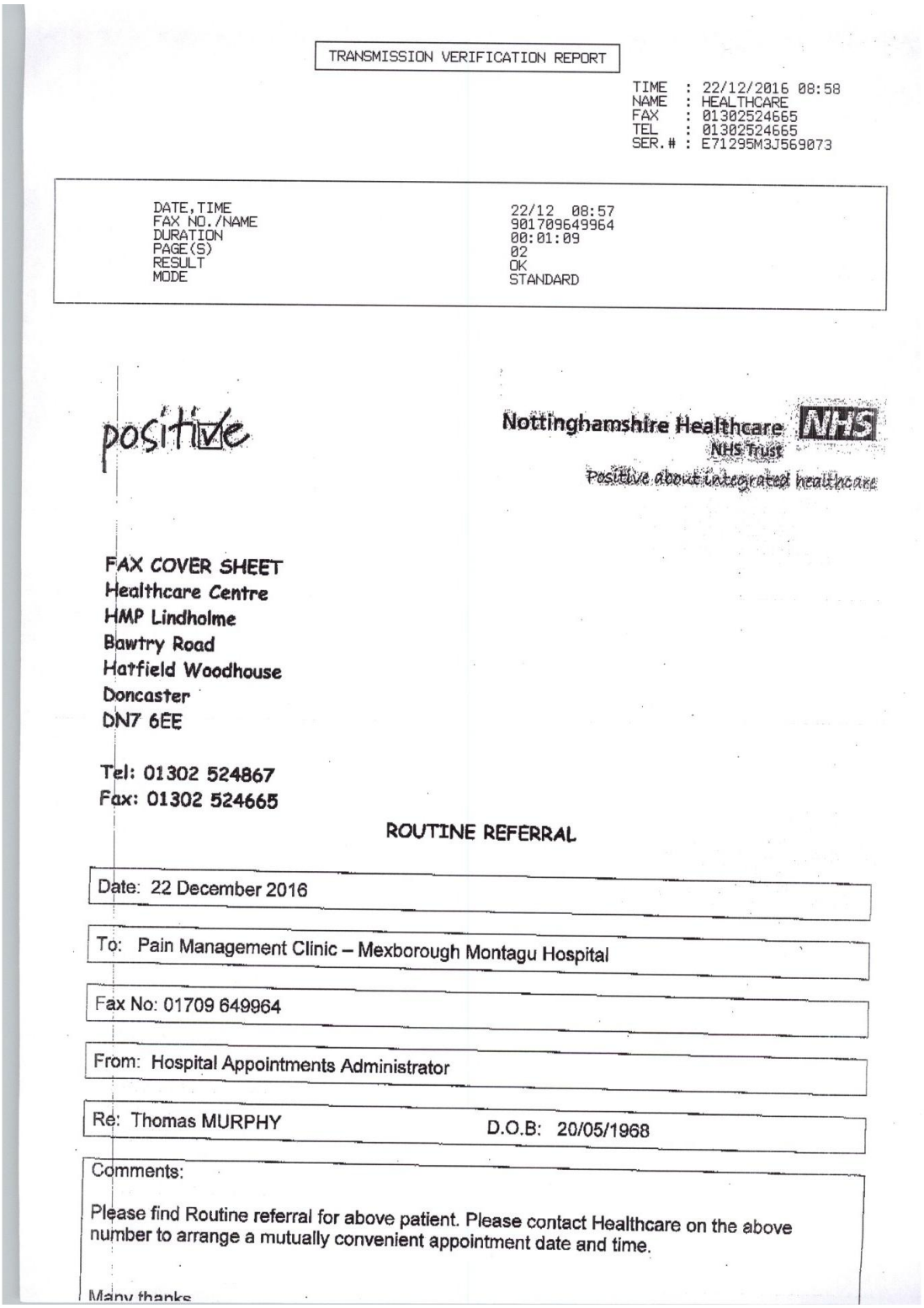
Service User: T. Murphy **Date:** 24.11.16.

IMHP: **Date:** 24.11.16

Page 1 of 1

22 Dec 2016	Referrals to HMP Lindholme

Letter Type Referrals
Letter To HMP Lindholme
Letter From HMP Lindholme



TRANSMISSION VERIFICATION REPORT

TIME : 22/12/2016 08:58
NAME : HEALTHCARE
FAX : 01302524665
TEL : 01302524665
SER.# : E71295M3J569073

DATE,TIME	22/12 08:57
FAX NO./NAME	901709649964
DURATION	00:01:09
PAGE(S)	02
RESULT	OK
MODE	STANDARD

positive

Nottinghamshire Healthcare NHS
NHS Trust
Positive about integrated healthcare

FAX COVER SHEET
Healthcare Centre
HMP Lindholme
Bawtry Road
Hatfield Woodhouse
Doncaster
DN7 6EE

Tel: 01302 524867
Fax: 01302 524665

ROUTINE REFERRAL

Date: 22 December 2016

To: Pain Management Clinic – Mexborough Montagu Hospital

Fax No: 01709 649964

From: Hospital Appointments Administrator

Re: Thomas MURPHY D.O.B: 20/05/1968

Comments:

Please find Routine referral for above patient. Please contact Healthcare on the above number to arrange a mutually convenient appointment date and time.

Many thanks

Page 1 of 3

positive

Nottinghamshire Healthcare NHS
NHS Trust
Positive about integrated healthcare

FAX COVER SHEET
Healthcare Centre
HMP Lindholme
Bawtry Road
Hatfield Woodhouse
Doncaster
DN7 6EE

Tel: 01302 524867
Fax: 01302 524665

ROUTINE REFERRAL

Date: 22 December 2016
To: Pain Management Clinic – Mexborough Montagu Hospital
Fax No: 01709 649964
From: Hospital Appointments Administrator
Re: Thomas MURPHY D.O.B: 20/05/1968
Comments: Please find Routine referral for above patient. Please contact Healthcare on the above number to arrange a mutually convenient appointment date and time. Many thanks

Pages including this one: (2)

The information contained in this facsimile message is privileged and confidential information. It is intended for the use of the person/organization named above. If you are not the intended recipient you are hereby notified that any circulation or copying of the facsimile is strictly prohibited. If you have received this facsimile in error please immediately notify us by telephone and return our original message/fax to us at the address shown above. Your co-operation is appreciated.

HMP Lindholme
Bawtry Road
Doncaster
DN7 6EE

Pain Management Clinic, Mexborough Montague Hospital
Adwick Road
Mexborough
S64 0AZ

Referral Date 21 Dec 2016
Referred by Dr Shahzad Arif

Patients Details

Prison Number A7431AH
Date of Birth 20 May 1968
Surname Murphy
First Name Thomas

Address HMP Lindholme
Bawtry Road
Hatfield Woodhouse
Doncaster
South Yorkshire
DN7 6EE
01302 524869

Current Medication

Start Date	Drug
21 Dec 2016	Co-codamol 30mg/500mg tablets - 2 bd

Reason for Referral

Please consider my patient for an left L5/S1 facet joint injection.

He suffers from lumbar disc prolapse with radiculopathy diagnosed in Wakefield March 2016. He was last injected in April 2016 with benefit. He states the injection lasted seven months.

He had an MRI scan prior to his diagnosis. He was injected with bupivacaine 0.25%, depomedrone 20mg and omnipaque 1mL.

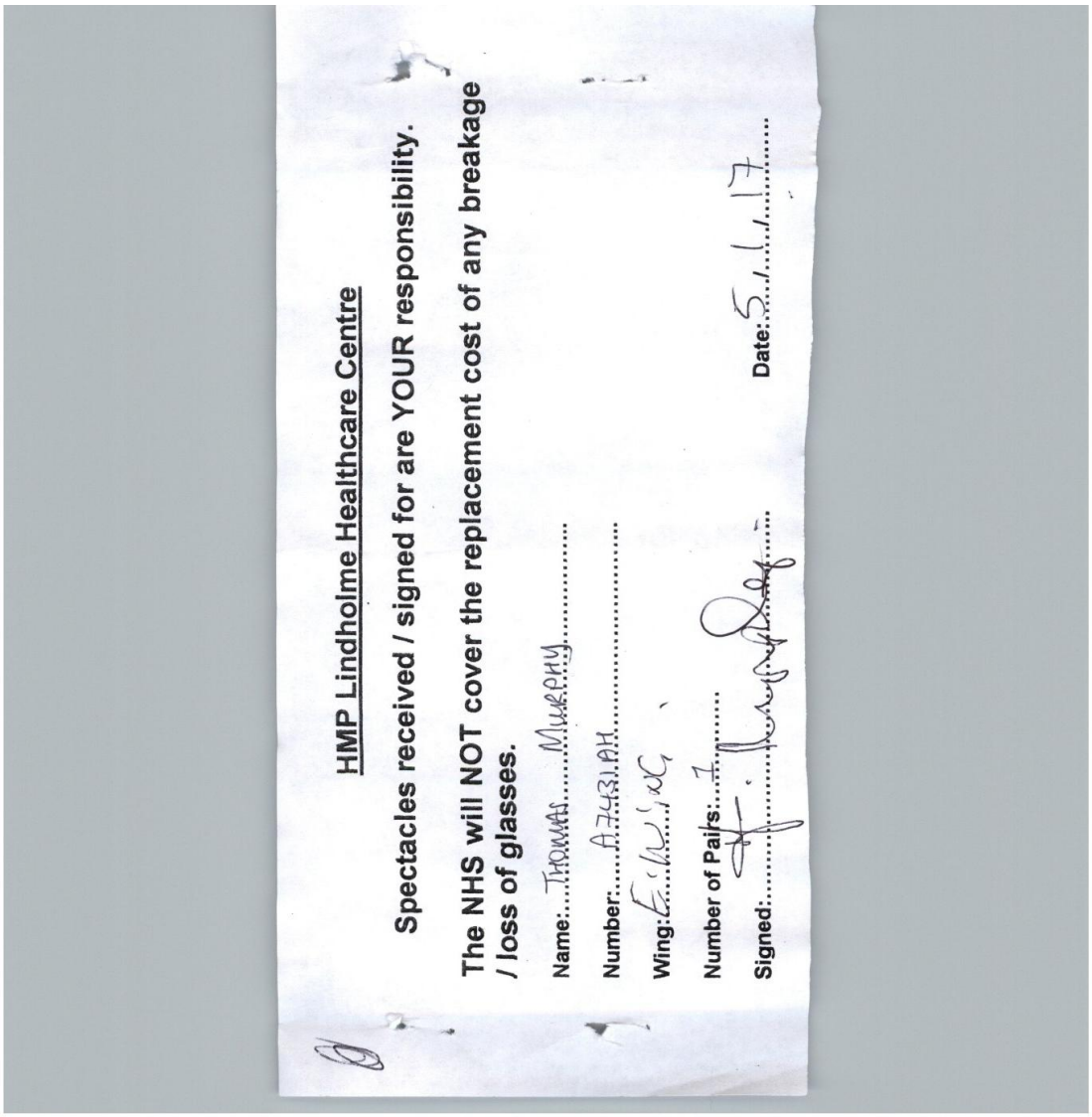
Regards



Dr Arif

05 Jan 2017	Miscellaneous to unknown

Letter Type Miscellaneous
Letter To
Letter From Glasses Receipt



HMP Lindholme Healthcare Centre

Spectacles received / signed for are YOUR responsibility.

The NHS will NOT cover the replacement cost of any breakage / loss of glasses.

Name: THOMAS MURPHY

Number: A7431AH

Wing: E Wing

Number of Pairs: 1

Signed: T. Murphy

Date: 5/1/17

19 Jan 2017	Consent Forms to HMP Lindholme

Letter Type Consent Forms
Letter To HMP Lindholme
Letter From Mr Thomas Murphy

positive about integrated healthcare

Nottinghamshire Healthcare NHS
NHS Foundation Trust

Patient Agreement for In Possession Medication

I understand that during my period of custody at this HMP establishment I may have medication issued to me to keep in my possession either within the prison, during a court visit or on transfer to another prison.

I understand and agree to the following conditions:

- I will use the medicine as instructed by the Doctor, nurse, pharmacist or pharmacy technician
- I will take the medication at all times as instructed
- I will take full responsibility for the safe keeping of the medication
- I accept that any stolen medication will not normally be replaced
- I will not accept any medication from other prisoners for my own use
- I will not give or sell or trade my medication to any other prisoner
- I will return any unused medication immediately to healthcare or place in the amnesty box
- I will return all empty containers, including empty blister strips to healthcare
- I will not attempt to store or accumulate medication
- I will keep my medication in the container in which it is issued and will not tamper with it or the label in an way
- If I have my medication taken off me forcibly by another prisoner, I will inform a member of the healthcare team
- I am aware that there will be communication between healthcare and security to monitor trading of medicines and as part of that process my cell may be searched

I have read and/or had explained to me the above conditions and agree to abide by these. I understand that any failure to do so may result in behaviour warning and/or having the privilege of in-possession medication withdrawn.

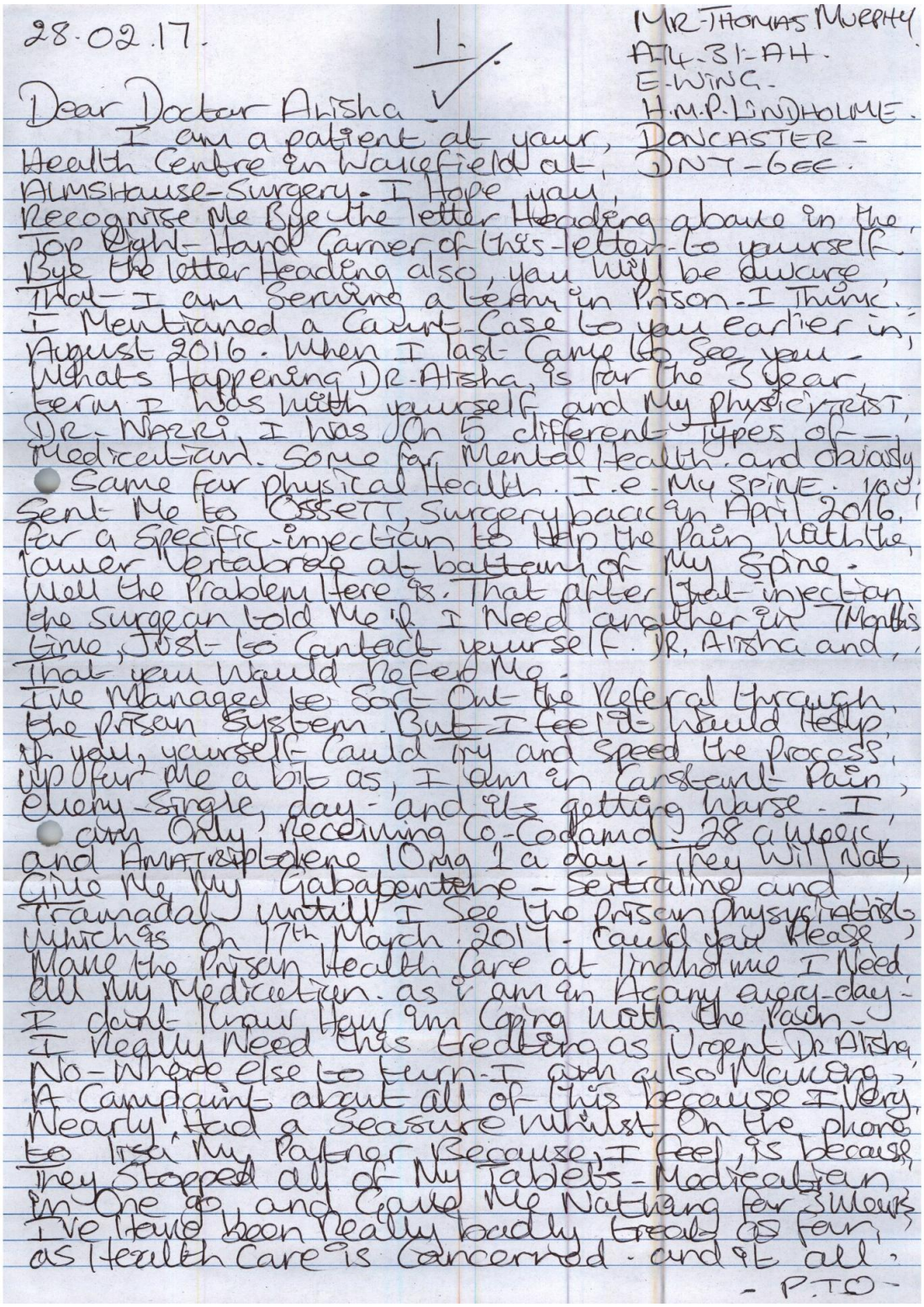
Name: Mr Thomas Murphy
Prison No: A7431AH
Signature: _____ **Date:** 19 Jan 2017

I agree that the above patient fully understands the conditions given in this document.

HC Worker: Emma Bedford
Signature: _____ **Date:** 19 Jan 2017

28 Feb 2017	Letter from Patient to Dr Omar Alisha

Letter Type Letter from Patient
Letter To Dr Omar Alisha
Letter From



28.02.17. 1.

MR THOMAS MURPHY
A1L4-31-AH.
E-WING.
H.M.P. LINDHOLME.
DONCASTER -
DN7-6EE.

Dear Doctor Alisha ✓

I am a patient at your, Health Centre in Wakefield at, ALMSHouse-Surgery. I Hope you, Recognise Me By the letter Heading above in the, Top Right-Hand Corner of this-letter-to yourself. Byb the letter Heading also, you will be Awware, That-I am Serving a term in Prison. I Think, I Mentioned a Court-Case to you earlier in, August 2016. When I last Came to See you. Whats Happening DR-Alisha, is for the 3 Year, term I has with yourself, and My physicyTRIST, DR-Nazri, I has On 5 different-Types of-Medication. Some for Mental Health. and obviosly Same for physical Health. I.e. My SPINE. You, Sent Me to OSSETT, Surgery back in April 2016, for a Specific-injection to Help the Pain with the, Lower Vertabrae at bottom of My Spine. Well the Prablem Here is. That after that-injection the Surgeon told Me if I Need another in 7Months time, JUST-to Contact yourself. DR, Alisha and, That you would Refer Me.

Ive Managed to Sort Out the Referal through, the Prison System. But-I feel it would Help, if you, yourself-Could try and Speed the Process, up for me a bit as, I am in Constant Pain, Every-Single, day-and its getting Worse. I, am Only Receiving Co-Codamol 28 a week, and AMITRIPTYLENE 10mg 1 a day. They Will Not, Give Me My Gabapentine-Sertraline and Tramadol until I See the Prison physyiatrist, which is On 17th March 2017. Could you Please, Make the Prison Health Care at Lindholme I Need, all My Medication as I am in Agony every-day. I dont Know How Im Going with the Pain. I Really Need this Treated as Urgent Dr Alisha, No-Where else to turn-I am also Making, A Complaint about all of this because I Very, Nearly Had a Seasure whilst On the phone to Lisa My Partner Because, I feel, is because, they Stopped all of My Tablets-Medication, in One go, and Gave Me Nothing for 3Weeks, Ive Have been Really badly Treated as for, as Health Care is Concerned. and it all.

- P.T.O -

2.

Started on 9th of September-in-Aspley, Prison in leeds. So Could you Please Help, Dr Alisha, I Really Need My Medication. all of it - Propalcardol asuelly. I - Hope the infermation I Have given you, Helps you to Help Me and I Thankyou, Very Much - Dr - Alisha.

Yours Sincerly -

Mr Thomas Murphy.

Ps

My old Adress -

55 Greenwood House,
WAKEFIELD.
George-Street.
WF1-1NF-

I am doing, 6½ years in Prison, But I will Only do 3yrs 3mths. Thanks again.

Hope to hear from you A-S-A.P.

My Medication, As I remember, bye.

Gabapentin.
Tramadol.
Arripiprazol.
Co-Codamol.
Sertraline.

Thomas Murphy

I Think you Swapped Me Onto Amatriptolene instead of Gabapentin, Perhaps I Could Swap back, As Gabapentin are Stronger and I think More effective.

Thanks again.

Mr Murphy.

01 Mar 2017	Miscellaneous to HMP Lindholme

Letter Type Miscellaneous
Letter To HMP Lindholme
Letter From

SUB MISUSE

6567

HM PRISON SERVICE
Public Sector Prisons
HMP Lindholme
Building on Success

WING	E

HMP LINDHOLME APPLICATIONS

PRISONERS NAME: MURPHY	PRISON NUMBER: A7451AY
	LOCATION:

TYPE OF APPLICATION

Governor		HDC		Probation	
Wing Manager		Labour		Reception	
Allocations / Transfer		Librarian / Legal Aid		Resettlement	
Chaplain		Prisoner Monies / PIN		Sentence Plan	
Correspondence					
Other: RESOLVE, TEAM + DRUGS + ALCOHOL AWARENESS.					

Details of my Application:

TO ASIC WHEN I WILL BE engaging in these courses as, ive Been told, im up for My first CAT-D-SHOT On the 2nd of Nowember and would like to, Get these Courses done to Have any-Chance Of being Considerd for a Cat-agory-D-Position-Because My Sentance plan states I Have to do One year.

SIGNATURE: T Murphy DATE: 13.02.17.

Application Received by:

PRINT NAME: HOLT	SIGNATURE:
RANK: OFFR	DATE: 13/2/17

Application Heard by: GOV / MGR / PROB / REC / CHAP / OCA / L.AID / LABOUR / CORRESPONDENCE / RESETTLEMENT / HCC / FINANCE / OTHER:

NAME: Cunliffe	POST: Admin	DATE: 1/3/17

Reply: Substance Misuse

Thankyou for your application. Resolve is arranged via OMU- please refer your request for this to them. If you would like to do drug + alcohol awareness you will be required to be engaged with the Substance Misuse Service - An application / self referral form is enclosed with this reply.

Thankyou.

Decision: YES / NO

PRINT NAME:	SIGNATURE:
DATE:	

APPLICATIONS MUST BE DEALT WITH BY WING STAFF AS FAR AS POSSIBLE

Page 1 of 1

08 Mar 2017	GP Letter to Pharmacy 2
Letter Type	GP Letter
Letter To	Pharmacy 2
Letter From	Dr Alisha, The Almhouse Surgery

The Almshouse Surgery

The Almshouse Surgery, Trinity Medical Centre, Thornhill Street, Wakefield, Tel No: **01924 784103**
Sandal Castle Medical Centre, Asdale Road, Sandal, Wakefield, Tel No: **01924 258955**
Practice Manager: Mrs C. Beedham

08 Mar 2017

Dr Aris
HMP Lindolme Prison
Bawtry Road
Hatfield
Doncaster
DN7 6EE

Dear Dr Aris

Re Mr Thomas Murphy Date of Birth 20 May 1968
55 Greenwood House George St, Wakefield WF1 1NF
NHS Number - 498 109 2806, Hospital No –

I would be grateful if you could help Mr Thomas Murphy who I understand is spending a long sentence at Lindolme Prison.

Before he went to prison, Mr Murphy was registered with us at the Almshouse surgery and on the 28th February 2017 he wrote me a letter asking for help to manage his conditions. Obviously I cannot do that as he is under your care now.

I can confirm that Mr Murphy was suffering from back pain that was caused by lumbar disc prolapse with radiculopathy at L5 / S1. He is also known to have osteoarthritis in his knee and hip. His records also show that he has history of paranoid schizophrenia. Please see the enclosed list of his past medical history.

At the time when he was under our care he was taking gabapentin 500mg 3 times a day with tramadol and paracetamol. Please see the enclosed list of his medication that he was taking at the time.

In his letter, Mr Murphy is saying that he is not getting his medication as he was prescribed when he was under our care. He also was asking to speed up his referral for the spinal clinic for treatment on his back pain.

I also enclose the MRI report he had in December 2015 and I would be grateful if you could review this patient. I am happy to discuss with you his problems when he was with us if needed. I am sorry to have to write to you but I felt I had to do something when I got the letter from Mr Murphy.

I appreciate your help with this matter.

Many thanks.

Yours sincerely

Dr O Alisha
Attached – Past Medical History Mr T Murphy

Past Medical History - Mr T Murphy

Problems

Active problems
Minor Problem: [06 Jul 2012 - present] Osteoarthritis of knee (X703L)
Major Problem: [23 Dec 2013 - present] Paranoid schizophrenia (E103.)
Minor Problem: [27 Dec 2013 - present] Osteoarthritis of hip (X703K)
Major Problem: [01 Mar 2016 - present] Lumbar disc prolapse with radiculopathy (N12C2)

Past Problems
Major Problem: [22 Oct 1973 - 08 Jun 2015] Fasciotomy foot (7H35B)
Major Problem: [01 Dec 1982 - 08 Jun 2015] [X]Intentional self poisoning/exposure to noxious substances (XE22d)
Major Problem: [21 Mar 1997 - 08 Jun 2015] History of amphetamine misuse (XaMf5)
Major Problem: [01 May 1997 - 08 Jun 2015] Harmful substance use (Xa1bX)
Major Problem: [01 Jan 1999 - 08 Jun 2015] Substance misuse of Heroin
Major Problem: [12 Jan 1999 - 08 Jun 2015] Closed fracture shaft of tibia (S3320)
Major Problem: [10 Nov 2004 - 08 Jun 2015] Hypnagogic hallucinations (X760E)
Major Problem: [20 Jan 2005 - 09 Jun 2015] H/O: depression (1465.)
Major Problem: [27 Apr 2006 - 08 Jun 2015] Anxiety disorder (E200.)
Major Problem: [21 Dec 2010 - 09 Jun 2015] Anxiety disorder (E200.)

Summary

Date	Details	Notes

Date	Details	Notes

Drugs
Date first issued, Items,Date of last issue

Start Date	Drug	Last Issued
25 Jun 2015	Aripiprazole 10mg tablets - 2 tab each am	16 Sep 2016
25 Jun 2015	Propranolol 40mg tablets - 1 TWICE DAILY	16 Sep 2016
25 Jun 2015	Sertraline 50mg tablets - One To Be Taken Each Day	16 Sep 2016
11 Aug 2015	Tramadol 50mg capsules - One Or Two To be Taken Every Four Hours When Necessary. Maximum 8 in 24 Hours	16 Sep 2016
06 Oct 2015	Gabapentin 100mg capsules - 2 To be taken Three Times Daily	16 Sep 2016

19 Nov 2015	Gabapentin 300mg capsules - 1 tds	16 Sep 2016
19 Jan 2016	Aripiprazole 5mg tablets - take one daily	16 Sep 2016
16 Jun 2016	Paracetamol 500mg tablets - 2 Four Times Daily	16 Sep 2016

Allergies

Date	Details
30 Jun 2010	No known allergies (1151.) - ,Conplaining of left hip pain ,to see doctor.
12 Jun 2015	No known allergies (1151.)

Values at Last Visit

Personal Details

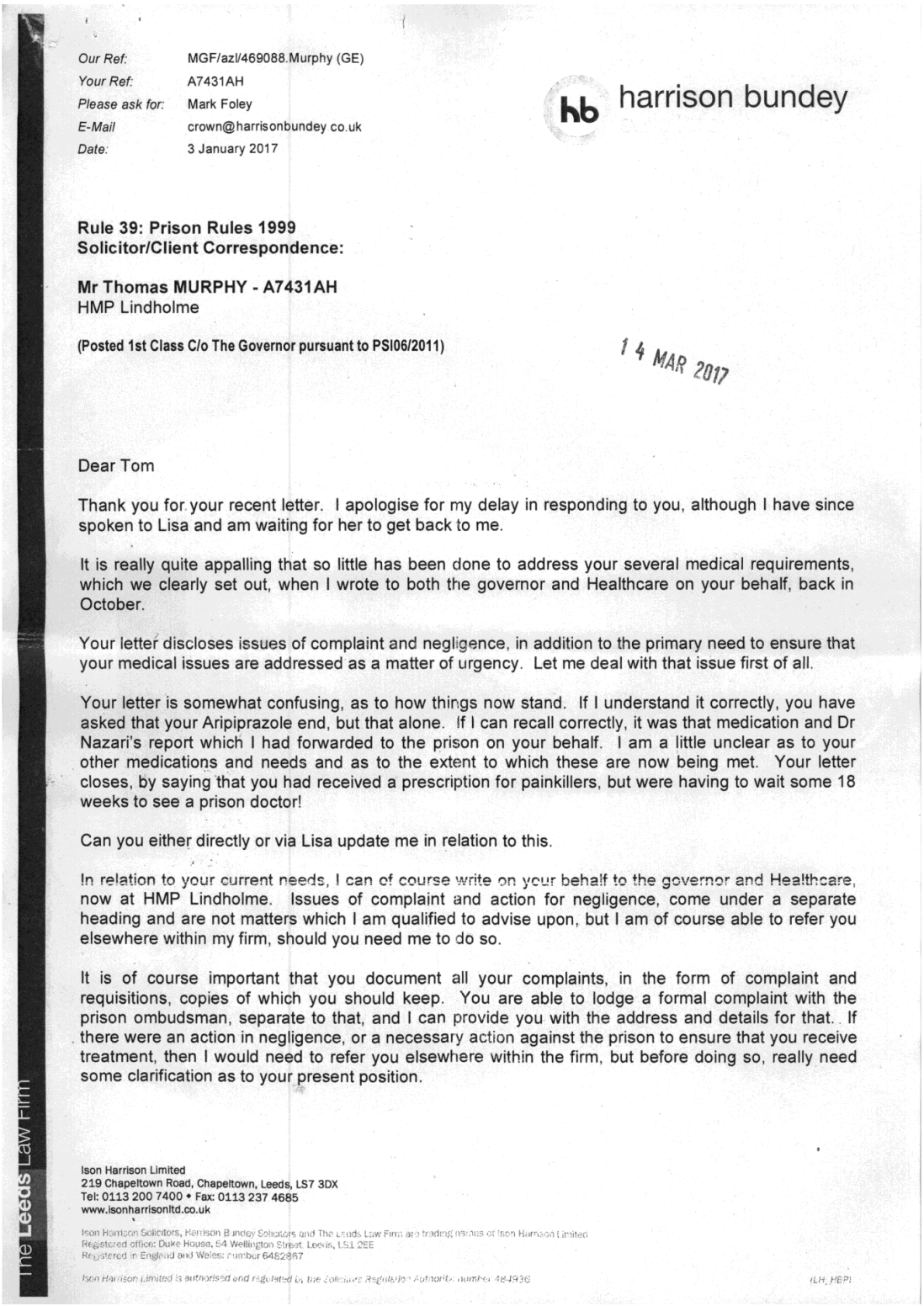
Latest Height: 1.702 m
Latest Weight: 78 Kg
Latest BMI: 26.93 Kg/m²
Latest BP: 80 / 50 mmHg

Recent Pathology Results

Date	Investigations

14 Mar 2017	SOLICITORS to HMP Lindholme

Letter Type SOLICITORS
Letter To HMP Lindholme
Letter From HMP Lindholme



Our Ref: MGF/azl/469088.Murphy (GE)
Your Ref: A7431AH
Please ask for: Mark Foley
E-Mail crown@harrisonbundey co.uk
Date: 3 January 2017

harrison bundey

Rule 39: Prison Rules 1999
Solicitor/Client Correspondence:

Mr Thomas MURPHY - A7431AH
HMP Lindholme

(Posted 1st Class C/o The Governor pursuant to PSI06/2011)

14 MAR 2017

Dear Tom

Thank you for your recent letter. I apologise for my delay in responding to you, although I have since spoken to Lisa and am waiting for her to get back to me.

It is really quite appalling that so little has been done to address your several medical requirements, which we clearly set out, when I wrote to both the governor and Healthcare on your behalf, back in October.

Your letter discloses issues of complaint and negligence, in addition to the primary need to ensure that your medical issues are addressed as a matter of urgency. Let me deal with that issue first of all.

Your letter is somewhat confusing, as to how things now stand. If I understand it correctly, you have asked that your Aripiprazole end, but that alone. If I can recall correctly, it was that medication and Dr Nazari's report which I had forwarded to the prison on your behalf. I am a little unclear as to your other medications and needs and as to the extent to which these are now being met. Your letter closes, by saying that you had received a prescription for painkillers, but were having to wait some 18 weeks to see a prison doctor!

Can you either directly or via Lisa update me in relation to this.

In relation to your current needs, I can of course write on your behalf to the governor and Healthcare, now at HMP Lindholme. Issues of complaint and action for negligence, come under a separate heading and are not matters which I am qualified to advise upon, but I am of course able to refer you elsewhere within my firm, should you need me to do so.

It is of course important that you document all your complaints, in the form of complaint and requisitions, copies of which you should keep. You are able to lodge a formal complaint with the prison ombudsman, separate to that, and I can provide you with the address and details for that. If there were an action in negligence, or a necessary action against the prison to ensure that you receive treatment, then I would need to refer you elsewhere within the firm, but before doing so, really need some clarification as to your present position.

The Leeds Law Firm

Ison Harrison Limited
219 Chapeltown Road, Chapeltown, Leeds, LS7 3DX
Tel: 0113 200 7400 • Fax: 0113 237 4685
www.isonharrisonltd.co.uk

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(LH_HEP)

Page 1 of 2

Please get back to me as soon as possible. The Christmas and New Year break hasn't helped in terms of my speedy response, for which I apologise, but I will help in any way that I can.

Best wishes.

Yours sincerely

Mark Foley
HARRISON BUNDEY

NOTE: This letter is sent to you under Prison Rule 39 which provides that a Prisoner may correspond with his or her legal adviser. The Governor can only open, examine and read this correspondence if there is reasonable suspicion that it contains an illicit enclosure or that there is reason or cause to believe that the contents may endanger the Prison's security, the safety of others or are otherwise of an illegal nature. A Prisoner whose legal correspondence is to be so opened has the right to be present when it is opened. If the Prison have dealt with this letter other than in accordance with Rule 39 please let us know.

14 Mar 2017	Other to HMP Lindholme

Letter Type Other
Letter To HMP Lindholme
Letter From HMP Lindholme

Mental Health Logged under HCC2235

positive about integrated healthcare

Nottinghamshire Healthcare NHS
NHS Foundation Trust

MoJC

14 MAR 2017

HEALTHCARE

How can we help you? Your opinion counts

Name	Murphy.
Prison Number	A-74-31-AH.
Location/Prison	E-1-003 SPUR 4 -

I have a (please tick) ☐ Compliment ☐ Request for information or advice ☐ Idea ☑ Concern*

Please provide details here (overleaf if necessary). We would respectfully ask that you do not use abusive terms when expressing your concerns.

I AM WANTING TO COMPLAIN ABOUT MY HEALTH AND LAC OF TREATMENT - I AM UNDER PHSYCIATRIST AND HAVE BEEN FOR 3 YEARS. I HAVE BEEN IN PRISON NEARLY 6 MONTHS AND HAVENT HAD THE MEDS I NEED TO EASE THE PAIN I SUFFER EVERY SINGLE DAY OF MY LIFE - I HAVE SPINAL INJECTIONS EVERY 7 MONTHS - WHICH I NEED. MY TABLET, GABAPENTINE - SERTRALINE AND, OTHER TABS WORK WITH MY CONDITION, I AM ABSALOUTLEY APPAULED THAT MY APPOINTMENT TO SEE A PHSYCIATRIST HAS BEEN CANCELLED 3 TIMES AS IVE BEEN TOLD BYE A DR - THAT I HAVE TO SEE THE PHSYCIATRIST BEFORE I RECEIVE MY MEDICATION, DONT KNOW WHY AS GABAPENTINE 9S FOR NERVE DAMAGE AT BOTTOM OF MY BACK - I.E - SPINAL INJURY - PHSYCIATRIST NAME - MR - PURY. CONTACTING SOLICITOR AND OWN DOCTOR -

Signature	T. Murphy
Date	13-03-17

If you would like a reply, please ensure that your name, prison number and location are recorded above.

**The healthcare team will respond to your comment, query or concern as soon as possible. If you are not satisfied with the response and would like to make a complaint, Nottinghamshire Healthcare NHS Trust has a complaints procedure. Advice and a leaflet about this are available from our staff on request.*



Page 1 of 1

14 Mar 2017	Appointment Letter to HMP Lindholme

Letter Type: Appointment Letter
Letter To: HMP Lindholme
Letter From: 20.04.2017, Montagu Hospital

Montagu Hospital
Adwick Road
Mexborough, S64 0AZ
Tel: (01709) 585171

~~Mr T Murphy~~
Hmp Lindholme
Bawrty Road
Hatfield Woodhouse
Doncaster
DN7 6DG

RECEIVED ON
20 MAR 2017

14 March 2017

Dear Mr Thomas Murphy

An Outpatient appointment has been made for you to attend the ~~Cudworth Centre, Carlton Street, Cudworth, Barnsley, S72 8SU~~. Montagu Hospital, Pain Management.

Consultant: Dr. S. Duttagupta
On: Thursday 20 April 2017 at 10:30am
Clinic: Pain Management (Ref: SDG6B)

When attending for this appointment please go to the Main Reception and report to the Receptionist who will be expecting you.

You may not be seen by the Consultant, but by another Doctor (or in some circumstances, another health professional) in the clinical team working under the Consultants supervision.

Would you please complete the enclosed questionnaire and bring this with you when attending for your appointment.

Please bring with you any medication you are taking.

If you are unable to attend for this appointment, please notify the Pain Management Unit by telephoning (01709) 649039 or 649038, this will allow us to rearrange your appointment and offer this one to another patient.

If you fail to attend for your appointment, without informing the department, you will be removed from the waiting list and your GP will be informed.

Yours sincerely,

Patient Services Manager

Ref:D0386123
NHS No:498 109 2806

2.P3

29 Mar 2017	Referrals In to Orthotics

Letter Type Referrals In
Letter To Orthotics
Letter From

14/03/2017 14:32 01302524665 NOTTS HEALTHCARE PAGE 02/02

Printed by Dr Shahzad Arif

1 of 1

HMP Lindholme
Bawtry Road
Doncaster
DN7 6EE

Doncaster Royal Infirmary, Doncaster Royal Infirmary
Armthorpe Rd
Doncaster
DN2 5LT

Referral Date 28 Feb 2017
Referred by Dr Shahzad Arif

Patients Details

to be seen in orthotics DR1

Prison Number A7431AH
Date of Birth 20 May 1968
Surname Murphy
First Name Thomas

Address HMP Lindholme
Bawtry Road
Hatfield Woodhouse
Doncaster
South Yorkshire
DN7 6EE
01302 524869

Current Medication

Start Date	Drug
12 Feb 2017	Co-codamol 30mg/500mg tablets - 2 bd
22 Feb 2017	Amitriptyline 10mg tablets - [16:00-1 tablets]
28 Feb 2017	Methylprednisolone sodium succinate 40mg powder and solvent for solution for injection vials - 2 Immediately
28 Feb 2017	Otomize ear spray (Teva UK Ltd) - 08:00, 12:00, 16:00

Routine
Reason for Referral

Please provide a left knee support for my patient with osteoarthritis.

Regards

Dr Arif

Signature.....

RECEIVED
29 MAR 2017
ORTHOTICS
DEPARTMENT

30 minute route - knee brace

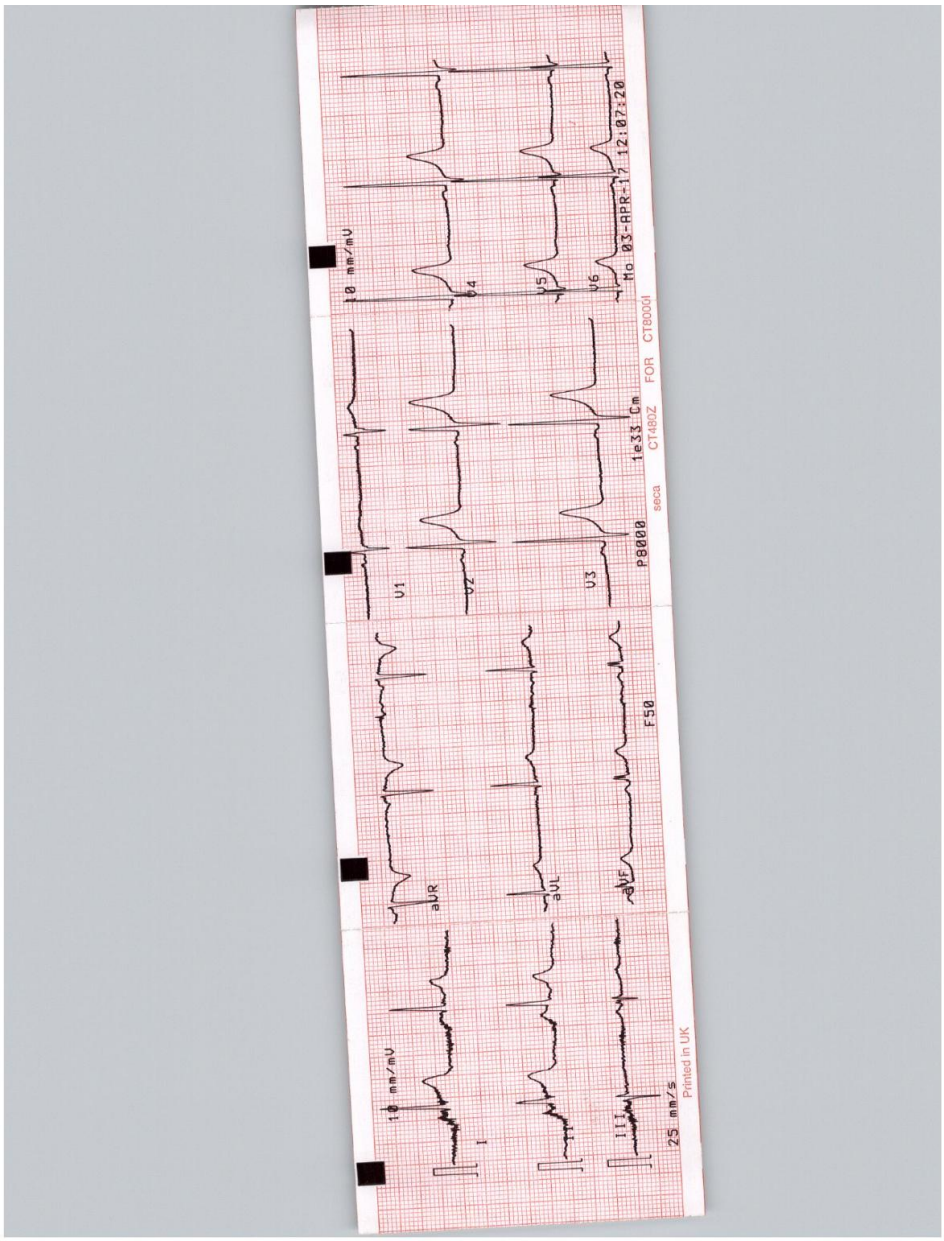
28 Feb 2017
NHS Confidential: Personal data about a patient

Mr Thomas Murphy
, 20 May 1968

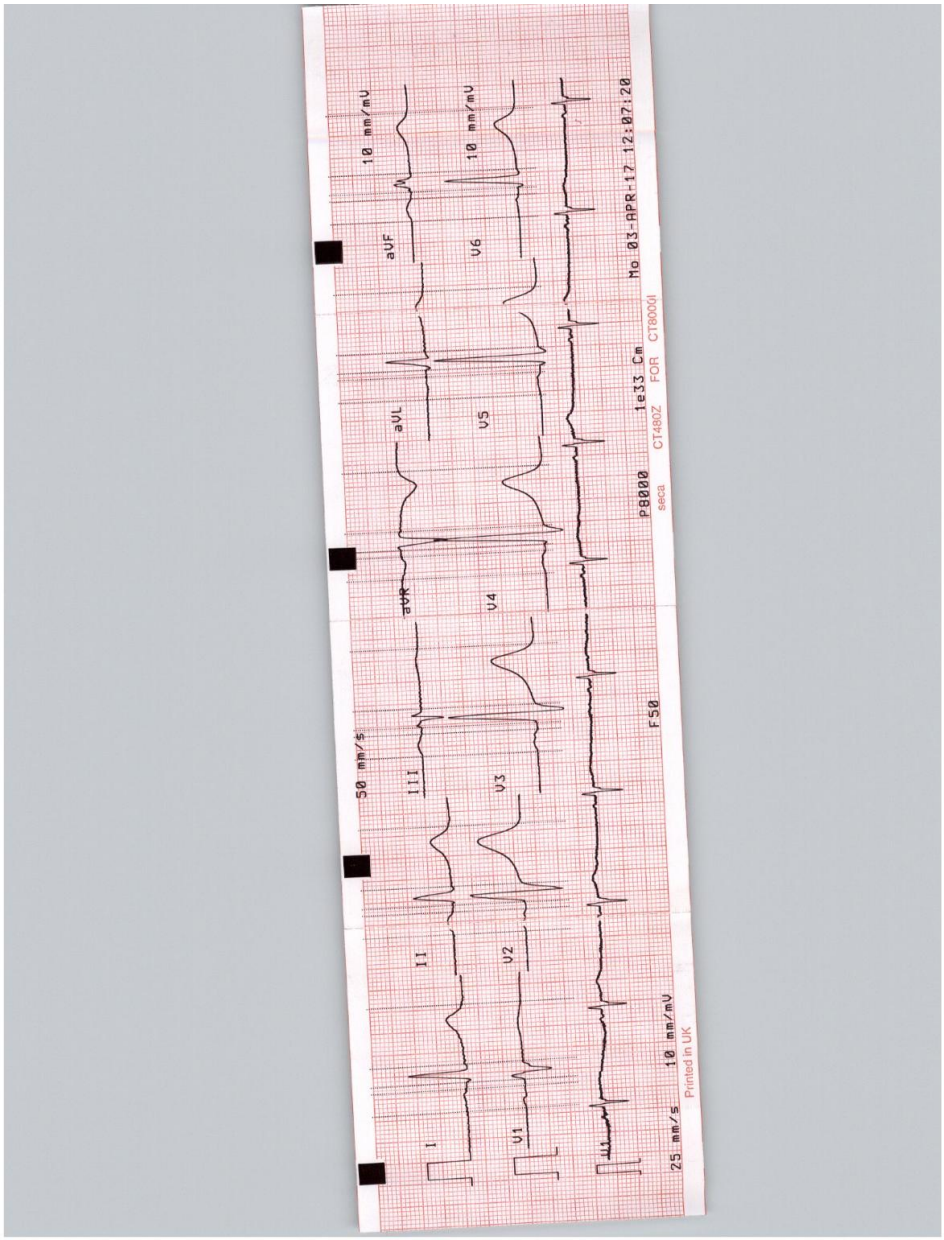
Page 1 of 1

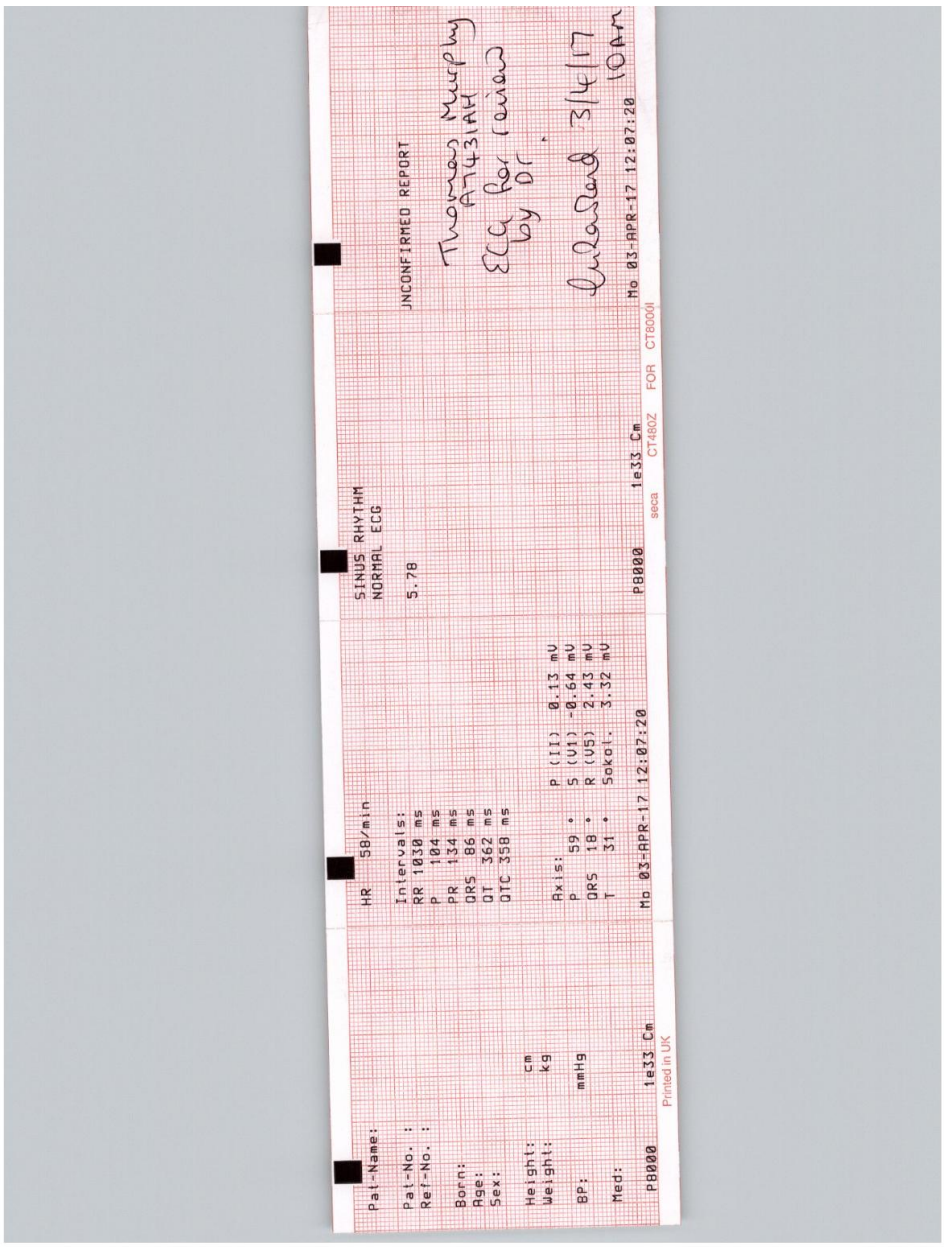
04 Apr 2017	ECG to HMP Lindholme

Letter Type ECG
Letter To HMP Lindholme
Letter From HMP Lindholme



Page 1 of 3


10 mm/mV
aVF
V6
aVL
V5
aVR
V4
III
V3
50 mm/s
F50
II
V2
I
V1
III
25 mm/s 10 mm/mV
Printed in UK
P8000 1e33.Cm Mo 03-APR-17 12:07:20
seca CT4802 FOR CT8000i


Pat-Name:
Pat-No. :
Ref-No. :
Born:
Age:
Sex:
Height: cm
Weight: kg
BP: mmHg
Med:
P8000 1e33 Cm
HR 58/min
Intervals:
RR 1030 ms
P 104 ms
PR 134 ms
QRS 86 ms
QT 362 ms
QTC 358 ms
Axis:
P 59 °
QRS 18 °
T 31 °
P (II) 0.13 mV
S (V1) -0.64 mV
R (V5) 2.43 mV
Sokol. 3.32 mV
Mo 03-APR-17 12:07:20
SINUS RHYTHM
NORMAL ECG
UNCONFIRMED REPORT
5.78
P8000 1e33 Cm
Mo 03-APR-17 12:07:20
seca CT480Z FOR CT8000
Printed in UK
Thomas Murphy
A7431AH
ECG for review
by Dr
3/4/17
10am

13 Apr 2017	Consent Forms to HMP Lindholme
Letter Type	Consent Forms
Letter To	HMP Lindholme
Letter From	HMP Lindholme

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Nottinghamshire Healthcare NHS
NHS Foundation Trust

Patient Agreement for In Possession Medication

I understand that during my period of custody at this HMP establishment I may have medication issued to me to keep in my possession either within the prison, during a court visit or on transfer to another prison.

I understand and agree to the following conditions:

- I will use the medicine as instructed by the Doctor, nurse, pharmacist or pharmacy technician
- I will take the medication at all times as instructed
- I will take full responsibility for the safe keeping of the medication
- I accept that any stolen medication will not normally be replaced
- I will not accept any medication from other prisoners for my own use
- I will not give or sell or trade my medication to any other prisoner
- I will return any unused medication immediately to healthcare or place in the amnesty box
- I will return all empty containers, including empty blister strips to healthcare
- I will not attempt to store or accumulate medication
- I will keep my medication in the container in which it is issued and will not tamper with it or the label in an way
- If I have my medication taken off me forcibly by another prisoner, I will inform a member of the healthcare team
- I am aware that there will be communication between healthcare and security to monitor trading of medicines and as part of that process my cell may be searched

I have read and/or had explained to me the above conditions and agree to abide by these. I understand that any failure to do so may result in behaviour warning and/or having the privilege of in-possession medication withdrawn.

Name: Mr Thomas Murphy

Prison No: A7431AH

Signature: _____ **Date:** 13 Apr 2017

I agree that the above patient fully understands the conditions given in this document.

HC Worker: Jane Craven

Signature: _____ **Date:** 13 Apr 2017

20 Apr 2017	Assessments to HMP Lindholme

Letter Type Assessments
Letter To HMP Lindholme
Letter From

Nottinghamshire Healthcare NHS
NHS Trust
Positive about integrated healthcare

Prison Number	A-74-31-AH
D.O.B.	20.05.1968
Family Name	Murphy
Forename(s)	THOMAS

AUDIT

Tick the answer that applies to each question. Write the score in the score column on the right, then add up the scores in the total score box at the bottom. Turn over the page to see what the scores mean.

						Score
1 How often do you have a drink containing alcohol?	☐ 0 Never	☐ 1 Monthly or less	☑ 2 2 to 4 times a month	☐ 3 2 to 3 times a week	☐ 4 4 or more times a week	
2 How many standard drinks containing alcohol do you have on a typical day when you are drinking?	☐ 0 1 or 2	☐ 1 3 or 4	☑ 2 5 or 6	☐ 3 7 to 9	☐ 4 10 or more	
3 How often do you have 6 or more standard drinks on one occasion?	☐ 0 Never	☑ 1 Less than monthly	☐ 2 Monthly	☐ 3 Weekly	☐ 4 Daily or almost daily	
4 How often during the last year have you found that you were not able to stop drinking once you had started?	☐ 0 Never	☑ 1 Less than monthly	☐ 2 Monthly	☐ 3 Weekly	☐ 4 Daily or almost daily	
5 How often during the last year have you failed to do what was normally expected from you because of your drinking?	☐ 0 Never	☑ 1 Less than monthly	☐ 2 Monthly	☐ 3 Weekly	☐ 4 Daily or almost daily	
6 How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	☑ 0 Never	☐ 1 Less than monthly	☐ 2 Monthly	☐ 3 Weekly	☐ 4 Daily or almost daily	
7 How often during the last year have you had a feeling of guilt or remorse after drinking?	☐ 0 Never	☐ 1 Less than monthly	☐ 2 Monthly	☐ 3 Weekly	☑ 4 Daily or almost daily	
8 How often during the last year have you been unable to remember what happened the night before because you had been drinking?	☐ 0 Never	☑ 1 Less than monthly	☐ 2 Monthly	☐ 3 Weekly	☐ 4 Daily or almost daily	
9 Have you or someone else been injured as a result of your drinking?	☐ 0 Never		☑ 2 Yes, but not in the last year		☑ 4 Yes, during the last year	T.M
10 Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?	☐ 0 Never		☑ 2 Yes, but not in the last year		☐ 4 Yes, during the last year	

Total Score 16

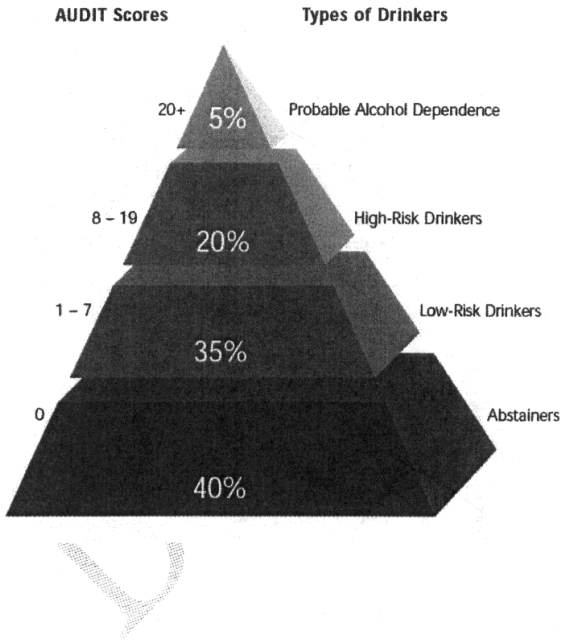
Page 1 of 2

Scoring

Those who score less than 8 require no further intervention other than attending the alcohol awareness raising sessions provided to the general prison population.

Those who score between 8 -19 indicate 'hazardous' drinking (significant risk to health and well--being) and 'harmful' drinking. Both levels of problem require further assessment. A score of 8-19 is indicative of low treatment need in the treatment frame work.

Scores of 20 or more suggest high treatment needs, and scores well in excess of 20 suggesting progressively elevated risk. The triage must take other factors into account though this valuable information should be taken to into account.



20 Apr 2017	Assessments to HMP Lindholme

Letter Type Assessments
Letter To HMP Lindholme
Letter From

Severity of Dependency Scale (SDS)

Date D D / M M / Y Y Y Y

Prisoner's details

Family name THOMAS-MURPHY Forename(s) THOMAS

How to do the CSMA SDS

Tick the answer that applies to each question. The score for each response is printed in the pale blue box below the tick box. Write the score in the score column on the right, then add up the scores in the total score box at the bottom.

					Score
1 Did you think your use of [named drug] was out of control?	Always	Nearly always	☑ Sometimes	Almost never	
2 Did the prospect of missing a fix (or dose) or not chasing make you anxious or worried?	Always	Nearly always	☑ Sometimes	Almost never	
3 Did you worry about your use of [named drug]?	Always	Nearly always	☑ Sometimes	Almost never	
4 Did you wish you could stop?	Always	Nearly always	Sometimes	☑ Almost never	
5 How difficult did you find it to stop or go without [named drug]?	Impossible	Very difficult	Quite difficult	Not difficult	☑

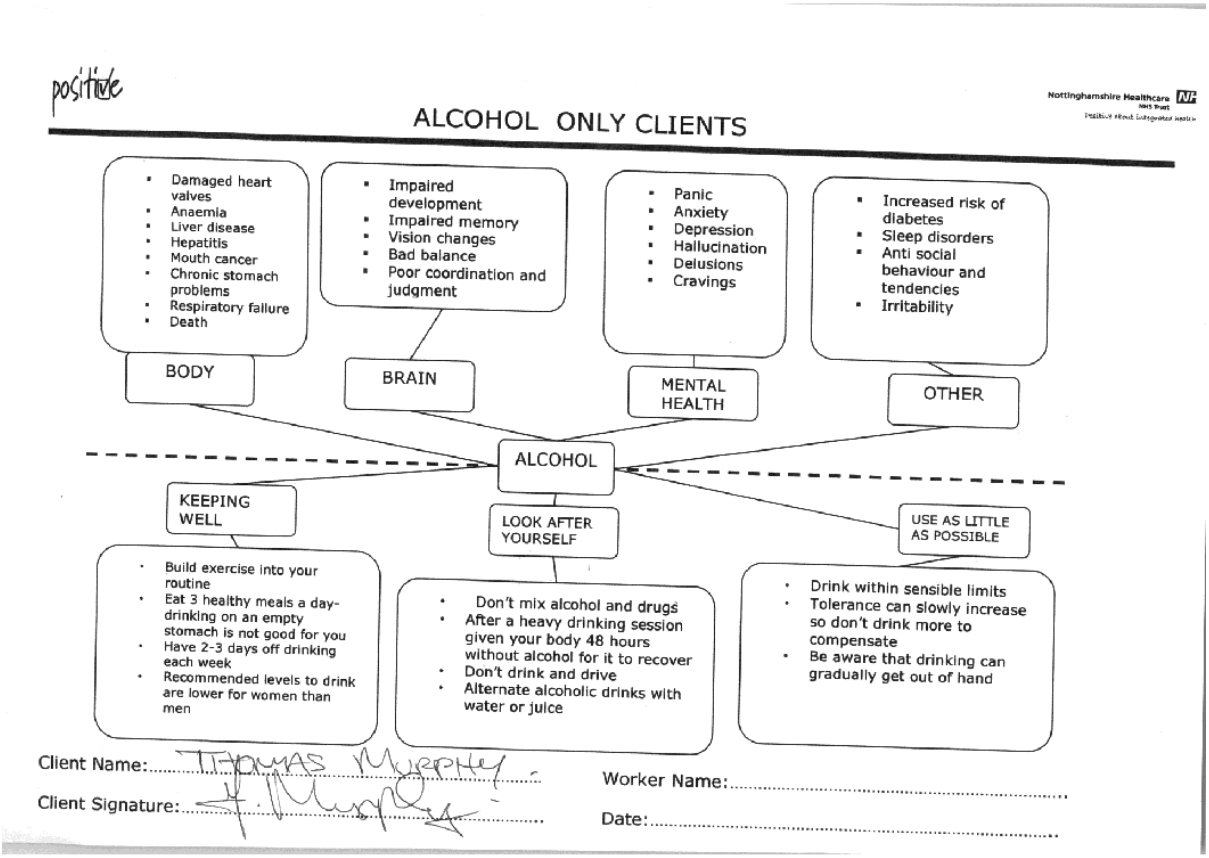
Total score 3

Scoring

The SDS is a five-item measure of dependence, altered to suit the type of substance used (Gossop et al, 1995). Each item is scored on a four-point scale from 0-3, giving a range of possible scores from 0-15. Principal Components Analysis shows these five items to form a single factor, and the scale has good internal consistency. Its validity has been demonstrated by high correlations with quantity, frequency, and duration of drug use in heroin, cocaine, and amphetamine use. The authors do not recommend any cut-off score, but a score of 7 or more is likely to indicate high dependence and a score of 4 or more is likely to indicate medium dependence on the basis of the means and standard deviations of the samples they present.

20 Apr 2017	Miscellaneous to HMP Lindholme

Letter Type Miscellaneous
Letter To HMP Lindholme
Letter From



20 Apr 2017	Consent Forms to HMP Lindholme

Letter Type Consent Forms
Letter To HMP Lindholme
Letter From

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NHS Trust
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OFFENDER HEALTH SUBSTANCE MISUSE SERVICE
PATIENT AGREEMENT

'The Substance Misuse Service offers you the opportunity to engage in recovery whilst working towards a substance free lifestyle both in custody and upon release, enabling you to build a better and healthier life'

- This document explains **YOUR** responsibility when receiving any interventions from the Substance Misuse Service. The main features of this agreement between you and us are as follows
- You will be able to address your treatment needs, engage with your allocated Keyworker and receive appropriate treatments in order to help you on your recovery journey.
- You will receive regular reviews, where you will take part in reviewing and updating your care plan.
- Your consent will be sought prior to sharing information about your medical care with other parties who can support your treatment except if you express differently. All information we have about you, or receive about you is bound by confidentiality. The substance misuse service is a confidential service. The consent below asks for your permission to share information about your medical care with other parties who can support your treatment. However, there are exceptions to confidentiality, these being, any potential threat/breach towards security and the health and safety of staff and prisoners and safe guarding.

Your involvement in any of the following;

- Verbal or physical aggression towards staff, both NHS and prison (Zero Tolerance)
- Failure to supply a urine sample or falsification of urine sample when required
- Failure to attend appointments
- Failure to collect treatment regularly
- Urinalysis negative for prescribed Methadone/Buprenorphine
- Intending to sell/supply
- Diverting or altering medication
- Taking illicit substances after the initial reception screen
- Intoxication from any substance.

may result in the Substance Misuse Service holding either OR a review of suitability to remain in service, and in treatment. This is in order to maintain safety. Any prescribed medication may be with-held prior to a review. All reviews will be conducted within a time frame so as not to cause any discomfort to you.
The outcome of this review may be rapid reduction if you are on prescribing.

PRESCRIBING ONLY

- Research shows that the best results are achieved by Clinical and Psychosocial interventions working together. Substitute prescribing is provided to meet your clinical needs such as withdrawal symptoms. During prescribed treatment you will be expected to engage with your allocated Keyworker and receive appropriate psychosocial interventions in order to help you towards recovery. Prescribed treatments are not delivered without this engagement.

- If prescribed medication and you refuse engagement with your allocated case manager, then you will undergo a Rapid Reduction.

- First line pharmacological treatment for Opiate dependency in our prisons is Methadone following confirmation from your community prescriber. If you have been receiving over 50mls supervised consumption in the community then a 25% reduction of your dose will be implemented when you first come into a remand prison.

- Before the administration of all medication you will attend with your ID card at stated treatment times. NO ID, means NO medication will be administered. Failure to attend at the designated times will result in a DNA being recorded. This will not be reversed and missing three consecutive doses of medication will result in a review of treatment

- If receiving Methadone you will be required to consume approx. 200mls of water following administration. Failing to do so will result in a review of your treatment.

- You will be observed daily for signs of sedation/withdrawal and treated in accordance with clinical observations. This may mean that should you present as over sedated your medication will be omitted.

BUPRENORPHINE ONLY

- Buprenorphine, in fragmented form only, will be prescribed if you have a confirmed prescription from your community prescriber, and you provide a urine test that is Positive to Buprenorphine ONLY and negative to all drugs/medication that is not prescribed to you.

- Fragmenting Buprenorphine medication is an un-licensed way of administering this medication but it has been approved for use this way. The implications of you not agreeing to follow this procedure will be a review of your treatment and may mean a rapid reduction or transfer to methadone. You will be required to sign an agreement to receive your medication in this way. You will be required to drink water prior to and after taking medication. The fragmented medication will be administered under the tongue and you will co-operate in safety checks of the mouth throughout administration.

- As your treatment provider, we collect data which is sent to the National Drug Treatment Monitoring System (NDTMS). This data is managed by the NHS body for drug and alcohol services, Public Health England (PHE) and will be held for 8 years. ***Information about you is anonymised to protect your identity***
    - It is important we share this information as it allows the NHS body that oversees drug treatment to analyse data from us and other government bodies, to help improve services where required and to monitor drug strategies.

No information shared can be traced back to you.

I have read, or had read to me the full contents of the above compact and understand that if I break any of this agreement I may be subject to the following:

1. **Medication review**
2. **Care Plan Review**

I Thomas Murphy **agree to the expectations above and sharing information with the following agencies:**

Any treatment provider current or future which will provide me with drug treatment.	☑
Probation Services including internal OMU..... Yes.	☑
Housing	☑
Benefits Agency	☑
Prison Staff as Required	☐
Solicitor	☐
Family	☐
NATIONAL DRUG TREATMENT MONITORING SYSTEM (NDTMS)	☑
Other named service	☐

I understand that I can withdraw any of the consent given at any time.

Patient Signature: T Murphy **Print** THOMAS Murphy **Date** .....

Witness Signature: ..... **Print** M. Cuddy **Date** .....

Once completed please ensure that a copy of this signed document is scanned onto SystmOne. A copy of this compact will be offered to the patient.

AGREEMENT AND CONSENT REVIEW (6 monthly)

Patient Signature:.....**Print**.....**Date**.....

Witness Signature:.....**Print**.....**Date**

20 Apr 2017	Assessments to HMP Lindholme

Letter Type Assessments
Letter To HMP Lindholme
Letter From

positive

Nottinghamshire Healthcare NHS Trust
Positive about integrated healthcare

Tolerance and Overdose Risks

I, Thomas Murphy have discussed and understood the following, and received further information and explanation where necessary.

			Induction			Release
Risk Factors for Drug Overdose	I am aware of the danger of low tolerance					
	I have discussed the effects of the drugs I use					
	I am aware of the risks of injecting, smoking and snorting drugs					
	I have discussed the risk of mixing drugs and poly drug use					
	I know that using alcohol with drugs increases the risk of overdose					
Avoiding Overdose	I should use in a safe environment with good hygiene practise					
	I should avoid taking large amounts; particularly on release from prison					
	I should avoid using alone; check others know what to do in an emergency					
Signs and Symptoms	Stimulants	Depressants				
	Hot and clammy / flushed	Blue extremities				
	High temperature	Slowed pulse / breathing				
	Fast pulse / breathing	Snoring noise when breathing				
	Vomiting	'Pinned' pupils				
	Panic /Fitting	Drowsy or no response				
What to do	Call an ambulance	Call an ambulance				
	Information to be given	Information to be given				
	Cool them down, loosen clothing	Cool them down, loosen clothing				
	Keep calm and stay with them	Keep calm and stay with them				
What not to do	I should not leave the alone; wait for the ambulance to arrive					
	I should not inject them with anything or give them anything to eat or drink					

Drug use disclosed:	Previous Overdose: Y / N Details:

Signed (client)			
Signed (worker)			
DATE			

26 May 2017	Letter to Patients to HMP Lindholme

Letter Type Letter to Patients
Letter To HMP Lindholme
Letter From HMP Lindholme

Offender Health

positive about integrated healthcare

Nottinghamshire Healthcare NHS
NHS Foundation Trust

HMP Lindholme
HMP Lindholme
Bawtry Road
Doncaster
South Yorkshire
DN7 6EE
Tel:
Fax:

26 May 2017

Patient Name: Mr Thomas Murphy
Prison No: A7431AH Wing: E Landing: 1, 4

Dear Mr Murphy

You raised a concern on 13.03.17. Firstly, I would like to apologise for this delay in response to your concern. Within this letter you raised issues around your medication. I note that you say that you have not received your medication up to that date. After reviewing your system one notes I see that your medication was restarted on the 31st March. I understand that this was a frustrating period for you and I now hope this situation has been resolved.

Again I sincerely apologise for this delay in getting back to you.

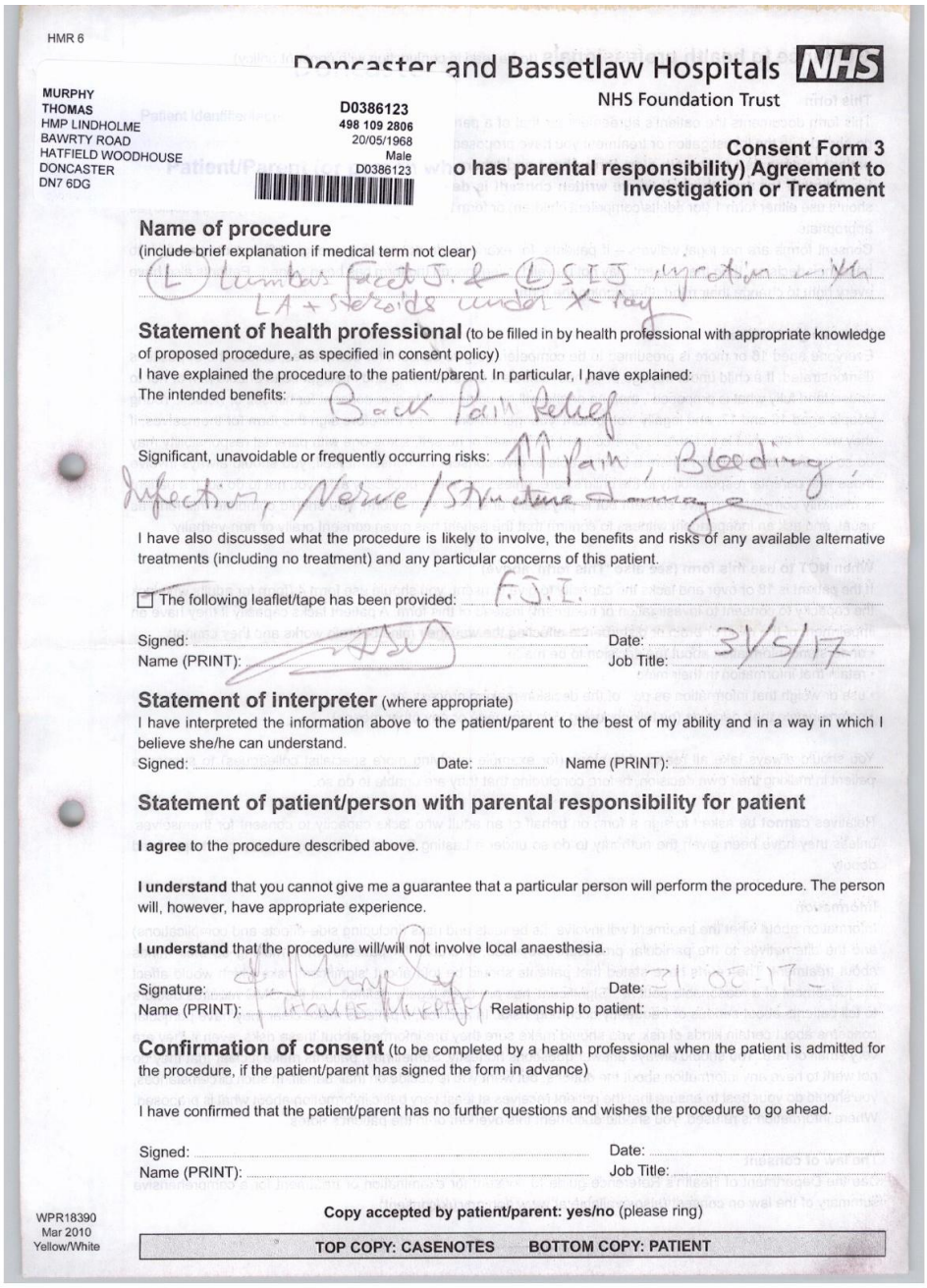
Yours sincerely

Mark Hayes
Secondary Mental Health Practitioner

Page 1 of 1

31 May 2017	Consent Forms to HMP Lindholme

Letter Type Consent Forms
Letter To HMP Lindholme
Letter From DRI,



HMR 6

Doncaster and Bassetlaw Hospitals NHS
NHS Foundation Trust

MURPHY
THOMAS
HMP LINDHOLME
BAWRTY ROAD
HATFIELD WOODHOUSE
DONCASTER
DN7 6DG

D0386123
498 109 2806
20/05/1968
Male
D0386123

Consent Form 3
o has parental responsibility) Agreement to Investigation or Treatment

Name of procedure
(include brief explanation if medical term not clear)
(L) lumbar facet J. & (L) SIJ injection with LA + steroids under X-ray

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)
I have explained the procedure to the patient/parent. In particular, I have explained:
The intended benefits: Back Pain Relief

Significant, unavoidable or frequently occurring risks: ↑↑ Pain, Bleeding, Infection, Nerve / Structure Damage

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

☐ The following leaflet/tape has been provided: F.J.I.

Signed: [signature] Date: 31/5/17
Name (PRINT): Job Title:

Statement of interpreter (where appropriate)
I have interpreted the information above to the patient/parent to the best of my ability and in a way in which I believe she/he can understand.
Signed: Date: Name (PRINT):

Statement of patient/person with parental responsibility for patient

I agree to the procedure described above.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that the procedure will/will not involve local anaesthesia.

Signature: [signature] Date: 31.05.17
Name (PRINT): THOMAS MURPHY Relationship to patient:

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient/parent has signed the form in advance)

I have confirmed that the patient/parent has no further questions and wishes the procedure to go ahead.

Signed: Date:
Name (PRINT): Job Title:

WPR18390
Mar 2010
Yellow/White

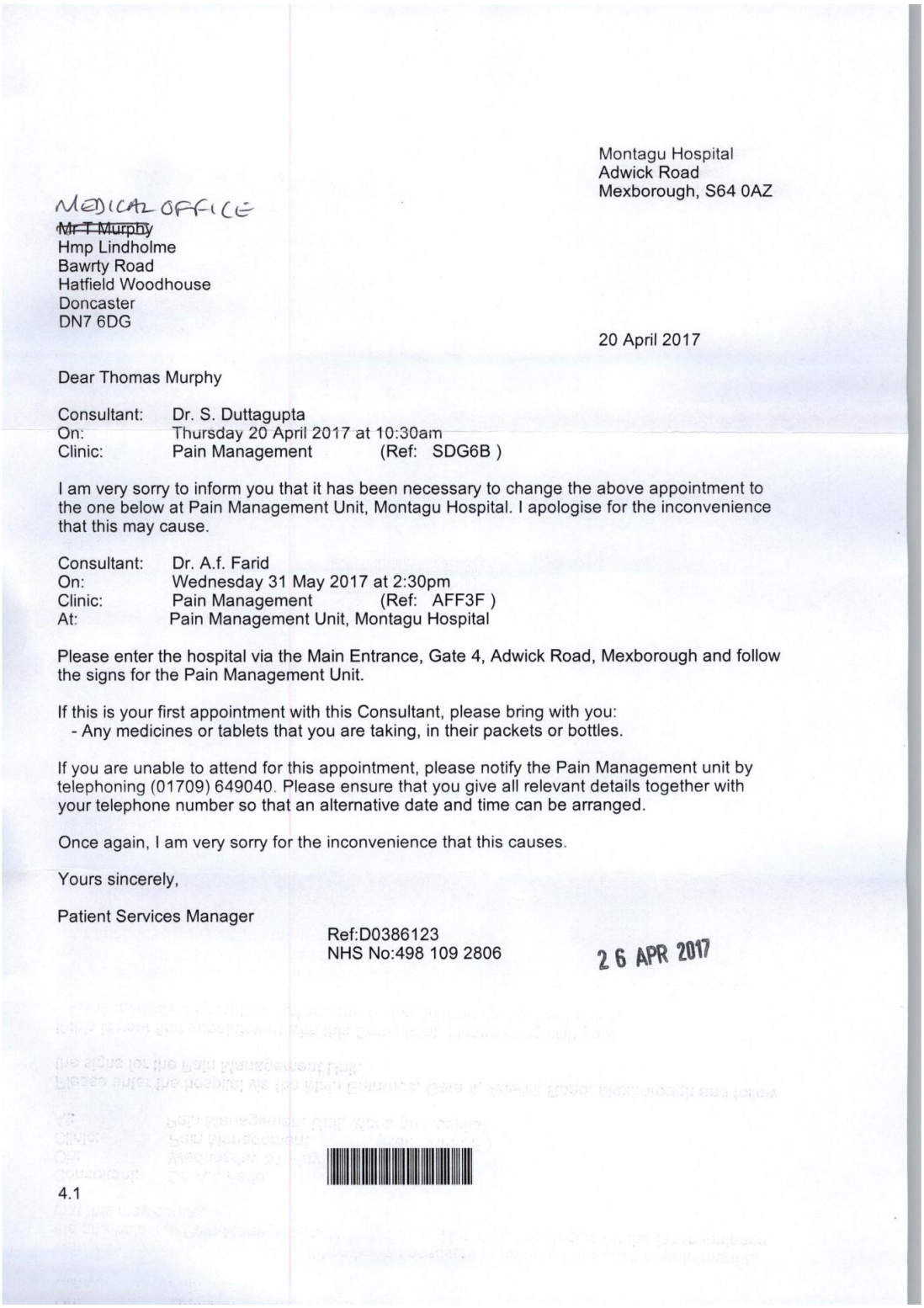
Copy accepted by patient/parent: yes/no (please ring)

TOP COPY: CASENOTES BOTTOM COPY: PATIENT

Page 1 of 1

31 May 2017	Appointment Letter to HMP Lindholme

Letter Type Appointment Letter
Letter To HMP Lindholme
Letter From Montagu Hospital



Montagu Hospital
Adwick Road
Mexborough, S64 0AZ

MEDICAL OFFICE
~~Mr T Murphy~~
Hmp Lindholme
Bawrty Road
Hatfield Woodhouse
Doncaster
DN7 6DG

20 April 2017

Dear Thomas Murphy

Consultant: Dr. S. Duttagupta
On: Thursday 20 April 2017 at 10:30am
Clinic: Pain Management (Ref: SDG6B)

I am very sorry to inform you that it has been necessary to change the above appointment to the one below at Pain Management Unit, Montagu Hospital. I apologise for the inconvenience that this may cause.

Consultant: Dr. A.f. Farid
On: Wednesday 31 May 2017 at 2:30pm
Clinic: Pain Management (Ref: AFF3F)
At: Pain Management Unit, Montagu Hospital

Please enter the hospital via the Main Entrance, Gate 4, Adwick Road, Mexborough and follow the signs for the Pain Management Unit.

If this is your first appointment with this Consultant, please bring with you:
- Any medicines or tablets that you are taking, in their packets or bottles.

If you are unable to attend for this appointment, please notify the Pain Management unit by telephoning (01709) 649040. Please ensure that you give all relevant details together with your telephone number so that an alternative date and time can be arranged.

Once again, I am very sorry for the inconvenience that this causes.

Yours sincerely,

Patient Services Manager

Ref:D0386123
NHS No:498 109 2806

26 APR 2017

4.1

Page 1 of 1

01 Jun 2017	Clinic Letter to HMP Lindholme
Letter Type	Clinic Letter
Letter To	HMP Lindholme
Letter From	Montagu Hospital

Medisec ref: 3961219 - Patient: D0386123 (NHSNo 498 109 2806) - Page 1 of 1

Doncaster and Bassetlaw Hospitals NHS
NHS Foundation Trust

Montagu Hospital
Adwick Road, Mexborough
South Yorkshire S64 0AZ
Tel: 01709 585171

Secretary: Ext: 649039/649038
Telephone No: 01709 649040
Fax: 01709 649964

The Department of Pain Management
Dr A Farid
Consultant in Pain Management

Our Ref: AF/AM/D0386123

Date of Clinic: 31/05/2017
Date Dictd: 31/05/2017
Date Typed: 01/06/2017

COPY

Dr Officer Medical
Hmp Lindholme
Bawtry Road
Hatfield Woodhouse
Doncaster DN7 6EE

Dear Dr Medical

Thomas MURPHY
Hmp Lindholme
Bawrty Road, Hatfield Woodhouse DN7 6DG

D.O.B. 20/05/1968
Hospital No. D0386123
NHS No. 498 109 2806

Thank you for referring the above patient to the pain clinic, I have seen him this afternoon at Montagu Hospital. His main complaint is of left sided low back pain; with gradual onset and 2-3 years duration.

On examination; the only significant finding was increased tenderness over the left lower lumbar facet joints and left sacroiliac joint. There were no specific neurological deficits and his pains in the lower limbs do not follow any dermatomal distribution. His medications for pain now include Amitriptyline 10 mg noctè, Co-codamol (30/500) four tablets a day, Propranolol and antipsychotics.

I have discussed with the patient the available pain management options and we agreed that there will be no increase or adding to his current pain medications and I have booked him in for left L5/S1 facet joint and left sacroiliac joint injections.

Yours sincerely

Electronically checked and authorised by Dr A Farid

Dr A Farid
Consultant in Pain Management

Become a Trust member and make a difference to the care our hospitals provide. Call (01302) 381355 or visit www.dbh.nhs.uk

Associate teaching hospital of the University of Sheffield Associate college of Sheffield Hallam University

01 Jun 2017	Hospital Letter to HMP Lindholme

Letter Type Hospital Letter
Letter To HMP Lindholme
Letter From Montagu Hospital, Pain Management



Medisec ref: 3961219 - Patient: D0386123 (NHSNo 498 109 2806) - Page 1 of 1

Doncaster and Bassetlaw Hospitals NHS
NHS Foundation Trust

Montagu Hospital
Adwick Road, Mexborough
South Yorkshire S64 0AZ
Tel: 01709 585171

Secretary: Ext: 649039/649038
Telephone No: 01709 649040
Fax: 01709 649964

The Department of Pain Management
Dr A Farid
Consultant in Pain Management

Our Ref: AF/AM/D0386123

Date of Clinic: 31/05/2017
Date Dictd: 31/05/2017
Date Typed: 01/06/2017

Dr Officer Medical
Hmp Lindholme
Bawtry Road
Hatfield Woodhouse
Doncaster DN7 6EE

Dear Dr Medical

Thomas MURPHY **D.O.B. 20/05/1968**
Hmp Lindholme **Hospital No. D0386123**
Bawrty Road, Hatfield Woodhouse DN7 6DG **NHS No. 498 109 2806**

Thank you for referring the above patient to the pain clinic, I have seen him this afternoon at Montagu Hospital. His main complaint is of left sided low back pain; with gradual onset and 2-3 years duration.

On examination; the only significant finding was increased tenderness over the left lower lumbar facet joints and left sacroiliac joint. There were no specific neurological deficits and his pains in the lower limbs do not follow any dermatomal distribution. His medications for pain now include Amitriptyline 10 mg noctè, Co-codamol (30/500) four tablets a day, Propranolol and antipsychotics.

I have discussed with the patient the available pain management options and we agreed that there will be no increase or adding to his current pain medications and I have booked him in for left L5/S1 facet joint and left sacroiliac joint injections.

Yours sincerely

Electronically checked and authorised by Dr A Farid

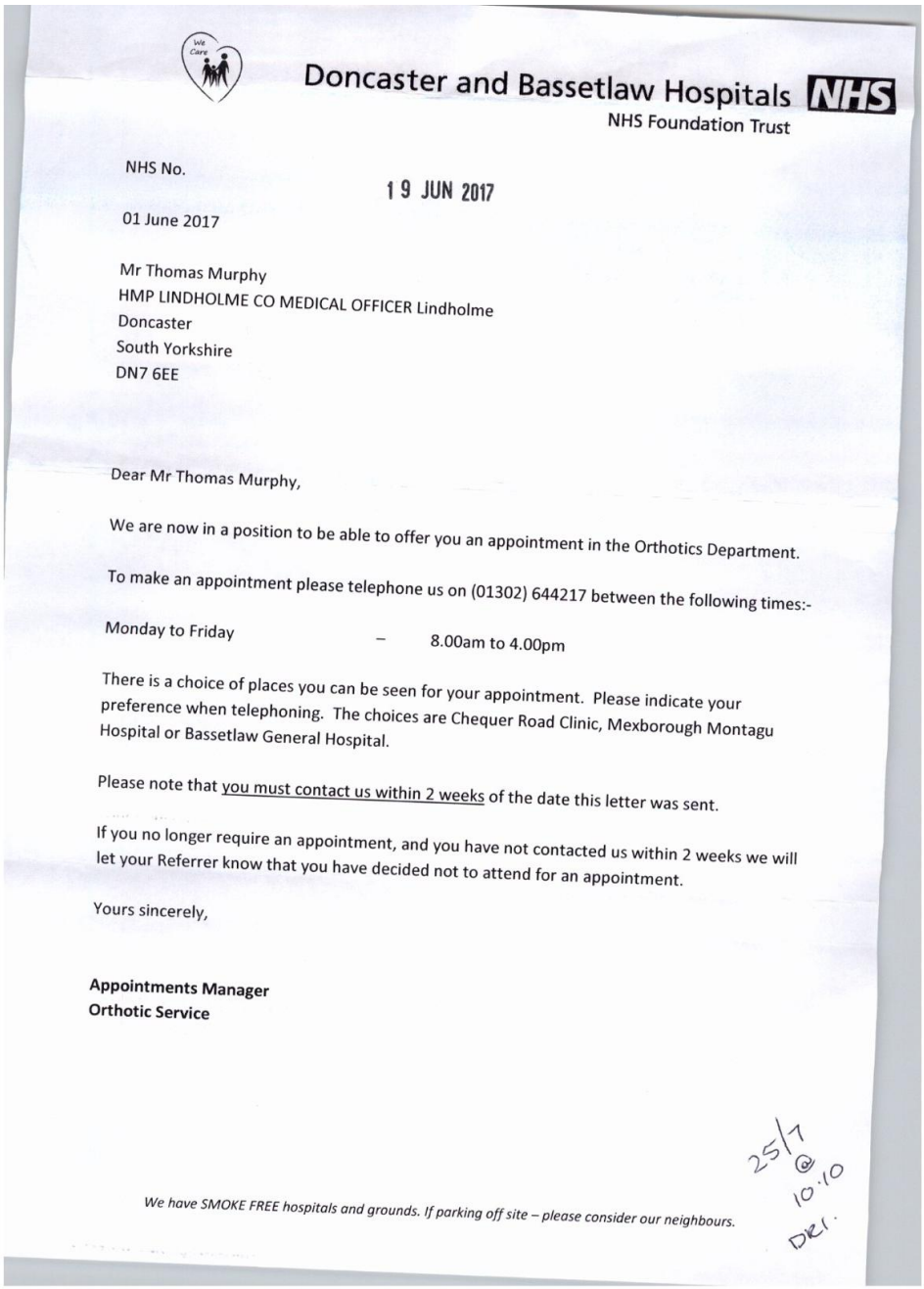
Dr A Farid
Consultant in Pain Management

Become a Trust member and make a difference to the care our hospitals provide. Call (01302) 381355 or visit www.dbh.nhs.uk

Associate teaching hospital of the University of Sheffield *Associate college of Sheffield Hallam University*

19 Jun 2017	Hospital Letter to HMP Lindholme

Letter Type Hospital Letter
Letter To HMP Lindholme
Letter From Doncaster Royal Infirmary



Doncaster and Bassetlaw Hospitals NHS
NHS Foundation Trust

NHS No.

19 JUN 2017

01 June 2017

Mr Thomas Murphy
HMP LINDHOLME CO MEDICAL OFFICER Lindholme
Doncaster
South Yorkshire
DN7 6EE

Dear Mr Thomas Murphy,

We are now in a position to be able to offer you an appointment in the Orthotics Department.

To make an appointment please telephone us on (01302) 644217 between the following times:-

Monday to Friday – 8.00am to 4.00pm

There is a choice of places you can be seen for your appointment. Please indicate your preference when telephoning. The choices are Chequer Road Clinic, Mexborough Montagu Hospital or Bassetlaw General Hospital.

Please note that you must contact us within 2 weeks of the date this letter was sent.

If you no longer require an appointment, and you have not contacted us within 2 weeks we will let your Referrer know that you have decided not to attend for an appointment.

Yours sincerely,

Appointments Manager
Orthotic Service

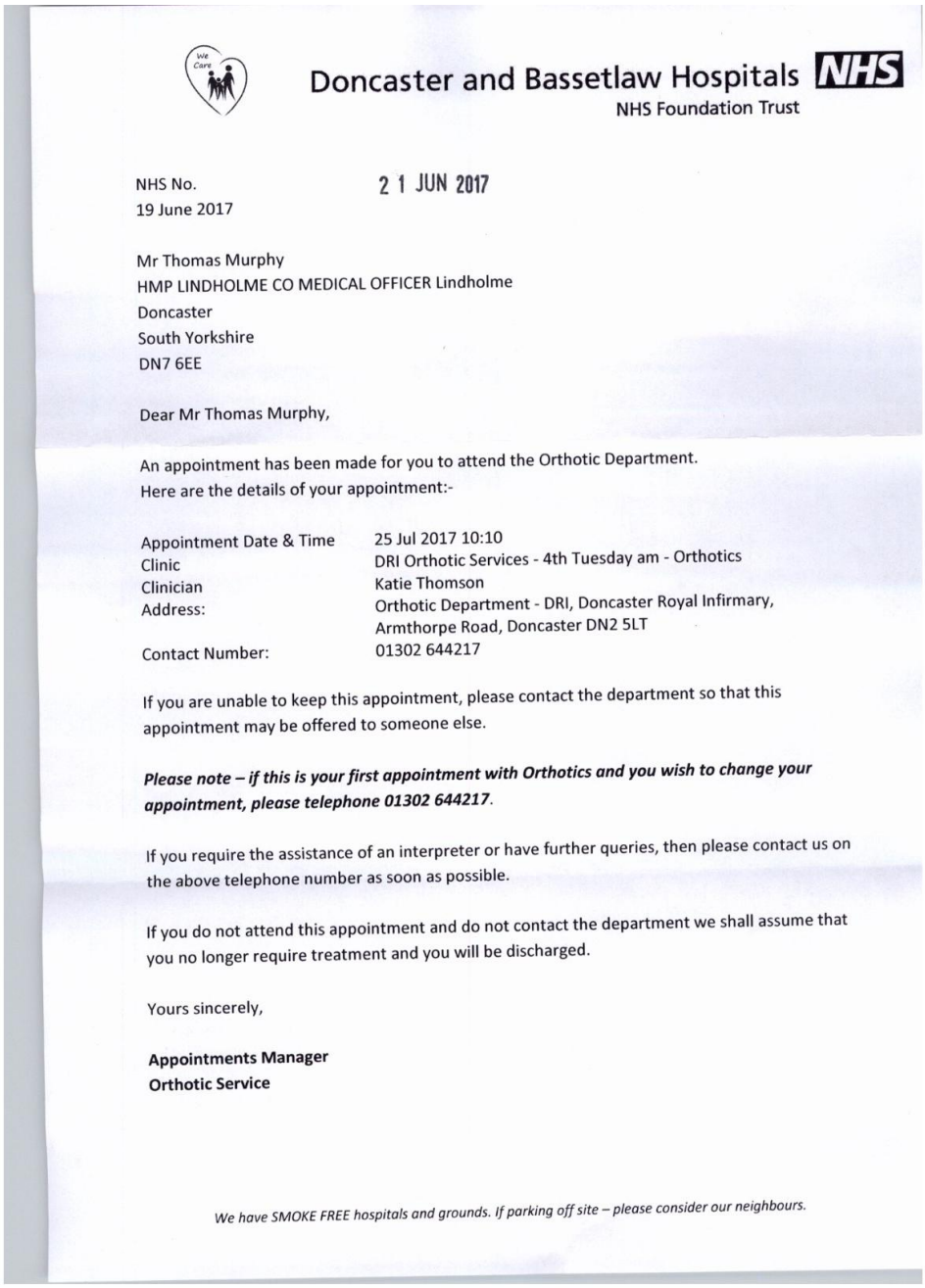
25/7 @ 10.10 DRI

We have SMOKE FREE hospitals and grounds. If parking off site – please consider our neighbours.

Page 1 of 1

21 Jun 2017	Hospital Letter to HMP Lindholme

Letter Type Hospital Letter
Letter To HMP Lindholme
Letter From Doncaster Royal Infirmary



Doncaster and Bassetlaw Hospitals NHS
NHS Foundation Trust

NHS No.
19 June 2017

21 JUN 2017

Mr Thomas Murphy
HMP LINDHOLME CO MEDICAL OFFICER Lindholme
Doncaster
South Yorkshire
DN7 6EE

Dear Mr Thomas Murphy,

An appointment has been made for you to attend the Orthotic Department.
Here are the details of your appointment:-

Appointment Date & Time	25 Jul 2017 10:10
Clinic	DRI Orthotic Services - 4th Tuesday am - Orthotics
Clinician	Katie Thomson
Address:	Orthotic Department - DRI, Doncaster Royal Infirmary, Armthorpe Road, Doncaster DN2 5LT
Contact Number:	01302 644217

If you are unable to keep this appointment, please contact the department so that this appointment may be offered to someone else.

Please note – if this is your first appointment with Orthotics and you wish to change your appointment, please telephone 01302 644217.

If you require the assistance of an interpreter or have further queries, then please contact us on the above telephone number as soon as possible.

If you do not attend this appointment and do not contact the department we shall assume that you no longer require treatment and you will be discharged.

Yours sincerely,

Appointments Manager
Orthotic Service

We have SMOKE FREE hospitals and grounds. If parking off site – please consider our neighbours.

Page 1 of 1

23 Jun 2017	MRI to HMP Lindholme
Letter Type	MRI
Letter To	HMP Lindholme
Letter From	Almshouse surgery

RECEIVED 23/06/2017 17:19 01302524665 NOTTS HEALTHCARE
25/05/2013 05:48 01924327165 ALMSHOUSE PAGE 01/03

Trinity Medical Centre
Trinity Medical Centre, Thornhill Street, Wakefield WF1 1PG
Sandal Castle Medical Centre, Asdale Road, Sandal, Wakefield WF2 7JE
Practice Manager: Mrs C. Beedham
Business Manager: Fern Whitelam

TRINITY MEDICAL CENTRE
TEL: 01924 784103
FAX: 01924 327165

SANDAL CASTLE MEDICAL CENTRE
TEL: 01924 784103
FAX: 01924 242665

FACSIMILE TRANSMISSION HEADER

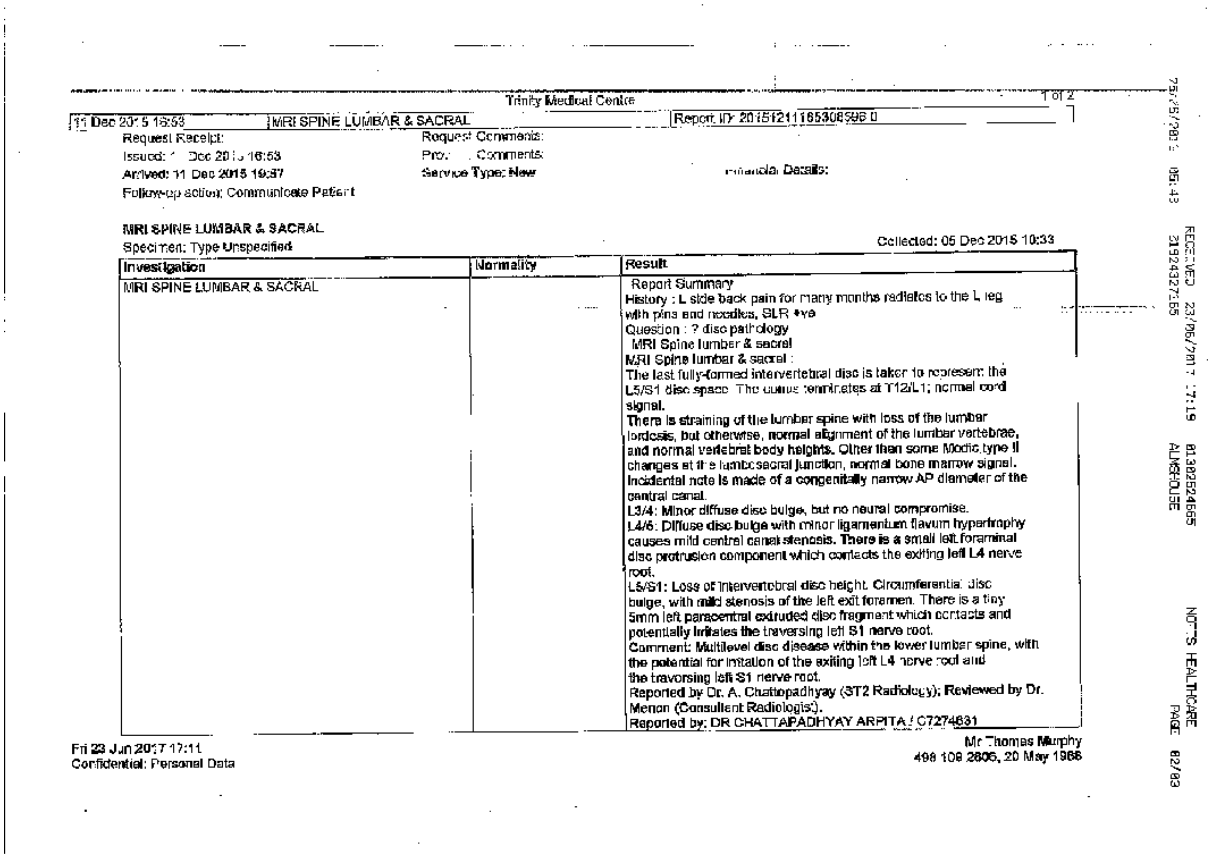
To: LINDOLME PRISON
Fax No: 01302 524665
From: TRINITY MEDICAL CTR
Date: 23/06/2017.
No pages including this one: 3
IF ANY PAGES ARE MISSING PLEASE CONTACT OUR SURGERY IMMEDIATELY
Message: for the attention of Sophie regarding Thomas Murphy (date of birth 20/05/1968) Requesting results from MRI that was missed in DR Alisha's report.

Kind Regards,
Charlotte. (Receptionist)

This transmission is intended for the addressee only and all content is confidential. Should you receive this communication in error please contact the sender immediately.

www.tmcwakefield.co.uk

Page 1 of 3



Trinity Medical Centre 1 of 2

11 Dec 2015 16:53 | MRI SPINE LUMBAR & SACRAL | Report ID: 20151211165308596 0

Request Receipt:
Issued: 11 Dec 2015 16:53
Arrived: 11 Dec 2015 19:37
Follow-up action: Communicate Patient

Request Comments:
Prev. Comments:
Service Type: New

Formula Details:

MRI SPINE LUMBAR & SACRAL
Specimen: Type Unspecified

Collected: 05 Dec 2015 10:33

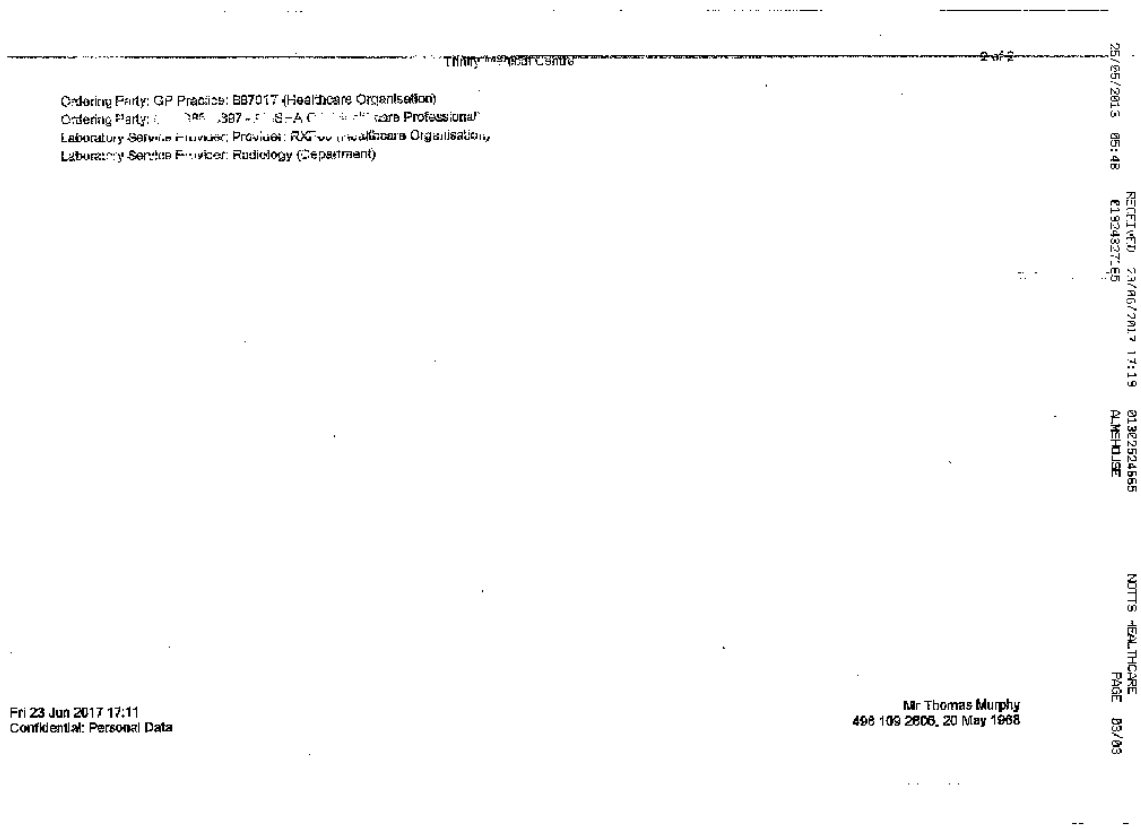
Investigation	Normality	Result
MRI SPINE LUMBAR & SACRAL		Report Summary History : L side back pain for many months radiates to the L leg with pins and needles, SLR +ve Question : ? disc pathology MRI Spine lumbar & sacral MRI Spine lumbar & sacral : The last fully-formed intervertebral disc is taken to represent the L5/S1 disc space. The conus terminates at T12/L1; normal cord signal. There is straining of the lumbar spine with loss of the lumbar lordosis, but otherwise, normal alignment of the lumbar vertebrae, and normal vertebral body heights. Other than some Modic type II changes at the lumbosacral junction, normal bone marrow signal. Incidental note is made of a congenitally narrow AP diameter of the central canal. L3/4: Minor diffuse disc bulge, but no neural compromise. L4/5: Diffuse disc bulge with minor ligamentum flavum hypertrophy causes mild central canal stenosis. There is a small left foraminal disc protrusion component which contacts the exiting left L4 nerve root. L5/S1: Loss of intervertebral disc height. Circumferential disc bulge, with mild stenosis of the left exit foramen. There is a tiny 5mm left paracentral extruded disc fragment which contacts and potentially irritates the traversing left S1 nerve root. Comment: Multilevel disc disease within the lower lumbar spine, with the potential for irritation of the exiting left L4 nerve root and the traversing left S1 nerve root. Reported by Dr. A. Chattopadhyay (ST2 Radiology); Reviewed by Dr. Menon (Consultant Radiologist). Reported by: DR CHATTAPADHYAY ARPITA / C7274631

Fri 23 Jun 2017 17:11
Confidential: Personal Data

Mr Thomas Murphy
498 109 2806, 20 May 1968

75/25/2017 05:43 RECEIVED 23/06/2017 17:19 3192437165 813858246655 ALLSHOUSE NOTTS HEALTHCARE PAGE 02/03

Page 2 of 3


Thirty Year Centre
2 of 2
Ordering Party: GP Practice: B87017 (Healthcare Organisation)
Laboratory Service Provider: Radiology (Department)
25/05/2015 05:48
RECEIVED 23/06/2017 17:19
01302524555
NOTTS HEALTHCARE
PAGE 03/03
Fri 23 Jun 2017 17:11
Confidential: Personal Data
Mr Thomas Murphy
498 109 2806, 20 May 1968

06 Jul 2017	Consent Forms to HMP Lindholme

Letter Type Consent Forms
Letter To HMP Lindholme
Letter From

HMR 6

Doncaster and Bassetlaw Hospitals NHS
NHS Foundation Trust

MURPHY
THOMAS
HMP LINDHOLME
BAWRTY ROAD
HATFIELD WOODHOUSE
DONCASTER
DN7 6DG

D0386123
498 109 2806
20/05/1968
Male
D0386123

COPY

Consent Form 3
o has parental responsibility) Agreement to Investigation or Treatment

Name of procedure
(include brief explanation if medical term not clear)
(L) lumbar facet J. & (L) SIJ injection with LA + steroids under X-ray

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)
I have explained the procedure to the patient/parent. In particular, I have explained:
The intended benefits: Back Pain Relief

Significant, unavoidable or frequently occurring risks: Pain, Bleeding, Infection, Nerve / Structural damage

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

☐ The following leaflet/tape has been provided: F.G.I.

Signed: [signature] Date: 31/5/17
Name (PRINT): Job Title:

Statement of interpreter (where appropriate)
I have interpreted the information above to the patient/parent to the best of my ability and in a way in which I believe she/he can understand.
Signed: Date: Name (PRINT):

Statement of patient/person with parental responsibility for patient

I agree to the procedure described above.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that the procedure will/will not involve local anaesthesia.

Signature: T. Murphy Date: 31-05-17
Name (PRINT): THOMAS MURPHY Relationship to patient:

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient/parent has signed the form in advance)

I have confirmed that the patient/parent has no further questions and wishes the procedure to go ahead.

Signed: Date:
Name (PRINT): Job Title:

WPR18390
Mar 2010
Yellow/White

Copy accepted by patient/parent: yes/no (please ring)

TOP COPY: CASENOTES BOTTOM COPY: PATIENT

Page 1 of 1

10 Jul 2017	Appointment Letter to HMP Lindholme

Letter Type Appointment Letter
Letter To HMP Lindholme
Letter From Montagu, Pain Management

10 JUL 2017

Direct Telephone Number: Open Injections (01709) 649037
Direct Telephone Number: Gen Enquiries (01709) 649040

Mr Thomas Murphy
Hmp Lindholme
Bawrty Road
Hatfield Woodhouse
Doncaster
DN7 6DG

7 July 2017

Ref: D0386123

Montagu Hospital
Adwick Road
Mexborough, S64 0AZ
Tel: (01709) 585171

NHS NO:498 109 2806

Dear Mr Thomas Murphy

A further appointment has been made for you to attend the Pain Clinic at Montagu Hospital, Mexborough, on the date shown below:

Consultant :AFF = Dr. A.f. Farid
Specialty :Pain Management
Admission Date :2/8/2017
Ward :PMU = Pain Unit
Time :14:15

Please enter the hospital by Gate 1 Cemetery Road or Gate 4 Adwick Road and follow the signs for the Pain Management Unit situated on level 3.

Please bring with you any medication or tablets you are currently taking. We would ask you not to bring any large sums of money or valuables with you for your hospital stay.

If you use reading glasses, we would be obliged if you would bring them with you. As there may be a delay before and after your treatment, it is advisable to provide yourself with something to occupy your time, eg reading material

It is expected that you will be able to go home an hour after your treatment. Arrangements need to be made for someone to take you home after the treatment (except for acupuncture) as you will not be able to drive home yourself.

Should you be unable to attend or have any queries please let us know immediately by telephoning on the above number between 9.00am and 4.00pm Monday to Friday. Outside these times you can leave a message with your contact number and we will ring you back the next working day if necessary. If you need transport, due to medical reasons only, please contact us immediately - we need at least 48 hours to organise this.

If you fail to attend without letting us know, you will automatically be discharged from the clinic.

Yours sincerely

Pain Management Secretary

2.35

Page 1 of 1

17 Jul 2017	Letter to Patients to HMP Lindholme

Letter Type Letter to Patients
Letter To HMP Lindholme
Letter From

positive about integrated healthcare

Nottinghamshire Healthcare NHS
NHS Foundation Trust

Date 17/7/17

Dear Mr Murphy

Thank you for your interest in moving onto A wing to do the recovery programme.
I am writing to inform you that you have been successful and will be moved to A wing in due course. Your keyworker will meet with you to discuss the programme further.

Yours sincerely

PP D. Smith

Pamela Smith
Senior Practitioner
Substance Misuse Team
Recovery Hub
HMP Lindholme

'Growing Recovery'

Page 1 of 1

22 Jul 2017	X Ray Report to HMP Lindholme

Letter Type: X Ray Report
Letter To: HMP Lindholme
Letter From: Doncaster Royal Infirmary

MEDICAL IMAGING CLINICAL SERVICE UNIT
DONCASTER ROYAL INFIRMARY
THORNE ROAD
DONCASTER
DN2 5LT

Dr MEDICAL OFFICER HMP LINDHOLME

GP PRACTICE (HMP)
HMP LINDHOLME HATFIELD WOODHOUSE DONCASTER
DONCASTER DN7 6EE

RADIOLOGY REPORT (Page 1 of 1)

Patient:	**MR MURPHY, THOMAS** **HMP LINDHOLME** **DN7 6DG HATFIELD WOODHOUSE DONCASTER**		
Date of birth:	**20-05-1968**	Sex:	**Male**
Patient number:	**D0386123**	NHS number:	**4981092806**
Request number:	**63513273**		
Requester:	**MEDICAL OFFICER HMP LINDHOLI**		
Referral type:	**GP**	Patient Location at Request:	
Urgency:	**Normal**		

Exam: **XKNEL: XR Knee Lt** Examination date: **21-07-2017 14:30**

The knee joint appears normal.

This report is sent for information and follow up is the responsibility of the referrer

Report status:	AUT
Author:	**Dr Howard, Judith (Consultant Radiologist)**
Authorizer:	Dr Howard, Judith
Authorised on:	22 July 2017, 3:48 pm
Typist:	Dr Howard, Judith

28 JUL 2017

Page 1 of 1

02 Aug 2017	Clinic Letter to HMp Lindholme
Letter Type	Clinic Letter
Letter To	HMp Lindholme
Letter From	Montagu Hospital

Medisec ref: 4071263 - Patient: D0386123 (NHSNo 498 109 2806) - Page 1 of 1

Doncaster and Bassetlaw Hospitals NHS
NHS Foundation Trust

09 AUG 2017

Montagu Hospital
Adwick Road, Mexborough
South Yorkshire S64 0AZ
Tel: 01709 585171

Telephone Number: 01709 649040
Fax: 01709 321193

The Department of Pain Management
Dr A Farid
Consultant in Pain Management

Our Ref: AFF/dh/D0386123

Date Dictd: 02/08/2017
Date Typed: 02/08/2017

COPY

Dr Officer Medical
Hmp Lindholme
Bawtry Road
Hatfield Woodhouse
Doncaster
DN7 6EE

Dear Dr Medical

Thomas MURPHY
Hmp Lindholme
Bawrty Road, Hatfield Woodhouse DN7 6DG

D.O.B. 20/05/1968
Hospital No. D0386123
NHS No. 498 109 2806

Advised changes in medication today/Comments:

The above patient Did Not Attend his Treatment appointment at the PMU for the second time. I assume he is no longer in need to the services of the Pain Clinic. He is now Discharged.
If he needed to be seen at the PMU in the future, We will be happy to see him again with a new referral.

Treatment today:

DNA

Treatment Booked:

Discharged

Outcome:

☐ Review Appointment ☐ Treatment Appointment ☐ Open ☑ Discharge

Yours sincerely pp A Farid MN

Dr A Farid
Consultant in Pain Management

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Associate teaching hospital of the University of Sheffield Associate college of Sheffield Hallam University

Page 1 of 1

29 Sep 2017	Referral Letter to DRI, Pain Clinic Referral

Letter Type: Referral Letter
Letter To: DRI, Pain Clinic Referral
Letter From: HMP Lindholme

TRANSMISSION VERIFICATION REPORT

TIME : 29/09/2017 09:51
NAME : NOTTS HEALTHCARE
FAX : 01302524665
TEL : 01302524665
SER.# : E71295J4J798445

DATE,TIME	29/09 09:50
FAX NO./NAME	901302647079
DURATION	00:00:21
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM





HMP Lindholme
Bawtry Road,
Hatfield,
Doncaster
DN7 6EE

Telephone: 01302 524923
Fax: 01302 524665

HMP LINDHOLME
BAWTRY ROAD
DONCASTER
DN7 6EE

DATE: 29/09/2017

REFERRAL

TO: PAIN CLINIC - DRI

FROM: HEALTHCARE ADMIN

FAX: 01302 647073

NAME: THOMAS MURPHY D.O.B: 20/MAY/1968

PLEASE SEE ATTACHED REFERRAL FOR THE ABOVE NAMED PATIENT.

Page 1 of 2

Printed by Dr Gaynor Mountcastle

HMP Lindholme
Bawtry Road
Doncaster
DN7 6EE

Pain Clinic, Doncaster Royal Infirmary
Armthorpe Rd
Doncaster
DN2 5LT

Referral Date 27 Sep 2017
Referred by Dr Gaynor Mountcastle

Patients Details

Prison Number A7431AH
Date of Birth 20 May 1968
Surname Murphy
First Name Thomas

Address HMP Lindholme
Bawtry Road
Hatfield Woodhouse
Doncaster
South Yorkshire
DN7 6EE
01302 524869

Current Medication

Start Date	Drug
31 Aug 2017	Co-codamol 30mg/500mg tablets - 2 bd
12 Sep 2017	Amitriptyline 10mg tablets - [16.00-1 tablets]
12 Sep 2017	Aripiprazole 5mg tablets - [09:00-2 tablets]
12 Sep 2017	Stexerol-D3 25,000unit tablets (Kyowa Kirin Ltd) - 2 weekly for 6 weeks
15 Sep 2017	Gabapentin 100mg capsules - Variable Dose
19 Sep 2017	Propranolol 40mg tablets - 1 To be taken Twice Daily
21 Sep 2017	Co-codamol 30mg/500mg tablets - ONE or TWO to be taken up to FOUR times daily
27 Sep 2017	Co-codamol 30mg/500mg tablets - 2 bd
28 Sep 2017	Co-codamol 30mg/500mg tablets - 2 bd
28 Sep 2017	Co-codamol 30mg/500mg tablets - 2 tablet

Reason for Referral

(re)referral as missed appointment as was removed off waiting list.

Mr Thomas Murphy
20 May 1968

27 Sep 2017
NHS Confidential: Personal data about a patient

10 Oct 2017	Referral Letter to Ultrasound
Letter Type	Referral Letter
Letter To	Ultrasound
Letter From	HMP Lindholme

HMP Lindholme
Bawtry Road,
Hatfield,
Doncaster
DN7 6EE

Telephone: 01302 524823
Fax: 01302 524665

HMP LINDHOLME
BAWTRY ROAD
DONCASTER
DN7 6EE

DATE: 10/10/17

REFERROL

TO: DRI – Ultrasound

FROM: Julie Murray

FAX: 01302 647211

NAME: Thomas MURPHY D.O.B: 20.5.1968

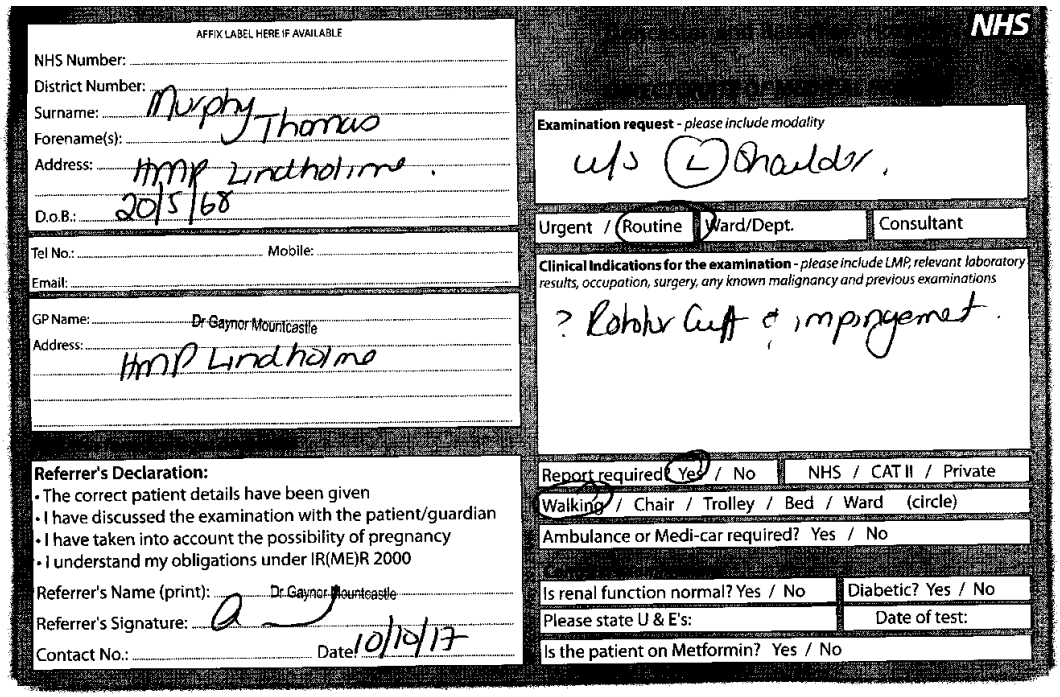
PLEASE SEE ATTACHED REFERROL FOR THE ABOVE NAMED PATIENT.

KIND REGARDS

KATHY WIGGINS
HOSPITAL APPOINTMENTS ADMINISTRATOR
01302 524867

Healthcare Services provided by Care UK Ltd. on behalf of the NHS. Registered in England. Registration Number: 6239911. Registered office: Connaught House, 850 The Crescent, Colchester Business Park, Colchester, Essex CO4 9QB.

HC3505 Aug.17 (4853)



AFFIX LABEL HERE IF AVAILABLE

NHS Number:
District Number:
Surname: Murphy
Forename(s): Thomas
Address: HMP Lindholme.
D.o.B.: 20/5/68
Tel No.: Mobile:
Email:
GP Name: Dr Gaynor Mountcastle
Address: HMP Lindholme

Referrer's Declaration:
- The correct patient details have been given
- I have discussed the examination with the patient/guardian
- I have taken into account the possibility of pregnancy
- I understand my obligations under IR(ME)R 2000

Referrer's Name (print): Dr Gaynor Mountcastle
Referrer's Signature:
Contact No.: Date: 10/10/17

NHS

Examination request - *please include modality*
u/s (L) Shoulder.

Urgent / (Routine) | Ward/Dept. | Consultant

Clinical Indications for the examination - *please include LMP, relevant laboratory results, occupation, surgery, any known malignancy and previous examinations*
? Rotator Cuff ± impingement.

Report required (Yes) / No | NHS / CAT II / Private
(Walking) / Chair / Trolley / Bed / Ward (circle)
Ambulance or Medi-car required? Yes / No

Is renal function normal? Yes / No | Diabetic? Yes / No
Please state U & E's: | Date of test:
Is the patient on Metformin? Yes / No

Page 2 of 3

TRANSMISSION VERIFICATION REPORT

TIME : 10/10/2017 10:24
NAME : NOTTS HEALTHCARE
FAX : 01302524665
TEL : 01302524665
SER.# : E71295J4J798445

DATE,TIME	10/10 10:23
FAX NO./NAME	9647211
DURATION	00:00:22
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

HMP Lindholme
Bawtry Road,
Hatfield,
Doncaster
DN7 6EE

Telephone: 01302 524823
Fax: 01302 524665

HMP LINDHOLME
BAWTRY ROAD
DONCASTER
DN7 6EE

DATE: 10/10/17

REFERRAL

TO: DRI - Ultrasound

FROM: Julie Murray

FAX: 01302 647211

NAME: Thomas MURPHY D.O.B: 20.5.1968

PLEASE SEE ATTACHED REFERRAL FOR THE ABOVE NAMED PATIENT.

10 Oct 2017	Miscellaneous to HMP Lindholme
Letter Type	Miscellaneous
Letter To	HMP Lindholme
Letter From	

care UK

Feedback form

We are constantly working to improve and develop the courses that we offer. We would be grateful if you would take a few minutes to complete this form. We value your feedback, and we will read all the comments you give us about the course you have just completed.

Name: THOMAS - MURPHY - **Date:** 10.10.17.

Course: MOTIVATION + CHANGE.

How useful have you found this course? Why?

Very useful on my behalf - enjoyed the Course from day One.

What will you take away from this course?

POSITIVE THOUGHTS + ATTITUDE, Look forward to Going forward.

How will you use what you have covered?

IN A POSITIVE WAY. IF I MAKE any - Mistakes - I'll Refer to the Course Meetings and Remind Myself of What we Covered.

What changes would you make to the course to make it even better for the next group?

NO - changes Really - Course is Okay. and People Can take a lot from it. IF They think Positively.

Thank you for your feedback.

Page 1 of 1

31 Oct 2017	Appointment Letter to HMP Lindholme

Letter Type Appointment Letter
Letter To HMP Lindholme
Letter From DRI, Ultrasound, 13.11.17

2 - NOV 2017

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

MEDICAL IMAGING SERVICE
DONCASTER ROYAL INFIRMARY
ARMTHORPE ROAD
DONCASTER
DN2 5LT
Tel: 01302 642600

MR THOMAS MURPHY
C/O MEDICAL OFFICER
HMP LINDHOLME
BAWRTY ROAD
HATFIELD WOODHOUSE
DONCASTER
DN7 6DG

Tuesday 31 October 2017
Request Number: 64667415
NHS Number: 4981092806
District Number: D0386123
Date of Birth: 20/05/1968

Dear MR THOMAS MURPHY

At the request of Dr DR SM MEDICAL OFFICER HMP LINDHOLME DONCASTER, the following appointment has been made for you to attend on:

Appointment Date: **Monday 13 November 2017**
Appointment Time: **9:00 AM**
Examinations: **US Shoulder Lt**

In the **Ultrasound Department, Medical Imaging (X-ray), DONCASTER ROYAL INFIRMARY, DONCASTER**

Please enter DONCASTER ROYAL INFIRMARY through Gate 3, use the Emergency Department entrance and follow the corridor signposted 'All Other Routes' to Medical Imaging (X-Ray).

No transport will be arranged.

Changing Your Appointment: If you cannot attend or do not require this appointment please telephone the Medical Imaging Department on the number at the top of this letter. This will enable us to arrange another appointment for you, and this appointment will be given to another patient.

If you fail to attend for your appointment without informing the department, you will be discharged back to your Doctor/Referrer and removed from the waiting list.

Yours sincerely

Appointments Clerk

Page 1 of 3

Page 1 of 1

15 Nov 2017	Appointment Letter to HMP Lindholme

Letter Type: Appointment Letter
Letter To: HMP Lindholme
Letter From: Bassetlaw District General Hospital

13 NOV 2018

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

MEDICAL IMAGING SERVICE
DONCASTER ROYAL INFIRMARY
ARMTHORPE ROAD
DONCASTER
DN2 5LT
Tel: 01302 642600

MR THOMAS MURPHY
C/O MEDICAL OFFICER
HMP LINDHOLME
BAWRTY ROAD
HATFIELD WOODHOUSE
DONCASTER
DN7 6DG

Thursday 9 November 2017
Request Number: 64667415
NHS Number: 4981092806
District Number: D0386123
Date of Birth: 20/05/1968

Dear MR THOMAS MURPHY

At the request of Dr DR SM MEDICAL OFFICER HMP LINDHOLME DONCASTER, the following appointment has been rescheduled for you to attend on:

Appointment Date: **Tuesday 28 November 2017**
Appointment Time: **9:00 AM**
Examinations: **US Shoulder Lt**

In the **Ultrasound Department, Medical Imaging (X-ray), DONCASTER ROYAL INFIRMARY, DONCASTER**

Please enter DONCASTER ROYAL INFIRMARY through Gate 3, use the Emergency Department entrance and follow the corridor signposted 'All Other Routes' to Medical Imaging (X-Ray).

No transport will be arranged.

Changing Your Appointment: If you cannot attend or do not require this appointment please telephone the Medical Imaging Department on the number at the top of this letter. This will enable us to arrange another appointment for you, and this appointment will be given to another patient.

If you fail to attend for your appointment without informing the department, you will be discharged back to your Doctor/Referrer and removed from the waiting list.

Yours sincerely

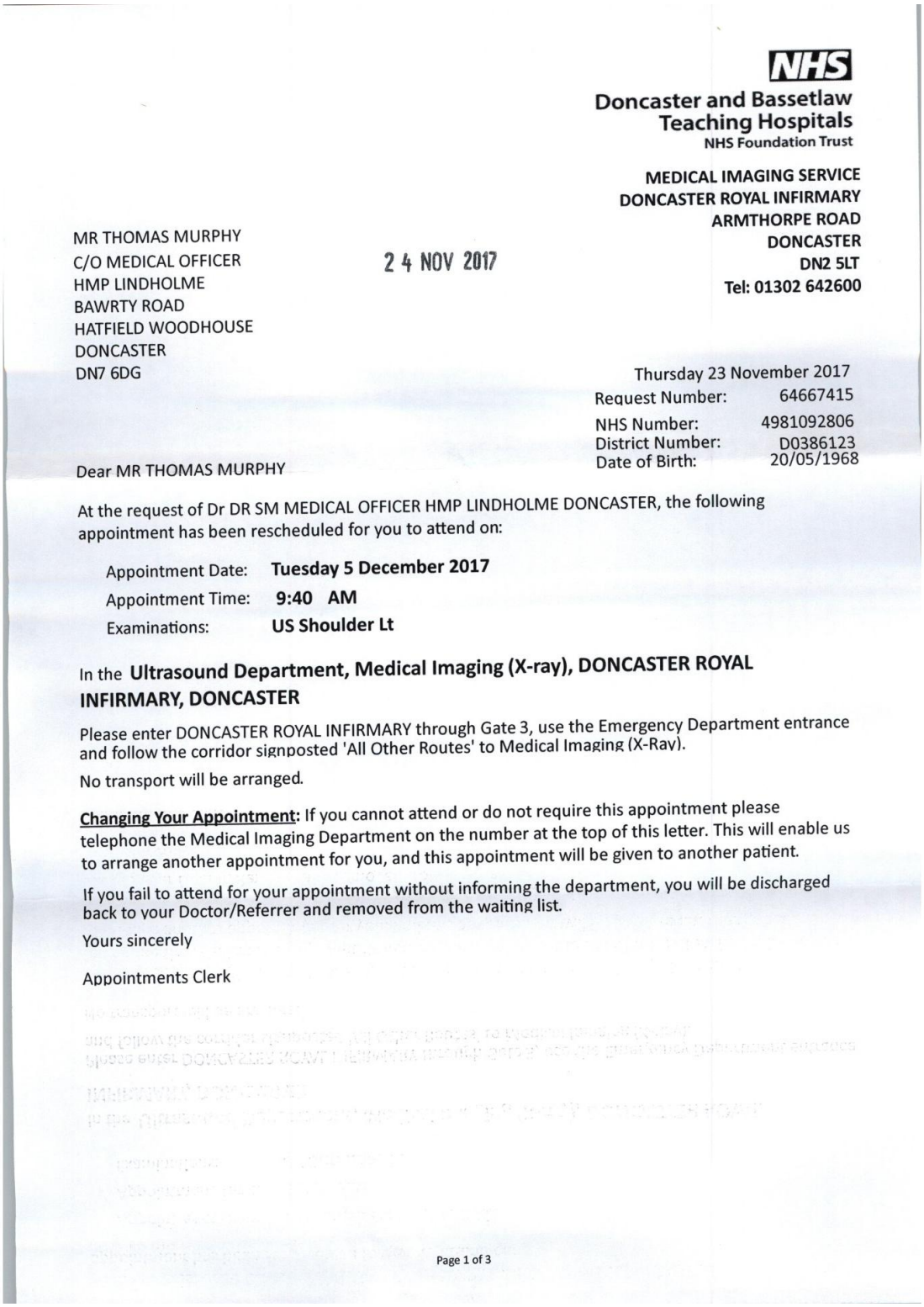
Appointments Clerk

Page 1 of 3

Page 1 of 1

23 Nov 2017	Appointment Letter to HMP Lindholme

Letter Type Appointment Letter
Letter To HMP Lindholme
Letter From 05.12.2017 - Medical Imaging, Doncaster Royal Infirmary



NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

MEDICAL IMAGING SERVICE
DONCASTER ROYAL INFIRMARY
ARMTHORPE ROAD
DONCASTER
DN2 5LT
Tel: 01302 642600

MR THOMAS MURPHY
C/O MEDICAL OFFICER
HMP LINDHOLME
BAWRTY ROAD
HATFIELD WOODHOUSE
DONCASTER
DN7 6DG

24 NOV 2017

Thursday 23 November 2017
Request Number: 64667415
NHS Number: 4981092806
District Number: D0386123
Date of Birth: 20/05/1968

Dear MR THOMAS MURPHY

At the request of Dr DR SM MEDICAL OFFICER HMP LINDHOLME DONCASTER, the following appointment has been rescheduled for you to attend on:

Appointment Date: **Tuesday 5 December 2017**
Appointment Time: **9:40 AM**
Examinations: **US Shoulder Lt**

In the **Ultrasound Department, Medical Imaging (X-ray), DONCASTER ROYAL INFIRMARY, DONCASTER**

Please enter DONCASTER ROYAL INFIRMARY through Gate 3, use the Emergency Department entrance and follow the corridor signposted 'All Other Routes' to Medical Imaging (X-Ray).

No transport will be arranged.

Changing Your Appointment: If you cannot attend or do not require this appointment please telephone the Medical Imaging Department on the number at the top of this letter. This will enable us to arrange another appointment for you, and this appointment will be given to another patient.

If you fail to attend for your appointment without informing the department, you will be discharged back to your Doctor/Referrer and removed from the waiting list.

Yours sincerely

Appointments Clerk

Page 1 of 3

Page 1 of 1

05 Dec 2017	Appointment Letter to HMP Lindholme

Letter Type: Appointment Letter
Letter To: HMP Lindholme
Letter From: Ultrasound Department - DRI

05 DEC 2017

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

MEDICAL IMAGING SERVICE
DONCASTER ROYAL INFIRMARY
ARMTHORPE ROAD
DONCASTER
DN2 5LT
Tel: 01302 642600

MR THOMAS MURPHY
C/O MEDICAL OFFICER
HMP LINDHOLME
BAWRTY ROAD
HATFIELD WOODHOUSE
DONCASTER
DN7 6DG

Monday 4 December 2017
Request Number: 64667415
NHS Number: 4981092806
District Number: D0386123
Date of Birth: 20/05/1968

Dear MR THOMAS MURPHY

At the request of Dr DR SM MEDICAL OFFICER HMP LINDHOLME DONCASTER, the following appointment has been rescheduled for you to attend on:

Appointment Date: **Tuesday 19 December 2017**
Appointment Time: **10:00 AM**
Examinations: **US Shoulder Lt**

In the **Ultrasound Department, Medical Imaging (X-ray), DONCASTER ROYAL INFIRMARY, DONCASTER**

Please enter DONCASTER ROYAL INFIRMARY through Gate 3, use the Emergency Department entrance and follow the corridor signposted 'All Other Routes' to Medical Imaging (X-Ray).

No transport will be arranged.

Changing Your Appointment: If you cannot attend or do not require this appointment please telephone the Medical Imaging Department on the number at the top of this letter. This will enable us to arrange another appointment for you, and this appointment will be given to another patient.

If you fail to attend for your appointment without informing the department, you will be discharged back to your Doctor/Referrer and removed from the waiting list.

Yours sincerely

Appointments Clerk

Page 1 of 3

Page 1 of 1

11 Dec 2017	Letter to Patients to HMP Lindholme

Letter Type Letter to Patients
Letter To HMP Lindholme
Letter From

care UK

NHS
HMP Lindholme

Date:11.12.17...

Dear Mr Murphy

Thank you for attending the interview to be a recovery mentor. We would like to offer you a position. You will be called for training when applicable. Please attend the recovery hub to pick up a t shirt.

If you have any further queries please ask to speak to Vicky Knowles as she the mentor lead.

Thank You

Pamela Smith

Senior Practitioner

Substance Misuse team

HMP Lindholme

29 Dec 2017	Reports to HMP Lindholme
Letter Type	Reports
Letter To	HMP Lindholme
Letter From	Doncaster Royal Infirmary

29 DEC 2017

MEDICAL IMAGING CLINICAL SERVICE UNIT
DONCASTER ROYAL INFIRMARY
THORNE ROAD
DONCASTER
DN2 5LT

Dr DR SM MEDICAL OFFICER HMP LINDHOLME DONCASTER
GP PRACTICE (HMP)
HMP LINDHOLME HATFIELD WOODHOUSE DONCASTER DONCASTER DN7 6EE

RADIOLOGY REPORT (Page 1 of 1)

Patient:	**MR MURPHY, THOMAS** **HMP LINDHOLME** **HATFIELD WOODHOUSE DN7 6DG**		
Date of birth:	**20-05-1968**	Sex:	**Male**
Patient number:	**D0386123**	NHS number:	**4981092806**
Request number:	**64667415**		
Requester:	**DR SM MEDICAL OFFICER HMP LI**		
Referral type:	**GP**	Patient Location at Request:	
Urgency:	**Normal**		

Exam: **USHRL: US Shoulder Lt** Examination date: **19-12-2017 10:00**

Significant mechanical change at the AC joint likely responsible for the signs of clinical impingement. The subscapularis, biceps tendon and infraspinatus are intact. There is mild thickening of the supraspinatus tendon but no evidence of tear or calcific tendinosis. There is clinical impingement on dynamic assessment. Patient may benefit from anti-inflammatory agents or blind injections with guide ultrasound injection should this be unsuccessful

This report is sent for information and follow up is the responsibility of the referrer

Report status:	AUT
Author:	**Dr Ward, David (Consultant Radiologist)**
Authorizer:	Dr Ward, David
Authorised on:	20 December 2017, 3:30 pm
Typist:	Dr Ward, David

Page 1 of 1

12 Apr 2018	Assessments to HMP Lindholme

Letter Type Assessments
Letter To HMP Lindholme
Letter From

care UK

HMP Lindholme
NHS

Tolerance and Overdose Risks

I, Thomas Murphy have discussed and understood the following; and received further information and explanation where necessary.

			Induction	2/4/18		Release
Risk Factors for Drug Overdose	I am aware of the danger of low tolerance			✓		
	I have discussed the effects of the drugs I use			✓		
	I am aware of the risks of injecting, smoking and snorting drugs			✓		
	I have discussed the risk of mixing drugs and poly drug use			✓		
	I know that using alcohol with drugs increases the risk of overdose			✓		
Avoiding Overdose	I should use in a safe environment with good hygiene practice			✓		
	I should avoid taking large amounts; particularly on release from prison			✓		
	I should avoid using alone; check others know what to do in an emergency			✓		
Signs and Symptoms	**Stimulants**	**Depressants**				
	Hot and clammy/flushed	Blue extremities		✓		
	High temperature	Slowed pulse/breathing		✓		
	Fast pulse/breathing	Snoring noise when breathing		✓		
	Vomiting	'Pinned' pupils		✓		
	Panic/fitting	Drowsy or no response		✓		
What to do	Call an ambulance	Call an ambulance		✓		
	Information to be given	Information to be given		✓		
	Cool them down, loosen clothing	Cool them down, loosen clothing		✓		
	Keep calm and stay with them	Keep calm and stay with them		✓		
What not to do	I should not leave them alone; wait for the ambulance to arrive			✓		
	I should not inject them with anything or give them anything to eat or drink					

Drug use disclosed:	**Previous overdose** Y/N **Details:**

Signed (client):	T. Murphy
Signed (worker):	K Rushton
Date:	12-04-18

Page 1 of 1

12 Apr 2018	Miscellaneous to HMP Lindholme

Letter Type Miscellaneous
Letter To HMP Lindholme
Letter From

SUBSTANCE MISUSE SERVICE WITHDRAWAL

Patient name: Thomas Murphy **Prison No:** A7431AH

About this form
This form should be completed when a client who has been referred does not wish to engage with the substance misuse team or a client wishes to withdraw from the service.

Reason for withdrawal
The client does not wish to access or to continue with the substance misuse service for the following reason or reasons:

☐ SMS input declined – If patient has been referred but does not wish to engage with SMS

☐ SMS self-withdrawal – if patient is receiving treatment but wishes to withdraw from the service

☑ SMS treatment completed – if patient has completed appropriate SMS treatment & no longer requires input

☐ SMS other reason – please state 'Other' reason below

Please provide details:

Completed all work and now a practising mentor.

If patient was receiving SMS input but no longer requires it, ensures that the 'Referral in' to Substance Misuse is ended from the clinical tree

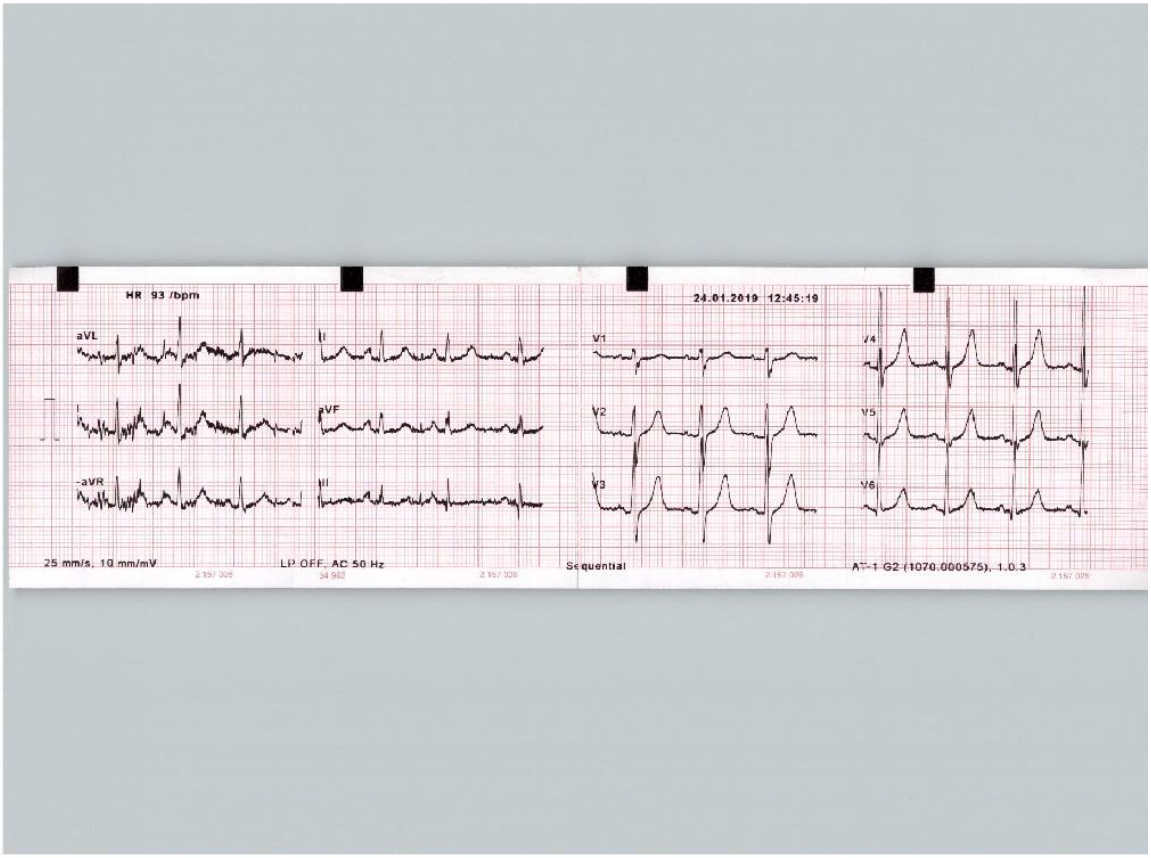
Patient's Signature T. Murphy Date 12.04.18.

Substance Misuse Workers Name D Shaw

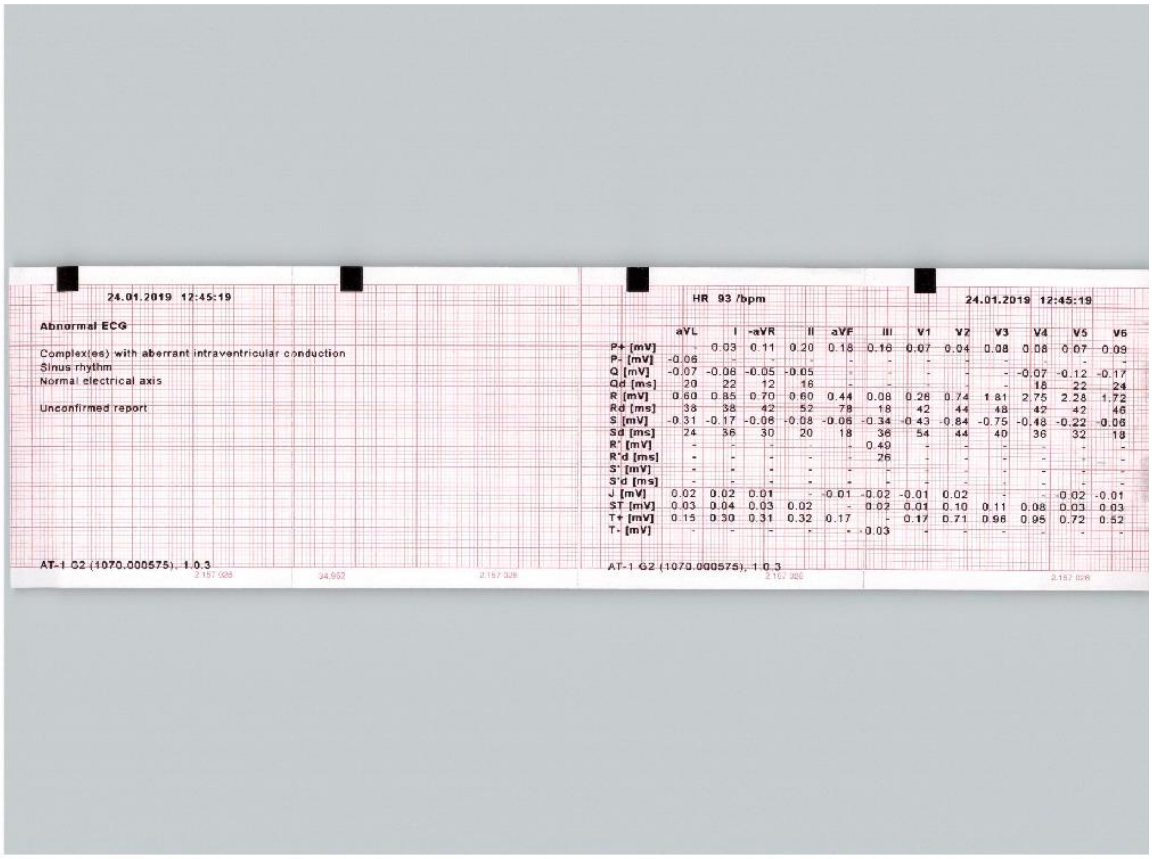
Page 1 of 1

24 Jan 2019	ECG to HMP Lindholme

Letter Type ECG
Letter To HMP Lindholme
Letter From HMP Lindholme




HR 93 /bpm
24.01.2019 12:45:19
aVL
aVR
aVF
V1
V3
V5
I
II
III
V2
V4
V6
50 mm/s, 10 mm/mV
II
25 mm/s, 10 mm/mV
LP OFF, AC 50 Hz



24.01.2019 12:45:19

Abnormal ECG

Complex(es) with aberrant intraventricular conduction
Sinus rhythm
Normal electrical axis

Unconfirmed report

AT-1 G2 (1070.000575), 1.0.3

HR 93 /bpm

24.01.2019 12:45:19

	aVL	I	-aVR	II	aVF	III	V1	V2	V3	V4	V5	V6
P+ [mV]	-	0.03	0.11	0.20	0.18	0.16	0.07	0.04	0.08	0.08	0.07	0.09
P- [mV]	-0.06	-	-	-	-	-	-	-	-	-	-	-
Q [mV]	-0.07	-0.08	-0.05	-0.05	-	-	-	-	-	-0.07	-0.12	-0.17
Qd [ms]	20	22	12	16	-	-	-	-	-	18	22	24
R [mV]	0.60	0.85	0.70	0.60	0.44	0.08	0.28	0.74	1.81	2.75	2.28	1.72
Rd [ms]	38	58	42	52	78	18	42	44	48	42	42	46
S [mV]	-0.31	-0.17	-0.08	-0.08	-0.08	-0.34	-0.43	-0.84	-0.75	-0.48	-0.22	-0.06
Sd [ms]	24	56	30	20	18	36	54	44	40	36	32	18
R' [mV]	-	-	-	-	-	0.49	-	-	-	-	-	-
R'd [ms]	-	-	-	-	-	26	-	-	-	-	-	-
S' [mV]	-	-	-	-	-	-	-	-	-	-	-	-
S'd [ms]	-	-	-	-	-	-	-	-	-	-	-	-
J [mV]	0.02	0.02	0.01	-	-0.01	-0.02	-0.01	0.02	-	-	0.02	-0.01
ST [mV]	0.03	0.04	0.03	0.02	-	0.02	0.01	0.10	0.11	0.08	0.03	0.03
T+ [mV]	0.15	0.30	0.31	0.32	0.17	-	0.17	0.71	0.96	0.95	0.72	0.52
T- [mV]	-	-	-	-	-	-0.03	-	-	-	-	-	-

AT-1 G2 (1070.000575), 1.0.3

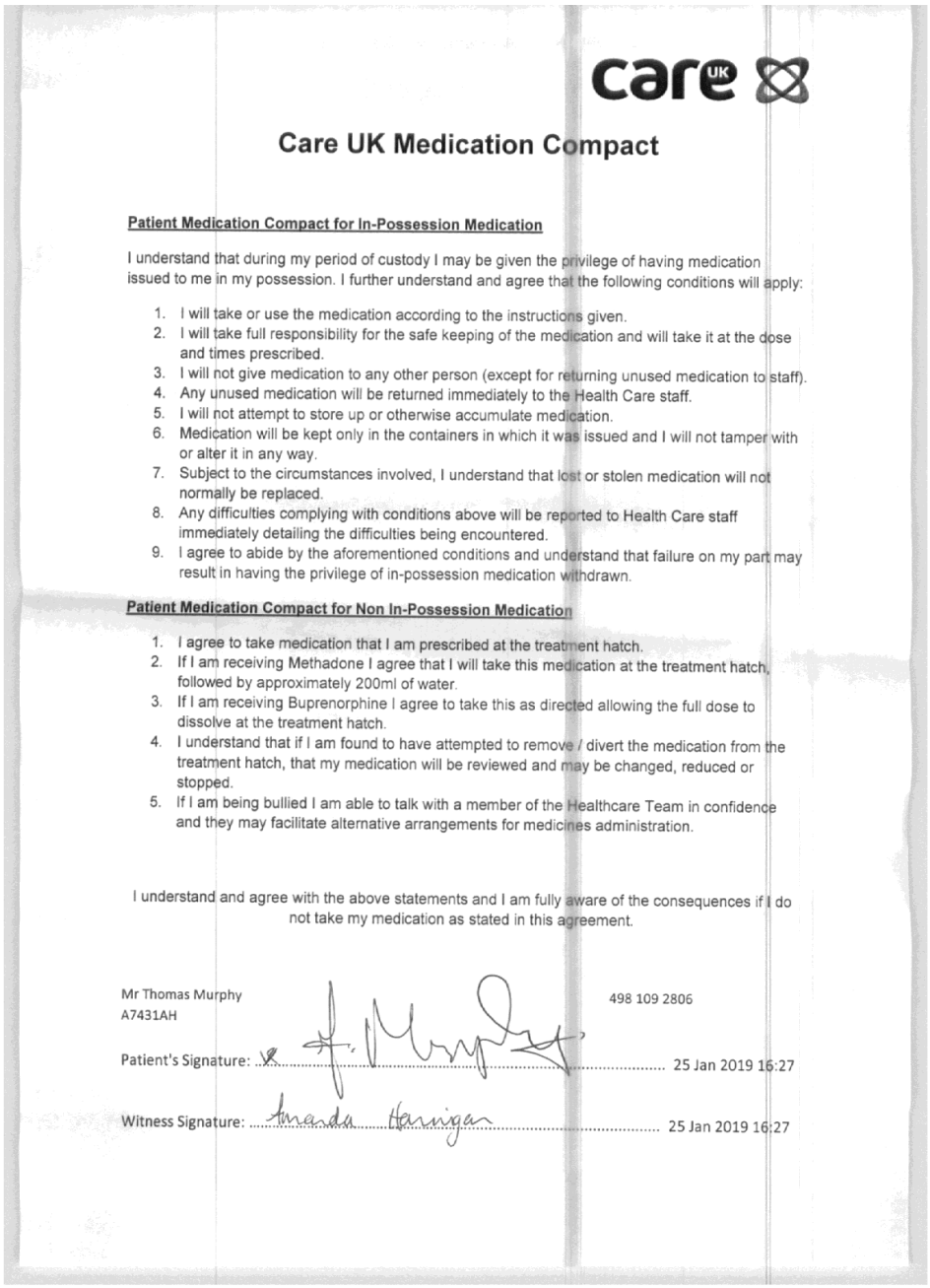
Page 3 of 4


HR 93 /bpm
24.01.2019 12:45:19
Name Thomas murphy
RR 645 ms
P 112 ms
PR 136 ms
QRS 96 ms
QT 358 ms
QTc 446 ms
(Bazett)
P axis 81°
QRS axis 31°
T axis 29°
Patient ID A7443/AH
Date of Birth 20/5/68
Gender
Pacemaker
Height cm
Weight kg
BP mmHg
Medication
Remark
P (II) 0.20 mV
S (V1) -0.43 mV
R (V5) 2.28 mV
Sokolow 3.12 mV
AT-1 G2 (1070.000575), 1.0.3

Page 4 of 4

25 Jan 2019	Miscellaneous to HMP Hatfield

Letter Type Miscellaneous
Letter To HMP Hatfield
Letter From



care UK

Care UK Medication Compact

Patient Medication Compact for In-Possession Medication

I understand that during my period of custody I may be given the privilege of having medication issued to me in my possession. I further understand and agree that the following conditions will apply:

1. I will take or use the medication according to the instructions given.
2. I will take full responsibility for the safe keeping of the medication and will take it at the dose and times prescribed.
3. I will not give medication to any other person (except for returning unused medication to staff).
4. Any unused medication will be returned immediately to the Health Care staff.
5. I will not attempt to store up or otherwise accumulate medication.
6. Medication will be kept only in the containers in which it was issued and I will not tamper with or alter it in any way.
7. Subject to the circumstances involved, I understand that lost or stolen medication will not normally be replaced.
8. Any difficulties complying with conditions above will be reported to Health Care staff immediately detailing the difficulties being encountered.
9. I agree to abide by the aforementioned conditions and understand that failure on my part may result in having the privilege of in-possession medication withdrawn.

Patient Medication Compact for Non In-Possession Medication

1. I agree to take medication that I am prescribed at the treatment hatch.
2. If I am receiving Methadone I agree that I will take this medication at the treatment hatch, followed by approximately 200ml of water.
3. If I am receiving Buprenorphine I agree to take this as directed allowing the full dose to dissolve at the treatment hatch.
4. I understand that if I am found to have attempted to remove / divert the medication from the treatment hatch, that my medication will be reviewed and may be changed, reduced or stopped.
5. If I am being bullied I am able to talk with a member of the Healthcare Team in confidence and they may facilitate alternative arrangements for medicines administration.

I understand and agree with the above statements and I am fully aware of the consequences if I do not take my medication as stated in this agreement.

Mr Thomas Murphy
A7431AH

498 109 2806

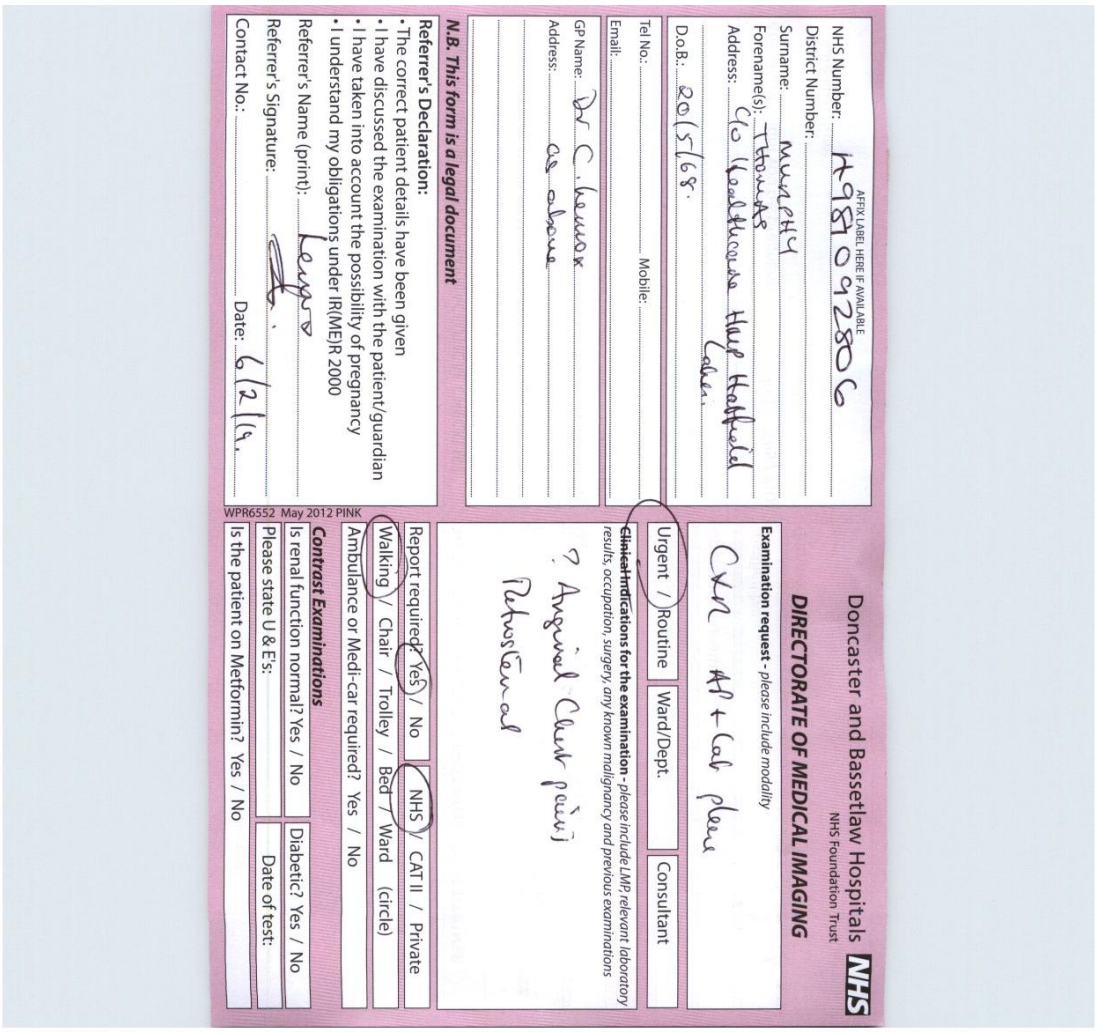
Patient's Signature: T. Murphy 25 Jan 2019 16:27

Witness Signature: Amanda Harrigan 25 Jan 2019 16:27

Page 1 of 1

06 Feb 2019	Miscellaneous to HMP Hatfield

Letter Type Miscellaneous
Letter To HMP Hatfield
Letter From



Doncaster and Bassetlaw Hospitals NHS
NHS Foundation Trust

DIRECTORATE OF MEDICAL IMAGING

AFFIX LABEL HERE IF AVAILABLE

NHS Number: 498 109 2806
District Number:
Surname: MURPHY
Forename(s): Thomas
Address: C/O Healthcare Hall Hatfield Cadet.
D.o.B.: 20/5/68.
Tel No: Mobile:
Email:
GP Name: Dr C. Lewis
Address: as above

Examination request - *please include modality*

CXR AP + Lat pleur

Urgent / Routine | Ward/Dept. | Consultant

Clinical indications for the examination - *please include LMP, relevant laboratory results, occupation, surgery, any known malignancy and previous examinations*

? Atypical Chest pain
Pulmonary

N.B. This form is a legal document

Referrer's Declaration:
- The correct patient details have been given
- I have discussed the examination with the patient/guardian
- I have taken into account the possibility of pregnancy
- I understand my obligations under IR(ME)R 2000

Referrer's Name (print): Lewis
Referrer's Signature:
Contact No: Date: 6/2/19.

Report required? Yes / No | NHS / CAT II / Private
Walking / Chair / Trolley / Bed / Ward (circle)
Ambulance or Medi-car required? Yes / No

Contrast Examinations

Is renal function normal? Yes / No | Diabetic? Yes / No
Please state U & E's: | Date of test:
Is the patient on Metformin? Yes / No

WPR6552 May 2012 PINK

07 Feb 2019	Medical Reports to HMP Hatfield

Letter Type Medical Reports
Letter To HMP Hatfield
Letter From

SUBSTANCE MISUSE SERVICE

HMP Hatfield & Lakes

Name: Tom Murphy. Number: A7431AH.

Previous Prison: LHCM.

☑ I **Did** / Did **Not** have a substance misuse worker in my last prison (mentor)

☑ I **Do** / Do **Not** require substance misuse services at Hatfield and Lakes

History: - Drug free 2-5 years. Work at LHCM lots of groups + mentor.

☑ I have had the substance misuse service explained to me.

☑ Overdose risks, tolerance & harm min advice has been given to me.

☑ Group work, BBV testing and Smoking Cessation services advised.

I understand that I can self-refer to the substance misuse team located via Healthcare at any time during my residence at these establishments.

Signature: T. Murphy. Date: 07-02-2019.

Page 1 of 2

Printed by Miss Karen Rushton The Grange Medical Centre 683 of 814

Harm Reduction:
Overdose Checklist (7.5)

I, Tom Murphy. have discussed and understood the following, and received further information and explanation where necessary.

			Induction			Release
Risk Factors for Drug Overdose	I am aware of the danger of low tolerance					
	I have discussed the effects of the drugs I use					
	I am aware of the risks of injecting, smoking and snorting drugs					
	I have discussed the risk of mixing drugs and poly drug use					
	I know that using alcohol with drugs increases the risk of overdose					
Avoiding Overdose	I should use in a safe environment with good hygiene practise					
	I should avoid taking large amounts; particularly on release from prison					
	I should avoid using alone; check others know what to do in emergencies					
Signs and Symptoms	Stimulants	Depressants				
	Hot and clammy / flushed	Blue extremities				
	High temperature	Slowed pulse / breathing				
	Fast pulse/ breathing	Snoring noise when breathing				
	Vomiting	'Pinned' pupils				
	Panic / Fitting	Drowsy or no response				
What to do	Call an ambulance	Call an ambulance				
	Information to be given	Information to be given				
	Cool them down, loosen clothing	Turn on side				
	Keep Calm + Stay with them	Keep calm + Stay with them				
What not to do	I should not leave them alone; wait for the ambulance to arrive					
	I should not inject them with anything or give them anything to eat or drink					

Drug use disclosed:	*Previous Overdose: Y / N* *Details:*

Signed (client)			
Signed (assessor)			
DATE	7/2/19		

Tue 09 Jun 2026 13:11
Confidential: Personal Data
Mr Thomas Murphy
498 109 2806, 20 May 1968

12 Feb 2019	Consent Forms to HMP Hatfield

Letter Type Consent Forms
Letter To HMP Hatfield
Letter From j craven

04/02/2019 15:01 / Printed by Jane Craven (Page 1 of 2)

HMP Hatfield

Moorland Open, Thorne Road, Hatfield, Doncaster, South Yorkshire, DN7 6EL / 01302 523156

Patient name: **Mr Thomas Murphy** A7431AH

[redacted] Mr Thomas Murphy [redacted] A7431AH [redacted] H : 1 : 10

[redacted] 20 May 1968 (50 y) [redacted] In possession - 7 days

IN Possession Prescriptions

Drug name	Start date	Dose	Quantity	Days duration	Possession interval	Possession quantity	Prescriber	Medication notes
Gabapentin 300mg capsules	26 Feb 2019	3 bd (42 capsules every 7 days)	168 capsules	28	7 days	42 capsules	Caroline Lennox	
~~Propranolol 40mg tablets~~	~~26 Feb 2019~~	~~1 bd (14 tablets every 7 days)~~	~~56 tablets~~	~~28~~	~~7 days~~	~~14 tablets~~	~~Caroline Lennox~~	
Aripiprazole 5mg tablets	26 Feb 2019	2 od (14 tablets every 7 days)	2 packs of 28 tablet(s)	28	7 days	14 tablets	Caroline Lennox	
Co-codamol 8mg/500mg tablets	26 Feb 2019	ONE or TWO to be taken up to FOUR times daily (56 tablets every 7 days)	224 tablets	28	7 days	56 tablets	Caroline Lennox	

Scan

[redacted] 04 Feb 2019

[redacted] Personal data about a patient

Page 1 of 1

08 Mar 2019	Consent Forms to HMP Hatfield
Letter Type	Consent Forms
Letter To	HMP Hatfield
Letter From	Maria Chappell

OFFENDER HEALTH SUBSTANCE MISUSE SERVICE
PATIENT AGREEMENT

'The Substance Misuse Service offers you the opportunity to engage in recovery whilst working towards a substance free lifestyle both in custody and upon release, enabling you to build a better and healthier life'

- This document explains **YOUR** responsibility when receiving any interventions from the Substance Misuse Service. The main features of this agreement between you and us are as follows
- You will be able to address your treatment needs, engage with your allocated Keyworker and receive appropriate treatments in order to help you on your recovery journey.
- You will receive regular reviews, where you will take part in reviewing and updating your care plan.
- Your consent will be sought prior to sharing information about your medical care with other parties who can support your treatment except if you express differently. All information we have about you, or receive about you is bound by confidentiality. The substance misuse service is a confidential service. The consent below asks for your permission to share information about your medical care with other parties who can support your treatment. However, there are exceptions to confidentiality, these being, any potential threat/breach towards security and the health and safety of staff and prisoners and safe guarding.

Your involvement in any of the following;

- Verbal or physical aggression towards staff, both NHS and prison (Zero Tolerance)
- Failure to supply a urine sample or falsification of urine sample when required
- Failure to attend appointments
- Failure to collect treatment regularly
- Urinalysis negative for prescribed Methadone/Buprenorphine
- Intending to sell/supply
- Diverting or altering medication
- Taking illicit substances after the initial reception screen
- Intoxication from any substance.

..*may* result in the Substance Misuse Service holding either OR a review of suitability to remain in service, and in treatment. This is in order to maintain safety. Any prescribed medication may be withheld prior to a review. All reviews will be conducted within a time frame so as not to cause any discomfort to you.
The outcome of this review may be rapid reduction if you are on prescribing.

PRESCRIBING ONLY

- Research shows that the best results are achieved by Clinical and Psychosocial interventions working together. Substitute prescribing is provided to meet your clinical needs such as withdrawal symptoms. During prescribed treatment you will be expected to engage with your allocated Keyworker and receive appropriate psychosocial interventions in order to help you towards recovery. Prescribed treatments are not delivered without this engagement.

- If prescribed medication and you refuse engagement with your allocated case manager, then you will undergo a Rapid Reduction.

- First line pharmacological treatment for Opiate dependency in our prisons is Methadone following confirmation from your community prescriber. If you have been receiving over 50mls supervised consumption in the community then a 25% reduction of your dose will be implemented when you first come into a remand prison.

- Before the administration of all medication you will attend with your ID card at stated treatment times. NO ID, means NO medication will be administered. Failure to attend at the designated times will result in a DNA being recorded. This will not be reversed and missing three consecutive doses of medication will result in a review of treatment

- If receiving Methadone you will be required to consume approx. 200mls of water following administration. Failing to do so will result in a review of your treatment.

- You will be observed daily for signs of sedation/withdrawal and treated in accordance with clinical observations. This may mean that should you present as over sedated your medication will be omitted.

BUPRENORPHINE ONLY

- Buprenorphine, in fragmented form only, will be prescribed if you have a confirmed prescription from your community prescriber, and you provide a urine test that is Positive to Buprenorphine ONLY and negative to all drugs/medication that is not prescribed to you.

- Fragmenting Buprenorphine medication is an un-licensed way of administering this medication but it has been approved for use this way. The implications of you not agreeing to follow this procedure will be a review of your treatment and may mean a rapid reduction or transfer to methadone. You will be required to sign an agreement to receive your medication in this way. You will be required to drink water prior to and after taking medication. The fragmented medication will be administered under the tongue and you will co-operate in safety checks of the mouth throughout administration.

- As your treatment provider, we collect data which is sent to the National Drug Treatment Monitoring System (NDTMS). This data is managed by the NHS body for drug and alcohol services, Public Health England (PHE) and will be held for 8 years. ***Information about you is anonymised to protect your identity***
    - It is important we share this information as it allows the NHS body that oversees drug treatment to analyse data from us and other government bodies, to help improve services where required and to monitor drug strategies.

No information shared can be traced back to you.

I have read, or had read to me the full contents of the above compact and understand that if I break any of this agreement I may be subject to the following:

1. **Medication review**
2. **Care Plan Review**

I THOMAS MURPHY **agree to the expectations above and sharing information with the following agencies:**

Any treatment provider current or future which will provide me with drug treatment.	☑
Probation Services including internal OMU	☑
Housing	☐
Benefits Agency	☐
Prison Staff as Required	☑
Solicitor	☐
Family	☐
NATIONAL DRUG TREATMENT MONITORING SYSTEM (NDTMS)	☑
Other named service	☐

I understand that I can withdraw any of the consent given at any time.

Patient Signature: ..... **Print** MURPHY ..... **Date** 8/3/19

Witness Signature: ..... **Print** M.CHARSKY ..... **Date** 8/3/19

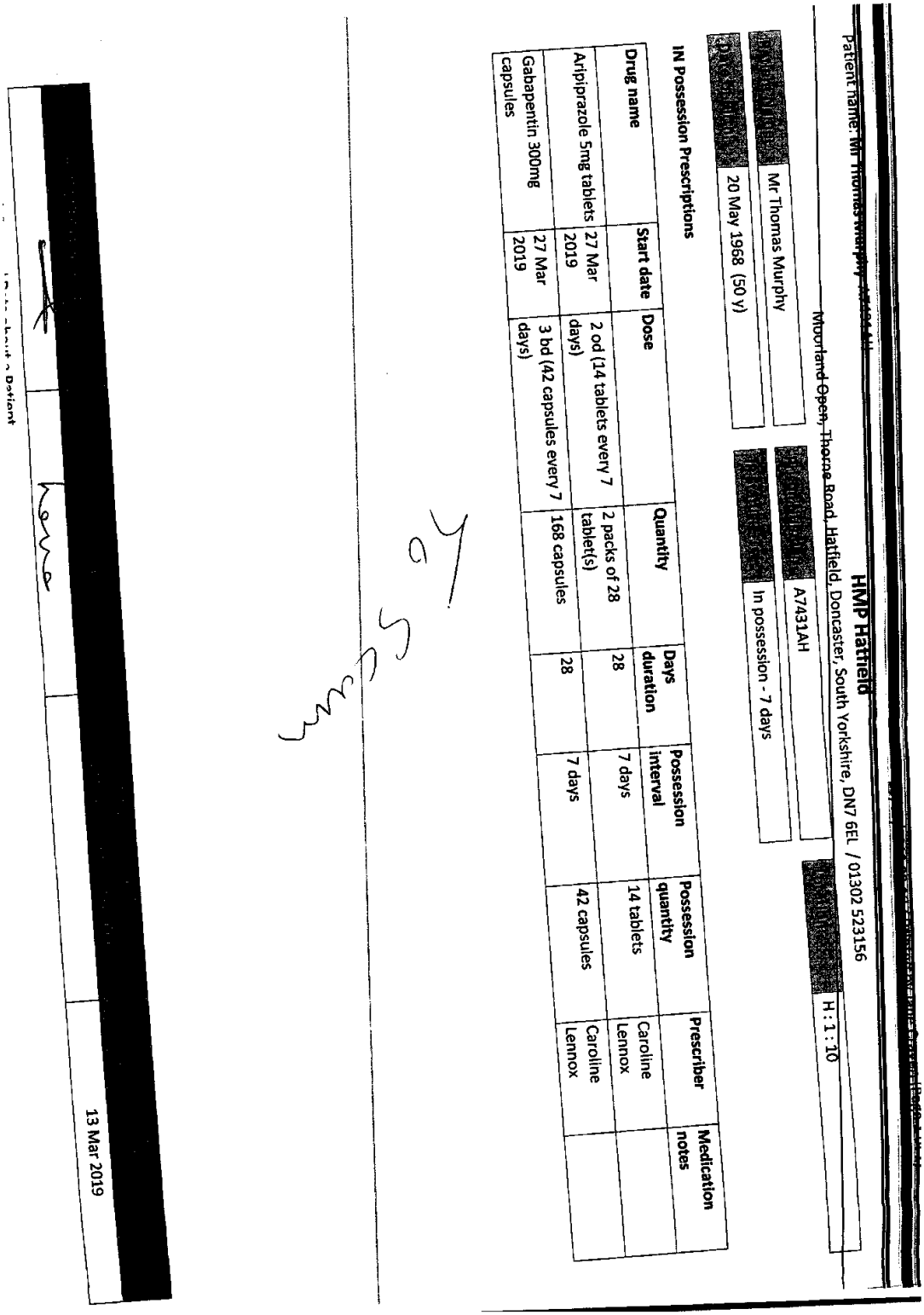
Once completed please ensure that a copy of this signed document is scanned onto SystmOne. A copy of this compact will be offered to the patient.

AGREEMENT AND CONSENT REVIEW (6 monthly)

Patient Signature:.....**Print**.....**Date**.....

Witness Signature:.....**Print**.....**Date**

18 Mar 2019	Consent Forms to HMP Hatfield
Letter Type	Consent Forms
Letter To	HMP Hatfield
Letter From	j craven



HMP Hatfield

Moorland Open, Thorne Road, Hatfield, Doncaster, South Yorkshire, DN7 6EL / 01302 523156

Patient name: Mr Thomas Murphy

Mr Thomas Murphy | A7431AH | H : 1 : 10

20 May 1968 (50 y) | In possession - 7 days

IN Possession Prescriptions

Drug name	Start date	Dose	Quantity	Days duration	Possession interval	Possession quantity	Prescriber	Medication notes
Aripiprazole 5mg tablets	27 Mar 2019	2 od (14 tablets every 7 days)	2 packs of 28 tablet(s)	28	7 days	14 tablets	Caroline Lennox	
Gabapentin 300mg capsules	27 Mar 2019	3 bd (42 capsules every 7 days)	168 capsules	28	7 days	42 capsules	Caroline Lennox	

13 Mar 2019

Page 1 of 1

22 Mar 2019	Prison Medical Record to HMP Hatfield

Letter Type Prison Medical Record
Letter To HMP Hatfield
Letter From HMP Hatfield

[redacted]

Patient name: Mr Thomas Murphy, [redacted]

HMP Hatfield

Moorland Open, Thorne Road, Hatfield, Doncaster, South Yorkshire, DN7 6EL / 01302 523156

[redacted]	Mr Thomas Murphy	[redacted]	A7431AH	[redacted]	H : 1 : 10
[redacted]	20 May 1968 (50 y)	[redacted]	In possession - 7 days		

IN Possession Prescriptions

Drug name	Start date	Dose	Quantity	Days duration	Possession interval	Possession quantity	Prescriber	Medication notes
Aripiprazole 5mg tablets	27 Mar 2019	2 od (14 tablets every 7 days)	2 packs of 28 tablet(s)	28	7 days	14 tablets	Caroline Lennox	
Gabapentin 300mg capsules	27 Mar 2019	3 bd (42 capsules every 7 days)	168 capsules	28	7 days	42 capsules	Caroline Lennox	

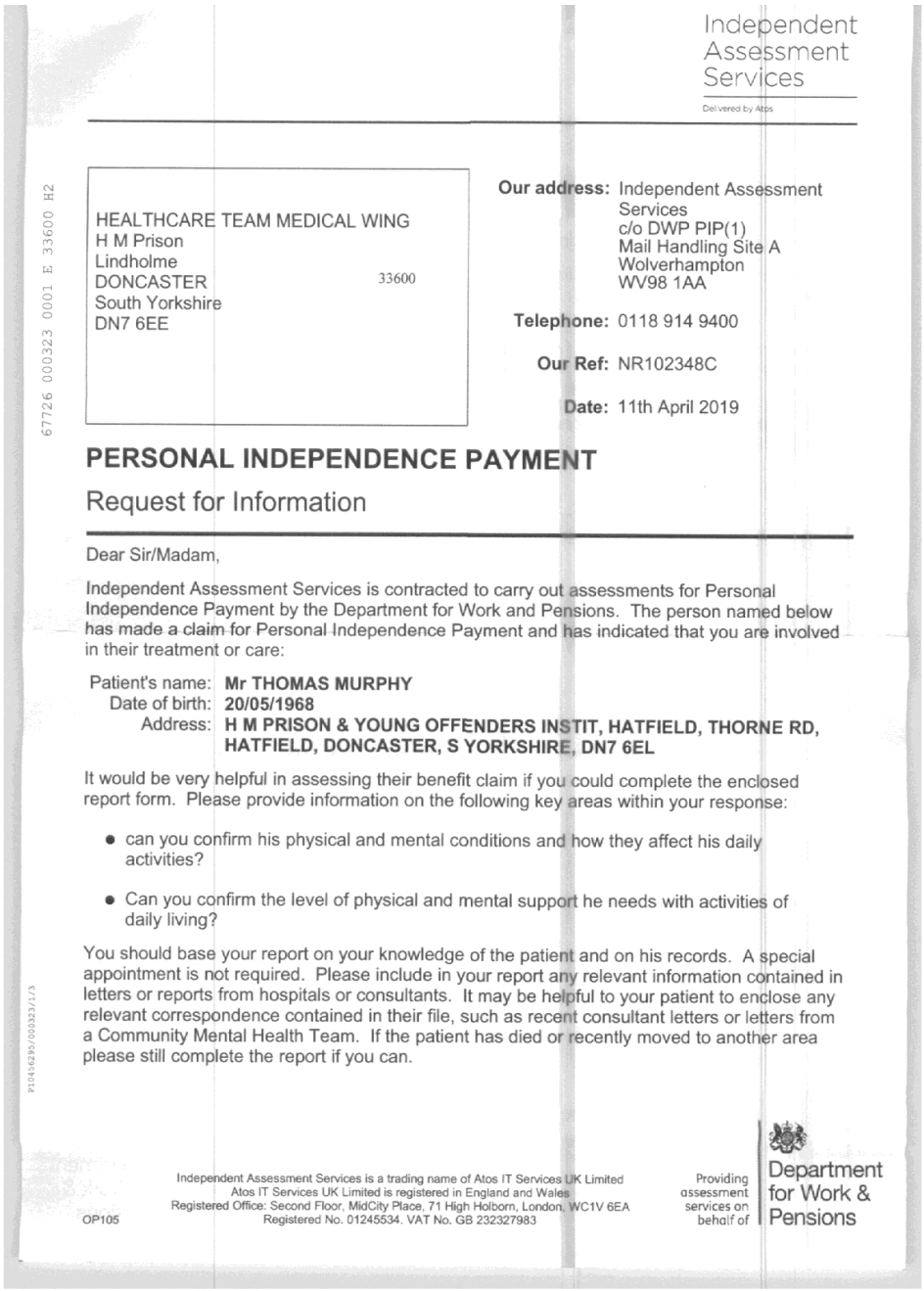
[redacted]

13 Mar 2019

Page 1 of 1

11 Apr 2019	Assessments to HMP Hatfield

Letter Type Assessments
Letter To HMP Hatfield
Letter From DWP PIP Assessment



Independent Assessment Services
Delivered by Atos

67726 000323 0001 E 33600 H2

HEALTHCARE TEAM MEDICAL WING
H M Prison
Lindholme
DONCASTER 33600
South Yorkshire
DN7 6EE

Our address: Independent Assessment Services
c/o DWP PIP(1)
Mail Handling Site A
Wolverhampton
WV98 1AA

Telephone: 0118 914 9400

Our Ref: NR102348C

Date: 11th April 2019

PERSONAL INDEPENDENCE PAYMENT

Request for Information

Dear Sir/Madam,

Independent Assessment Services is contracted to carry out assessments for Personal Independence Payment by the Department for Work and Pensions. The person named below has made a claim for Personal Independence Payment and has indicated that you are involved in their treatment or care:

Patient's name: **Mr THOMAS MURPHY**
Date of birth: **20/05/1968**
Address: **H M PRISON & YOUNG OFFENDERS INSTIT, HATFIELD, THORNE RD, HATFIELD, DONCASTER, S YORKSHIRE, DN7 6EL**

It would be very helpful in assessing their benefit claim if you could complete the enclosed report form. Please provide information on the following key areas within your response:

- can you confirm his physical and mental conditions and how they affect his daily activities?
- Can you confirm the level of physical and mental support he needs with activities of daily living?

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

P10456295/000323/1/3

OP105

Independent Assessment Services is a trading name of Atos IT Services UK Limited
Atos IT Services UK Limited is registered in England and Wales
Registered Office: Second Floor, MidCity Place, 71 High Holborn, London, WC1V 6EA
Registered No. 01245534. VAT No. GB 232327983

Providing assessment services on behalf of Department for Work & Pensions

Independent Assessment Services
Delivered by Atos

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

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

Whilst we will be very grateful for any information you can provide, we are unable to pay you for it. If you have any questions about this request please contact us on the number at the top of this letter.

Please reply within 5 working days. A business reply envelope is enclosed for your use. Thank you for your help.

Yours sincerely,

Ms Julie Innes (Paramedic, PA20179)

Independent Assessment Services is a trading name of Atos IT Services UK Limited
Atos IT Services UK Limited is registered in England and Wales
Registered Office: Second Floor, MidCity Place, 71 High Holborn, London, WC1V 6EA
Registered No. 01245534. VAT No. GB 232327983

OP105

Providing assessment services on behalf of Department for Work & Pensions

Your Report 917605016

Claimant's name & Ref: Mr THOMAS MURPHY NR102348C

When did you last see the claimant? 25/4/19

Where did you last see the claimant? Healthcare department in establishment where claimant currently resides

Notes:

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

1. Treatment/therapies/support - Current, planned, response and prognosis

Provide details of any drug and non-drug treatment, therapy or support packages that you are involved in, including details of aids and appliances used and, if known, who prescribed them. Please provide details of frequency and, if relevant, dosage.

Current medication

Aripiprazole 5mg 2 OD, Propranolol 40mg 1 Bd, Naproxen 500mg 1 Bd, Co codamol 15mg/500mg 1-2 qds, gabapentin 300mg 3 capsules BD Cetirizine 10mg od.

Recently seen by physiotherapist Ruth Tomlinson 4/4/19 sessions of physiotherapy in last 12 months, Accupuncture, deep tissue massage to back and shoulder and kinesiology tape applied every 2 weeks to both knees

under care of pain managment specialist nurse Claire Jenkinson who undertakes reviews every 3 months most recent 4/4/19. Outcome was to continue with current prescribed medication, noted that MRI scan shows L4/L5 diffuse disc bulge which contact the L4 nerve root, shoulder x-ray (feb 19) shows clinical impingement and significant mechanical change to the ACJ

Seen by substance misuse recovery support service for 1:1 work on relapse prevention last appointment 25/4/19 with Maria Chappell further appointments booked.

P1045295/000323/2/3

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

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

- *Manage their health conditions and treatment* — Independant - attends appointments, compliant with treatment and medication
- *Communicate* — Independant
- *Walk or move around* — Independantly mobile knees taped, no instability aids used
- *Get somewhere on their own* — Independant
- *Make simple decisions* — Independant
- *Prepare, cook and eat food* — not required to cook food in establishment, can eat independantly
- *Wash, bathe and use the toilet/ manage incontinence* — Independant
- *Dress and undress* — Independant

Only include information that has been confirmed by a health professional.

Please state if this is not known.

3. Does the claimant have a history of threatening or violent behaviour?

No ☐ **Yes** ☐ **Don't know** ☐ *If yes, tell us about their behaviour within the last 5 years. Use the space below at* **Part 5**

4. Could your claimant travel to an assessment centre by public transport or taxi?

Yes ☑ **No** ☐ **Don't know** ☐ *If no, please tell us why. Use the space below at* **Part 5**

NR102348C: Mr THOMAS MURPHY Page 2 of 3

5. Additional information

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

MRI December 2015 @ Lancaster Royal Infirmary showed multilevel disc disease with lower lumbar spine, this causes pain for which analgesia prescribed

Osteoarthritis in both knees, kinesiology tape applied and analgesia prescribed to treat pain

Receiving physiotherapy next appointment 20/5/19.

Mental Health
Diagnosed with Schizophrenia/ paranoid traits.
Medication prescribed for this, anti-psychotics
Seen by mental health services in prison.

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

Your signature [signature]

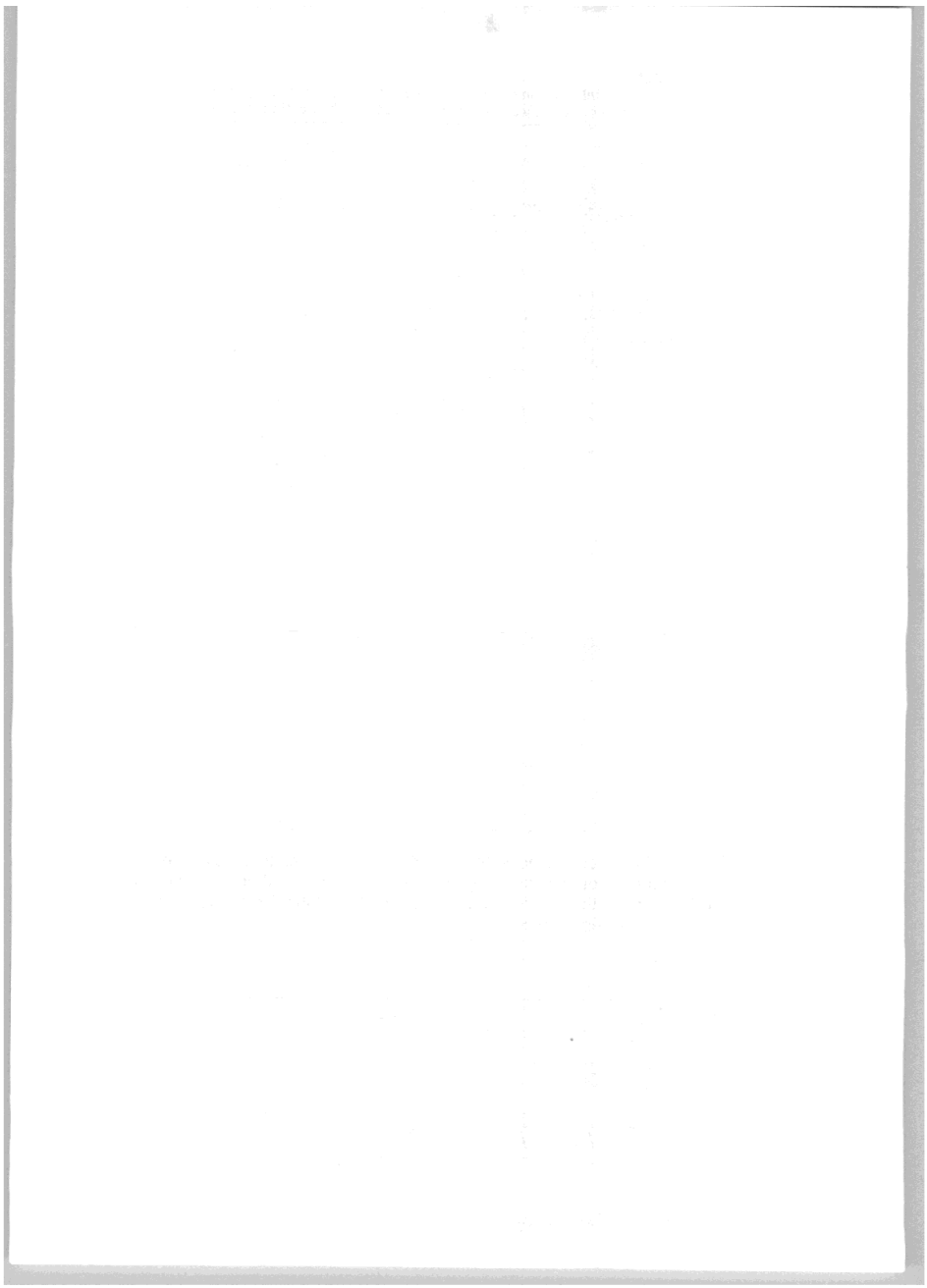
Name in capitals Amanda Hannigan

Date 25/4/19.

Stamp
Care UK
Healthcare provider
HMP Hatfield

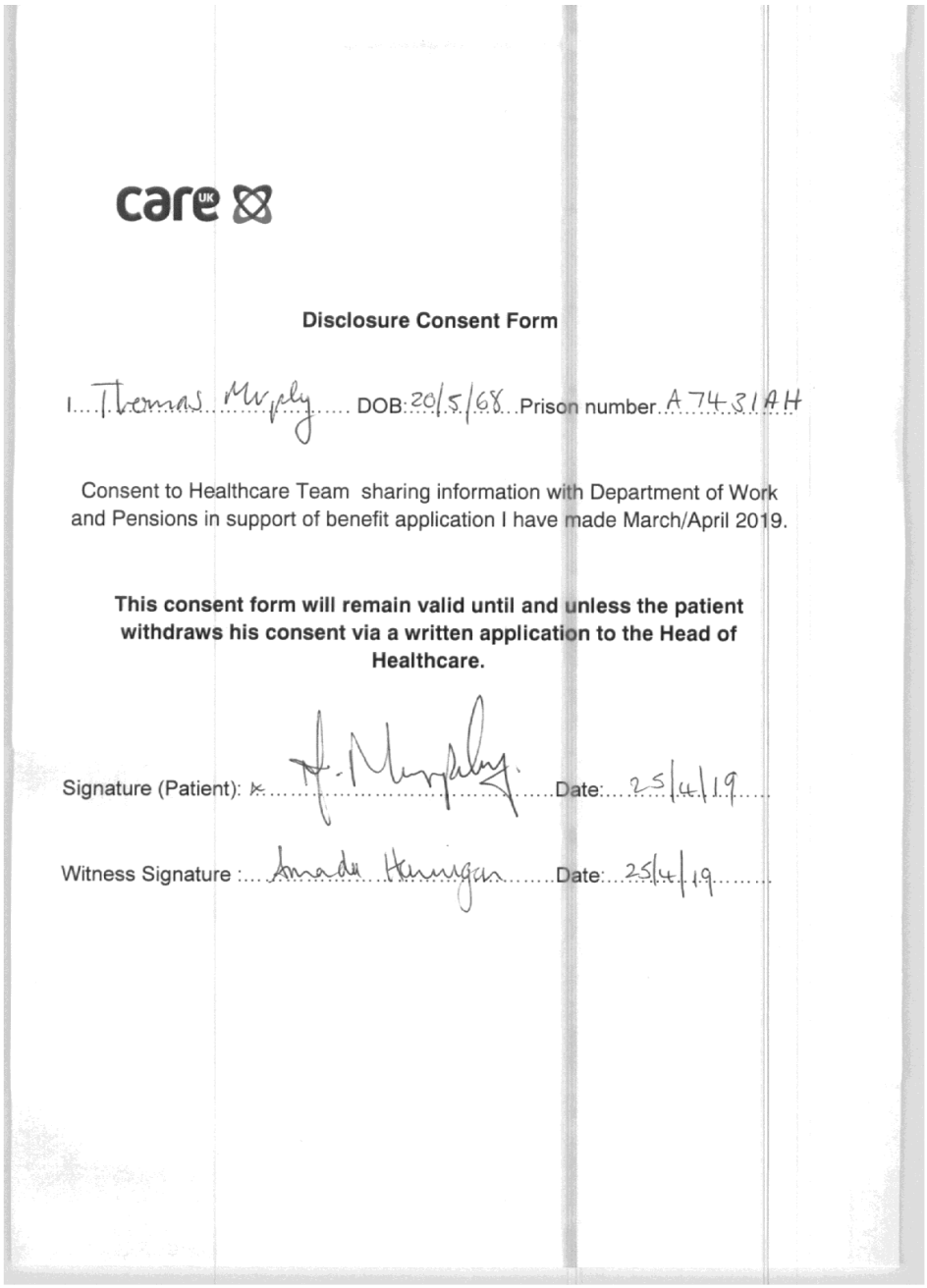
P1045295/000323/3/3

NR102348C: Mr THOMAS MURPHY Page 3 of 3



25 Apr 2019	Consent Forms to HMP Hatfield

Letter Type Consent Forms
Letter To HMP Hatfield
Letter From



care UK

Disclosure Consent Form

I Thomas Murphy DOB: 20/5/68 Prison number A7431AH

Consent to Healthcare Team sharing information with Department of Work and Pensions in support of benefit application I have made March/April 2019.

This consent form will remain valid until and unless the patient withdraws his consent via a written application to the Head of Healthcare.

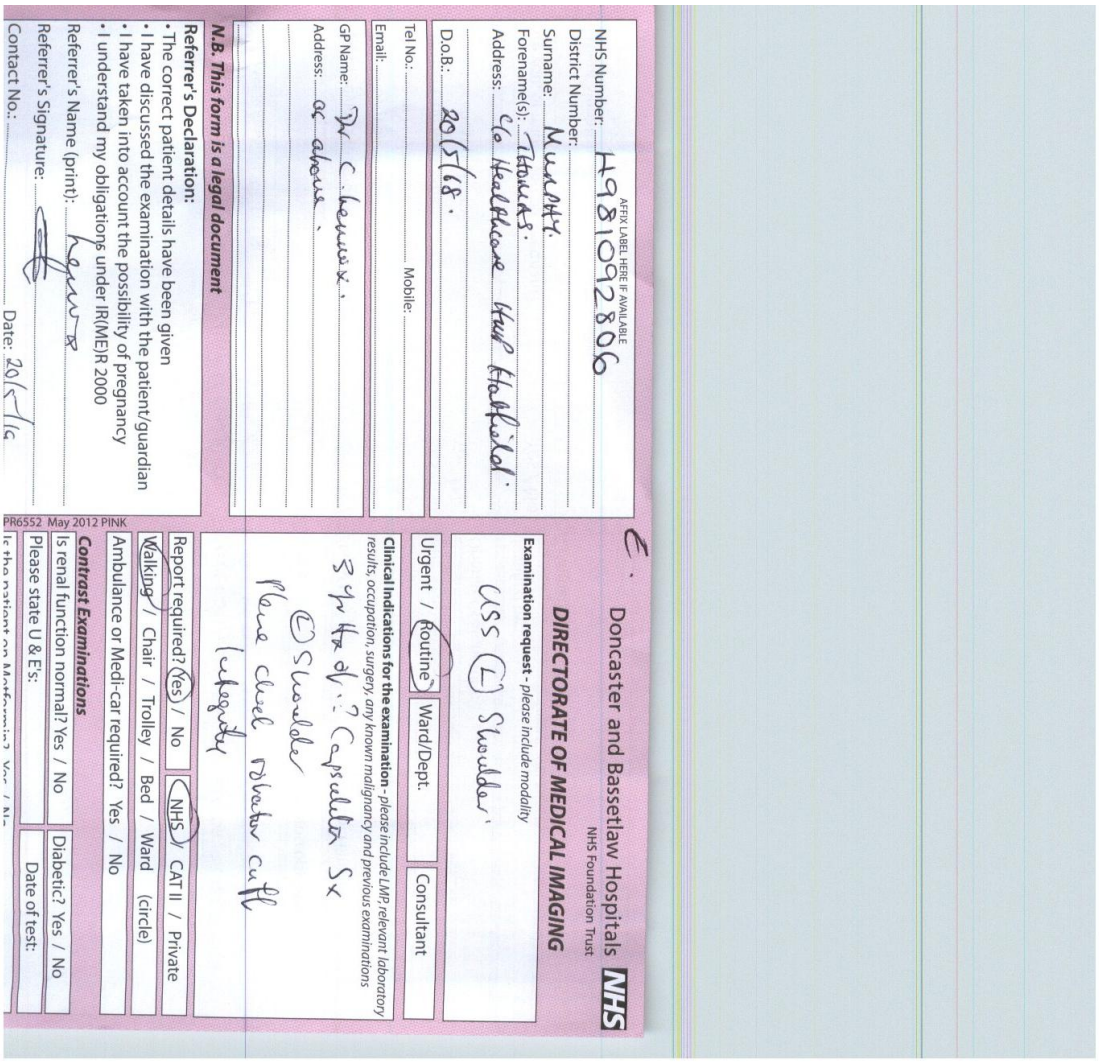
Signature (Patient): T. Murphy Date: 25/4/19

Witness Signature : Amanda Hannigan Date: 25/4/19

Page 1 of 1

15 May 2019	Miscellaneous to HMP Hatfield

Letter Type Miscellaneous
Letter To HMP Hatfield
Letter From



Doncaster and Bassetlaw Hospitals NHS
NHS Foundation Trust

DIRECTORATE OF MEDICAL IMAGING

AFFIX LABEL HERE IF AVAILABLE

NHS Number: 498109 2806
District Number:
Surname: MURPHY.
Forename(s): Thomas.
Address: C/o Healthcare Hub Hatfield.
D.o.B.: 20/5/68.
Tel No.: Mobile:
Email:
GP Name: Dr C. Heaviside.
Address: as above.

Examination request - *please include modality*
USS (L) Shoulder.

Urgent / (Routine) | Ward/Dept. | Consultant

Clinical Indications for the examination - *please include LMP, relevant laboratory results, occupation, surgery, any known malignancy and previous examinations*
3yr hx of ? Capsulitis Sx
(L) Shoulder
Plane chiel rotator cuff
(ultrasound)

Report required? (Yes) / No | (NHS) / CAT II / Private
Walking / Chair / Trolley / Bed / Ward (circle)
Ambulance or Medi-car required? Yes / No

Contrast Examinations
Is renal function normal? Yes / No | Diabetic? Yes / No
Please state U & E's: | Date of test:

N.B. This form is a legal document

Referrer's Declaration:
- The correct patient details have been given
- I have discussed the examination with the patient/guardian
- I have taken into account the possibility of pregnancy
- I understand my obligations under IR(ME)R 2000

Referrer's Name (print):
Referrer's Signature:
Contact No.:
Date: 20/5/16

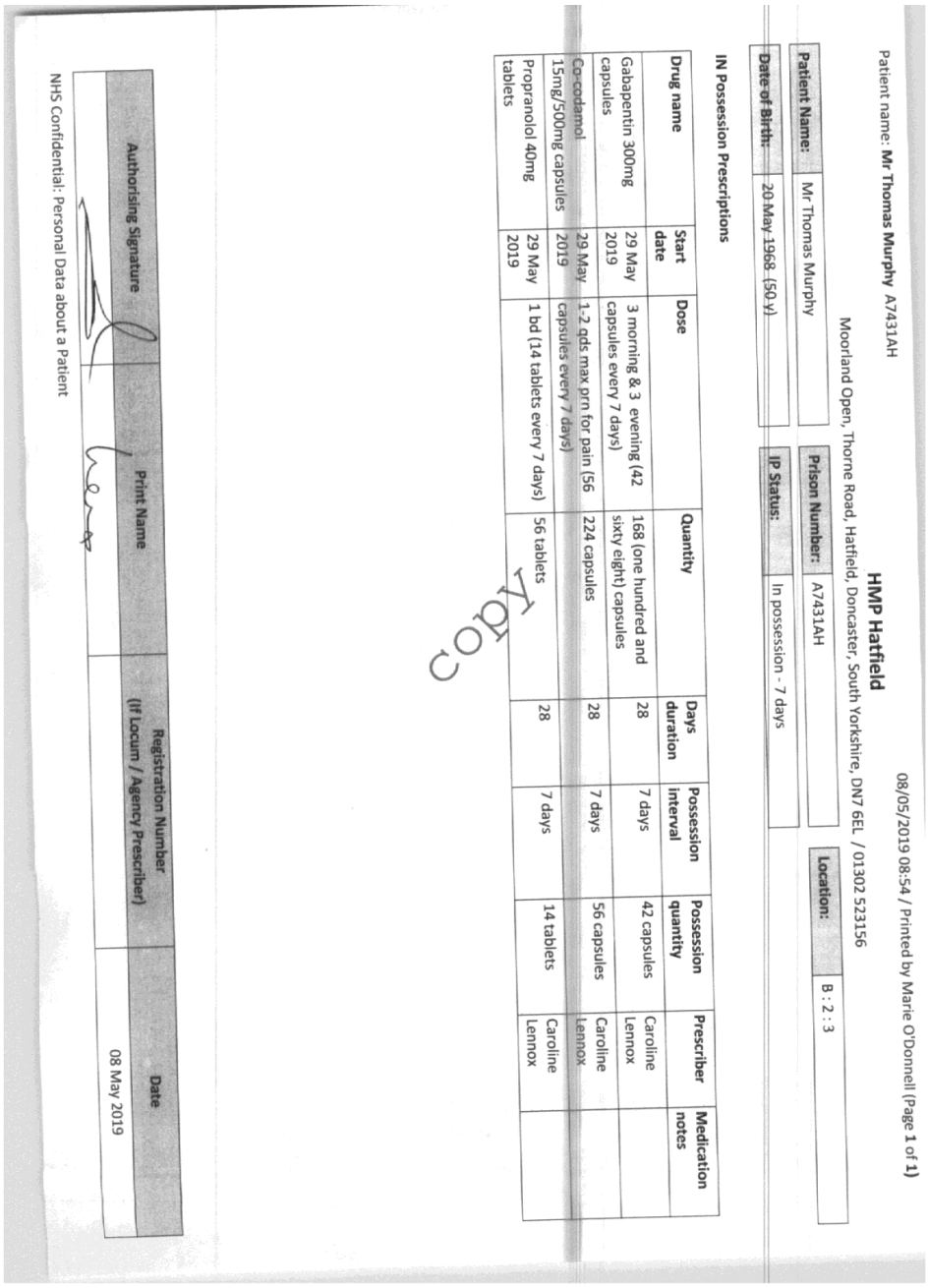
PR6552 May 2012 PINK

Is the patient on Metformin? Yes / No

Page 1 of 1

16 May 2019	Prescription or Medication details to HMP Hatfield

Letter Type Prescription or Medication details
Letter To HMP Hatfield
Letter From HMP Hatfield



Patient name: **Mr Thomas Murphy** A7431AH 08/05/2019 08:54 / Printed by Marie O'Donnell (Page **1** of **1**)

HMP Hatfield

Moorland Open, Thorne Road, Hatfield, Doncaster, South Yorkshire, DN7 6EL / 01302 523156

Patient Name:	Mr Thomas Murphy	Prison Number:	A7431AH	Location:	B : 2 : 3
Date of Birth:	20 May 1968 (50 y)	IP Status:	In possession - 7 days		

IN Possession Prescriptions

Drug name	Start date	Dose	Quantity	Days duration	Possession interval	Possession quantity	Prescriber	Medication notes
Gabapentin 300mg capsules	29 May 2019	3 morning & 3 evening (42 capsules every 7 days)	168 (one hundred and sixty eight) capsules	28	7 days	42 capsules	Caroline Lennox	
Co-codamol 15mg/500mg capsules	29 May 2019	1-2 qds max prn for pain (56 capsules every 7 days)	224 capsules	28	7 days	56 capsules	Caroline Lennox	
Propranolol 40mg tablets	29 May 2019	1 bd (14 tablets every 7 days)	56 tablets	28	7 days	14 tablets	Caroline Lennox	

copy

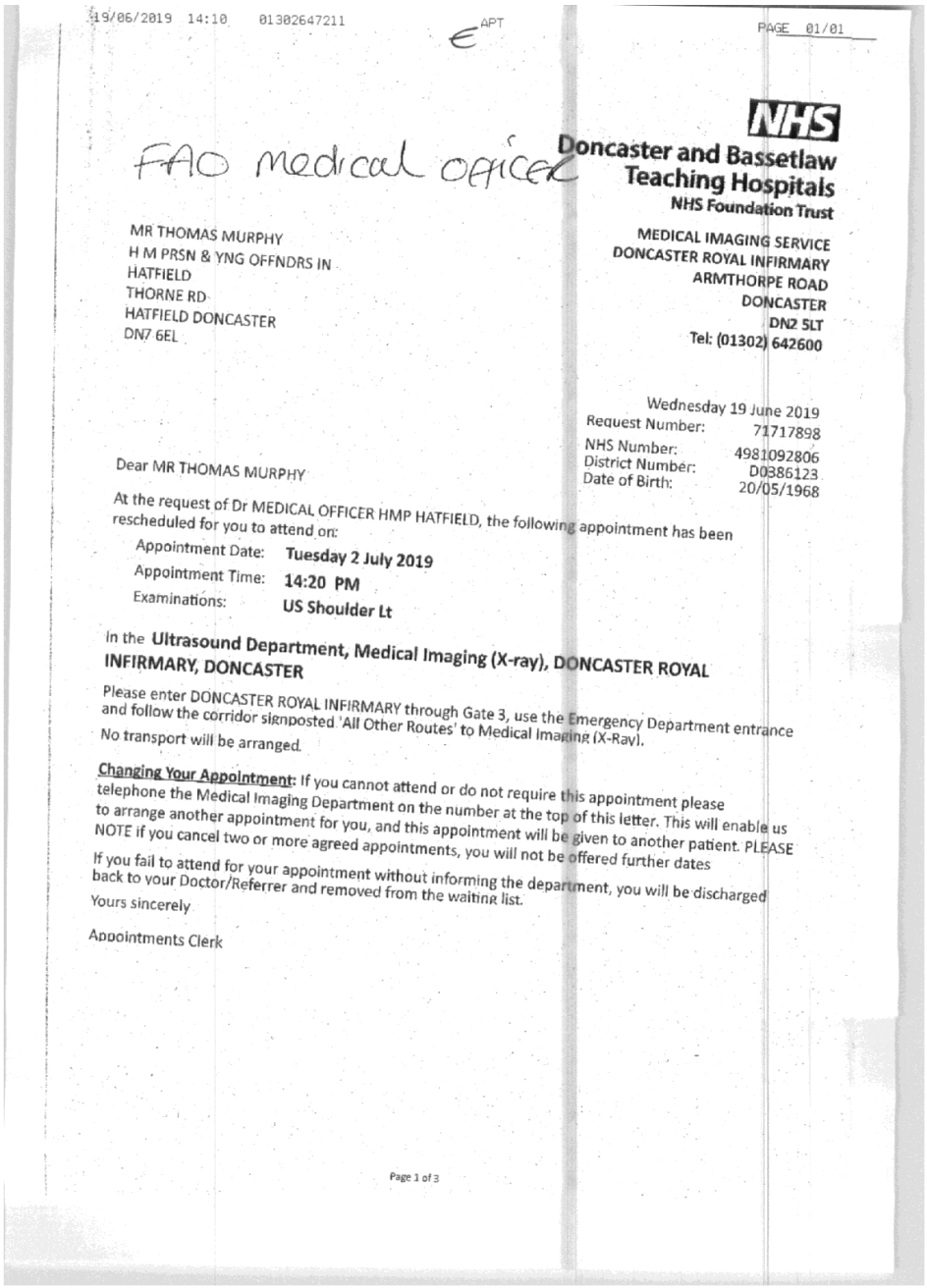
Authorising Signature	Print Name	Registration Number (If Locum / Agency Prescriber)	Date
			08 May 2019

NHS Confidential: Personal Data about a Patient

Page 1 of 1

19 Jun 2019	Appointment Letter to HMP Hatfield

Letter Type Appointment Letter
Letter To HMP Hatfield
Letter From DRI-USS



19/06/2019 14:10 01302647211 APT PAGE 01/01

FAO medical officer

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

MR THOMAS MURPHY
H M PRSN & YNG OFFNDRS IN
HATFIELD
THORNE RD
HATFIELD DONCASTER
DN7 6EL

MEDICAL IMAGING SERVICE
DONCASTER ROYAL INFIRMARY
ARMTHORPE ROAD
DONCASTER
DN2 5LT
Tel: (01302) 642600

Wednesday 19 June 2019
Request Number: 71717898
NHS Number: 4981092806
District Number: D0386123
Date of Birth: 20/05/1968

Dear MR THOMAS MURPHY

At the request of Dr MEDICAL OFFICER HMP HATFIELD, the following appointment has been rescheduled for you to attend on:

Appointment Date: **Tuesday 2 July 2019**
Appointment Time: **14:20 PM**
Examinations: **US Shoulder Lt**

In the **Ultrasound Department, Medical Imaging (X-ray), DONCASTER ROYAL INFIRMARY, DONCASTER**

Please enter DONCASTER ROYAL INFIRMARY through Gate 3, use the Emergency Department entrance and follow the corridor signposted 'All Other Routes' to Medical Imaging (X-Ray).
No transport will be arranged.

Changing Your Appointment: If you cannot attend or do not require this appointment please telephone the Medical Imaging Department on the number at the top of this letter. This will enable us to arrange another appointment for you, and this appointment will be given to another patient. PLEASE NOTE if you cancel two or more agreed appointments, you will not be offered further dates

If you fail to attend for your appointment without informing the department, you will be discharged back to your Doctor/Referrer and removed from the waiting list.

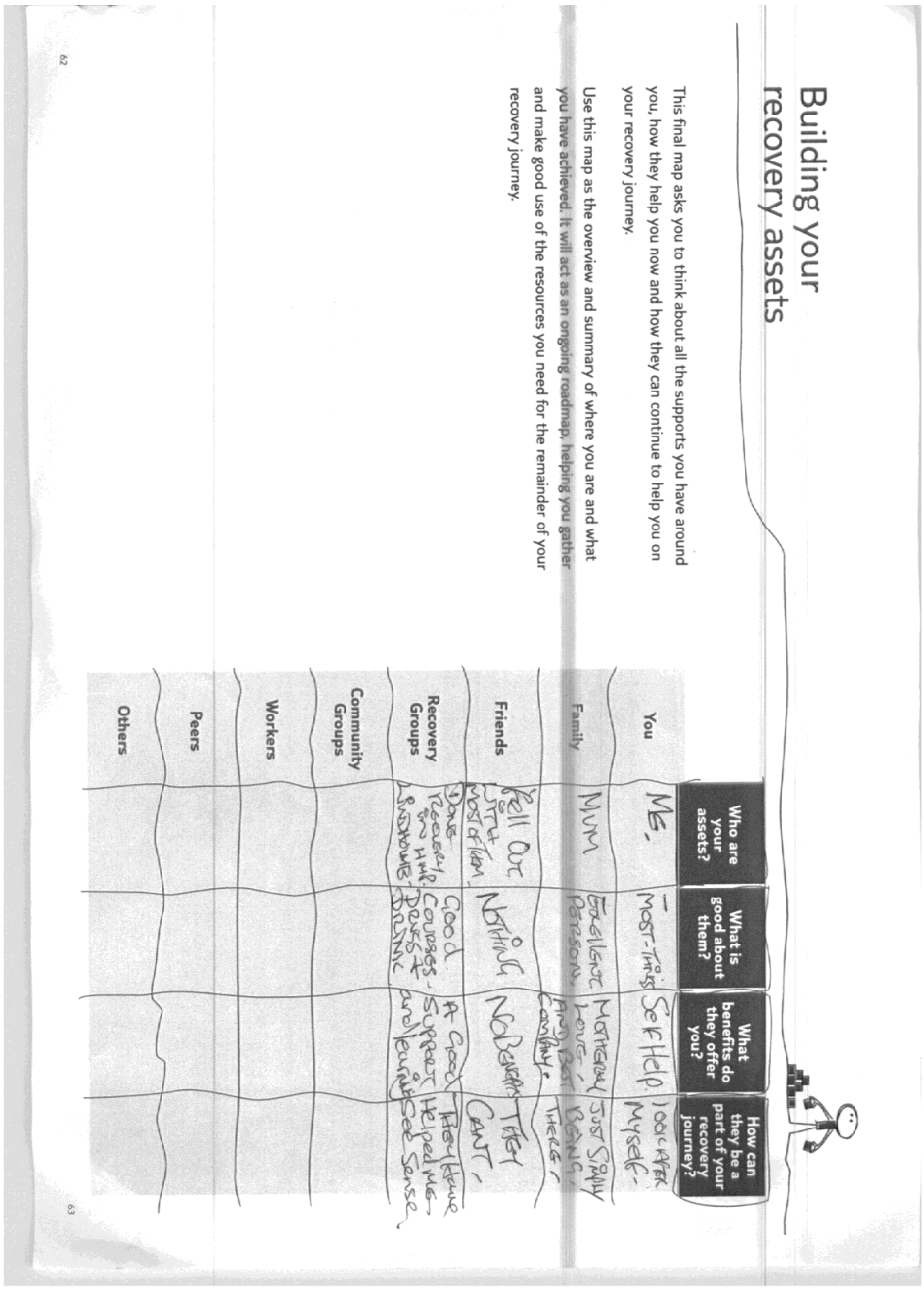
Yours sincerely

Appointments Clerk

Page 1 of 3

20 Jun 2019	Miscellaneous to HMP Hatfield

Letter Type Miscellaneous
Letter To HMP Hatfield
Letter From Maria Chappell



Building your recovery assets

This final map asks you to think about all the supports you have around you, how they help you now and how they can continue to help you on your recovery journey.

Use this map as the overview and summary of where you are and what you have achieved. It will act as an ongoing roadmap, helping you gather and make good use of the resources you need for the remainder of your recovery journey.

	Who are your assets?	What is good about them?	What benefits do they offer you?	How can they be a part of your recovery journey?
You	ME.	I MOST-TIMES	SELF HELP	LOOK AFTER MYSELF.
Family	MUM	EXCELLENT PERSON.	MOTHERLY LOVE,	JUST STAY BEING
Friends	WELL OUT WITH MOST OF THEM.	NOTHING	NOTHING	NOBODY THEY CAN'T.
Recovery Groups	DAVE RECOVERY ON THE STREETS.	GOOD COURAGE. SUPPORT.	A GOOD LISTENER HELPED ME UNDERSTAND PEOPLE	
Community Groups				
Workers				
Peers				
Others				

62 63

Looking forward

For many people, recovery will continue to be a journey but that journey will become easier as you become stronger.

As we near the end of MyRAP, use this map to think back about how far you have come in your journey and where you would like to see yourself in the future.

You may wish to imagine yourself in six months time, a year's time or even five years time.

Family?

Friends?

What do you see when you picture the future you want for yourself?

Living situation?

Work / job?

What do all of these things have in common?

60

61

Family support

The definition of 'family' is very personal as you may feel very close to people who are not actually related to you.

Try to think about anybody who has helped you through your recovery journey and write their names in the first box.

You might want to ask yourself:

What do these people do that helps you in your recovery journey?

Are there times when people around you are not supportive of your recovery?

Who in your family has been most helpful in your recovery journey?	What does he / she do that helps your recovery journey?	What do you do to take care of yourself when you deal with unsupportive family members?
My Mum But Sheels Now 78 Years Of Age And I Am Now Going To Pay Her Back For All The Times My Mum Has Been There For Me -	Be There And Listening Person, With Lots Of Help, And Kindness, And Greatness, No Money, Love, But, 2 - Or No Other Person Can Give.	Caring - On Regardless,

Recovery support

The supports you have around you will be very important in maintaining your recovery. Building a supportive network is of great importance but can be very difficult in the early stages of recovery. This may involve staying away from friends or family who continue to use in order to reduce the risk of any setbacks.

Here are some questions to think about.

How can you make new friends or get back in touch with old friends who do not use?

How can you avoid the influence of friends who are still using?

How can you avoid the influence of family who are still using?

My next goal

It is important to keep setting yourself goals along your recovery journey. You will find that as you progress, your goals will grow more ambitious and have less and less to do with your substance use.

As you progress in your recovery and you grow stronger, you will be able to tackle larger goals because you have so many strengths to help you do this.

Use this map to plan another goal and think about all your strengths and how these can help you achieve your next goal.

54

What I am going to do to achieve this goal

YES JUST TAKE ONE DAY AT A TIME.

When?

ALL THE TIME.

Helpful people and useful thoughts

I Am Trying TO Strengthen My Body So I Can Hopefully Start A Full Time Job. Stress Of Stand Still Can Only do Right Duties,

My Next Goal

TO Try and Pass My Driving Test So I Can Get A Driving Job Or Activities

Strengths you need to have

Physical and Mental Strengths, Arrangements

Possible problems

MS Disease I Have A Lot Of Anxiety And Social Problems

Solutions and strengths I have to build upon

Mental Health Skills And My Carers are Reliable. Get Help Support From Nurses

55

Recovery goals

The goals you have set yourself for your recovery are not easy. As you achieve your goals, congratulate yourself!

It is useful to think about the goals that lie ahead of you and think about what might help you achieve them. Try to imagine how achieving the goal will make you feel.

Now ask yourself:

- What steps do you need to take to achieve your goal?
- What strengths do you have that will help you achieve your goal?

52

Pick your problem, goal, then work through

Goal: Planning Job after Passed Test

How will things be different when you reach this goal?

I would change my life, Dramatically, as I could travel on my own and the ease from not standing up, all the time also helps my day activities

What do you need to begin working on this goal? What steps make sense?

Apply for my Provisional licence, Then Pass my Theory Test then my Practical driving Test - Then I could possibly look at a Job Using a Light-Duties

What are three of your positive personality strengths that will help you reach this goal?

1. Respectable, Kind - Easy to get along with, Good Attitude
2. Get on with people, In and out of work
3. Hard worker to Place since I Pass my Driving Test.

How will you review and reflect on achieving this goal?

I will study for my test and not, Quit until I have passed, But this will take place at home.

53

Recovery journal

You have made a lot of progress on your recovery journey and it is important to think about those successes.

Take some time to think about how you have managed so far in terms of your drug use, your health and your relationships.

For example:

- Think about your successes
- Have you experienced any rough spots?
- Do you have any worries?
- What goals are you working toward?

Use this map to help you keep a journal of your own for every week of your recovery. This will help you look back on how you were managing at the beginning of the journey and how far you are progressing. This is a learning map so it may be useful to look back at some earlier maps which you found helpful for your progress.

Week beginning -

Recovery Area	Success	Rough Spots	Concerns	Goals
Staying clean				
Recovery work				
Social relationships				
Personal				

Enabling recovery

Starting the recovery journey is one thing but staying on the journey is another. It is helpful to think about how you will manage if things become difficult. There are many people you could see, places you could go or things you could do to help you maintain your recovery.

Use the next map to help you think about what these things would be for you.

How will you stop using all drugs and stop being around drugs?

KEEP AWAY FROM EVERYONE, WITH ARE INVOLVED, AND DONT GET ALCOHOL.

How can you avoid people and situations that trigger your desire to use?

STAYING AWAY FROM THE PEOPLE WHO TRY TO ENCOURAGE YOU (ME RATHER).

Can you ask a non-using family member or close friend to be your 'partner' in recovery?

I DON'T INVOLVE ANYONE IN MY MISFORTUNES BECAUSE IT'S MY CIRCUMSTANCES.

How will you go about forming a self-image of yourself as a Person in Recovery?

MAYBE WITHOUT THE DRUGS.

What can you do to plan your time and stay busy?

LAST FRIDAY MONTH OCCUPIED AND FREE WITH TIME WITH OTHERS DOING SUCH AS WORKING AFTER MENTAL AND PHYSICAL HEALTH.

48 49

Goal planner

Now you are ready to plan what you want to change. This next map shows you the many different parts of your life. For each one, think about how satisfied you are with this and rate your satisfaction on a scale of 1 -10 (with 10 meaning very satisfied).

If you do not score 10, think about what would have to change for you to score 10. Write this in the next box. Once you have done this, the next task is to prioritise.

With the many different areas of your life, some may be more important to you than others. Try to think about which area means the most to you and then write number 1 in the priority box. The next most important area will be number 2 and so on until you have decided on every one you want to prioritise.

This will help you see which areas are important to you and this is where you can start working first.

Problem area	Satisfaction out of 10	What would have to change to score 10 out of 10?	Priority
Drug and / or Alcohol Use	NO		
Health (physical and mental)			
Social Life and Friends			
Relationships			
Housing			
Job / Education			
Money			
Exercise			
Legal and Crime			

You can add extra priorities or problem areas if there are others for you

What's important to me?

There may be many things in your life that you value. These may include family or friends, places you go to or things you do.

Try to think about what means most to you in your life and use the map to write down which of these things have been affected by your drinking or drug use. Try to think about how they have been affected by your substance use.

People
Example: partner, children

Places
Example: my house

Activities
Example: work, football

Feelings / Emotions
Example: happiness

Things that are important to me in life

Things / Objects
Example: clothes, iPod

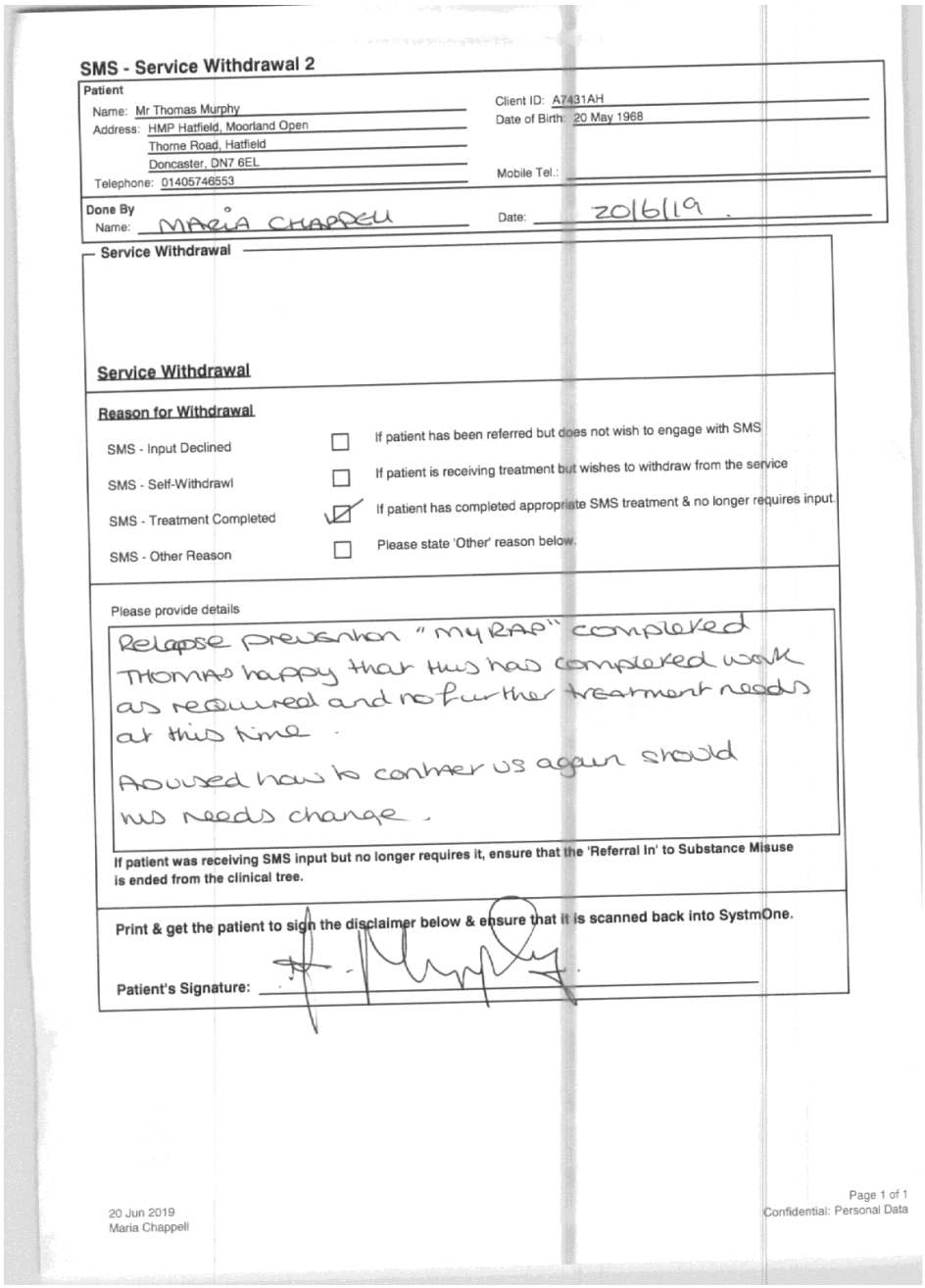
Can you think of anything else?
Example: future goals

Now you have resolved to take action to change your substance use, the next set of maps will help you to plan what action to take and how to assess your progress.

20 21

20 Jun 2019	Miscellaneous to HMP Hatfield

Letter Type Miscellaneous
Letter To HMP Hatfield
Letter From Maria Chappell



SMS - Service Withdrawal 2

Patient
Name: Mr Thomas Murphy
Address: HMP Hatfield, Moorland Open
Thorne Road, Hatfield
Doncaster, DN7 6EL
Telephone: 01405746553
Client ID: A7431AH
Date of Birth: 20 May 1968
Mobile Tel.:

Done By
Name: MARIA CHAPPELL Date: 20/6/19

Service Withdrawal

Service Withdrawal

Reason for Withdrawal

SMS - Input Declined	☐	If patient has been referred but does not wish to engage with SMS
SMS - Self-Withdrawl	☐	If patient is receiving treatment but wishes to withdraw from the service
SMS - Treatment Completed	☑	If patient has completed appropriate SMS treatment & no longer requires input.
SMS - Other Reason	☐	Please state 'Other' reason below.

Please provide details

Relapse prevention "MyRAP" completed
THOMAS happy that this has completed work as required and no further treatment needs at this time.
Advised how to contact us again should his needs change.

If patient was receiving SMS input but no longer requires it, ensure that the 'Referral In' to Substance Misuse is ended from the clinical tree.

Print & get the patient to sign the disclaimer below & ensure that it is scanned back into SystmOne.

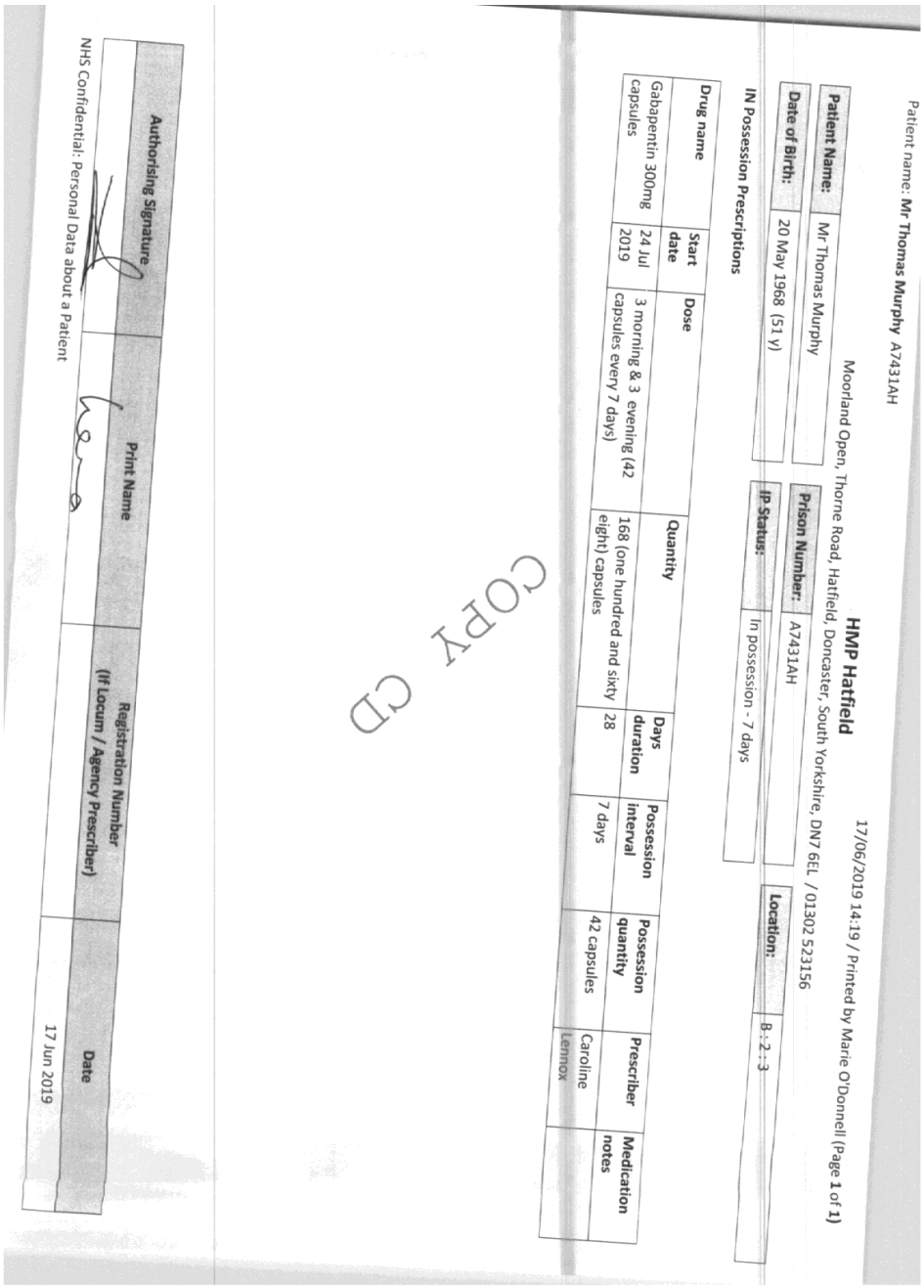
Patient's Signature:

20 Jun 2019
Maria Chappell

Page 1 of 1
Confidential: Personal Data

20 Jun 2019	Prescription or Medication details to HMP Hatfield

Letter Type Prescription or Medication details
Letter To HMP Hatfield
Letter From HMP Hatfield



Patient name: **Mr Thomas Murphy** A7431AH

HMP Hatfield

Moorland Open, Thorne Road, Hatfield, Doncaster, South Yorkshire, DN7 6EL / 01302 523156

17/06/2019 14:19 / Printed by Marie O'Donnell (Page **1** of **1**)

Patient Name:	Mr Thomas Murphy	**Prison Number:**	A7431AH	**Location:**	B-2-3
Date of Birth:	20 May 1968 (51 y)	**IP Status:**	In possession - 7 days		

IN Possession Prescriptions

Drug name	Start date	Dose	Quantity	Days duration	Possession interval	Possession quantity	Prescriber	Medication notes
Gabapentin 300mg capsules	24 Jul 2019	3 morning & 3 evening (42 capsules every 7 days)	168 (one hundred and sixty eight) capsules	28	7 days	42 capsules	Caroline Lennox	

COPY CD

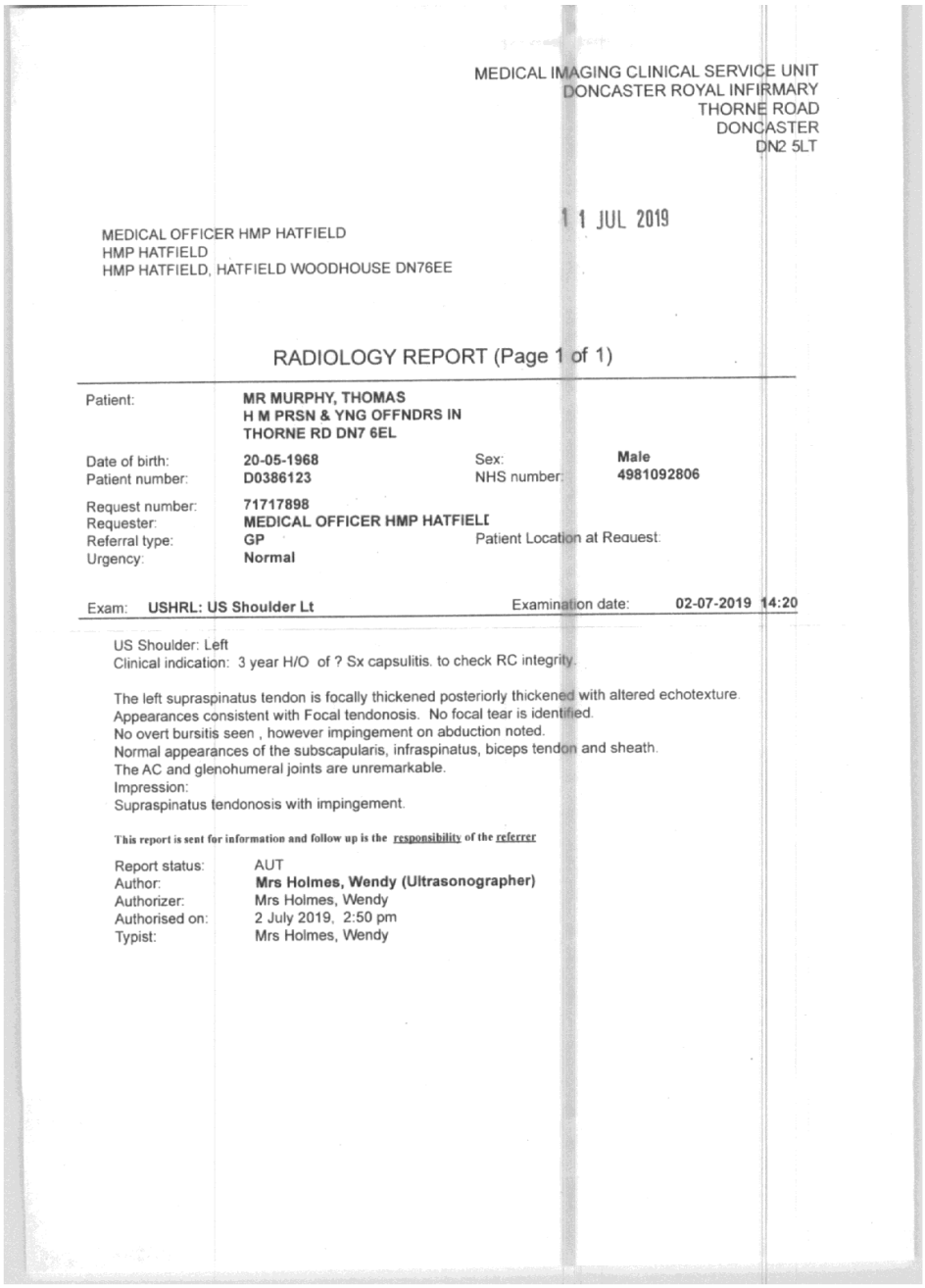
Authorising Signature	Print Name	Registration Number (If Locum / Agency Prescriber)	Date
			17 Jun 2019

NHS Confidential: Personal Data about a Patient

Page 1 of 1

02 Jul 2019	Ultrasound or Scan results to HMP Hatfield

Letter Type Ultrasound or Scan results
Letter To HMP Hatfield
Letter From DRI



MEDICAL IMAGING CLINICAL SERVICE UNIT
DONCASTER ROYAL INFIRMARY
THORNE ROAD
DONCASTER
DN2 5LT

11 JUL 2019

MEDICAL OFFICER HMP HATFIELD
HMP HATFIELD
HMP HATFIELD, HATFIELD WOODHOUSE DN76EE

RADIOLOGY REPORT (Page 1 of 1)

Patient: **MR MURPHY, THOMAS**
H M PRSN & YNG OFFNDRS IN
THORNE RD DN7 6EL

Date of birth: **20-05-1968** Sex: **Male**
Patient number: **D0386123** NHS number: **4981092806**

Request number: **71717898**
Requester: **MEDICAL OFFICER HMP HATFIELI**
Referral type: **GP** Patient Location at Request:
Urgency: **Normal**

Exam: **USHRL: US Shoulder Lt** Examination date: **02-07-2019 14:20**

US Shoulder: Left
Clinical indication: 3 year H/O of ? Sx capsulitis. to check RC integrity.

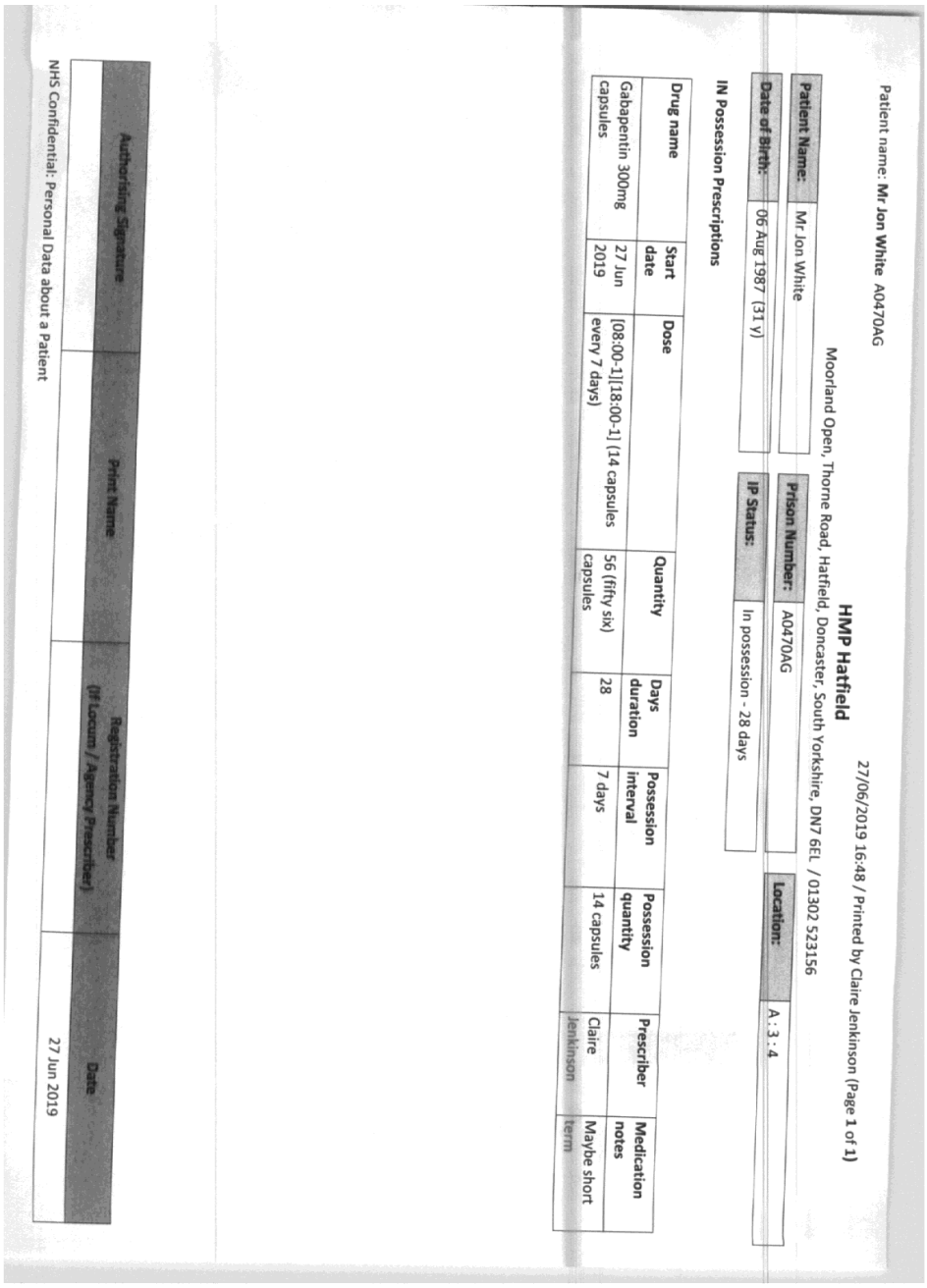
The left supraspinatus tendon is focally thickened posteriorly thickened with altered echotexture.
Appearances consistent with Focal tendonosis. No focal tear is identified.
No overt bursitis seen , however impingement on abduction noted.
Normal appearances of the subscapularis, infraspinatus, biceps tendon and sheath.
The AC and glenohumeral joints are unremarkable.
Impression:
Supraspinatus tendonosis with impingement.

This report is sent for information and follow up is the responsibility of the referrer

Report status: AUT
Author: **Mrs Holmes, Wendy (Ultrasonographer)**
Authorizer: Mrs Holmes, Wendy
Authorised on: 2 July 2019, 2:50 pm
Typist: Mrs Holmes, Wendy

18 Jul 2019	Prescription or Medication details to HMP Hatfield

Letter Type Prescription or Medication details
Letter To HMP Hatfield
Letter From HMP Hatfield



Patient name: **Mr Jon White** A0470AG

HMP Hatfield

Moorland Open, Thorne Road, Hatfield, Doncaster, South Yorkshire, DN7 6EL / 01302 523156

27/06/2019 16:48 / Printed by Claire Jenkinson (Page **1** of **1**)

Patient Name:	Mr Jon White	Prison Number:	A0470AG	Location:	A : 3 : 4
Date of Birth:	06 Aug 1987 (31 y)	IP Status:	In possession - 28 days		

IN Possession Prescriptions

Drug name	Start date	Dose	Quantity	Days duration	Possession interval	Possession quantity	Prescriber	Medication notes
Gabapentin 300mg capsules	27 Jun 2019	[08:00-1][18:00-1] (14 capsules every 7 days)	56 (fifty six) capsules	28	7 days	14 capsules	Claire Jenkinson	Maybe short term

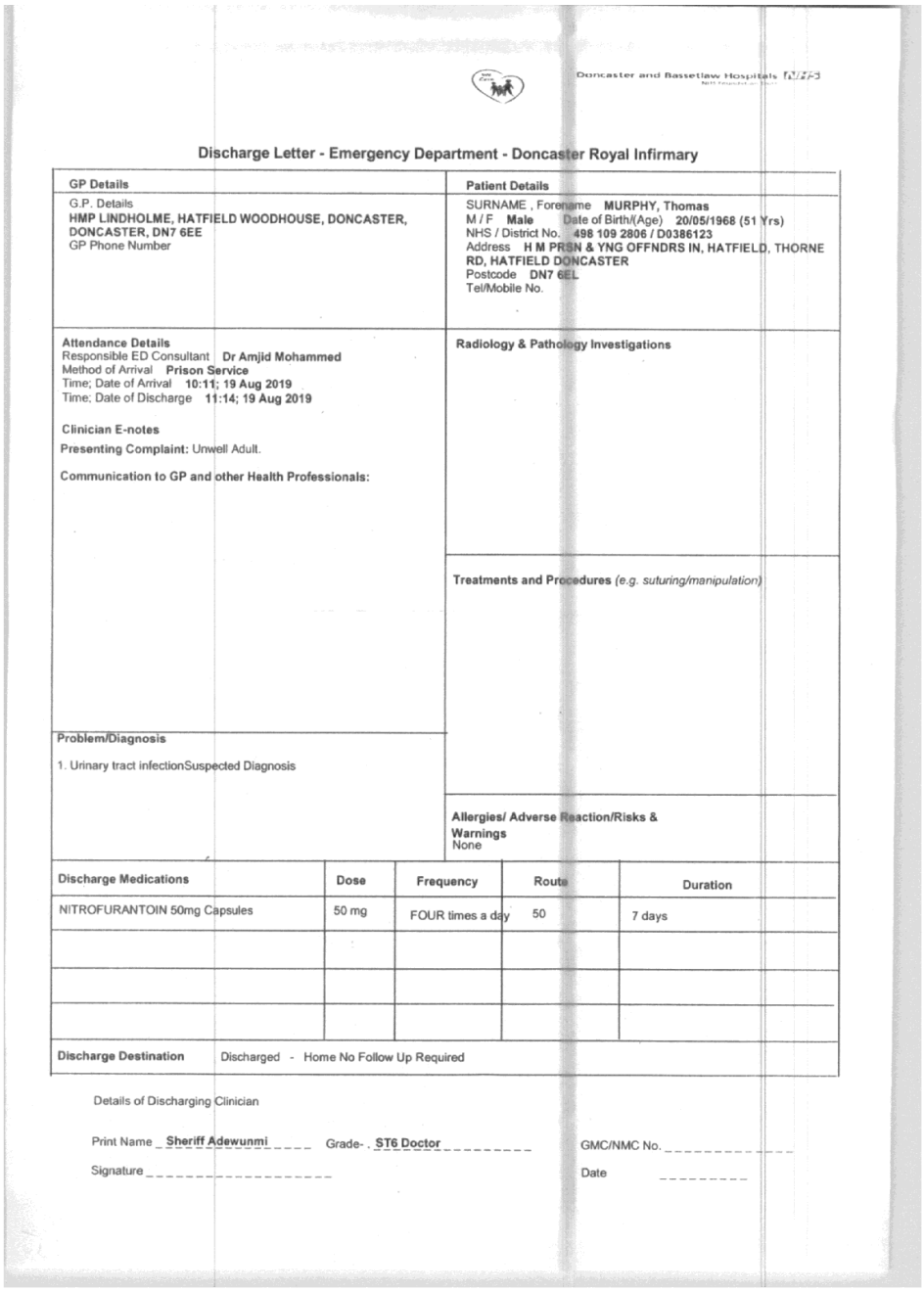
Authorising Signature	Print Name	Registration Number (If Locum / Agency Prescriber)	Date
			27 Jun 2019

NHS Confidential: Personal Data about a Patient

Page 1 of 1

19 Aug 2019	Discharge Letter to HMP Hatfield

Letter Type Discharge Letter
Letter To HMP Hatfield
Letter From DRI



Doncaster and Bassetlaw Hospitals NHS

Discharge Letter - Emergency Department - Doncaster Royal Infirmary

GP Details

G.P. Details
HMP LINDHOLME, HATFIELD WOODHOUSE, DONCASTER, DONCASTER, DN7 6EE
GP Phone Number

Patient Details

SURNAME , Forename **MURPHY, Thomas**
M / F **Male** Date of Birth/(Age) **20/05/1968 (51 Yrs)**
NHS / District No. **498 109 2806 / D0386123**
Address **H M PRSN & YNG OFFNDRS IN, HATFIELD, THORNE RD, HATFIELD DONCASTER**
Postcode **DN7 6EL**
Tel/Mobile No.

Attendance Details
Responsible ED Consultant **Dr Amjid Mohammed**
Method of Arrival **Prison Service**
Time; Date of Arrival **10:11; 19 Aug 2019**
Time; Date of Discharge **11:14; 19 Aug 2019**

Clinician E-notes
Presenting Complaint: Unwell Adult.

Communication to GP and other Health Professionals:

Radiology & Pathology Investigations

Treatments and Procedures *(e.g. suturing/manipulation)*

Problem/Diagnosis
1. Urinary tract infectionSuspected Diagnosis

Allergies/ Adverse Reaction/Risks & Warnings
None

Discharge Medications	Dose	Frequency	Route	Duration
NITROFURANTOIN 50mg Capsules	50 mg	FOUR times a day	50	7 days

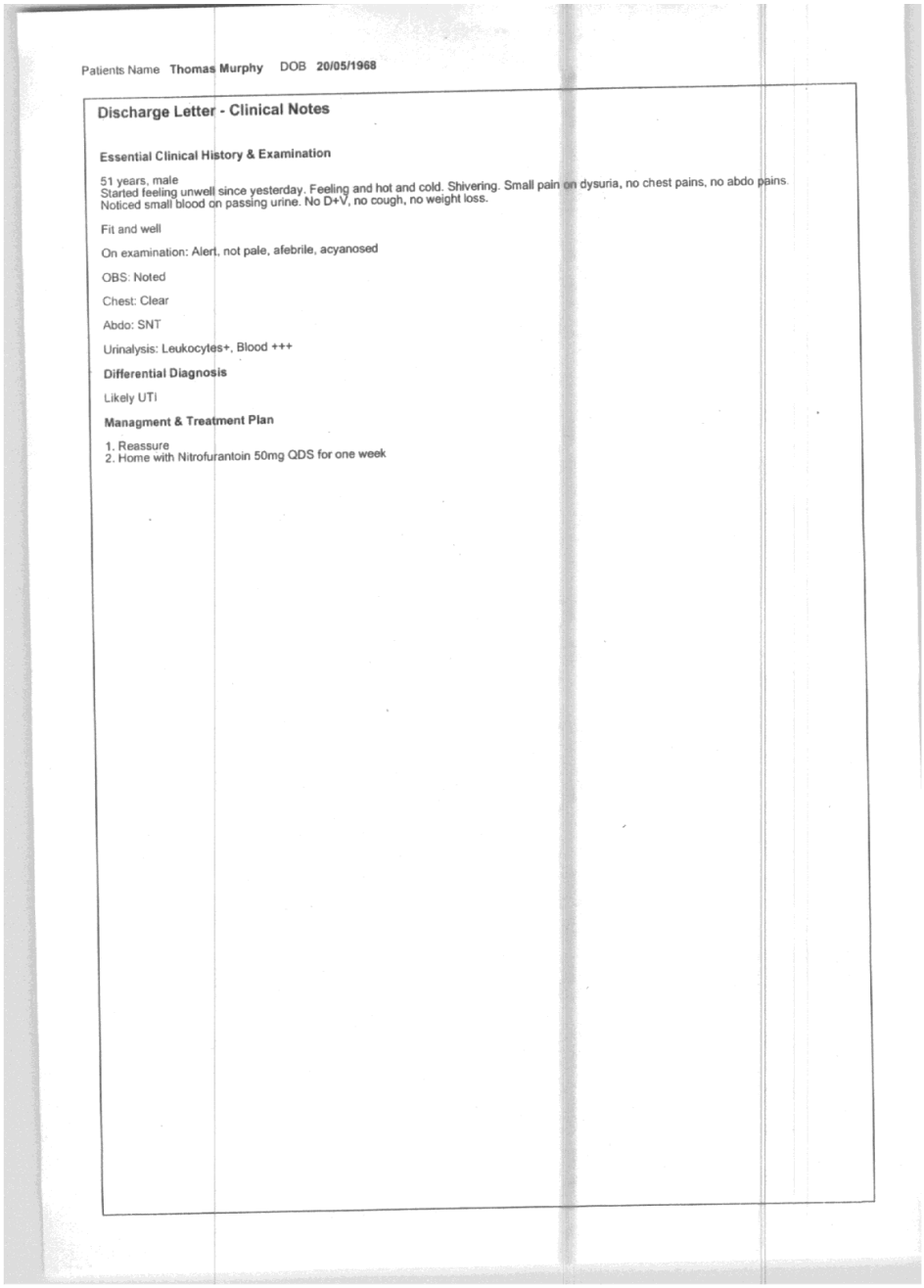
Discharge Destination Discharged - Home No Follow Up Required

Details of Discharging Clinician

Print Name **Sheriff Adewunmi** Grade- **ST6 Doctor** GMC/NMC No.

Signature Date

Page 1 of 2



Patients Name **Thomas Murphy** DOB **20/05/1968**

Discharge Letter - Clinical Notes

Essential Clinical History & Examination

51 years, male
Started feeling unwell since yesterday. Feeling and hot and cold. Shivering. Small pain on dysuria, no chest pains, no abdo pains.
Noticed small blood on passing urine. No D+V, no cough, no weight loss.

Fit and well

On examination: Alert, not pale, afebrile, acyanosed

OBS: Noted

Chest: Clear

Abdo: SNT

Urinalysis: Leukocytes+, Blood +++

Differential Diagnosis

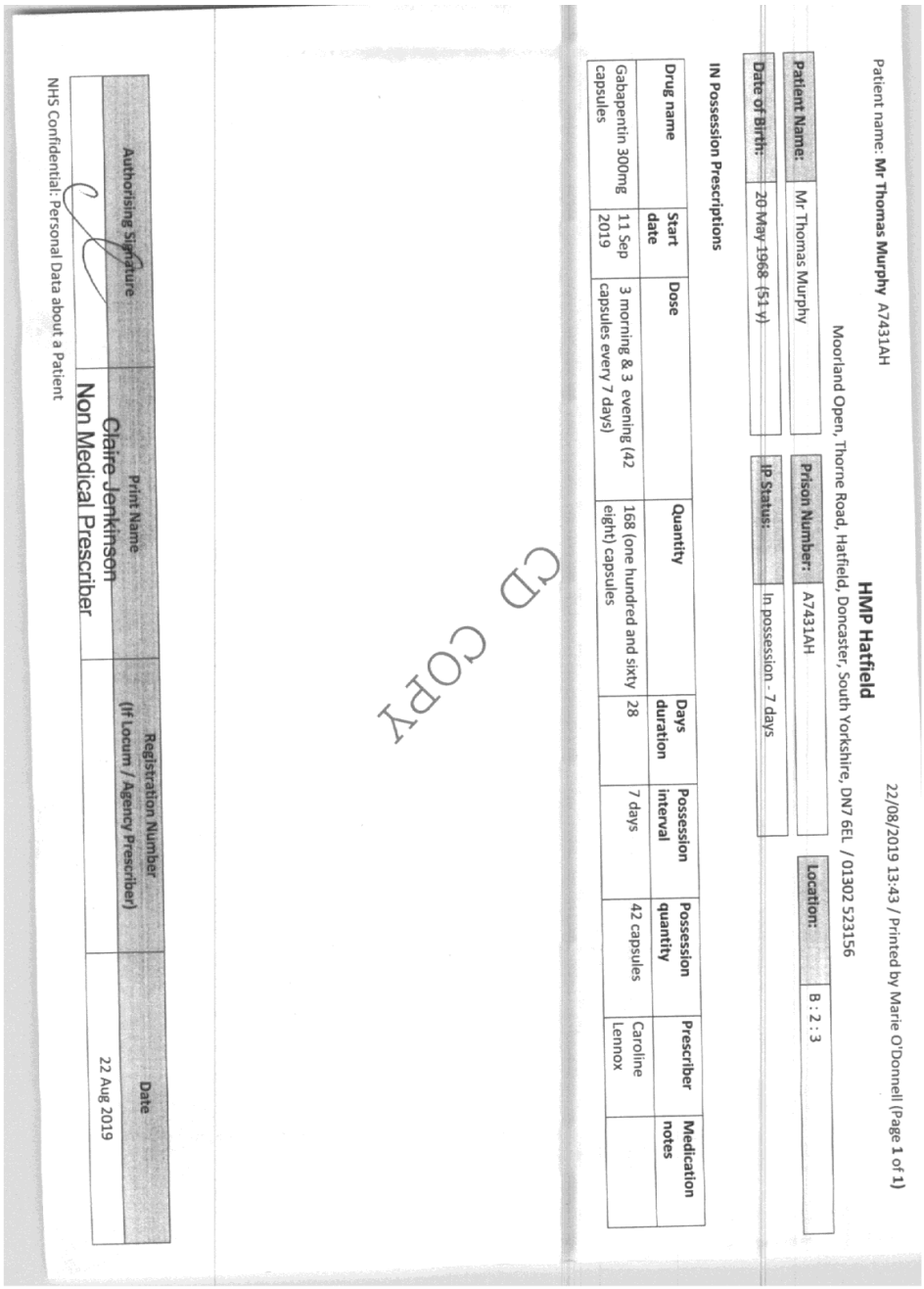
Likely UTI

Managment & Treatment Plan

1. Reassure
2. Home with Nitrofurantoin 50mg QDS for one week

03 Oct 2019	Clinic Letter to HMP Hatfield

Letter Type Clinic Letter
Letter To HMP Hatfield
Letter From HMP Hatfield



Patient name: **Mr Thomas Murphy** A7431AH

22/08/2019 13:43 / Printed by Marie O'Donnell (Page 1 of 1)

HMP Hatfield

Moorland Open, Thorne Road, Hatfield, Doncaster, South Yorkshire, DN7 6EL / 01302 523156

Patient Name:	Mr Thomas Murphy	Prison Number:	A7431AH	Location:	B : 2 : 3
Date of Birth:	20 May 1968 (51 y)	IP Status:	In possession - 7 days		

IN Possession Prescriptions

Drug name	Start date	Dose	Quantity	Days duration	Possession interval	Possession quantity	Prescriber	Medication notes
Gabapentin 300mg capsules	11 Sep 2019	3 morning & 3 evening (42 capsules every 7 days)	168 (one hundred and sixty eight) capsules	28	7 days	42 capsules	Caroline Lennox	

CD COPY

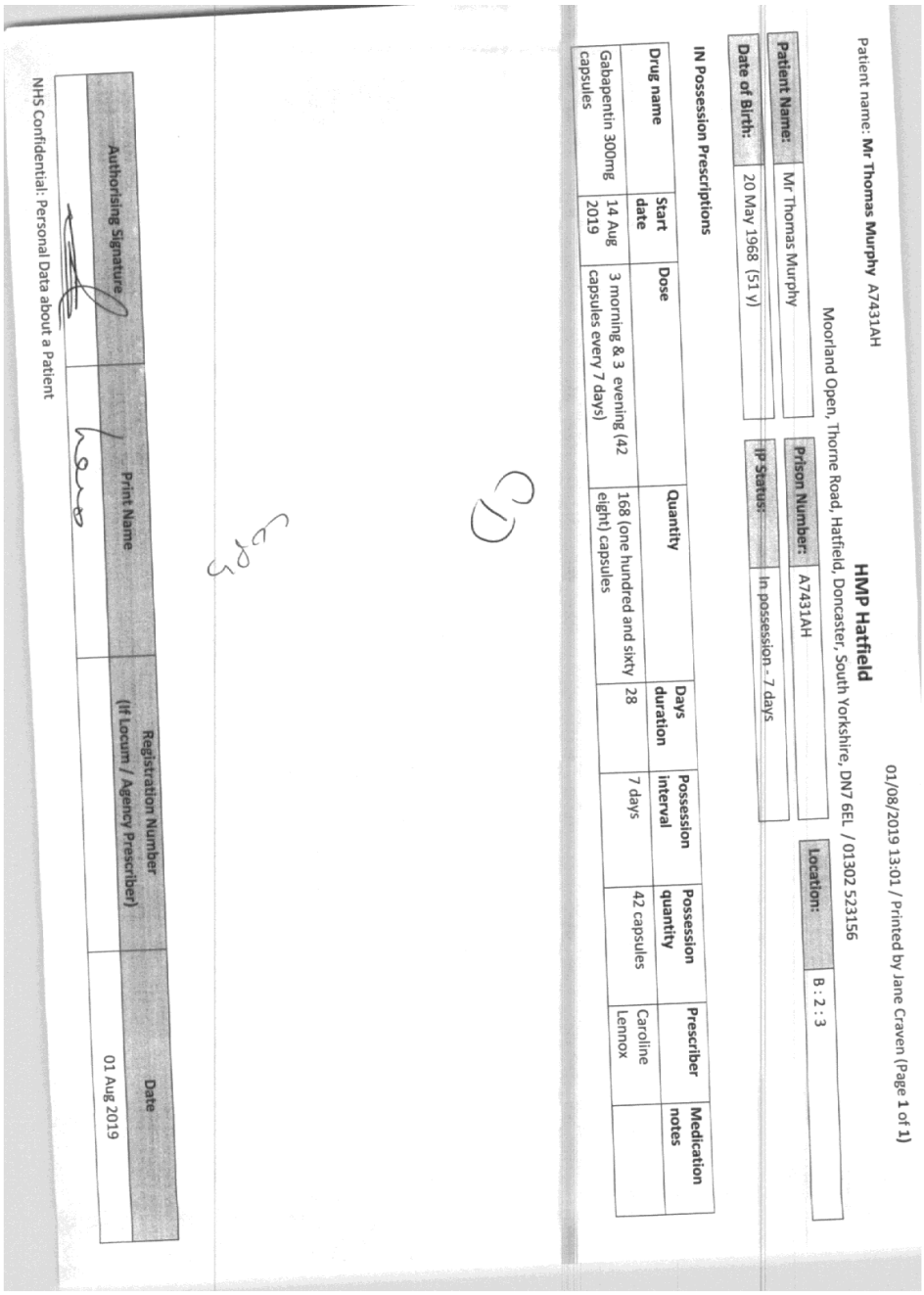
Authorising Signature	Print Name	Registration Number (If Locum / Agency Prescriber)	Date
	Claire Jenkinson Non Medical Prescriber		22 Aug 2019

NHS Confidential: Personal Data about a Patient

Page 1 of 1

03 Oct 2019	Clinic Letter to HMP Hatfield

Letter Type Clinic Letter
Letter To HMP Hatfield
Letter From HMP Hatfield



Patient name: **Mr Thomas Murphy** A7431AH

01/08/2019 13:01 / Printed by Jane Craven (Page 1 of 1)

HMP Hatfield

Moorland Open, Thorne Road, Hatfield, Doncaster, South Yorkshire, DN7 6EL / 01302 523156

Patient Name:	Mr Thomas Murphy	Prison Number:	A7431AH	Location:	B : 2 : 3
Date of Birth:	20 May 1968 (51 y)	IP Status:	In possession - 7 days		

IN Possession Prescriptions

Drug name	Start date	Dose	Quantity	Days duration	Possession interval	Possession quantity	Prescriber	Medication notes
Gabapentin 300mg capsules	14 Aug 2019	3 morning & 3 evening (42 capsules every 7 days)	168 (one hundred and sixty eight) capsules	28	7 days	42 capsules	Caroline Lennox	

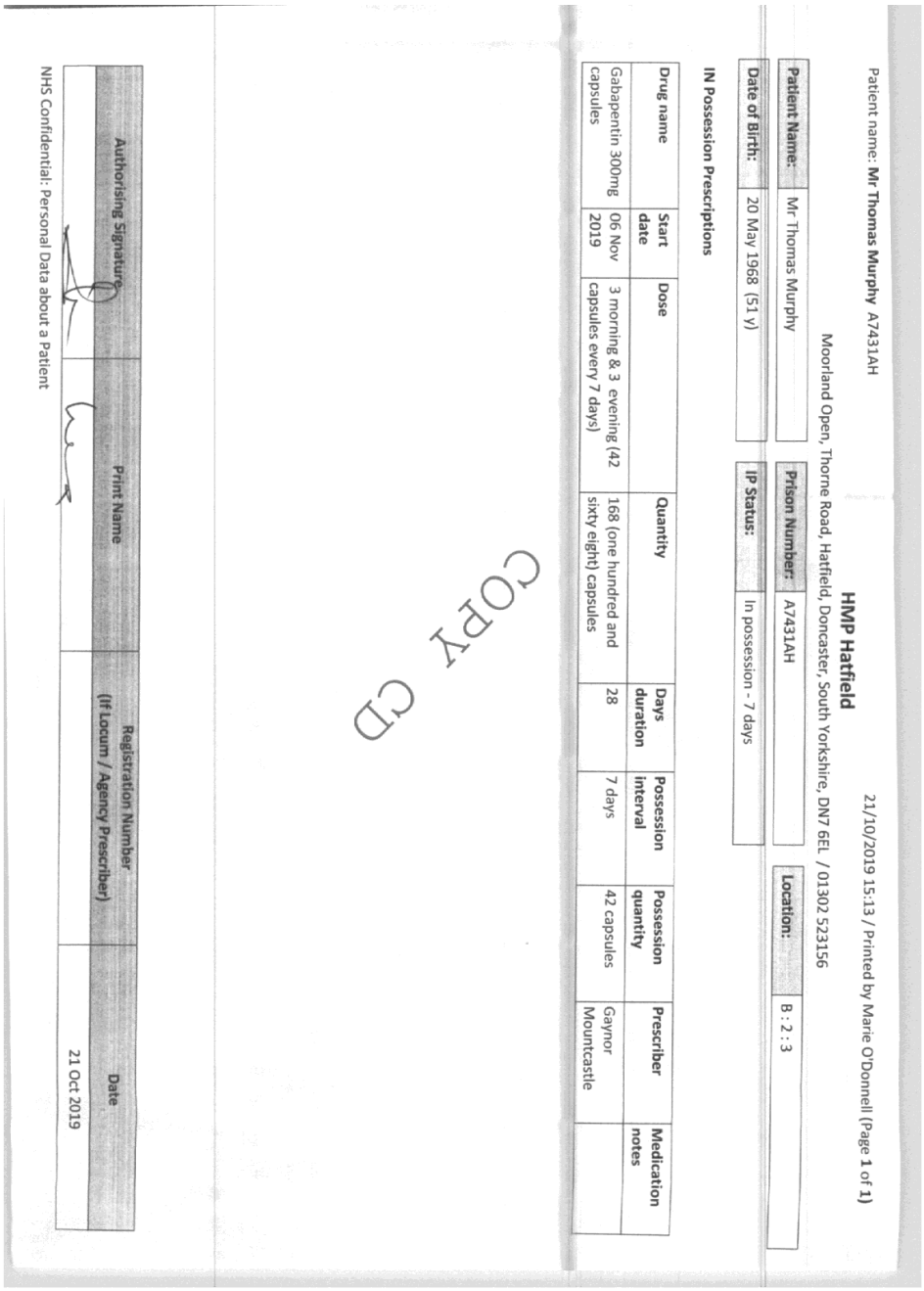
Authorising Signature	Print Name	Registration Number (If Locum / Agency Prescriber)	Date
			01 Aug 2019

NHS Confidential: Personal Data about a Patient

Page 1 of 1

24 Oct 2019	Prescription or Medication details to HMP Hatfield

Letter Type Prescription or Medication details
Letter To HMP Hatfield
Letter From HMP Hatfield



Patient name: **Mr Thomas Murphy** A7431AH 21/10/2019 15:13 / Printed by Marie O'Donnell (Page **1** of **1**)

HMP Hatfield

Moorland Open, Thorne Road, Hatfield, Doncaster, South Yorkshire, DN7 6EL / 01302 523156

Patient Name:	Mr Thomas Murphy	Prison Number:	A7431AH	Location:	B : 2 : 3
Date of Birth:	20 May 1968 (51 y)	IP Status:	In possession - 7 days		

IN Possession Prescriptions

Drug name	Start date	Dose	Quantity	Days duration	Possession interval	Possession quantity	Prescriber	Medication notes
Gabapentin 300mg capsules	06 Nov 2019	3 morning & 3 evening (42 capsules every 7 days)	168 (one hundred and sixty eight) capsules	28	7 days	42 capsules	Gaynor Mountcastle	

COPY CD

Authorising Signature	Print Name	Registration Number (If Locum / Agency Prescriber)	Date
			21 Oct 2019

NHS Confidential: Personal Data about a Patient

Page 1 of 1

25 Nov 2019	NHS 111 Service to unknown

Letter Type NHS 111 Service
Letter To
Letter From Yorkshire Ambulance Service NHS Trust

NHS 111 Report - For Information

MURPHY, Thomas *Born* 20-May-1968 *Gender* Male *NHS No.* 498 109 2806
Local Patient ID 43A1F1F1-0F19-4F8E-99CC-EB934B74F681

Home Address
34 First Avenue
Fitzwilliam
Pontefract
West Yorkshire
WF9 5BG
Home Phone 01977614612

GP Practice
Trinity Medical Centre (formerly Almshouse)
Trinity Medical Centre
Thornhill Street
Wakefield
West Yorkshire
WF1 1PL
Phone 01924784104

Patient's Reported Condition

wants phone number for his gp practice

Case Summary

Disposition:
Call is closed with no further action needed
Dx108

Selected care service:
No referral made.

Rationale:
Healthcare professional requesting contact with another clinician
Assessment ended, system user terminated call
No response vehicle disposition reached

Pathways Assessment:
Early Exit selected
The assessment ended because the caller or the calltaker terminated the call.
User Comments: gave gp practice number as listed on demographics under gp details
An ambulance disposition had not been reached before the assessment ended.
The call is closed with no further action required.

Advice given:
None recorded.

Document Created	**25-Nov-2019, 08:54**
Document Owner	**Yorkshire Ambulance Service - 111**
Authored by	**Lesley Mckinney - Call handler, Wakefield (Yorkshire Ambulance Service - 111) on 25-Nov-2019, 08:50**
Consent Status	**Consent given for electronic record sharing**

Encounter Type	**NHS111 Encounter**
Encounter Time	**25-Nov-2019, 08:49 to 25-Nov-2019, 08:50**
Case Reference	**4C691F7C-1920-43A7-93CE-20B064D06BD1**
Case ID	**8971178**
Encounter Disposition	**Call is closed with no further action needed**
Care Setting Location	**Incident Location**
Care Setting Address	*Visit Address* **34 First Avenue** **Fitzwilliam** **Pontefract**

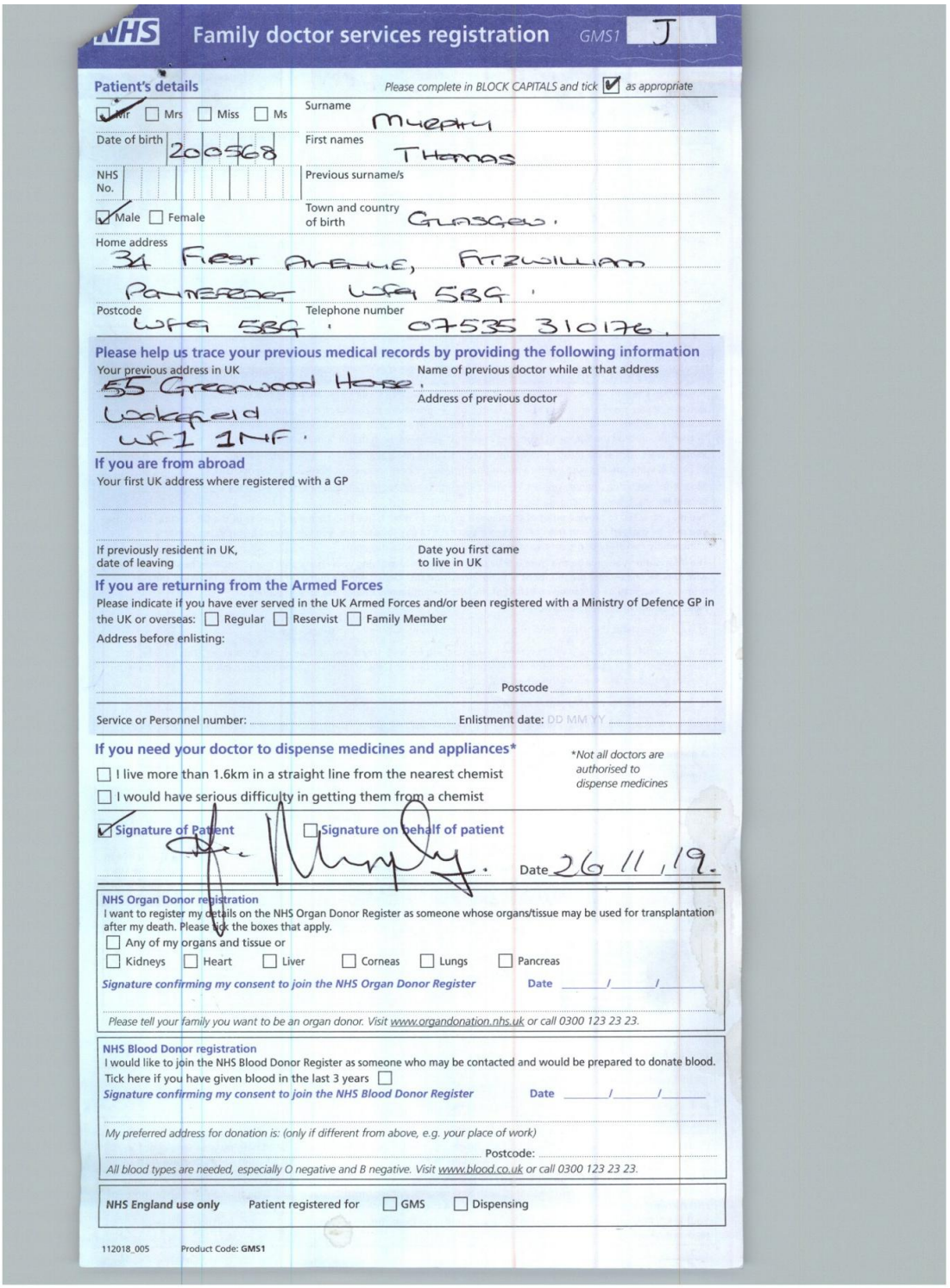
Page 1 of 2

	West Yorkshire **WF9 5BG**
Care Setting Type	
Responsible Party	**Eithne Cummins - Medical Director, Yorkshire Ambulance Service - 111**

Document ID **122B85FD-6C33-41FF-97ED-075409751A1C** *Version* **1**

26 Nov 2019	Patient Information to The Grange Medical Centre

Letter Type Patient Information
Letter To The Grange Medical Centre
Letter From Mr Thomas Murphy



NHS Family doctor services registration GMS1 J

Patient's details *Please complete in BLOCK CAPITALS and tick ☑ as appropriate*

☑ Mr ☐ Mrs ☐ Miss ☐ Ms
Surname: Murphy
First names: Thomas
Date of birth: 20 05 68
NHS No.:
Previous surname/s:
☑ Male ☐ Female
Town and country of birth: Glasgow.
Home address: 34 First Avenue, Fitzwilliam, Pontefract, WF9 5BG.
Postcode: WF9 5BG. Telephone number: 07535 310176.

Please help us trace your previous medical records by providing the following information

Your previous address in UK: 55 Greenwood House, Wakefield, WF1 1NF.
Name of previous doctor while at that address:
Address of previous doctor:

If you are from abroad

Your first UK address where registered with a GP:
If previously resident in UK, date of leaving:
Date you first came to live in UK:

If you are returning from the Armed Forces

Please indicate if you have ever served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas: ☐ Regular ☐ Reservist ☐ Family Member
Address before enlisting:
Postcode
Service or Personnel number: Enlistment date: DD MM YY

If you need your doctor to dispense medicines and appliances*

*Not all doctors are authorised to dispense medicines

☐ I live more than 1.6km in a straight line from the nearest chemist
☐ I would have serious difficulty in getting them from a chemist

☑ Signature of Patient ☐ Signature on behalf of patient
Date 26/11/19.

NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.
☐ Any of my organs and tissue or
☐ Kidneys ☐ Heart ☐ Liver ☐ Corneas ☐ Lungs ☐ Pancreas
Signature confirming my consent to join the NHS Organ Donor Register Date ___/___/___
Please tell your family you want to be an organ donor. Visit www.organdonation.nhs.uk or call 0300 123 23 23.

NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.
Tick here if you have given blood in the last 3 years ☐
Signature confirming my consent to join the NHS Blood Donor Register Date ___/___/___
My preferred address for donation is: (only if different from above, e.g. your place of work)
Postcode:
All blood types are needed, especially O negative and B negative. Visit www.blood.co.uk or call 0300 123 23 23.

NHS England use only Patient registered for ☐ GMS ☐ Dispensing

112018_005 Product Code: GMS1

Page 1 of 9

New Patient Questionnaire

Please complete this questionnaire to ensure we have the most up to date and accurate information. The information you provide us with on this form will be reviewed in more detail in your New Patient Health Check appointment. This form must be returned to reception upon registration.

Section 1 - Personal Details

Title	~~Mr/Mrs/Miss/Ms~~	**Date of Birth**	20/05/1968.
Forename	Thomas	**NHS Number**	.
Surname	Murphy.	**Sex**	
Current Address	34 First Avenue. Fitzwilliam	**Postcode:** WF9 5BG.	
Home Tel. No.	—	**Mobile Tel. No.**	07535 310176.
Email	thomas.murphy@freeday.com.		
Occupation	.		
Ethnicity	British.		
First Language:	**English**	**Other:**	
Nominated Pharmacy:	Name and Address of Nominated Pharmacy: Lloyds Pharmacy 10 Market Street Hemsworth WF9 4LA. *We will use this pharmacy to send all prescriptions issued by the surgery electronically*		

Do you consider yourself to have a disability?			**Yes**	~~No~~
Details of Impairment	**Physical**	**Learning Disability/Difficulty**	**Other:**	
	Sensory	**Mental Health Condition**		

As a result of a disability do you;				
need any written communication support?	**Large Print**	**Email/SMS**	**Easy Read**	
need any verbal/Face to Face communication support?	**BSL Interpreter**	**Foreign Language Interpreter**	**Hearing Loop**	**Non-Verbal Communication**
have any other communication support needs				

Please Note: Some translators must be booked in advance so can only be used for clinical appointments.

Are you a Carer?	Yes	No	Is someone a carer for you?	Yes	No
Are you a veteran or reservist?	Yes	No	Are any of your immediate family veterans or reservists?	Yes	No

Please Note: The information provided here is to ensure we can communicate effectively with our patients.

Section 2 – Health Information

Height	5' 7"	Ft/cm	Weight	75	KG/~~Stone~~
Do you drink any alcohol	Yes	No	Approximately how many units per week?		1|2
How often do you drink?	Never	Monthly	2 – 4 times a month	2 – 4 times a week	5 times a week or more

Are you a smoker?	~~Yes~~	No	Previously	Date Stopped:	2016.
How many cigarettes per day?		Would you like support and information on quitting?		~~Yes~~	No

Do you have a drug addiction?	~~Yes~~	No	Details:	

Section 3 – Medical History

Are you currently under any hospital care?		Yes	No
Hospital Name	Name of speciality/Department	Details	

Repeat Medications

Are you on any repeat medication?	Yes	~~No~~
Do you have a repeat prescription slip from your previous GP?	Yes	~~No~~

If Yes please hand it to reception when you return this form. If No please list the medication below. You will need to see a GP before we can prescribe any medication.

Name of Drug	Dose & Frequency	Reason for use
Gravapentine.	300mg. x2day	Nerve Damage.
Co Codamol.	~~30x~~ 500mg x2 day	Pain Relief.
Aripiprosal.	5mg 2 day	Mental Health.
Propanolol.	40mg 2day.	Mental Health.

Allergies

Do you have any known allergies?	Yes	~~No~~
Allergic to:	Reaction	

Do you have, or have you had any health problems, operations or long term conditions?			
	√		√
Asthma		High blood pressure	
Cancer		High Cholesterol	
COPD		Osteoporosis	
Chronic Kidney Disease		Stroke	
Diabetes		Mental health problems	✓
Epilepsy		Under/Over active thyroid	
Heart Attack/Disease		Circulation problems	
Other serious illnesses			
Any operations			

CHILDREN ONLY

Please list all vaccinations								
Vaccination		√	Date	Vaccination		√	Date
Diphtheria/Tetanus/ Whooping Cough/Polio	1			Meningitis C	1		
	2				2		
	3				3		
Pre-school				Booster			
Pneumococcal	1			Hib	1		
	2				2		
	3				3		
Measles/Mumps/ Rubella (MMR)	1			Booster			
	2			HPV	1		
Rubella					2		
BCG					3		
Teenage booster Diphtheria/Tetanus/Polio							
Other:							

ANY ADULT VACCINATIONS			
Name	Date	Name	Date

FEMALES ONLY							
What is your current method of birth control?	Hysterectomy	Contraceptive Pill	Condom	Coil	Partner had vasectomy		
	Sterilisation	Injection	Implant	None			
Are you pregnant?	Yes	No					
Please list previous pregnancies	Date	Delivery method					

Section 4 – Family Medical History

Have any of your immediate relatives (brothers/sisters/parents) had any of the following;				
	√	Details	Date	Relationship
Heart attack or angina before 60		[illegible]	[illegible]	[illegible]
Heart attack or angina over 60		Heart Attack	2006.	Dad
Asthma				
Diabetes				
Stroke				
Cancer		Cancer.		Grandfather.
Any inherited diseases				

Thank you for completing this questionnaire. Please return to reception with your other registration forms and **book a New Patient Health Check Appointment.**

You will also need to book an appointment with a GP if; *(please tick if required)*

You are taking repeat medication		You are currently under hospital care	

Do you consent to the practice sending SMS (text messages) to your mobile number to remind you of appointments and also important communications?

Mobile Number:		Yes		No	

Data Sharing Questionnaire

Please complete this questionnaire to ensure we can record your preferences for the use of the data we store and share about you. For more information about any section of this form please see reception or the practice website. This form must be returned to reception upon registration.

Section 1 – Personal Details

Title	**Mr/~~Mrs/Miss/Ms~~**	**Date of Birth**	20/05/1968.
Forename	Thomas	**Surname**	Murphy.
Current Address	34 First Avenue. Fitzwilliam Pontefract	**Postcode:**	WF9 5BG.

Section 2 – SMS Messaging

The practice stores your mobile number to ensure we can contact you when we need to. We would also like to use this to send you important reminders such as appointments or other important notices. We will never share your mobile number and we will only use it for appropriate reminders.

Do you consent to SMS messaging		**Yes**	**~~No~~**
Please sign to consent to this	T. Murphy	**Date:**	

Section 3 – Summary Care Record (SCR)

The NHS in England is using the Summary Care Record in emergency care. The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, the doctors treating you will have immediate access to important information about your health.

Your GP practice is supporting Summary Care Records and as a patient you have a choice:

Yes I would like a summary care record		**No, I do not want a summary care record**	✓
Please sign to consent to this		**Date:**	

For more information visit the NHS Care Records Service website at www.nhscarerecords.nhs.uk or telephone the dedicated NHS Summary Care Record Information Line on 0845 603 8510 for more information.

You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.

If you do nothing we will assume that you are happy with these changes and create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

Section 4 – Enhanced Data Sharing Model (EDSM)

Today, electronic records are kept in all the places where you receive healthcare. These NHS Care Services can usually only share information from your records by letter email, fax or phone. At times, this can slow down your treatment and mean information is hard to access.

Our GP practice uses a computer system called SystmOne that allows the sharing of full electronic records across different NHS Care Services. You have a choice to make about how the practice shares information about your care from your electronic patient record. This form is asking your sharing preferences regarding your full electronic GP record.

Our computer system has two settings to allow you to control how your medical information is shared:

Sharing Out: This controls whether your full GP electronic patient record can be ***shared with other NHS Care Services where you are treated.*** Please record your preference:-	**Yes (Shared)**	**No (Not Shared)**
Sharing In: This controls whether you agree for this practice to ***view information*** you've agreed to share ***at other NHS Care Services.*** Please record your preference:-	**Yes (Viewable)**	**No (Not Viewable)**
Please sign to consent to this		**Date:**

Admin Use Only

Preferences Recorded:	SMS		SCR		EDSM	
Date:		Staff Name:				

LICENCE

Criminal Justice Act 2003

HATFIELD (HMP & YOI)

01405 746500



MY - COPY.

Name: THOMAS MURPHY

NOMS No: A7431AH CRO No: 76703/82G Date of Birth: 20/05/1968

Booking No: W63108 PNCID No: 82/76703V

1. Under the provisions of Chapter 6 of the Criminal Justice Act 2003 you are being released on licence. Unless you are subsequently being detained under the Immigration Act 1971 for the purpose of your deportation / removal from the United Kingdom, you will be under the supervision of a nominated officer and must comply with the conditions of this licence. The objectives of this supervision are to (a) protect the public, (b) prevent re-offending and (c) help you to resettle successfully into the community.

2. Your supervision commences on 20/11/2019 and expires on 18/02/2023 unless this licence is previously revoked.

3. On release from prison (including, if applicable, any release from detention under the Immigration Act 1971 during the currency of your licence, whether or not leave has been granted for you to remain in the United Kingdom), unless otherwise directed by your supervising officer, you must report without delay to

SORRELL GUNN

Wakefield Probation Office

20/30 LAWEFIELD LANE

WF2 8SP

01924 853337 at 10:00
on 21/11/2019

TO RETURN DIRECTLY TO YOUR HOME ADDRESS ON YOUR DAY OF RELEASE 20/11/19 AND REPORT TO YOUR OM AS DIRECTED ON 21/11/19

4. If on the date of this licence, you are released to hospital or other suitable care on compassionate grounds under Section 248 of the Criminal Justice Act 2003 or if you are detained under mental health and /or immigration provisions or are subsequently so detained before your licence expires, your supervising officer will keep in touch with you. Otherwise, you must place yourself under the supervision of whichever officer is nominated for this purpose from time to time.

5. While under supervision you must:

   i. Be of good behaviour and not behave in a way which undermines the purpose of the licence period;

LICENCE TYPE = "AP"

Page 1 of 3
Version : 5.15

Page 8 of 9

If you call or write to us, please use this reference:
NR102348C

Department for Work & Pensions

Personal Independence
Payment 6
Mail Handling Site B
Wolverhampton
WV99 1AD
www.gov.uk

Telephone: 0800 121 4433
Textphone: 0800 121 4493

Mr Thomas Murphy
H M Prison & Young Offenders Instit
Hatfield, Thorne Rd
Hatfield
DN7 6EL

01 November 2019

Personal Independence Payment

I have looked at your claim and decided I cannot award you Personal Independence Payment

Dear Mr Murphy

I wanted to look at your Personal Independence Payment (PIP) to make sure you are getting the right amount of help.

I have decided your PIP award will end on 01 November 2019.

If you disagree with our decision you can ask us to look at it again.

You must do this within

Page 9 of 9

29 Nov 2019	01 Referrals to WSPA

Letter Type 01 Referrals
Letter To WSPA
Letter From Dr Yassar Altaf, Trinity Medical Centre

Putting Pride into Practice

TRINITY MEDICAL CENTRE

Trinity Medical Centre, Thornhill Street, Wakefield, WF1 1PG
Sandal Castle Medical Centre, Asdale Road, Wakefield, WF2 7JE
Tel: 01924 784101 | Fax: 01924 327165

29 Nov 2019

Drury Lane Health and Wellbeing Centre
Single Point of Access
Drury Lane
Wakefield
WF1 2TE

Dear Dr Nazari

Please Give Appointment

Re Mr Thomas Murphy Date of Birth 20 May 1968
34 First Avenue, Fitzwilliam, Pontefract WF9 5BG
NHS Number - 498 109 2806, Hospital No -
Home Telephone Number: 01977 614612, Mobile Number: 07757 121102,

Thank you for seeing this 51 year old gentleman with known Paranoid Schizophrenia. He was last seen by you in 2015/2016, just prior to his prison sentence. He has now been released from prison and is keen to be seen by yourself again. He is struggling with his anxiety and mental health since coming out of prison, and admits to occasional visual and auditory hallucinations (of people talking about him). No TOSH/suicidal thoughts or thoughts of harming others.

I have attached his regular medications.

Given the above, your review would be appreciated.

Regards

Dr Yassar Altaf

Attached – Past Medical History Mr T Murphy

Past Medical History - Mr T Murphy

Problems

Active problems
Minor Problem: [06 Jul 2012 - present] Osteoarthritis of knee (X703L)
Major Problem: [23 Dec 2013 - present] Paranoid schizophrenia (E103.)
Minor Problem: [27 Dec 2013 - present] Osteoarthritis of hip (X703K)
Major Problem: [01 Mar 2016 - present] Lumbar disc prolapse with radiculopathy (N12C2)

Past Problems
Major Problem: [22 Oct 1973 - 08 Jun 2015] Fasciotomy foot (7H35B)
Major Problem: [01 Dec 1982 - 08 Jun 2015] [X]Intentional self poisoning/exposure to noxious substances (XE22d)
Major Problem: [21 Mar 1997 - 08 Jun 2015] History of amphetamine misuse (XaMf5)
Major Problem: [01 May 1997 - 08 Jun 2015] Harmful substance use (Xa1bX)
Major Problem: [01 Jan 1999 - 08 Jun 2015] Substance misuse of Heroin
Major Problem: [12 Jan 1999 - 08 Jun 2015] Closed fracture shaft of tibia (S3320)
Major Problem: [10 Nov 2004 - 08 Jun 2015] Hypnagogic hallucinations (X760E)
Major Problem: [20 Jan 2005 - 09 Jun 2015] H/O: depression (1465.)
Major Problem: [27 Apr 2006 - 08 Jun 2015] Anxiety disorder (E200.)
Major Problem: [21 Dec 2010 - 09 Jun 2015] Anxiety disorder (E200.)

Summary

Date	Details	Notes

Date	Details	Notes

Drugs
Date first issued, Items,Date of last issue

Start Date	Drug	Last Issued

Allergies

Date	Details
30 Jun 2010	No known allergies (1151.) - ,Conplaining of left hip pain ,to see doctor.
12 Jun 2015	No known allergies (1151.)

Values at Last Visit

Personal Details

Latest Height: 1.702 m
Latest Weight: 78 Kg
Latest BMI: 26.93 Kg/m²
Latest BP: 80 / 50 mmHg

Recent Pathology Results

Date	Investigations

06 Dec 2019	Clinic Letter to The Grange Medical Centre

Letter Type: Clinic Letter
Letter To: The Grange Medical Centre
Letter From: SINGLE POINT ACCESS

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

06 December 2019

Insert Team Name
Single Point Of Access
Drury Lane Health and Wellbeing Centre
Drury Lane
Wakefield
WF1 2TE
Tel: 01924 316900
Fax: 01924 366535

Our Ref: KL/TU
NHS: 498 109 2806

Private and Confidential
Dr Yassar Altaf
The Grange Medical Centre
Highfield Road
Hemsworth, Pontefract
WF9 4DP

Dear Dr Altaf

Patient Name: Mr Thomas Murphy DoB: 20 May 1968
Address: 34 First Avenue, Fitzwilliam, Pontefract, W Yorkshire, WF9 5BG

Thank you for your referral. Unfortunately we require further information to enable effective triage.

Please refer again including the following information:

- More detail around current presentation and its impact on risk and functioning
- Further detail around the voices Thomas hears and their content
- Is Thomas on any medication
- How was his mental health treated in prison, do you have any correspondence from them that you could forward to us
- Current alcohol and illicit substance intake if using

I am including a copy of our referral form for your information.

We look forward to hearing from you.

Your sincerely

Kate Lynn
Community Psychiatric Nurse
Single Point of Access

RECEIVED
11 DEC 2019

Chair: Angela Monaghan Chief Executive: Rob Webster

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Yorkshire Partnership
NHS Foundation Trust

Adults & Older People's Services

SINGLE POINT OF ACCESS REFERRAL FORM

Date of referral .....

Referred by ..... Contact number. .....

SERVICE USER DETAILS

Forename ..... Surname .....

Address line 1 ..... Gender ☐ Male ☐ Female

Address Line 2 ..... Date of Birth .....

Address Line 3 ..... Marital Status .....

Address Line 4 ..... Lives with .....

Address Line 5 ..... Ethnicity .....

Postcode ..... NHS Number .....

Phone Number ..... Mobile Number .....

Please indicate which number they are happy to be contacted on .....

Does the patient have hearing/visual impairment? ☐ No ☐ Hearing ☐ Visual ☐ Both

Is the patient able to telephone to make an appointment? ☐ Yes ☐ No

Is the client aware of this referral? ☐ Yes ☐ No

Interpreter/Signer required? ☐ No ☐ Interpreter ☐ Signer ☐ Both

Preferred First language .....

Next of kin .....

GP DETAILS

Name ..... Practice Name .....

Address line 1 .....

Address line 2 ..... Postcode .....

Address line 3 ..... Phone Number .....

REASON FOR REFERRAL (nature of the problem e.g. mood, behaviour, hallucinations, delusions etc including views of significant others)

CURRENT MENTAL HEALTH PRESENTATION (please give details of the onset and development, duration and severity of the problem including details on sleep, appetite, concentration, hallucinations, delusions, mood, behaviour etc)

PREVIOUS MENTAL HEALTH HISTORY WITH DATES, INTERVENTIONS AND OUTCOMES (Please include details of both psychiatric and psychological interventions)

2

Page 3 of 6

RELEVANT MEDICAL HISTORY – Physical Health Issues

CURRENT MEDICATION – including details of when prescribed, previously tried medications including dose and when prescribed.

CURRENT SOCIAL CIRCUMSTANCES: (please include details of: primary carer contact details, social, employment, housing, significant others, family issues, age of children, type of benefits. Had shared care guidelines been considered prior to referral to secondary services)?

3

Page 4 of 6

FORENSIC HISTORY (including current policing involvement)

RISK ASSESSMENT: please provide as much information as possible

	Historical	Current	Details
Is the Client expressing suicidal ideation? Nature, frequency, when last experienced, likelihood of acting on thoughts, plans/action, preventative measures?	☐ Yes ☐ No	☐ Yes ☐ No	
Evidence of Self-Harm: Nature and Frequency?	☐ Yes ☐ No	☐ Yes ☐ No	
Evidence of violence and aggression. In what context and who is at risk?	☐ Yes ☐ No	☐ Yes ☐ No	
Inappropriate sexual behaviour. In what context and who is at risk?	☐ Yes ☐ No	☐ Yes ☐ No	
Substance Misuse? **Drug/Alcohol?**	☐ Yes ☐ No	☐ Yes ☐ No	**Frequency and amount?**
Evidence of psychosis?	☐ Yes ☐ No	☐ Yes ☐ No	**Symptoms?**
Evidence of self neglect including wandering.	☐ Yes ☐ No	☐ Yes ☐ No	
Safeguarding Children/Adults issues?	☐ Yes ☐ No	☐ Yes ☐ No	

PHQ 9 score .....

GAD 7 score .....

MMSE score .....

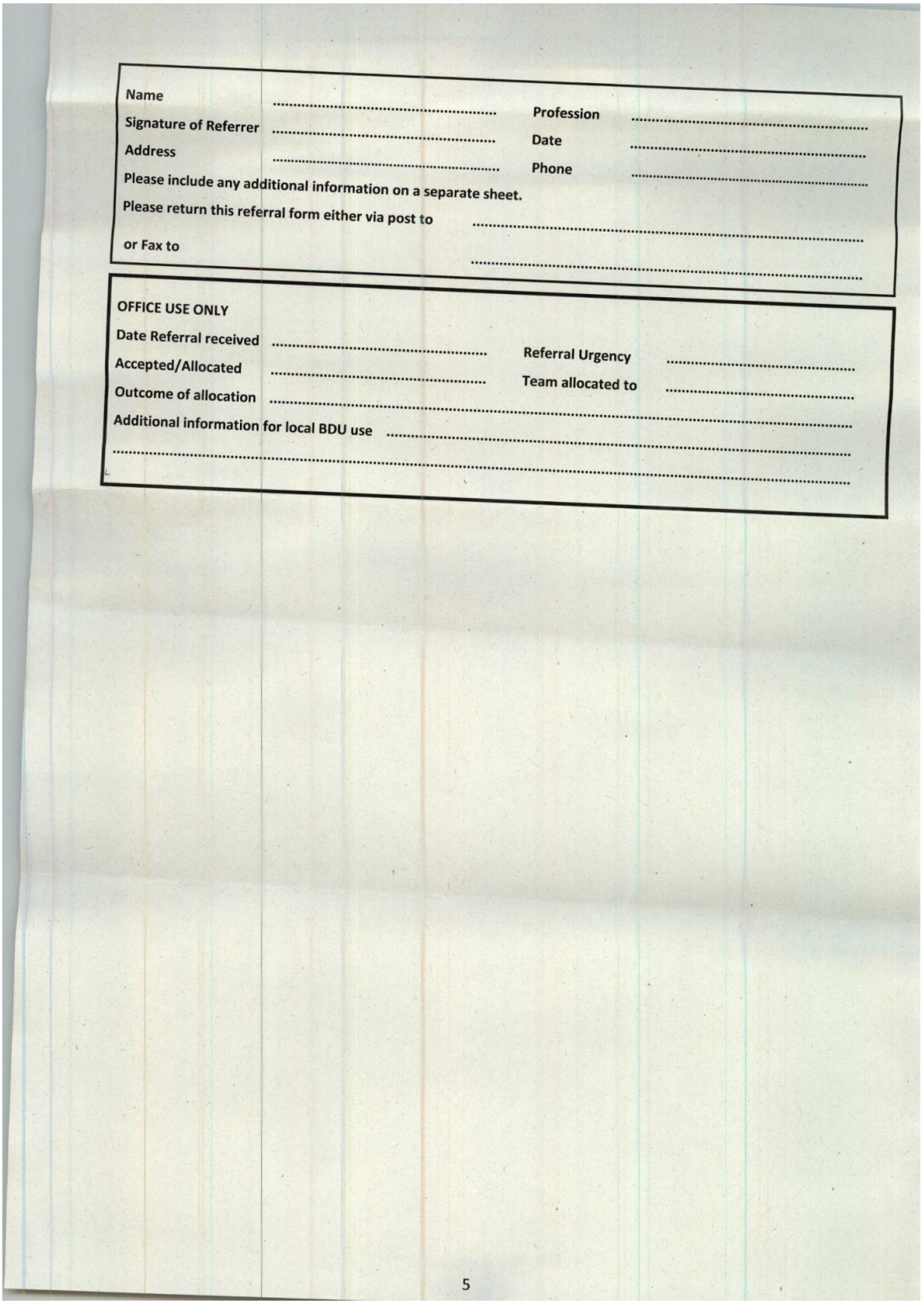
Blood screen done ☐ Yes ☐ No ☐ Not applicable

ECG done ☐ Yes ☐ No ☐ Not applicable

MSU done ☐ Yes ☐ No ☐ Not applicable

4

Page 5 of 6



Name ..... Profession .....

Signature of Referrer ..... Date .....

Address ..... Phone .....

Please include any additional information on a separate sheet.

Please return this referral form either via post to .....

or Fax to .....

OFFICE USE ONLY

Date Referral received ..... Referral Urgency .....

Accepted/Allocated ..... Team allocated to .....

Outcome of allocation .....

Additional information for local BDU use .....

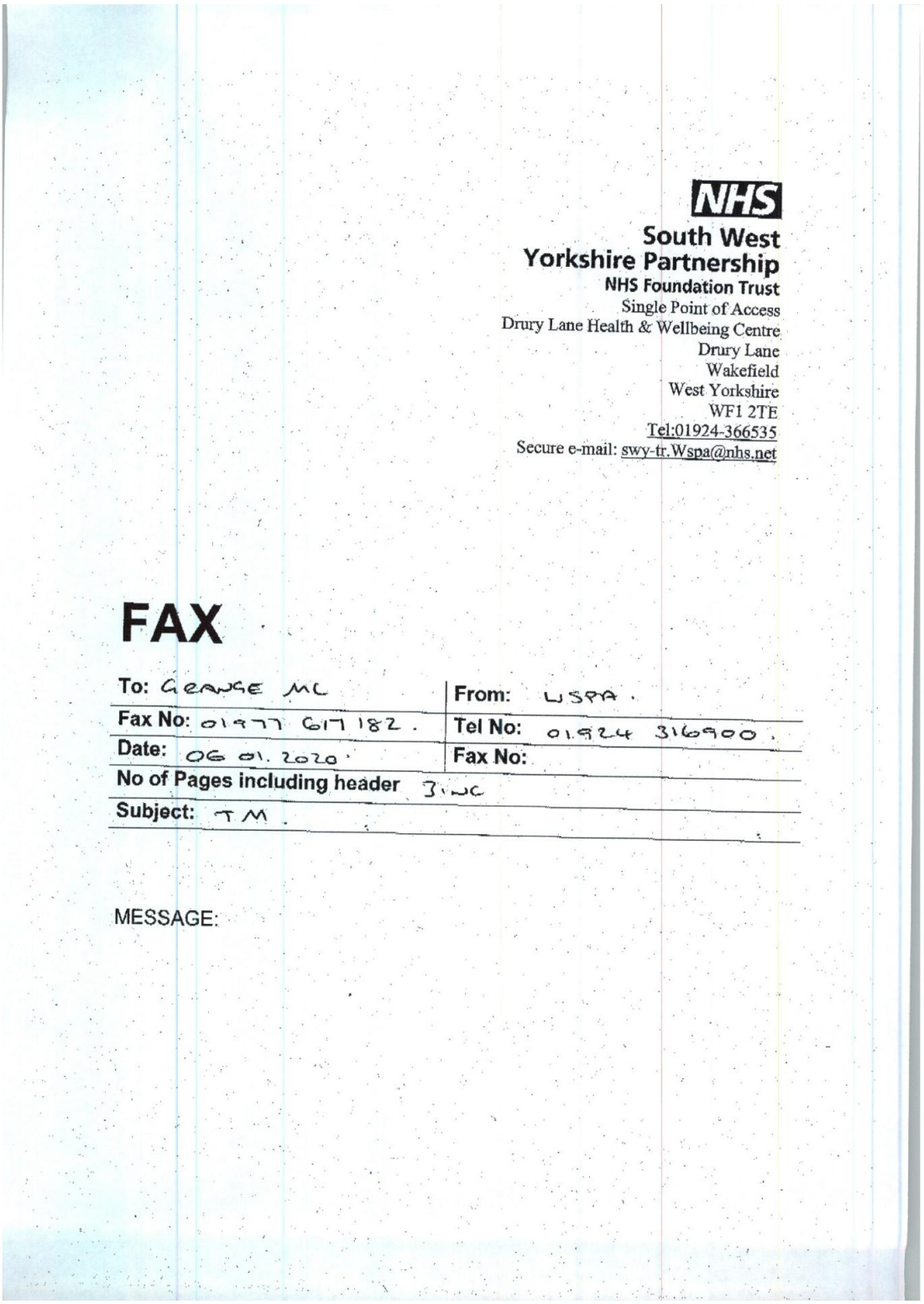
.....

5

Page 6 of 6

06 Jan 2020	Clinic Letter to Dr James Johnston

Letter Type: Clinic Letter
Letter To: Dr James Johnston
Letter From: single point of access



NHS
South West
Yorkshire Partnership
NHS Foundation Trust
Single Point of Access
Drury Lane Health & Wellbeing Centre
Drury Lane
Wakefield
West Yorkshire
WF1 2TE
Tel:01924-366535
Secure e-mail: swy-tr.Wspa@nhs.net

FAX

To: GRANGE MC	From: WSPA.
Fax No: 01977 617182.	Tel No: 01924 316900.
Date: 06.01.2020.	Fax No:
No of Pages including header 3 inc	
Subject: TM.	

MESSAGE:

Page 1 of 3

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Our Ref: Initials/498 109 2806

6th January 2020

Single Point Of Access
Drury Lane Health and Wellbeing Centre
Drury Lane
Wakefield
WF1 2TE
Tel: 01924 316900
Fax: 01924 366535

Dr James Johnston
The Grange Medical Centre
The Grange Medical Centre
Highfield Road
Hemsworth, Pontefract
WF9 4DP

Dear Dr Johnston

Patient Name: Mr Thomas Murphy
NHS No: 498 109 2806
DoB: 20 May 1968

We have received a referral for the above named patient.

Our consultant psychiatrist has offered the advice below regarding medication:

"Asked to review by S PA. No GP share out is in place so can you please confirm with the practice if this can be provided. The patient last saw Dr Nazari in August 2016 having been under ETW or equivalent since November 2013. He has a diagnosis of paranoid schizophrenia and was maintained on aripiprazole for several years, the dose in 2016 being 25 mg daily. He was also maintained on a small dose of sertraline. He is now living with his mother in the east of the district, having recently been released from prison and so has also changed GP. The recent S PA referral letter dated November 29 2019 does not list any medications, although the patient reported on December 16 that he had restarted aripiprazole 5 mg daily. He also reported breakthrough symptoms.

Given the established diagnosis and treatment regime it would be reasonable to inform him and his GP that he can proactively increase aripiprazole to 10 mg daily in the first instance and can further increase the dose to 15 mg daily thereafter if necessary. He will need all baseline bloods and repeat pulse/BP – I note his BP was stated as 80/50 in the November referral letter. Given the length of time since his last presentation I suggest he has an S PA face-to-face assessment as soon as possible".

Chair: Angela Monaghan Chief Executive: Rob Webster

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Page 2 of 3

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

An appointment has been arranged with me on Thursday 9th January at 9:30am. The outcome of that assessment will follow.

Yours sincerely

Aimee Potter
Social Worker

Chair: Angela Monaghan Chief Executive: Rob Webster

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09 Jan 2020	Clinic Letter to The Grange Medical Centre

Letter Type Clinic Letter
Letter To The Grange Medical Centre
Letter From single point of access

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Single Point Of Access
Drury Lane Health and Wellbeing Centre
Drury Lane
Wakefield
WF1 2TE
Tel: 01924 316900
Fax: 01924 299134 / 375487 / 366535

Dr Yassar Altaf
The Grange Medical Centre
Highfield Road
Hemsworth, Pontefract
WF9 4DP

09 January 2020

RECEIVED
14 JAN 2020

Dear Dr Altaf

RE: Thomas Murphy **DoB:** 20 May 1968 **NHS**: 498 109 2806
34 First Avenue, Pontefract, WF9 5BG

Thank you for the referral of the above named patient, I assessed him on 09 Jan 2020.

These are the main points of the assessment for your information. A full copy of the assessment is available upon request.

Outcome of Assessment

Thomas is a 51 year old male with a diagnosis of paranoid schizophrenia and has been maintained on aripiprazole for several years. Thomas feels that his mental health started to deteriorate during his time in prison as for 7 months of his 3 year sentence he was not able access to the prisons mental health services and his medication was stopped but since he was released it has declined further.

Upon being released from prison Thomas is struggling with his mental health and has noticed an increase in his visual and auditory hallucinations. He describes the voices as commend in nature but does appear to have insight currently and is able to stop himself acting on what they are telling him to do. The visual hallucinations he is experiencing appear to cause him significant distress and at times will prevent Thomas from leaving the house. Thomas is struggling to concentrate on everyday activities such as watching tv, getting on public transport and socialising with others due to feeling unable to distinguish what is real and what are hallucinations and feels judged by others particularly when he is responding to the voices out loud. Thomas feels that he has discovered things that people do not want him to know about and also feels that he can read what other people are

Page **1** of **2**

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thinking. Thomas also feels that his current medication is having little impact on his mental health and would like this to be increased. As well deterioration in his mental health Thomas as the added pressure from the job centre as they feel that he is fit to work and currently he does not feel ready to do this although in the future he stated he would like to seek employment.

Risk Assessment

Thomas gave a history of cutting himself in 1996 however his intentions were intention not clear, he denied any current self-harming behaviour. Thomas also denied any current suicidal plans or intentions citing his mum as a protective factor. He told me that although he does have visions of harming others currently he will not act on these thoughts.

Treatment Plan

Given the level of distress that Thomas is currently experiencing I have transferred his care to the Enhanced Team East to prevent a further deterioration in Thomas's mental health. I have sent medication advice to Thomas's GP as per Dr James's request to increase his Aripiprazole. It is felt that he would benefit from further monitoring as this is increased as he may require further outpatient's appointments until there has been an improvement in his presentation. It is also felt that he would benefit from support around challenging the visual and auditory hallucinations he is experiencing currently to help reduce level of distress

Yours sincerely

Aimee Potter
Social Worker

Page **2** of **2**

Chair: Angela Monaghan Chief Executive: Rob Webster

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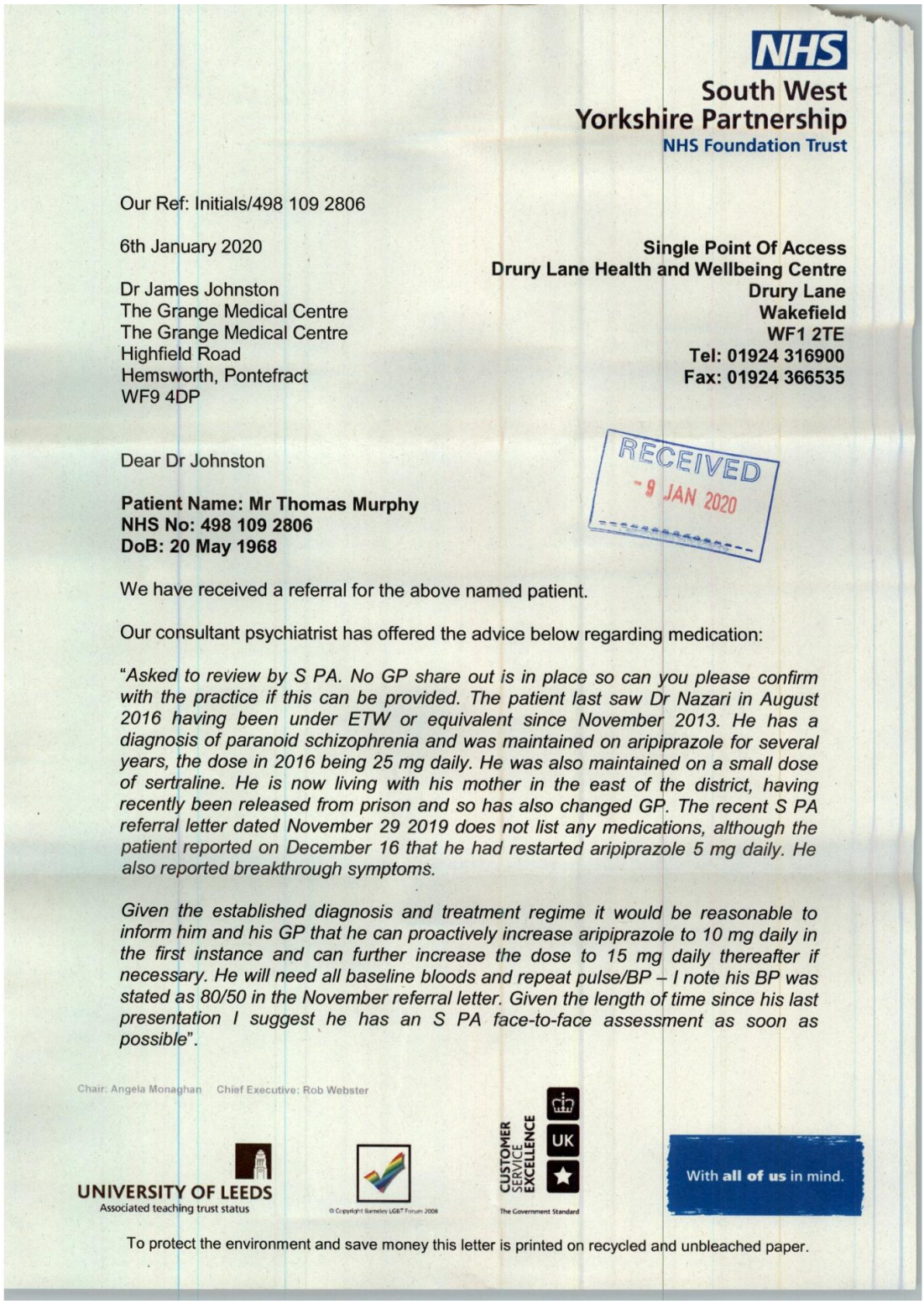
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09 Jan 2020	Clinic Letter to Dr James Johnston

Letter Type Clinic Letter
Letter To Dr James Johnston
Letter From single point of access



NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Our Ref: Initials/498 109 2806

6th January 2020

Dr James Johnston
The Grange Medical Centre
The Grange Medical Centre
Highfield Road
Hemsworth, Pontefract
WF9 4DP

Single Point Of Access
Drury Lane Health and Wellbeing Centre
Drury Lane
Wakefield
WF1 2TE
Tel: 01924 316900
Fax: 01924 366535

RECEIVED
9 JAN 2020

Dear Dr Johnston

Patient Name: Mr Thomas Murphy
NHS No: 498 109 2806
DoB: 20 May 1968

We have received a referral for the above named patient.

Our consultant psychiatrist has offered the advice below regarding medication:

"*Asked to review by S PA. No GP share out is in place so can you please confirm with the practice if this can be provided. The patient last saw Dr Nazari in August 2016 having been under ETW or equivalent since November 2013. He has a diagnosis of paranoid schizophrenia and was maintained on aripiprazole for several years, the dose in 2016 being 25 mg daily. He was also maintained on a small dose of sertraline. He is now living with his mother in the east of the district, having recently been released from prison and so has also changed GP. The recent S PA referral letter dated November 29 2019 does not list any medications, although the patient reported on December 16 that he had restarted aripiprazole 5 mg daily. He also reported breakthrough symptoms.*

Given the established diagnosis and treatment regime it would be reasonable to inform him and his GP that he can proactively increase aripiprazole to 10 mg daily in the first instance and can further increase the dose to 15 mg daily thereafter if necessary. He will need all baseline bloods and repeat pulse/BP – I note his BP was stated as 80/50 in the November referral letter. Given the length of time since his last presentation I suggest he has an S PA face-to-face assessment as soon as possible".

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An appointment has been arranged with me on Thursday 9th January at 9:30am. The outcome of that assessment will follow.

Yours sincerely

Aimee Potter
Social Worker

Chair: Angela Monaghan Chief Executive: Rob Webster

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Page 2 of 2

20 Jan 2020	Clinic Letter to The Grange Medical Centre

Letter Type Clinic Letter
Letter To The Grange Medical Centre
Letter From stop smoking service

Scant Shred

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Yorkshire
Smokefree Service

Yorkshire Smokefree Wakefield
Agbrigg Community Centre
Montague Street
Wakefield
WF1 5BB

Tel: 01924 252174

Date: 20/1/2020
Group: Hemsworth Library
Surgery: The Grange

Dear Doctor

Name: Thomas Murphy · **D.O.B.:** 20/5/1968
Address: 14 Mallard Mews South Elmsall WF9 2SF

This letter is to confirm I have seen the above mentioned client. Following assessment, I believe they are motivated to stop smoking and they have agreed to accept support from the Stop Smoking Service.

The product requested after discussion with the client is as follows. however this clinical decision is yours:

Nicotinell 21 mg 24hr NRT Patch
One to be used daily.
☑ 2/52 14 in total.
☐ 4/52 28 in total.

Additional Notes:

Further requests for NRT,Champix or Bupropion (Zyban) will only be made if the client has stopped smoking and this has been carbon monoxide validated. Letters to confirm non-smoking status will be issued from the Stop Smoking Service to GPs as appropriate for subsequent prescriptions.

To give the surgery time to process this request, I have advised the client to wait at least four working days from submission of the letter, before collecting their prescription.

I will keep you informed of the clients progress, however if you require any further information please do not hesitate to contact me on the above telephone number.

Yours sincerely
S Hampshire

Stop Smoking Advisor

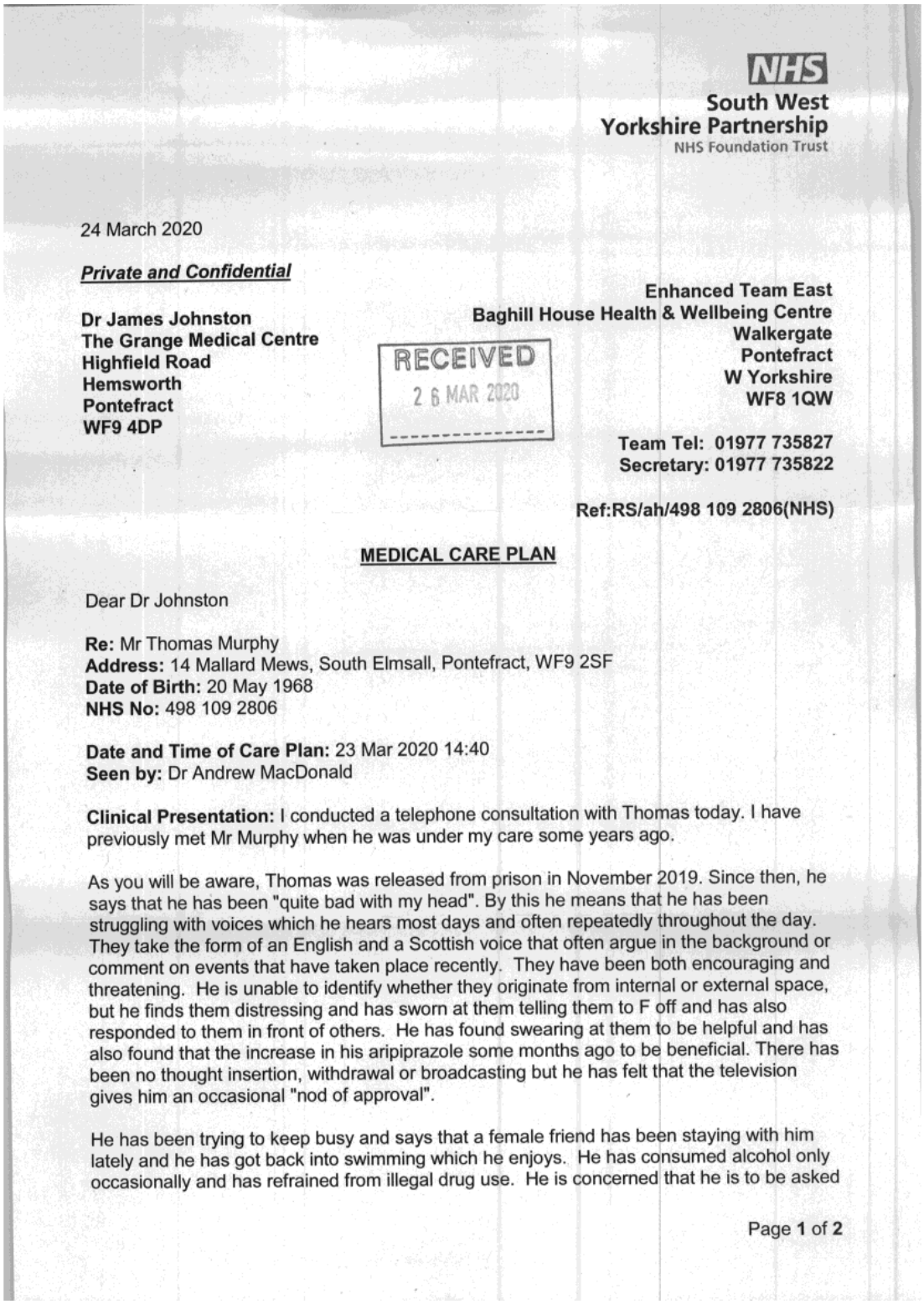
Chair: Angela Monaghan Chief Executive: Rob Webster

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Page 1 of 1

23 Mar 2020	Clinic Letter to Dr James Johnston

Letter Type Clinic Letter
Letter To Dr James Johnston
Letter From BAGHILL HOUSE - PSYCHIATRIST



NHS
South West
Yorkshire Partnership
NHS Foundation Trust

24 March 2020

Private and Confidential

Dr James Johnston
The Grange Medical Centre
Highfield Road
Hemsworth
Pontefract
WF9 4DP

RECEIVED
26 MAR 2020

Enhanced Team East
Baghill House Health & Wellbeing Centre
Walkergate
Pontefract
W Yorkshire
WF8 1QW

Team Tel: 01977 735827
Secretary: 01977 735822

Ref:RS/ah/498 109 2806(NHS)

MEDICAL CARE PLAN

Dear Dr Johnston

Re: Mr Thomas Murphy
Address: 14 Mallard Mews, South Elmsall, Pontefract, WF9 2SF
Date of Birth: 20 May 1968
NHS No: 498 109 2806

Date and Time of Care Plan: 23 Mar 2020 14:40
Seen by: Dr Andrew MacDonald

Clinical Presentation: I conducted a telephone consultation with Thomas today. I have previously met Mr Murphy when he was under my care some years ago.

As you will be aware, Thomas was released from prison in November 2019. Since then, he says that he has been "quite bad with my head". By this he means that he has been struggling with voices which he hears most days and often repeatedly throughout the day. They take the form of an English and a Scottish voice that often argue in the background or comment on events that have taken place recently. They have been both encouraging and threatening. He is unable to identify whether they originate from internal or external space, but he finds them distressing and has sworn at them telling them to F off and has also responded to them in front of others. He has found swearing at them to be helpful and has also found that the increase in his aripiprazole some months ago to be beneficial. There has been no thought insertion, withdrawal or broadcasting but he has felt that the television gives him an occasional "nod of approval".

He has been trying to keep busy and says that a female friend has been staying with him lately and he has got back into swimming which he enjoys. He has consumed alcohol only occasionally and has refrained from illegal drug use. He is concerned that he is to be asked

Page **1** of **2**

Page 1 of 2

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

for information as part of an inquiry into physical abuse he suffered whilst in care aged 13 years.

Mental state examination revealed Thomas to be talking openly and freely, his speech was normal and his mood euthymic. He has been eating well but his sleep pattern has been broken. There have been no suicidal thoughts nor thoughts to harm others. He has had psychotic symptoms as above.

Other Information: None.

Diagnosis / Differential Diagnosis: F200 Paranoid schizophrenia

Current Physical Illnesses: Chronic pain following past assault.

Medication: Aripiprazole to INCREASE to 15mg once daily.

Thomas reports that he is concordant with his medications and has no side effects. He understands their nature, purpose and likely effects and consents to their continuation.

Management Plan/Monitoring Arrangements: Aripiprazole to increase as above. If necessary, this can be further increased in 5mg increments. Thomas was previously maintained on 25mg with manageable symptom levels.

There are no current risks identified and Thomas can be managed within primary care.

Contingency/Crisis/Relapse Planning: In the event of any deterioration in Thomas's mental health, he can be re-referred via the single point of access. Symptoms suggestive of a deterioration would include a worsening of his voices, a lowering of his mood or thoughts to harm himself or others. Within working hours Thomas will contact the surgery and outwith working hours NHS 111.

GP Action Recommendations: See above.

This care plan has been signed off by the Assessor and therefore cannot be amended.

Dr Ruth Stockill
Consultant Psychiatrist

Chair: Angela Monaghan Chief Executive: Rob Webster

INVESTORS IN PEOPLE
UNIVERSITY OF LEEDS
Associated teaching trust status
CUSTOMER SERVICE EXCELLENCE UK
The Government Standard
With all of us in mind.

Page 2 of 2

Page 2 of 2

24 Mar 2020	Clinic Letter to Dr James Johnston

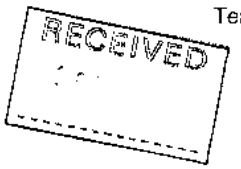
Letter Type Clinic Letter
Letter To Dr James Johnston
Letter From BAGHILL HOUSE - SOCIAL WORKER

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Enhanced Team East
Baghill House Health & Wellbeing Centre
Walkergate
Pontefract
W Yorkshire
WF8 1QW

PRIVATE AND CONFIDENTIAL

Dr James Johnston
The Grange Medical Centre
The Grange Medical Centre
Highfield Road
Hemsworth, Pontefract
WF9 4DP



Team Tel: 01977 735827

Insert Ref: ME / LS

24 March 2020

Dear Dr James Johnston,

Care Programme Approach Review Outcome for:

Name: Thomas Murphy	DOB: 20 May 1968
NHS Number: 498 109 2806	
Address: 14 Mallard Mews, Pontefract, WF9 2SF	

The above person was reviewed under the Care Programme Approach on:

CPA attendance

Service User : Attended

Care co-ordinator : Contributed

GP : Absent/Declined

Additional participants

Name	**Role**	**Response level-attended/contributed/declined**
Dr MacDonald	Consultant Psychiatrist	Attended

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Associated teaching trust status

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Sharing of information
. : No concerns raised

Service user views since last review
. : Thomas was released from prison in November 2019. Since then, he says that he has been "quite bad with my head". By this he means that he has been struggling with voices which he hears most days and often repeatedly throughout the day. They take the form of an English and a Scottish voice that often argue in the background or comment on events that have taken place recently. They have been both encouraging and threatening. He is unable to identify whether they originate from internal or external space, but he finds them distressing and has sworn at them telling them to F off and has also responded to them in front of others. He has found swearing at them to be helpful and has also found that the increase in his aripiprazole some months ago to be beneficial. There has been no thought insertion, withdrawal or broadcasting but he has felt that the television gives him an occasional "nod of approval".

He has been trying to keep busy and says that a female friend has been staying with him lately and he has got back into swimming which he enjoys. He has consumed alcohol only occasionally and has refrained from illegal drug use. He is concerned that he is to be asked for information as part of an inquiry into physical abuse he suffered whilst in care aged 13yrs.

Thomas has a support worker from his housing association, who is ensuring he receives the appropriate benefits and practical support. He continues to see his probation officer.

Carers/family/friends views since last review
. : None identified

Clinicians views since last review
. : Dr MacDonald
Mental state examination revealed Thomas to be talking openly and freely, his speech was normal and his mood euthymic. He has been eating well but his sleep pattern has been broken. There have been no suicidal thoughts nor thoughts to harm others. He has psychotic symptoms and his medication has been increased to further help manage this. Further prescribing advise has been provided to the GP.

Laura
Laura had not identified a role for secondary services and it appears that Thomas's mental health improved following the increase of his medication prior to his referral. He has a support service around him from the housing association and probation.

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NHS
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Yorkshire Partnership
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Laura and Dr MAcDonald agreed that Thomas could be supported by Primary Care. This was discussed with Thomas who agreed he would visit the GP with any concerns about his mental health.

Others involved since last review
. : N/A

Any un-met needs/disagreements with the Care Plan
. : N/A

Outcome of the review
. : To discharge to the care of the GP

Actions and timescales
. : To discharge to the care of the GP

Yours sincerely

Laura Storey
Social Worker – Level 2 / AMHP

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Associated teaching trust status
CUSTOMER SERVICE EXCELLENCE UK
With all of us in mind.

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26 Sep 2020	Out of Hours to The Grange Medical Centre

Letter Type Out of Hours
Letter To The Grange Medical Centre
Letter From Yorkshire Ambulance Service NHS Trust

NHS 111 Report - For Information

MURPHY, Thomas *Born* 20-May-1968 *Gender* Male *NHS No.* 498 109 2806
Local Patient ID 43A1F1F1-0F19-4F8E-99CC-EB934B74F681

Home Address
14 Mallard Mews
South Elmsall
Pontefract
West Yorkshire
WF9 2SF

Emergency Phone 07389715982

GP Practice
Grange Surgery
The Grange Medical Centre
Highfield Road
Hemsworth
Pontefract
West Yorkshire
WF9 4DP

Phone 01977610009

Patient's Reported Condition

wanted a drug testing kit, went for a pint yesterday and thought he had been spiked with a drug, felt like he could not get up of the chair, and when walking he felt as if he was walking but not in charge of his body

Case Summary

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

Selected care service:
No referral made.

Rationale:
Illness
Warm to touch
Details of ingestion/inhalation/injection/absorption not known
New/worsening breathlessness
Dispatch Information
No indication scene unsafe

Pathways Assessment:
An injury or health problem was the reason for the contact.
Heavy bleeding had not occurred in the previous 2 hours.
An illness or health problem was the main problem.
User Comments: wanted a drug testing kit, went for a pint yesterday and thought he had been spiked with a drug, felt like he could not get up of the chair, and when walking he felt as if he was walking but not in charge of his body
The individual was not fighting for breath.
The main reason for the assessment was not a heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, a probable allergic reaction or ICD shock.
The skin on the torso felt normal, warm or hot.
Pathway selected - Accidental Poisoning/Inhalation
The problem was not due to an episode of self-harm.
The problem did not involve taking too much or the wrong type of insulin.
The nature of the suspected substance could not be confirmed.
User Comments: pt thinks he may have been given ecstasy in pub last night.
There was increased breathlessness.
Instructions given were: An emergency ambulance is being arranged.
Further information to help with dispatch was given.
User Comments: https://www.toxbase.org/poisons-index-a-z/e-products/ecstacy/ all forms of ecstacy on toxbase state to go for medical assessment if symptomatic - pt is symptomatic.
There was no safeguarding concern.
Risk of Coronavirus not declared.
The scene was safe.
Whether the potentially harmful substance was swallowed, inhaled, injected or absorbed through the skin could not be confirmed.
Toxic ingestion/inhalation
Advice given: Closing instructions 1st party

Advice given:
If you can, ask for someone to meet and direct the vehicle.
Shut any dogs away.
If you do need to contact somebody do so now, then try and keep the line free as we may need to call you back.
If there are any new symptoms, or their condition gets worse, changes or you have any other concerns call 999.

Document Created	**26-Sep-2020, 15:10**
Document Owner	**Yorkshire Ambulance Service - 111**
Authored by	**Amy Anderson - Call handler, Wakefield (Yorkshire Ambulance Service - 111) on 26-Sep-2020, 15:08**
Consent Status	**Consent given for electronic record sharing**

Encounter Type	**NHS111 Encounter**
Encounter Time	**26-Sep-2020, 14:09 to 26-Sep-2020, 15:08**
Case Reference	**9864C612-9059-4355-AF0A-F382966F18C1**
Case ID	**1326699**
Encounter Disposition	**Emergency Ambulance Response for Accidental Poisoning (Category 3)**
Care Setting Location	**Incident Location**
Care Setting Address	*Visit Address* **14 Mallard Mews** **South Elmsall** **Pontefract** **West Yorkshire** **WF9 2SF**
Care Setting Type	
Responsible Party	**Eithne Cummins - Medical Director, Yorkshire Ambulance Service - 111**

Document ID **DA1EEF80-6D5A-44CB-9C6B-AD923B9C2134** *Version* **1**

26 Sep 2020	Out of Hours to The Grange Medical Centre

Letter Type Out of Hours
Letter To The Grange Medical Centre
Letter From LCD Mobiles

Patient *Mr Thomas Murphy (NHS number: 4981092806)* was seen out of hours.

If the patient should not be registered at this unit, and you believe the message to have been sent in error, please contact your OOH service provider.

SystmOne Out of Hours Call Incident Report

Patient's Name:	Thomas Murphy	**Call Ref:**	63085240	**From:**	Pontefract Hospital PCC
Nhs Number:	498 109 2806	**Priority:**	Less Urgent	**Tel:**	01484 487272
Date of birth:	20-May-1968 (52 years)			**Fax:**	01977 747488
Gender:	Male				
Tel:	01977 614612	**Started:**	26-Sep-2020 15:46		
Address:	14 Mallard Mews	**Closed:**	26-Sep-2020 16:07	**To:**	The Grange Medical Centre (B87026)
	South Elmsall	**Sent:**	26-Sep-2020 16:08	**Fax:**	01977 617182
	Pontefract WF9 2SF				

Contact Details:
Contact number given: 07389 715982
Patient's location: 14 Mallard Mews , South Elmsall , Pontefract , West Yorkshire , WF9 2SF ,

Presenting Complaint:
Patient's Reported Condition
patient wanting drugs test as he thinks he was spike yesterday, nurse in EOC would like gp to call patient

Pathways Disposition
The disposition is: Callback by Healthcare Professional within 60 minutes (Dx77)

Selected service: GP Out of Hours - Pontefract, West Yorkshire (Pont

Consultation Summary
Healthcare professional requesting contact with another clinician
Call from a registered nurse or midwife
Call back within 1 hour required

Pathways Assessment
A healthcare professional needing to speak to a colleague was the reason for the contact.
The call was from a registered nurse or midwife.
Assessment was not requested by the caller.
Response required: 1 hour.
Instructions given were: The individual will be called back by a healthcare professional within 60 minutes.
Directory of Services referral: GP Out of Hours - Pontefract, West Yorkshire (Pontefract General Infirmary) WYUC (HOME OOH PROVIDER)

Advice Given
None recorded

Assessment:
Clinician: Dr Adrienne Crockett
History: D/W Thomas.
Went out in Doncaster yesterday.
Had 3 pints of beer, he felt very lethargic and had difficulty getting up.
He then felt very sleepy.
He thinks he had been spiked.
Wanting a blood test to see what he might have been given.
Advised that this is not really a practical option.
I asked him if he was still feeling unwell, he said he was still having some hot flushes.
He then said that I was the 4th person he had spoken too, 'Forget it' and put the phone down.
Diagnosis: Believes that he was 'spiked' last night.
Plan: I tried to call back twice after he put the phone down, answerphone messages left x 2.
Advised to call back if he is still feeling unwell.

Core Activity:
Clinician Advice

Follow ups:
Patient does not wish to proceed
Worsening advice given

All Consultations (This may contain entries from above):

26 Sep 2020 15:58
Clinician: Dr Adrienne Crockett
History: D/W Thomas.
Went out in Doncaster yesterday.
Had 3 pints of beer, he felt very lethargic and had difficulty getting up.
He then felt very sleepy.
He thinks he had been spiked.
Wanting a blood test to see what he might have been given.
Advised that this is not really a practical option.
I asked him if he was still feeling unwell, he said he was still having some hot flushes.
He then said that I was the 4th person he had spoken too, 'Forget it' and put the phone down.
Diagnosis: Believes that he was 'spiked' last night.
Plan: I tried to call back twice after he put the phone down, answerphone messages left x 2.
Advised to call back if he is still feeling unwell.

29 Jun 2021	Referral to referral t aspire health

Letter Type Referral
Letter To referral t aspire health
Letter From The Grange Medical Centre

29.6.21 - emailed

Aspire Health Referral Form

Please ensure this form is filled in properly, *as incomplete forms will be returned.*

Name: Mr Thomas Murphy	**Gender:** Male	**Date of Birth:** 20 May 1968
Address: 14 Mallard Mews, South Elmsall, Pontefract, W Yorkshire		**Postcode:** WF9 2SF
Mobile: 07389 715982	**Email:**	**Home:** 01977 614612
GP Practice: The Grange Medical Centre		**NHS No: 498 109 2806**

Is the patient pregnant?	☐ Yes	☒ No	**Current smoker?**	☐ Yes	☐ No
Given birth in the last 6 weeks?	☐ Yes	☒ No	**Past smoker?**	☐ Yes	☐ No
Is the patient breast feeding?	☐ Yes	☒ No	**Interpreter required?:**	☐ Yes	☐ No
Does the patient have a disability?	☒ Yes	☐ No	☐ Sensory ☐ Physical ☐ Learning ☒ Mental		

Please describe:
Patient has long standing mental health problems. Patient is under treatment for mental health problems.

Ethnicity	**British or mixed British - ethnic category 2001 census**		
White		**Asian / Asian British**	
British / Scottish / Welsh / Northern Irish	☒	Indian	☐
Irish	☐	Pakistani	☐
Gypsy / Traveler	☐	Bangladeshi	☐
Other		Chinese	☐
Mixed / multiple ethnic groups		Other	☐
White & Black Caribbean	☐	**Black / African / Caribbean / Black British**	
White & Black African	☐	African	☐
White & Asian	☐	Carribean	☐
Other		Other	☐
Other ethnic group			
Arab	☐		
Other			

Biometrics (Readings to be within the past 6 months)

Height:	**Weight:**	**BMI:**	**BP:**
1.702m	**82.55kg**	28.5	135 / 78 mmHg, 02 Jan 2020

Alcohol Units per week (must be under 30 to except):
please state if zero: Zero
Alcohol Status: Patient does not drink alcohol.

Medical background (Tick all that apply)

Hypertension	☐	PCOS	☐	Back pain	☐
Type 1 Diabetes	☐	Obstructive Sleep Apnoea	☐	Joint Problems	☐
Type 2 Diabetes	☐	Mental Health (describe below)	☒	Osteoarthritis	☐
Pre diabetes	☐	Neurological disorder (describe below)	☐	Rheumatoid Arthritis	☐
Hypothyroidism	☐	Past eating disorder	☐	Impaired mobility	☐
Angina	☐	Current eating disorder	☐	Currently sedentary	☐
CHD prevention	☐	Pulmonary disease	☐	Other:	☒
Tachycardia – recent	☐	Asthma	☐	Lumbar disc prolapse with radioculopathy	
CHD	☐	NAFLD	☐		
CVD	☐	Cancer (describe below)	☐		

Further relevant information e.g. Condition management/prescribed medication/treatment stage
Paranoid Shizophrenia

Do you believe this patient is safe to participate in a structured exercise programme, if offered? ☒ Yes ☐ No

Referrer details

Referring professional signature (required):		
Name: Mr O. Amoah (ANP)	Profession: General Medical	Date:29/6/21

Page 1 of 3

	Practitioner	
Practice / organisation name:	The Grange Medical Centre	29 Jun 2021

Please email completed form to **aspirereferral@wakefield.gov.uk**.
For general enquiries please phone 01924 307811 / 307290.

Patient Record: Mr Thomas Murphy (20 May 1968 00:00)

Started	Details
23 Dec 2013	Paranoid schizophrenia (E103.) First
01 Mar 2016	Lumbar disc prolapse with radiculopathy (N12C2) L5/S1

Medication

17 Mar 2021	Aripiprazole 15mg tablets 28 tablet - take one daily Paranoid schizophrenia (E103.)	01 Jun 2021
17 Mar 2021	Co-codamol 30mg/500mg tablets 100 tablet - prn for pain relief	01 Jun 2021
17 Mar 2021	Gabapentin 300mg capsules 168 capsule - 3 twice daily	01 Jun 2021
17 Mar 2021	Propranolol 40mg tablets 28 tablet - twice daily	01 Jun 2021

Allergies

None recorded

30 Jul 2021	Referral to The Grange Medical Centre

Letter Type Referral
Letter To The Grange Medical Centre
Letter From ASPIRE HEALTH REFERRAL

Email - 30.7.21

Aspire Health Referral Form

Please ensure this form is filled in properly, *as incomplete forms will be returned.*

Name: Mr Thomas Murphy	**Gender:** Male	**Date of Birth:** 20 May 1968
Address: 14 Mallard Mews, South Elmsall, Pontefract, W Yorkshire		**Postcode:** WF9 2SF
Mobile: 07389 715982	**Email:**	**Home:** 01977 614612
GP Practice: The Grange Medical Centre		**NHS No: 498 109 2806**

Is the patient pregnant?	☐ Yes ☒ No	**Current smoker?**	☐ Yes ☒ No
Given birth in the last 6 weeks?	☐ Yes ☒ No	**Past smoker?**	☒ Yes ☐ No
Is the patient breast feeding?	☐ Yes ☒ No	**Interpreter required?:**	☐ Yes ☐ No
Does the patient have a disability?	☒ Yes ☐ No	☐ Sensory ☐ Physical ☐ Learning ☒ Mental	

Please describe:
Patient has long standing mental health problems. Patient is under treatment for mental health problems.

Ethnicity	**British or mixed British - ethnic category 2001 census**		
White		**Asian / Asian British**	
British / Scottish / Welsh / Northern Irish	☒	Indian	☐
Irish	☐	Pakistani	☐
Gypsy / Traveler	☐	Bangladeshi	☐
Other		Chinese	☐
Mixed / multiple ethnic groups		Other	☐
White & Black Caribbean	☐	**Black / African / Caribbean / Black British**	
White & Black African	☐	African	☐
White & Asian	☐	Carribean	☐
Other		Other	☐
Other ethnic group			
Arab	☐		
Other			

Biometrics (Readings to be within the past 6 months)

Height:	**Weight:**	**BMI:**	**BP**
1.702m	**84.8 kg**	29.34	**138/76**
12.7.21	**12.7.21**	12.7.21	**12.7.21**

Alcohol Units per week (must be under 30 to except):
please state if zero: Zero
Alcohol Status: Patient does not drink alcohol.

Medical background (Tick all that apply)

Hypertension	☐	PCOS	☐	Back pain	☐
Type 1 Diabetes	☐	Obstructive Sleep Apnoea	☐	Joint Problems	☐
Type 2 Diabetes	☐	Mental Health (describe below)	☒	Osteoarthritis	☐
Pre diabetes	☐	Neurological disorder (describe below)	☐	Rheumatoid Arthritis	☐
Hypothyroidism	☐	Past eating disorder	☐	Impaired mobility	☐
Angina	☐	Current eating disorder	☐	Currently sedentary	☐
CHD prevention	☐	Pulmonary disease	☐	Other:	☒
Tachycardia – recent	☐	Asthma	☐	Lumbar disc prolapse with radioculopathy	
CHD	☐	NAFLD	☐		
CVD	☐	Cancer (describe below)	☐		

Further relevant information e.g. Condition management/prescribed medication/treatment stage
Paranoid Shizophrenia

Do you believe this patient is safe to participate in a structured exercise programme, if offered? ☒ Yes ☐ No

Referrer details

Referring professional signature (required):		
Name: Mr O. Amoah (ANP)	Profession: General Medical	30.7.21

Page 1 of 3

	Practitioner	
Practice / organisation name:	The Grange Medical Centre	

Please email completed form to **aspirereferral@wakefield.gov.uk**.
For general enquiries please phone 01924 307811 / 307290.

Patient Record: Mr Thomas Murphy (20 May 1968 00:00)

Started	Details
23 Dec 2013	Paranoid schizophrenia (E103.) First
01 Mar 2016	Lumbar disc prolapse with radiculopathy (N12C2) L5/S1

Medication

17 Mar 2021	Aripiprazole 15mg tablets 28 tablet - take one daily Paranoid schizophrenia (E103.)	29 Jul 2021
17 Mar 2021	Co-codamol 30mg/500mg tablets 100 tablet - prn for pain relief	29 Jul 2021
17 Mar 2021	Gabapentin 300mg capsules 168 capsule - 3 twice daily	29 Jul 2021
17 Mar 2021	Propranolol 40mg tablets 28 tablet - twice daily	29 Jul 2021

Allergies

No known allergies

17 Aug 2022	Discharge Letter to The Grange Medical Centre

Letter Type: Discharge Letter
Letter To: The Grange Medical Centre
Letter From: physio, NOVUS

novus health

Physiotherapy Discharge Summary

Millennium Court, 60 Queen Street, Normanton, WF6 2BU
Tel 01924 898784

a) **Patient details**

Patient Name: Thomas Murphy

Address: 14 Mallard Mews, South Elmsall, WF9 2SF

Date of Birth: 20 May 1968

Tel: 01405 746553 Mobile: 07389 715982

NHS number: 498 109 2806

b) **Referral details**

Referrer: The Grange Medical Centre

Location of Treatment: Novus Wakefield (WF1 3BG) Hub

Referral Date: 04 Apr 2022 15:12

First Attendance: 17 May 2022

Discharge Date: 17 August 2022

Number of Attendances: 5

Reason for Referral: Neck and shoulder pain

c) **Discharge Summary**

Mr Murphy has made limited improvement with exercises and home massage and continues with severe neck pain that refers across both shoulders. I have referred him to MSK with a view to pain management. He is on our SOS and aware that he can return if needed.

Kind Regards

Elizabeth Sandiford

Page 1 of 1

26 Jun 2023	Clinic Letter to The Grange Medical Centre

Letter Type Clinic Letter
Letter To The Grange Medical Centre
Letter From PGH ORALSURGERY

NHS
Mid Yorkshire Teaching
NHS Trust

Department of Oral And Maxillofacial Surgery
Mr K G Corsar

Pinderfields Hospital
Aberford Road
Wakefield
WF1 4DG
Switchboard: 01924 541000

Ref: STAFFGRADE/sharrmel/1363146
NHS No: 498 109 2806
Date: 02/07/2023

RECEIVED 13 JUL 2023

Reception 01924 541230

Dr I Ahmed
The Grange Medical Centre
Highfield Road, Hemsworth
Pontefract
West Yorkshire, WF9 4DP

Dear Dr Ahmed

Re: Thomas Murphy, Date of Birth 20/05/1968
14 Mallard Mews South Elmsall Pontefract W Yorkshire WF9 2SF

This patient failed to attend the following appointment:

Appointment Date: 26/06/2023 **Attendance Type:** N
Clinic: 145 Mr Corsar Pgh Abc

Unfortunately this patient did not attend his review appointment on the Oral & Maxillofacial Surgery Clinic today. I can see he has multiple facial fractures which do require a review and possible surgery.

I have attempted to contact patient on the numbers provided however there was no answer. I have booked the patient one further appointment for next week.

With kind regards.

Yours sincerely

Dr Bethany Cartwright
Staff Grade in Oral & Maxillofacial Surgery

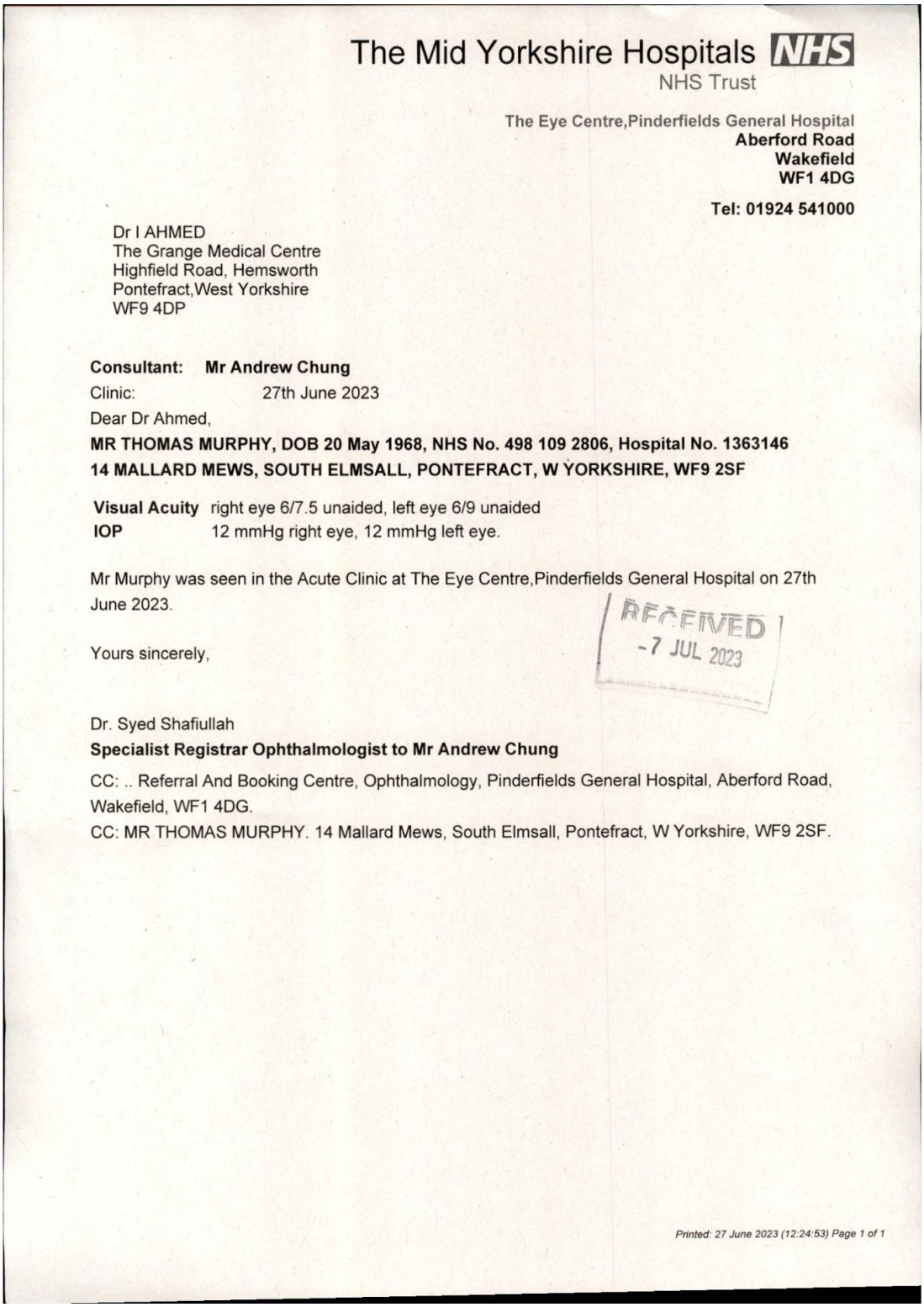
Copy to

Mr Thomas Murphy
14 Mallard Mews
South Elmsall
Pontefract
W Yorkshire, WF9 2SF

Page 1 of 1

27 Jun 2023	Clinic Letter to The Grange Medical Centre

Letter Type Clinic Letter
Letter To The Grange Medical Centre
Letter From Ophthalmology, Pinderfields General Hospital



The Mid Yorkshire Hospitals NHS
NHS Trust

The Eye Centre,Pinderfields General Hospital
Aberford Road
Wakefield
WF1 4DG

Tel: 01924 541000

Dr I AHMED
The Grange Medical Centre
Highfield Road, Hemsworth
Pontefract,West Yorkshire
WF9 4DP

Consultant: Mr Andrew Chung
Clinic: 27th June 2023

Dear Dr Ahmed,

MR THOMAS MURPHY, DOB 20 May 1968, NHS No. 498 109 2806, Hospital No. 1363146
14 MALLARD MEWS, SOUTH ELMSALL, PONTEFRACT, W YORKSHIRE, WF9 2SF

Visual Acuity right eye 6/7.5 unaided, left eye 6/9 unaided
IOP 12 mmHg right eye, 12 mmHg left eye.

Mr Murphy was seen in the Acute Clinic at The Eye Centre,Pinderfields General Hospital on 27th June 2023.

RECEIVED -7 JUL 2023

Yours sincerely,

Dr. Syed Shafiullah
Specialist Registrar Ophthalmologist to Mr Andrew Chung

CC: .. Referral And Booking Centre, Ophthalmology, Pinderfields General Hospital, Aberford Road, Wakefield, WF1 4DG.
CC: MR THOMAS MURPHY. 14 Mallard Mews, South Elmsall, Pontefract, W Yorkshire, WF9 2SF.

Printed: 27 June 2023 (12:24:53) Page 1 of 1

Page 1 of 1

11 Jul 2023	Discharge Letter to The Grange Medical Centre

Letter Type: Discharge Letter
Letter To: The Grange Medical Centre
Letter From: DISCHARGE MID YORKS

Pinderfields General Hospital: Discharge summary

Patient demographics

Name:MURPHY, Thomas (Mr) **Date of Birth:**20 May 1968
NHS Number:498 109 2806 **PAS Number:**1363146
Gender: Male
Address:14 Mallard Mews, South Elmsall, Pontefract, W Yorkshire, WF9 2SF

GP practice

Name:AHMED, I (Dr)
Address: The Grange Medical Centre, Highfield Road, Hemsworth, Pontefract, West Yorkshire, WF9 4DP
Identifier:B87026

Plan and requested actions

GP Actions

Please see the comments within medications for any actions related to medications.
There are no actions for the GP

Trust Actions

Action	Has this been organised prior to discharge?
OMFS F/U: FTF trauma clinic 17/07/23	Yes

Diagnoses

Primary diagnosis
Right zygomatic complex fracture

Admission details

Admission Date/Time	Specialty	Consultant patient was admitted under
10 Jul 2023 08:10:00	Oral and Maxillofacial Surgery	REID, Jonathon (Dr)
Site	**Ward**	**Ward Transfers**
Pinderfields General Hospital	GATE 40 ADMISSIONS	GATE 40 ADMISSIONS -> GATE 40 SHORT STAY

Reason for admission / Presenting complaint
Right zygomatic complex fracture

Clinical summary

Significant discussions / events whilst in hospital
Pt required to stay as an inpatient due to no escort home. Remained an inpatient from 10/7/23 8am to 11/7/23 12pm
If needed, has a Fit Note been completed?
No

Procedures

Key treatments / procedures as inpatient
Elevation right zygomatic complex fracture via Gillies life under GA

Discharge details

Discharge destination	eDAN completion date
Domestic home	11 Jul 2023 09:24:57
Consultant patient was discharged under	**Discharge location**
REID, Jonathon (Dr)	GATE 40 SHORT STAY

Information and advice given

Information given to patient
Analgesia as required
Sutures are resorbable and may take a few weeks to resorb completely
Eat and drink as tolerated
No contact sports 3/12
Chloramphenicol to sutures as directed

Query contact details
OMFS via switchboard

Allergies and adverse reactions

Allergy Status: No known allergies

Causative agent / Type of allergy	Recorded by	Status / Certainty

Medications and medical devices

Medications changed during admission

Medication	Status at discharge	Comments / Actions
chloramphenicol 1% Eye Ointment	New	
codeine phosphate Tablet	New	

All medications at / on discharge

Medication name (route)
chloramphenicol 1% Eye Ointment (Topical/Cutaneous)
Indication / Reason supplied
Suture care
Source / Additional Comments / Actions
Source: Not Assigned

Dose and schedule instructions for patient
Starting on 10 Jul 2023. Ending on 17 Jul 2023
Four Times a Day (06:00, 12:00, 18:00, 22:00) every day for 7 days
Apply to sutures

Medication name (route)
codeine phosphate Tablet (Oral)
Source / Additional Comments / Actions
Source: Not Assigned

Dose and schedule instructions for patient
Starting on 10 Jul 2023. Ending on 13 Jul 2023
30 mg to 60 mgPRN from 10:42 10/07/2023 for 3 days with a minimum dosage interval of 4 hours and a maximum of 240 mg per 1 day

The medications displayed have been supplied from the ward using "pre-labeled" medication or from the outpatient pharmacy. There have been no intentional changes to the patient's regular medicines and the eDAN has not been reviewed by a pharmacist.

Person completing record

Medications finalised by
(Prescriber) Layla Whyatt (Prescriber)
Clinical summary signed off by
Pranav Arora
eDAN sent by
Pranav Arora

Medications finalised date
10 Jul 2023 10:42:32
Grade / Contact
DCT 1 OMFS / OMFS contactable via switch

Distribution list

Name	Organisation Name	Role
Dr I Ahmed	The Grange Medical Centre	General Practitioner

Referrer details

Unknown

14 Jul 2023	Accident and Emergency Letter to The Grange Medical Centre

Letter Type: Accident and Emergency Letter
Letter To: The Grange Medical Centre
Letter From: pinderfields emergency department

The Mid Yorkshire Teaching NHS Trust NHS

Emergency Department
Pinderfields Hospital
Aberford Road
WAKEFIELD
West Yorkshire
WF1 4EE

Tel: 01924 541740
Fax: 01924 541776

Dr. I AHMED
THE GRANGE MEDICAL CENTRE
HIGHFIELD ROAD, HEMSWORTH
PONTEFRACT
WEST YORKSHIRE

WF9 4DP

DATE: 15/07/2023

Re:
Thomas Murphy
14 MALLARD MEWS
SOUTH ELMSALL
PONTEFRACT
W YORKSHIRE
WF9 2SF

DOB: 20/05/1968
NHS No: 4981092806

UNIT No: 1363146
ED No: PGH-23-061253-1

Dear Dr. AHMED,
The above patient attended the department as per the address above on **14/07/2023** at **15:39.**
The referral was via - Health care provider: same or other.
The presenting complaint was: Neck problems and injuries
The complaint at assessment was: .

Diagnosis:
- Torticollis, Confirmed diagnosis.

Other Investigations:
1. None Required

Treatment:
1. Guidance / advice - verbal

Outcome: Discharged - no follow up - Home

Yours Sincerely,

Dr Tony Taylor, Consultant in EM
ED Clinician

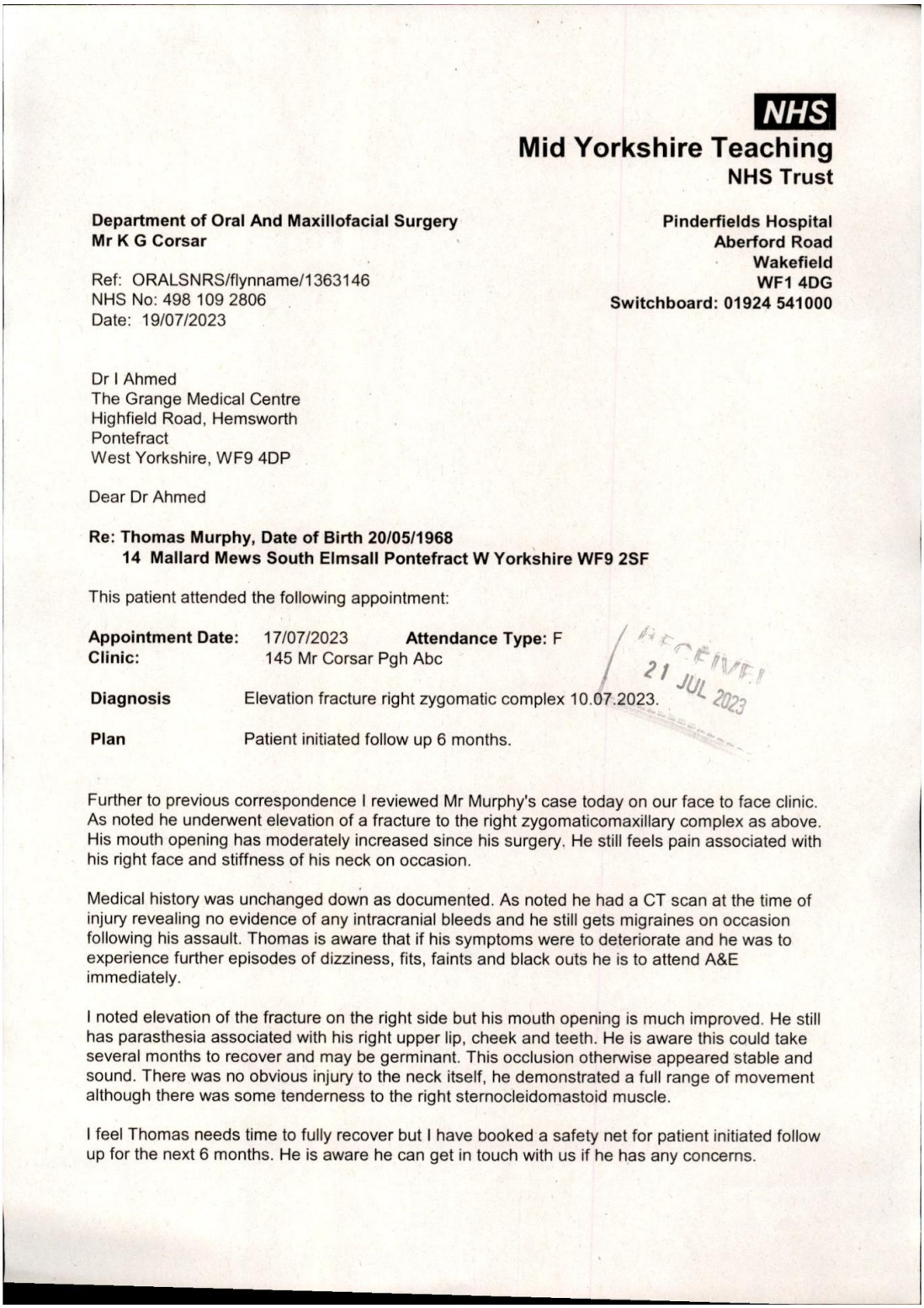
Dr Tony Taylor, Consultant in EM
Discharging Clinician

RECEIVED
18 JUL 2023

Page 1 of 1

17 Jul 2023	Clinic Letter to The Grange Medical Centre

Letter Type Clinic Letter
Letter To The Grange Medical Centre
Letter From Oral Surgery, Pinderfields General Hospital, Wakefield District PCT, 1Archived



NHS
Mid Yorkshire Teaching
NHS Trust

Department of Oral And Maxillofacial Surgery
Mr K G Corsar

Pinderfields Hospital
Aberford Road
Wakefield
WF1 4DG
Switchboard: 01924 541000

Ref: ORALSNRS/flynname/1363146
NHS No: 498 109 2806
Date: 19/07/2023

Dr I Ahmed
The Grange Medical Centre
Highfield Road, Hemsworth
Pontefract
West Yorkshire, WF9 4DP

Dear Dr Ahmed

Re: Thomas Murphy, Date of Birth 20/05/1968
14 Mallard Mews South Elmsall Pontefract W Yorkshire WF9 2SF

This patient attended the following appointment:

Appointment Date: 17/07/2023 **Attendance Type:** F
Clinic: 145 Mr Corsar Pgh Abc

RECEIVED 21 JUL 2023

Diagnosis Elevation fracture right zygomatic complex 10.07.2023.

Plan Patient initiated follow up 6 months.

Further to previous correspondence I reviewed Mr Murphy's case today on our face to face clinic. As noted he underwent elevation of a fracture to the right zygomaticomaxillary complex as above. His mouth opening has moderately increased since his surgery. He still feels pain associated with his right face and stiffness of his neck on occasion.

Medical history was unchanged down as documented. As noted he had a CT scan at the time of injury revealing no evidence of any intracranial bleeds and he still gets migraines on occasion following his assault. Thomas is aware that if his symptoms were to deteriorate and he was to experience further episodes of dizziness, fits, faints and black outs he is to attend A&E immediately.

I noted elevation of the fracture on the right side but his mouth opening is much improved. He still has parasthesia associated with his right upper lip, cheek and teeth. He is aware this could take several months to recover and may be germinant. This occlusion otherwise appeared stable and sound. There was no obvious injury to the neck itself, he demonstrated a full range of movement although there was some tenderness to the right sternocleidomastoid muscle.

I feel Thomas needs time to fully recover but I have booked a safety net for patient initiated follow up for the next 6 months. He is aware he can get in touch with us if he has any concerns.

Page 1 of 2

Yours sincerely

Kind regards

Dr Rajinder Dodd
Specialty Doctor in Oral & Maxillofacial Surgery

Copy to

Mr Thomas Murphy
14 Mallard Mews
South Elmsall
Pontefract
W Yorkshire, WF9 2SF

MURPHY ,THOMAS ,1363146

Page 2 of 2

28 Jul 2023	01 Referrals to WSPA

Letter Type 01 Referrals
Letter To WSPA
Letter From Mr James Denning, The Grange Medical Centre



THE GRANGE MEDICAL CENTRE
Highfield Road, Hemsworth
Pontefract, WF9 4DP
Tel: 01977 610009
Fax: 01977 617182

KINSLEY MEDICAL CENTRE
Wakefield Road, Kinsley,
Pontefract WF9 5BP
Tel: 01977 610009
Fax: 01977 615588

GREENVIEW MEDICAL CENTRE
Waggon Lane, Upton,
Pontefract WF9 1JS
Tel; 01977 610009
Fax: 01977 648894

OUR REF: JD.SEB

28 Jul 2023

Wakefield Single Point of Access
Initials of person receiving / scanning document: GE
28 JUL 2023
Category number:
Tick box to confirm for destruction: ☐

Single Point of Access
Drury Lane Health & Wellbeing Centre
Drury Lane
Wakefield
WF1 2TE

Email WSPA.Referrals@swyt.nhs.uk

RE Mr Thomas Murphy
14 Mallard Mews, South Elmsall, Pontefract, W Yorkshire, WF9 2SF
DOB: 20 May 1968
NHS NO: 498 109 2806

Dear Colleague

Please can we refer Thomas back to you for assessment and care. He was previously under your care but was discharged back to GP care in March 2020.

I have seen him today. He was appropriately dressed, and was speaking clearly and rationally with appropriate tone, rate and rhythm. He advised he still hears voices and that the voices can speak of violence such as guns, however, he said he is able to differentiate between them and is aware of normality and is not at risk of harm to himself or others because of them.

He is under a lot of stress, and has been over the last 2 or 3 years, but in particular over the last year since his mum passed away and family disagreements have emerged. He now keeps himself to himself to avoid the conflict. He has also been affected by some health issues for which he has been under ophthalmology for.

He has asked for additional emotional support to help him manage his condition, thoughts and feelings better.

Partners Dr I. R M Kamal, Dr F Herrero, Dr J Johnston, Staff GPs- Dr Y F S Wong, Dr R Skipp, Dr I. [illegible] Angela Marwood.

Page 1 of 6

He reports taking his medication as prescribed and is not using recreational drugs. He admits to the occasional shandy but not to excessive alcohol use.

Kind regards

Yours sincerely

Mr James Denning
Pharmacist

Patient Record: Mr Thomas Murphy (20 May 1968 00:00)

Started	Details
21 Dec 2010	Generalised anxiety disorder (E2002)
06 Jul 2012	Osteoarthritis NOS, of knee (N05zL)
23 Dec 2013	Paranoid schizophrenia (E103.) First
27 Dec 2013	Osteoarthritis NOS, of hip (N05zJ)
01 Mar 2016	Lumbar disc prolapse with radiculopathy (N12C2) L5/S1
21 Dec 2016	Lumbar disc prolapse with radiculopathy (N12C2)

Medication

28 Jul 2023	Aripiprazole 15mg tablets28 tablet - take one daily Paranoid schizophrenia (E103.)	30 Jun 2023, Issue from previous template, Reauthorised
28 Jul 2023	Co-codamol 30mg/500mg tablets100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day	30 Jun 2023, Issue from previous template, Reauthorised
28 Jul 2023	Fenbid 5% gel (Advanz Pharma)100 gram - apply 3 times/day to help with pain	30 Jun 2023, Issue from previous template, Reauthorised
28 Jul 2023	Gabapentin 300mg capsules168 capsule - 3 twice daily	30 Jun 2023, Issue from previous template, Reauthorised
28 Jul 2023	Mirtazapine 15mg tablets28 tablet - one to be taken each night	30 Jun 2023, Issue from previous template, Reauthorised
28 Jul 2023	Propranolol 40mg tablets28 tablet - ONE to be taken once daily	30 Jun 2023, Issue from previous template, Reauthorised
28 Jul 2023	Simvastatin 40mg tablets28 tablet - take one at night	30 Jun 2023, Issue from previous template, Reauthorised

Allergies

None recorded

Consultation Information Sheet

Specific Consultations

Mr Thomas Murphy
14 Mallard Mews
South Elmsall
Pontefract WF9 2SF
20 May 1968 00:00

28 Jul 2023 11:18	Surgery: Mr James Denning (Pharmacist)

Medication review done (XaF8d)
Mental health care plan status (XaJQE)
discuss with GP - refer back to mental health services or in house MH practitioner?
Review annually or sooner as needed
Memory function normal (X75xR)
Normal mood (XaIJ4)
No apparent risk of suicide (XaZ6R)
At risk of DSH - deliberate self harm: no (Y09a3)
Mental health assessment (XaIYN)
Previously under Baghill for care of paranoid schizophrenia.
Has not been under their care since 2020.
Currently has lots of family stressors.
Mum passed away last year and he is executor of the will.
Family issues around money as brother "ripped mum off by 34k", lots of family squabbles around inheritance
Now keeps self to self and avoids / minimises contact.
Still hearing voices in head. Can be angry or violent.
Has learnt how to control them so not influencing him.
Would like additional mental health support as feels needs to be able to talk about things.
Does not feel he is a risk to self or others despite these voices.

Recent eye operation. Still recovering. Advice that if recovery does not seem to go as planned then contact eye clinic.

Alcohol - low levels infrequently
Smoking - now vapes
Recreational drugs - in past. nil currently.

Statin -low potency and high cholesterol levels.
Willing to switch after annual monitoring.

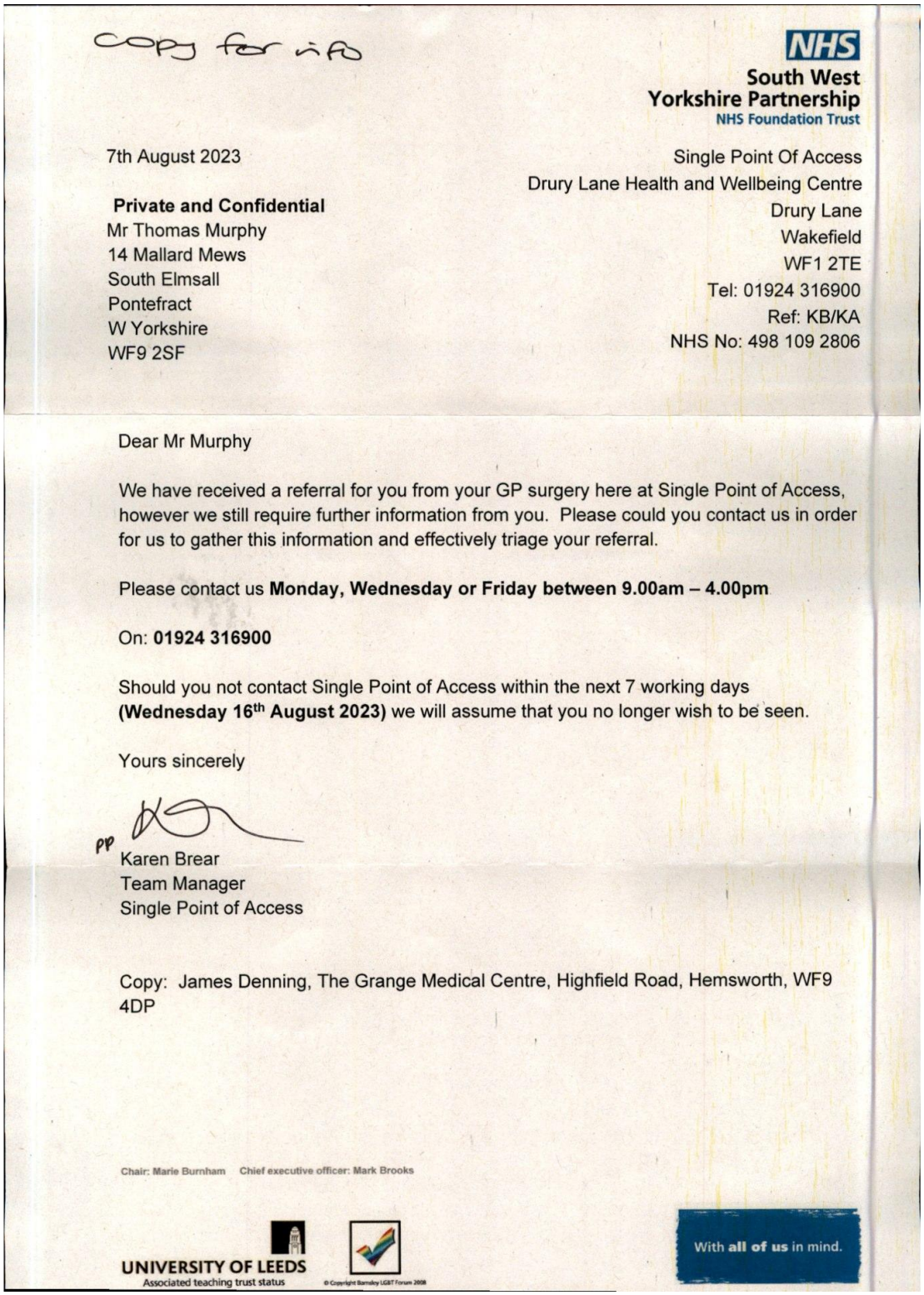
Fri 28 Jul 2023 14:45
Confidential: Personal Data

Mr Thomas Murphy
498 109 2806, 20 May 1968

Mental health review (XalyU)
No (Y0428)
Yes (Y0427)
No (Y0428)
No (Y0428)
Shared decision making (XaYjg)
Repeat prescription card checked/updated (9374.)
Referral to GP (8H62.)
Medication review done by clinical pharmacist (Y20a8)
Consultation (Xa1qL)
Seen by clinical pharmacist (Y20a6)
Ex-smoker (Ub1na)
Lower risk drinking (XaXjf)
Aripiprazole 15mg tablets - 28 tablet - take one daily
Co-codamol 30mg/500mg tablets - 100 tablet - 1 or 2 to be taken if needed for pain relief up to four times a day
Fenbid 5% gel (Advanz Pharma) - 100 gram - apply 3 times/day to help with pain
Gabapentin 300mg capsules - 168 capsule - 3 twice daily
Mirtazapine 15mg tablets - 28 tablet - one to be taken each night
Propranolol 40mg tablets - 28 tablet - ONE to be taken once daily
Simvastatin 40mg tablets - 28 tablet - take one at night
Scheduled Task Creation - action required task (check blood results - would like statin switch to atorva if not done) to be sent to PHARMACIST GROUP on 31 Jan 2024.
Mobile telephone number: 07897 428109
Summary Care Record Update - This patient's preference is for only core items to be included in their Summary Care Record. This has been overridden so that additional items will be included in this patient's Summary Care Record.

07 Aug 2023	Clinic Letter to The Grange Medical Centre

Letter Type Clinic Letter
Letter To The Grange Medical Centre
Letter From LTP FROM SINGLE POINT ACCESS



copy for info

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

7th August 2023

Single Point Of Access
Drury Lane Health and Wellbeing Centre
Drury Lane
Wakefield
WF1 2TE
Tel: 01924 316900
Ref: KB/KA
NHS No: 498 109 2806

Private and Confidential
Mr Thomas Murphy
14 Mallard Mews
South Elmsall
Pontefract
W Yorkshire
WF9 2SF

Dear Mr Murphy

We have received a referral for you from your GP surgery here at Single Point of Access, however we still require further information from you. Please could you contact us in order for us to gather this information and effectively triage your referral.

Please contact us **Monday, Wednesday or Friday between 9.00am – 4.00pm**

On: **01924 316900**

Should you not contact Single Point of Access within the next 7 working days **(Wednesday 16th August 2023)** we will assume that you no longer wish to be seen.

Yours sincerely

pp
Karen Brear
Team Manager
Single Point of Access

Copy: James Denning, The Grange Medical Centre, Highfield Road, Hemsworth, WF9 4DP

Chair: Marie Burnham Chief executive officer: Mark Brooks

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Associated teaching trust status

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17 Aug 2023	Clinic Letter to The Grange Medical Centre

Letter Type Clinic Letter
Letter To The Grange Medical Centre
Letter From SINGLE POINT ACCESS

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

17th August 2023

Single Point Of Access
Drury Lane Health and Wellbeing Centre
Drury Lane
Wakefield
WF1 2TE
Tel: 01924 316900
Ref: KB /PR
NHS No: 498 109 2806

James Denning
The Grange Medical Centre
Highfield Road
Hemsworth
Pontefract
WF9 4DP

Dear James

RE: Thomas Murphy DOB: 20 May 1968
Address: 14 Mallard Mews, Pontefract, WF9 2SF

Thank you for your referral of the above-named patient. A letter was sent to Mr Murphy requesting that they contact us to provide further information. This was to allow us to effectively triage the referral.

Unfortunately, Mr Murphy did not contact us within the required time. We have to assume that they no longer wish to have contact with our service and therefore will be discharged accordingly.

If you have any concerns or wish to discuss this further, please do not hesitate to contact us here at Single Point of Access.

Yours sincerely

M. Roberts

Single Point of Access

RECEIVED
24 AUG 2023

Chair: Marie Burnham Chief executive officer: Mark Brooks

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Associated teaching trust status

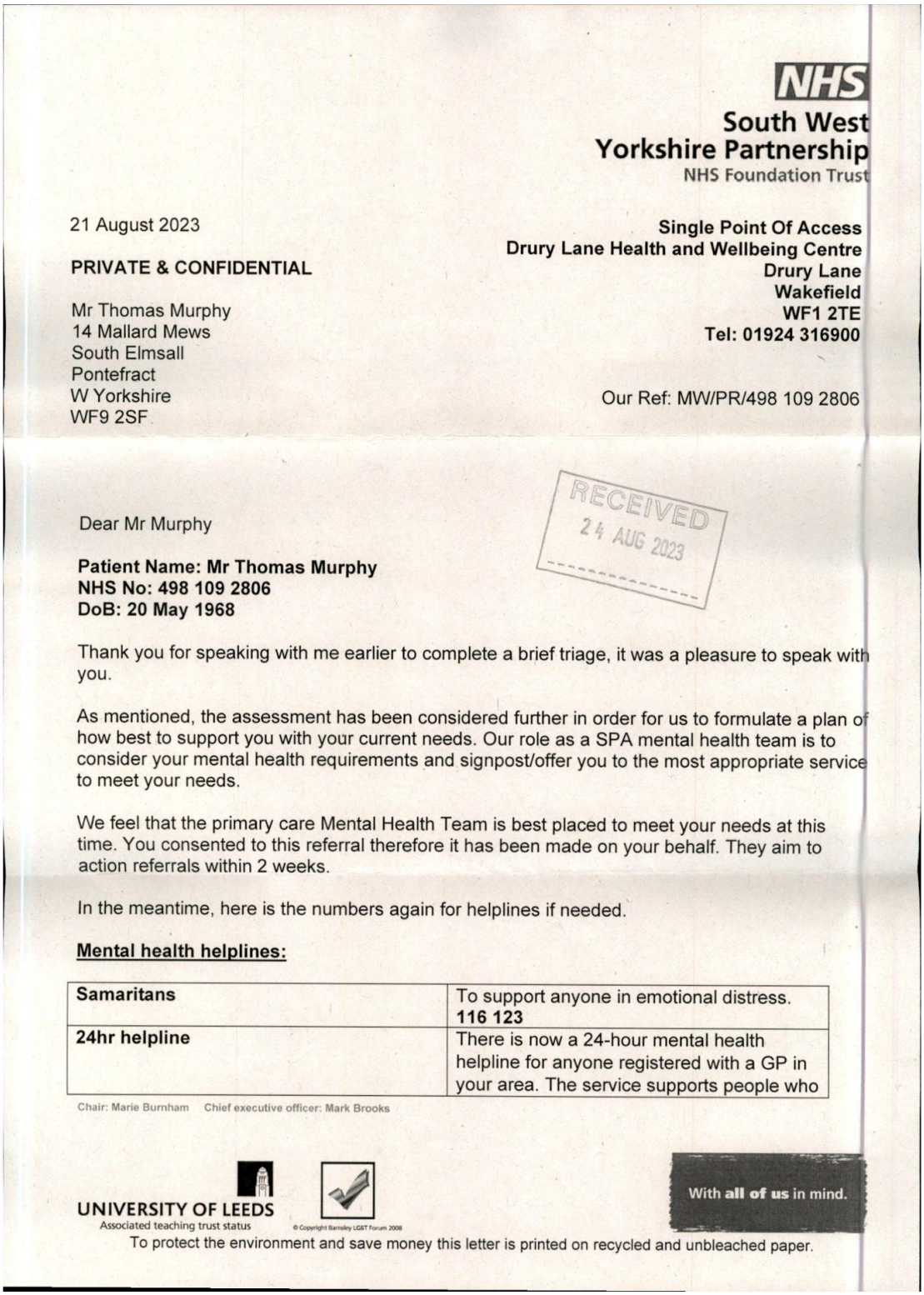
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21 Aug 2023	General Letter to The Grange Medical Centre

Letter Type General Letter
Letter To The Grange Medical Centre
Letter From LTP FROM SINGLE POINT ACESS



NHS
South West
Yorkshire Partnership
NHS Foundation Trust

21 August 2023

PRIVATE & CONFIDENTIAL

Mr Thomas Murphy
14 Mallard Mews
South Elmsall
Pontefract
W Yorkshire
WF9 2SF

Single Point Of Access
Drury Lane Health and Wellbeing Centre
Drury Lane
Wakefield
WF1 2TE
Tel: 01924 316900

Our Ref: MW/PR/498 109 2806

RECEIVED
24 AUG 2023

Dear Mr Murphy

Patient Name: Mr Thomas Murphy
NHS No: 498 109 2806
DoB: 20 May 1968

Thank you for speaking with me earlier to complete a brief triage, it was a pleasure to speak with you.

As mentioned, the assessment has been considered further in order for us to formulate a plan of how best to support you with your current needs. Our role as a SPA mental health team is to consider your mental health requirements and signpost/offer you to the most appropriate service to meet your needs.

We feel that the primary care Mental Health Team is best placed to meet your needs at this time. You consented to this referral therefore it has been made on your behalf. They aim to action referrals within 2 weeks.

In the meantime, here is the numbers again for helplines if needed.

Mental health helplines:

Samaritans	To support anyone in emotional distress. **116 123**
24hr helpline	There is now a 24-hour mental health helpline for anyone registered with a GP in your area. The service supports people who

Chair: Marie Burnham Chief executive officer: Mark Brooks

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	are at risk of developing mental health problems, diagnosed with common mental health problems, accessing mental health support, experiencing mental health distress, seeking information, advice and support, you can now use this service by calling **0800 183 0558.**
Safe space	Wakefield Safe Space understands that our mind doesn't always have on off-switch and that many of us may find we need support later on at night after a tough day, or when other services are closed. Types of Support Available:1 to 1 support in person, 1 to 1 support over the phone, 1 to 1 support via zoom, Group Social Activities between 8-10pm. Please note: All supports must be arranged via phone call or text. Wakefield Safe Space is unable to provide drop-in support at this time. To get support from Wakefield Safe Space simply call or text **07776962815** during the opening times and the team will arrange a support time that evening to suit you. Open 18.00-00.00 every day except Wednesdays.

I wish you all the best for the future. I will now discharge you from SPA mental health team. Should your mental health deteriorate, you can go back to your GP, and they can re-refer back to the most appropriate service at that time.

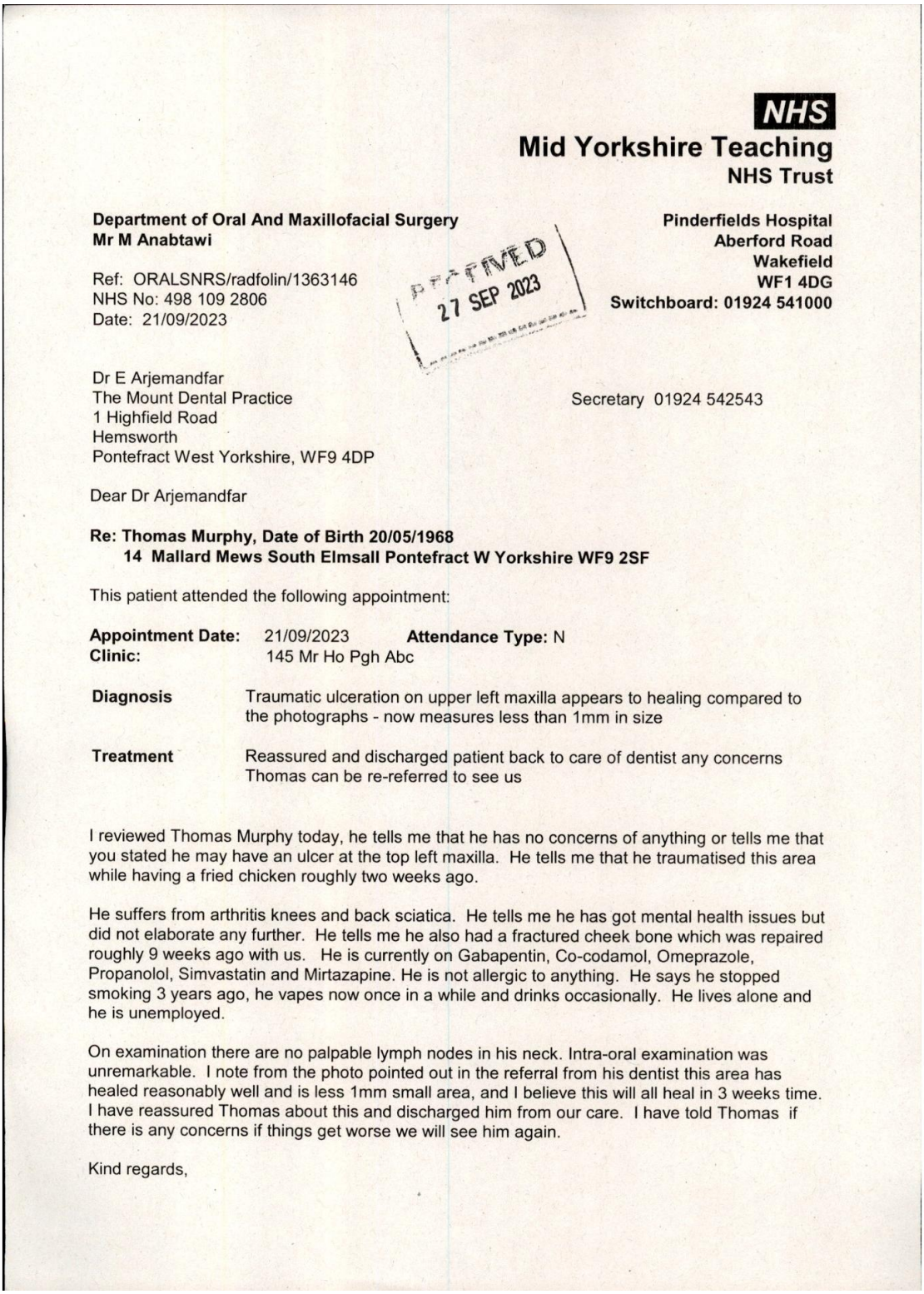
Yours sincerely,

Melanie Wilson
Primary care mental health practitioner

cc. Dr Johnston, The Grange Medical Centre, Highfield Road, Hemsworth, Pontefract, WF9 4DP

21 Sep 2023	Clinic Letter to The Grange Medical Centre

Letter Type Clinic Letter
Letter To The Grange Medical Centre
Letter From Oral Surgery, Pinderfields General Hospital, Wakefield District PCT, 1Archived



NHS
Mid Yorkshire Teaching
NHS Trust

Department of Oral And Maxillofacial Surgery
Mr M Anabtawi

Pinderfields Hospital
Aberford Road
Wakefield
WF1 4DG
Switchboard: 01924 541000

Ref: ORALSNRS/radfolin/1363146
NHS No: 498 109 2806
Date: 21/09/2023

RECEIVED 27 SEP 2023

Dr E Arjemandfar
The Mount Dental Practice
1 Highfield Road
Hemsworth
Pontefract West Yorkshire, WF9 4DP

Secretary 01924 542543

Dear Dr Arjemandfar

Re: Thomas Murphy, Date of Birth 20/05/1968
14 Mallard Mews South Elmsall Pontefract W Yorkshire WF9 2SF

This patient attended the following appointment:

Appointment Date: 21/09/2023 **Attendance Type:** N
Clinic: 145 Mr Ho Pgh Abc

Diagnosis Traumatic ulceration on upper left maxilla appears to healing compared to the photographs - now measures less than 1mm in size

Treatment Reassured and discharged patient back to care of dentist any concerns Thomas can be re-referred to see us

I reviewed Thomas Murphy today, he tells me that he has no concerns of anything or tells me that you stated he may have an ulcer at the top left maxilla. He tells me that he traumatised this area while having a fried chicken roughly two weeks ago.

He suffers from arthritis knees and back sciatica. He tells me he has got mental health issues but did not elaborate any further. He tells me he also had a fractured cheek bone which was repaired roughly 9 weeks ago with us. He is currently on Gabapentin, Co-codamol, Omeprazole, Propanolol, Simvastatin and Mirtazapine. He is not allergic to anything. He says he stopped smoking 3 years ago, he vapes now once in a while and drinks occasionally. He lives alone and he is unemployed.

On examination there are no palpable lymph nodes in his neck. Intra-oral examination was unremarkable. I note from the photo pointed out in the referral from his dentist this area has healed reasonably well and is less 1mm small area, and I believe this will all heal in 3 weeks time. I have reassured Thomas about this and discharged him from our care. I have told Thomas if there is any concerns if things get worse we will see him again.

Kind regards,

Page 1 of 2

Yours sincerely

Mr Aaron Chai
Specialist Registrar ST7 in Oral & Maxillofacial Surgery

Copy to

Dr I Ahmed
The Grange Medical Centre
Highfield Road, Hemsworth
Pontefract
West Yorkshire, WF9 4DP

Mr Thomas Murphy
14 Mallard Mews
South Elmsall
Pontefract
W Yorkshire, WF9 2SF

MURPHY ,THOMAS ,1363146

Page 2 of 2

24 Oct 2023	Clinic Letter to The Grange Medical Centre

Letter Type Clinic Letter
Letter To The Grange Medical Centre
Letter From Enhanced team east

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

24 October 2023

Private and Confidential

Dr James Johnston
The Grange Medical Centre
Highfield Road
Hemsworth, Pontefract
WF9 4DP

Enhanced Team East
Baghill House Health & Wellbeing Centre
Walkergate
Pontefract
W Yorkshire
WF8 1QS

Team Tel: 01977 735827
Secretary: 01977 735821

Ref: SS/jr/Murphy/498 109 2806

MEDICAL CARE PLAN

Dear Dr James Johnston

Re: Mr Thomas Murphy
Address: 14 Mallard Mews, South Elmsall, Pontefract, WF9 2SF
Date of Birth: 20 May 1968
NHS No: 498 109 2806

Care Co-ordinator: Paul McDermott

Date and Time of Contact:
24 Oct 2023 11:00

Last Contact Type:
Face-to-Face

Seen by:
Dr Sandeep Shastry, Acting Consultant Psychiatrist

Care Professionals Present/ Persons Accompanying Patient:
Paul McDermott, CPN and care coordinator.

Page **1** of **5**

Chair: Marie Burnham Chief executive officer: Mark Brooks

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Clinical Presentation:
I reviewed Thomas in the outpatient clinic at Church View Health Centre on 24 October 2023. Also present was Paul McDermott his care coordinator.

Thomas has been well known to services in the past with a diagnosis of Paranoid Schizophrenia. Thomas was recently re referred back to our service and following an assessment by SPA was referred to the Enhanced Team East. Paul has been working with him as care coordinator for a short while. The medical review was requested by Paul.

Thomas reported that he has been really struggling with various things for the last few months. He said his mother died about 18 months ago and that his brother stole all the money from her and in fact believes that the family must have hastened her death in some way. He said that his mood has been low since his mother died and he feels tearful most of the time and has even lost some weight. He also referred to voices, mostly male Scottish voices, in particular a person named Paul, who say derogatory things about him. He said he swears back at these voices which helps. He said they direct him to do things, but he mostly tends to ignore them. He said he hears these voices on most days and they can be quite distressing at times. He sometimes believes that these were inserted in his head by a person he met years ago in order to control him. Thomas admitted that he has been in prison in the past, some of this was due to his own doing, but in his own opinion some of it was not due to his own doing. Thomas said he has been taking his medications regularly however, he doesn't feel that they are doing much. He said his sleep is up and down but his appetite has been not too bad. He said he tends to avoid people as he finds it hard to trust anybody and spends most of his time at home playing guitar and this helps him to relax and distract from distressing experiences. I advised increasing the dose of Aripiprazole and Mirtazapine and he agreed to this.

On mental state examination Thomas appeared his chronological age, appropriately dressed, kempt, cooperative, established good eye contact and good rapport. His speech was normal in tone and rate. Subjectively he said that his mood has been low and objectively he appeared euthymic. There was no evidence of any formal thought disorder. He described persecutory delusions and auditory hallucinations, though there were none evident during the interview. He was not describing any ideas of self harm, suicide or harm to others. He was well orientated, had good insight and had the capacity to consent to take his medications.

Chair: Marie Burnham Chief executive officer: Mark Brooks

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Relevant Past Medical, Surgical and Mental Health History:
Thomas has been known to mental health services since at least 2011. He has been under various Community Mental Health Teams for different lengths of time and in between he has served some prison sentences. He has a diagnosis of Paranoid Schizophrenia.

In terms of his physical health, he suffers from osteoarthritis.

Mental Health Act Status:
N/A

Diagnosis:
F200 Paranoid schizophrenia

Current Physical Illnesses:
Osteoarthritis.

Social Context and impact on function:
Thomas was born and brought up in Clydebank until the age of 3, before they moved to Yorkshire when he was 4. He went to Fitzwilliam primary school and completed his secondary schooling at Faithley school in Clydebank, Scotland. He did not obtain any qualifications and he ended up in prison when he was 15 years old for abduction. From there he was transferred to St Mary's secure unit in Bishop Briggs due to complaints by his mother for being placed in prison at 15. From there he was transferred to another secure unit until he was released in 1985 when he went back to live with his mother and father in Yorkshire. He did various jobs between 1988 to 1999, mostly in factories, the last job ending in 1999. He has four children who are adults now, from different biological mothers. Their names are Stacey, Adele, Faye and Thomas and he is not in contact with them presently. He is currently unemployed and in receipt of Universal Credit. He is currently single and has a close friend called Dorothy who is also from Scotland. He had a good relationship with his mum who passed away 18 months ago, but his relationship with his siblings can be quite toxic at times. He has accused his brother of stealing money from his mother.

Alcohol / Substance Misuse. Smoking Status:
Thomas said that he rarely drinks, once a month or even less. He also denied any illicit drug use although he admitted that he has used cannabis and cocaine in the past.

Chair: Marie Burnham Chief executive officer: Mark Brooks

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Sensitivities and Allergies:

Start date	End date	Allergy or Sensitivity
21 Oct 2016		No known allergies (1151.)

Medication:

Medicine	Form	Dose Amount	Frequency and Directions	Continuous or Fixed Course
Aripiprazole		20mg	once daily	
Mirtazapine		30mg	at night	

Summary of Medication Changes / Prescribing Guidance:
I have increased the dose of his Aripiprazole to 20mg once daily and Mirtazapine to 30mg at night. I gave him a 3 week supply of the extra Aripiprazole 5mg once daily and extra Mirtazapine 15mg at night.

Clinical Risk Summary (Main potential risks & risk indicators. Circumstances that might increase identified risk):
1. He reports that whilst in prison in 1996 he cut his wrists, but this was more a cry for help.
2. He has expressed suicidal thoughts but has stated that he would never act on them, reporting that he would 'never let the bastards win'. 3. He was in prison in Scotland at the age of 15 for abduction, but he is not clear exactly what happened.
4. He reports being in Armley Prison in 1987 for theft and robbery but was unclear for how long.
5. He was in Moorlands prison in Doncaster in 2010 for a driving offence and served 8 weeks and released on tag which was removed in February 2011.
6. In 2016 he was in prison and had received a sentence of 6 and a half years for Section 18 Malicious Wounding. He explains that he was in a car with his ex partner's son Lee and Lee's two friends, one on the passenger side and the other one driving the car. He states that there was an escalated argument between Lee and the man on the passenger side which led to a fight and according to him, when he tried to intervene the man on the passenger side pulled a knife. Thomas tried to push the knife away and it injured the man's face. Thomas somehow believes that he was made to do this by some external people as he is not a violent person and has never used a knife in the past. He however admitted that he was under the influence of cocaine and alcohol when this happened. He was released in 2019 and was on probation for about 3 years which has now finished.

Chair: Marie Burnham Chief executive officer: Mark Brooks

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Contingency and Crisis Plan:
Signs of relapse include worsening of auditory hallucinations, paranoid delusions, increased substance misuse. Contact GP. Within working hours contact care coordinator. Out of hours NHS 111.

Clinical Management Plan/Monitoring Arrangements:
1. Paul McDermott his care coordinator will continue to monitor him in the community.
2. I am happy to see him again at the request of his care coordinator.

GP Action Recommendations:
Continue prescribing Aripiprazole 20mg once daily and Mirtazapine 30mg at night.

This care plan has been signed off by the assessor and can no longer be amended.

Yours sincerely

Dr Sandeep Shastry
ACTING CONSULTANT PSYCHIATRIST

Page **5** of **5**

Chair: Marie Burnham Chief executive officer: Mark Brooks

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Page 5 of 5

19 Mar 2024	Clinic Letter to Dr James Johnston

Letter Type Clinic Letter
Letter To Dr James Johnston
Letter From BAGHILL HOUSE - PSYCHIATRIST

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

19th March 2024

Private & Confidential

Dr James Johnston
The Grange Medical Centre
Highfield Road
Hemsworth, Pontefract
WF9 4DP

Enhanced Team East
Baghill House Health & Wellbeing Centre
Walkergate
Pontefract
W Yorkshire
WF8 1QS

Team Tel: 01977 735827
Secretary: 01977 735821

NHS Number: 498 109 2806

Dear Dr Johnston

Re: Thomas Murphy DoB: 20 May 1968
14 Mallard Mews, Pontefract, WF9 2SF

Unfortunately Thomas failed to attend his appointment with me in the outpatient clinic at Church View Health Centre on 19 March 2024..

I am happy to arrange a further appointment at the request of his care coordinator.

Yours sincerely

Dictated and authorised. Not signed to avoid delay.

Dr Sandeep Shastry
ACTING CONSULTANT PSYCHIATRIST

Chair: Marie Burnham Chief executive officer: Mark Brooks

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Page 1 of 1

26 Jun 2024	Clinic Letter to The Grange Medical Centre

Letter Type Clinic Letter
Letter To The Grange Medical Centre
Letter From Enhanced Team East

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

26 June 2024

Enhanced Team East
Baghill House Health & Wellbeing Centre
Walkergate
Pontefract
W Yorkshire
WF8 1QS

PRIVATE & CONFIDENTIAL
Dr James Johnston
The Grange Medical Centre
Highfield Road
Hemsworth, Pontefract
West Yorkshire
WF9 4DP

RECEIVED
- 1 JUL 202

Team Tel: 01977 735827

Our Ref: ME / PMc/498 109 2806

Dear Dr Johnston

Patient Name: Mr Thomas Murphy
NHS No: 498 109 2806
DoB: 20 May 1968

Referred to the Enhanced Team on September 2023
Thomas is well known to services and has been diagnosed previously with Paranoid Schizophrenia.
He was referred following assessment by both spa and by the primary care mental health team who in turn referred to The Enhanced Team due to complex presentation and forensic history.
Most recently he was in prison for an assault with weapon. He was released early from a 5 year sentence and has completed a license period in February 2023.
Thomas was reporting and increase in psychotic symptoms, command in nature but always retained control and insight over his actions.
Thomas currently is wearing a tag and is due to appear in court on charges of assault in October 2024.
Thomas has reported that he has been struggling with the fall out between family members following the death of his mother about 2 years ago which has led to major arguments within the family over his mother's estate which Thomas is the executor of.
At the point of my initial assessment of his mental health in October, Thomas presented with a broad range of psychotic symptoms.
Thomas described psychotic phenomena experienced every day. He described a voice called 'Paul Strutt' who is a gangster from Glasgow.
Thomas stated that he first experienced psychotic symptoms in 2006 soon after the death of his father.
Thomas stated that he has a chip implanted in his head which can relay information from the person above about events which are about to happen.

Chair: Marie Burnham Chief executive officer: Mark Brooks

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Page 1 of 2

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Thomas also referred to another element of his psychotic experiences as 'The eye director' whom he states can take control of his eyes and 'direct' him to look at things he knows he shouldn't (e.g. young girls).
A further element is 'The old DJ' who will play music from the 80s, this also is a daily experience.
Thomas has consistently held a high degree of conviction in the authenticity of these experiences and although I was able to engage Thomas in a conversation around his medication (in particular aripiprazole) and its specific function in treating the above described symptoms.
Thomas has made significant progress in the time he has spent under the care of the enhanced team.
While he still reports psychotic experiences, he has always retained a good degree of knowledge and insight.
He has remained concordant with his medication and always has cooperated with mental health services.
Risk to himself and staff at all times while under the care of the Enhanced Team have remained low and I have had no concerns about home visits in spite of his forensic history.
Thomas functions to a high level and is independent in all aspects of his life, requiring no support from any additional services.
His psychotic symptoms are now well controlled, and Thomas is fully aware of the means to self-referral if at any point he finds himself in crisis and may need urgent support from mental health services.
In view of his progress, we have agreed to a discharge back to his gp.
Thomas can be referred at any point in the future back to Mental Health Services through the Single Point Of Access who will assess his needs at the necessary time.

Yours Sincerely

Paul McDermott
CPN

30 Sep 2024	Medical Reports to The Grange Medical Centre
Letter Type	Medical Reports
Letter To	The Grange Medical Centre
Letter From	DVLA

Driver & Vehicle Licensing Agency

Driver and Vehicle Licensing Agency
Drivers Medical Group
Swansea SA99 1DG
Phone: 0300 790 6806 Fax: 0300 083 0083
Website:
www.gov.uk/ dvla/fitnesstodrive

Dr R Phillips
The Grange Medical Centre
Highfield Road
Hemsworth
PONTEFRACT
WF9 4DP

33464

Our Reference: M39801542/Hropot1

Date: 24 September 2024

RECEIVED
30 SEP 2024

Dear Dr Phillips

RE: Mr Thomas Murphy DOB: 20-May-1968
ADDRESS: 14 Mallard Mews, South Elmsall, PONTEFRACT, WF9 2SF

Important – we are making enquiries into your patient's fitness to drive. It is important that you read all the guidance notes to avoid any delays in payment

We are investigating your patients fitness to hold a Group 1, car and/or motorcycle driving licence.

We have been notified that your patient is experiencing/ has experienced mental health issues.

We urgently need to assess whether they can meet the medical standards of fitness to drive.

Current medical standards for driving are available to view online at **www.gov.uk/dvla/fitnesstodrive**

It is important that the medical questionnaire/s are completed and returned to the DVLA without unreasonable delay as per GMC guidance which can be found at www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality---patients-fitness-to-drive-and-reporting-concerns-to-the-dvla-or-dva

What you need to do

Step 1 - Complete the enclosed medical questionnaire from patient's records. You may pass this medical questionnaire to another healthcare professional to complete.

Step 2 - Complete your invoice using the guidance given overleaf. Please note that incomplete invoices will not be processed and will be returned to you.

Step 3 - Send the completed medical questionnaire and invoice to DVLA by 15 October 2024 using the envelope provided.

Delays in DVLA receiving additional medical information could pose a risk to road safety and inconvenience your patient.

Yours sincerely,

Dr N H Jenkins B.Sc, M.B, B.C h, FRCS, FCEM, MCh
Senior DVLA Doctor
Drivers Medical Group, DVLA

CUSTOMER SERVICE EXCELLENCE CSE INVESTORS IN PEOPLE POSITIVE ABOUT DISABLED PEOPLE

1255 / 107186300 2 / 02486

M2

M 39801542
Page 1 of 6
Page 3 of 8

Page 1 of 6

Guidance Notes

Your patient's authorisation

Your patient has given their authorisation for the disclosure of their medical information to DVLA.

This information is being collected so that the DVLA may carry out its statutory function on behalf of the Secretary of State for Transport and assess your patient's fitness to drive.

In line with GMC guidance on confidentiality doctors can accept assurance from an officer of a government agency, that the patient has provided their authorisation to disclose information to the DVLA, without having sight of that authorisation.

As an officer of a government agency, I can confirm that the patient has provided their authorisation for a medical practitioner or registered healthcare professional to disclose this information to the DVLA. A copy of this authorisation is available on request by **emailing your patient's full name, date of birth and medical reference number to DM.AuthorisationRequests@dvla.gov.uk**

All parties acknowledge that they must meet their own obligations under relevant data protection legislation, including the UK General Data Protection Regulation, and all applicable laws about the processing of personal data and privacy.

Who can complete this report

Any healthcare professional who is registered with one of the following bodies may complete it. General Medical Council, General Optical Council, General Osteopathic Council, Nursing and Midwifery Council, Health and Care Professions Council

Release of the report to your patient

The patient may be entitled to see your report unless you indicate in your response that to release the report may cause serious harm to the physical or mental health of this patient (S.I. 2000 No 413 Data Protection (Subject Access Modification) Health) Order 2000 (as preserved by the Data Protection Act 2018).

Payment - Please ensure all persons requesting payment are aware of these changes

We will pay £40.00 to a GP or registered healthcare professional when we receive the completed questionnaire and invoice. Payment can only be made in the name of the GMC registered doctor or registered healthcare professional who has completed the medical questionnaire or the GP practice or hospital that employs the doctor or registered healthcare professional. If you are VAT registered, we will pay the fee plus VAT at the standard rate when we receive a VAT invoice.

You must provide the following details - the M reference number quoted on our letter, invoice number and date of invoice, the net, gross and VAT amounts, the name of the bank account to whom the cheque must be paid, specific address the payment is to be sent to.

If this information is not provided or is not legible, your invoice will not be processed and will be returned.

You must not request any payment or part payment from the patient.

Advance payments

We cannot pay costs in advance of a report being completed and submitted. The BMA's guidance on fees for non-NHS work is that fees are payable on completion and submission of a report. Please be assured that when we receive correctly completed documentation, prompt payment will be made.

Payment enquiries

All payment queries must be addressed to **customer.paymentenquiries@dvla.gov.uk** Please do not use any other email address for your enquiry as it will not be answered.

Rev Feb 23

Encs:
M2 MQ DG

Driver & Vehicle Licensing Agency

39801542 M2

M2
Rev Apr 24
39801542

Medical Questionnaire - Mental health

If you require further assistance in completing this form, please visit www.gov.uk/dvla/fitnesstodrive

Patient details

Re: Mr Thomas Murphy DOB: 20-May-1968
Address

1. **Please indicate diagnosis** (Put X in all boxes that apply):

a) Anxiety/ depression ☐
(**Without** any impairment of concentration, memory or agitation)

b) Anxiety/ depression ☐
(**With** suicidal thoughts or impairment in concentration, memory or agitation)

c) Bipolar affective disorder ☐

d) Eating disorder ☐
(Anorexia nervosa, bulimia)

e) Obsessive compulsive disorder / post traumatic stress disorder ☐

f) Personality disorder ☐
Please give details (type) _____

g) Schizophrenia/ psychosis/ delusional disorder/ schizoaffective disorder ☐

h) Other
Please give diagnosis _____

2. Date you last saw your patient for this condition

DD	MM	YY

2a. If not seen within the last 12 months, is this due to your patient being discharged because they are well or by mutual consent?

Yes ☐ No ☐

2b. If no, please give details _____

Driver & Vehicle Licensing Agency

Page 3 of 6

1255 / 1071863002 / 02486 Page 5 of 8

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M2 39801542

Patient's name: Mr Thomas Murphy

3. With regard to your patient's condition, are they sufficiently well and stable?

Yes ☐ No ☐

3a. If yes, how long have they been well and stable? *e.g. 03 years, 06 months* YY ☐☐ MM ☐☐

4. If the diagnosis is hypomania/mania or bipolar disorder, has there been 4 or more episodes of significant mood swings within the last 12 months?

Yes ☐ No ☐ N/A ☐

5. Is your patient currently detained or subject to a CTO?

Yes ☐ No ☐

5a. If yes, please provide details _____

6. Is your patient adequately engaged with treatment?

Yes ☐ No ☐ N/A ☐

7. Does your patient lack insight and/or judgement to a degree that would make driving dangerous?

Yes ☐ No ☐

8. Is your patient continuing to experience hallucinations/delusions likely to distract attention from driving?

Yes ☐ No ☐ N/A ☐

9. Is your patient's mental state or behaviour so unstable and/or so severe or unpredictable as to make driving dangerous?

Yes ☐ No ☐

M2 39801542

Patient's name: Mr Thomas Murphy

10. Are there any complications which have resulted from your patient's mental health condition that may **impact on driving?**

Yes ☐ No ☐

10a If yes, please give full details _____

_____

_____

_____

The medical professional completing this form, please provide full details below:

Full name _____
Job title _____
Surgery/dept name _____
Full work address _____
with postcode _____
_____

Tel no _____ Email _____
Signature _____ Date _____
Regulatory body _____ Body number _____

Payment **will not** be made, unless a **fully completed** invoice is enclosed.

Release of the report to your patient

If you don't want us to share this report with your patient because it may cause serious harm to their physical or mental state, or a third party as preserved by Schedule 3 of the Data Protection Act 2018, please tick the box. ☐

Driver & Vehicle Licensing Agency

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Page 5 of 6

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DR R PHILLIPS
THE GRANGE MEDICAL CENTRE
HIGHFIELD ROAD
HEMSWORTH
PONTEFRACT
WF9 4DP

RECEIVED
30 SEP 2024

1255 / 1071863002 / 02486

Page 1 of 8

Page 6 of 6

26 Feb 2025	Clinic Letter to The Grange Medical Centre
Letter Type	Clinic Letter
Letter To	The Grange Medical Centre
Letter From	Yorkshire Ambulance Service NHS Trust - Hospital Letters

NHS Yorkshire Ambulance Service NHS Trust

Sent date: 27/02/2025

YAS Reference: 4881447

GP Details:

DR or Surgery: THE GRANGE MEDICAL CENTRE

Patient Details:

Name: THOMAS MURPHY

NHS Number: 4981092806

DOB: 20/05/1968 00:00:00

Date of incident: 26/02/2025 22:34:00

Time of incident: 26/02/2025 22:34:00

YAS Attendance Outcome Summary (Patient not conveyed to hospital)

Presented with: Difficulty breathing / feels like throat is swelling up

Presenting complaint history: Hx from pt: States yesterday PM started feeling a tickly cough in his throat. From then on, felt like his throat was sore and that it was closing up. Concerned, rang 111 who requested amb attendance - CAT2

On examination / assessment: A - clear and patent, no oedema, slight redness to top posterior mouth. Normal swallow.

B - Normal, RR in range - equal rise and fall, not shallow, sats maintaining within normal range, no sobar, no soboe, no cyanosis, pt able to speak in full sentences, dry cough - states he feels like he has phlegm but unable to get it up, no audible wheeze, on auscultation - chest sounds clear

C - Strong radial pulse, hypertensive, good colour, not pale, not clammy, no diaphoresis, no cp, no palpitations, no syncope

D - GCS15, Apyrexic, BG - normal, no headaches, no dizziness, no blurred vision, no diplopia, normal motor and sensory function for pt, no obvious neuro deficit

Pt states he is feeling generally rundown. Pt states that he feels like there's a bottle in his throat. C/O it is sore, especially when he is coughing. States he got a little tickle in his ear also but no earache. No obvious swelling to lymph nodes.
No nausea, no vomiting.

Findings:

26/02/2025 23:09:00 BP 162 \ 114 P 81 RR 18 SpO_2 97 NEWS score 0

26/02/2025 23:22:00 BP 167 \ 109 P 78 RR 18 SpO_2 98 NEWS score Not recorded

Treatments:

For any questions or further information please email yas.patientrelations@nhs.net 1/2

Page 1 of 2

NHS Yorkshire Ambulance Service NHS Trust

No treatments recorded

YAS working impression: No abnormality detected

Plan of care: Monitor pt obs
Hx and assessment
No acute need for ED.
Discussed home remedies to help ease sore throat. To drink plenty of fluids and get some rest. Take analgesia as required. Should symptoms worsen, or become SOB/chest tightness or pain, unable to talk/swallow or any other urgent concerns to phone 999. Should symptoms persist over 5 days to contact GP or self present at PGI UTC.

The patient was not conveyed by YAS -

For any questions or further information please email yas.patientrelations@nhs.net 2/2

Page 2 of 2

26 Feb 2025	Out of Hours to Dr James Johnston

Letter Type Out of Hours
Letter To Dr James Johnston
Letter From Yorkshire Ambulance Service NHS Trust

Yorkshire Ambulance Service - 111 OOH Call Incident Report

Call number:	**8407902**	Receive Date:	**26-Feb-2025 22:28**
Patient's Name:	**Thomas Murphy**		
Date of birth:	**20-May-1968 (56 years)**	Gender:	**M**
Address:	**14 Mallard Mews** **South Elmsall** **Pontefract WF9 2SF**	Current Address:	**14 Mallard Mews** **South Elmsall** **Pontefract WF9 2SF**
Return Contact No:			
Tel No:	**07776 362728**		**07776 362728**
Mobile No:	**07389 715982**		
Priority:	**Emergency**	Call Origin:	**Relative**
Received:	**26-Feb-2025 22:28**	Calltype:	**IUC Cases**
Advised:	:	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	

Patients Own Surgery:
Surgery Name - **The Grange Medical Centre (Hemsworth)**
Surgery Telephone - **01977 610009**

NHS Number:
4981092806

Reported Condition:
Symptoms: cant breathe properly - feels like throat closing up - worse today

Pathways Details:
Pathways Notes - **An injury, illness or health problem was the reason for the contact.**

The individual was conscious at the time of the assessment.
It was appropriate to speak to the patient.
There was no blood loss.

An illness or health problem was the main problem. [breathing problems - yesterday - worse today]

The individual was not fighting for breath.

The main reason for the assessment was not an allergic reaction, a heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for assessment was not new confusion, declared diabetic hypo/hyperglycaemia or ICD shock.
The skin on the torso felt normal, warm or hot.

Pathway selected - Breathing Problems, Breathlessness or Wheeze

There was new or worsening swelling of the face, tongue or throat. [throat is getting tight]
The swelling started in the past 6 hours.

Rapid swelling of the tongue, throat or inside of the mouth was described. [a lot tighter in last hour throat]

They have stopped doing all of their everyday activities.
An adrenaline injection had not previously been prescribed.

Breathing harder or faster when doing nothing was not described. [harder to breathe]
The individual was not feeling faint.

Instructions given were: An emergency ambulance is being arranged.

Further information to help with dispatch was given. [gate number 1919]

There was someone staying with the individual.
There was no safeguarding concern.

There had been no travel to the Middle East in the past 2 weeks.
The scene was safe.

Pre-arrival instructions were considered appropriate.

Fainting

Breathlessness

Closing instructions

Pathways Final Disposition - **Emergency Ambulance Response for Anaphylaxis (Category 2) (Dx0113)**

Followups:
None

30 Apr 2026	Clinic Letter to The Grange Medical Centre

Letter Type Clinic Letter
Letter To The Grange Medical Centre
Letter From COHENS BP CHECK

Notification of Clinic Blood Pressure Check

Blood pressure rating: Normal

Irregular pulse detected: No

30th Apr 2026

Cohens Chemist
10 Market Street
Hemsworth
Pontefract
WF9 4LA
01977 610874

CONFIDENTIAL

To:	The Grange Medical Centre, Highfield Road, Hemsworth, Pontefract, West Yorkshire WF9 4DP (B87026)

The patient named below has had their blood pressure and pulse checked under the Community Pharmacy Hypertension Case-Finding Service. Please find attached the result of that testing which we were not able to send directly to your patient record.

Patient details	
Name	THOMAS MURPHY
Date of Birth	20-May-1968
Sex	Male
Ethnicity	White - British
Address	14 Mallard Mews, South Elmsall, Pontefract, W Yorkshire
Postcode	WF9 2SF
NHS Number	4981092806
Telephone	n.a
Email	
Service access	Patient identified in the pharmacy
Clinic readings	
Date of reading	30-Apr-2026
Systolic BP	133mmHg
Diastolic BP	81mmHg
Blood pressure rating	**Normal**
Pulse rate	78 bpm
Pulse Check	
Irregular pulse detected	No
Low Blood Pressure *(if applicable)*	

Symptoms of low BP	
Symptoms experienced	
Symptoms experienced	
Patient considered at risk and requires same day referral	
Ambulatory Blood Pressure Monitoring *(if patient is eligible)*	
Patient consent to ABPM	
Declined reason	
Lifestyle Discussion	
Healthy living advice	Healthy diet;Regular physical activity
Lifestyle advice given	
Signposting & Escalation (If applicable)	
Signposted to	
ODS code of organisation (if known)	
Escalated to	
ODS code of organisation (if known)	
Urgent referral comments	
Comments	
Comments	

Regards, Pol Donald
Pharmacist

If this is not your patient, click this link.

02 Jun 2026	Medical Reports to The Grange Medical Centre

Letter Type Medical Reports
Letter To The Grange Medical Centre
Letter From

MMA
LEGAL

Grange Medical Centre
Highfield Road
Hemsworth, Pontefract
England
WF94DP

Date 02/06/2026

Ref: 100842

Subject: Data Subject Access Request - Full GP Medical Records

Client Name: Mr Thomas Murphy
Client Reference: 100842
Client Address: 3 Town Hall Chambers , Wakefield, WF1 2SN
Date of Birth: 20/05/1968
Also Known As:
Name in Care:
NHS Number:
Previous Addresses:

Dear Sir/Madam,

We act on behalf of the above-named individual and submit this request under Article 15 of the UK General Data Protection Regulation and the Data Protection Act 2018.
Scope of Request

We request a complete copy of the patient's full medical records, including all data held in electronic, paper, and archived formats.

This specifically includes:
Full GP records (not a summary printout)
Consultation notes and free-text entries
Historical paper records (including Lloyd George records where applicable)
Coded clinical data
Correspondence to and from hospitals, specialists, and external providers
Mental health records held within the GP file
Safeguarding concerns or alerts

MMA Legal Limited, a company registered in England and Wales with registered number 13900519
Authorised and regulated by the Solicitors Regulation Authority number 8000579
Registered Office: MMA Legal Limited, Stok, 43-59 Princes Street,, Stockport, SK11RY

Referral records and outcomes
Medication and prescription history
Any scanned documents or attachments

Format Requirement
We require a full record extract, not a patient summary or abbreviated report.

Where possible, please provide a complete system export including consultation notes and attachments.

Historical Records
Please ensure searches include:
Archived and legacy systems
Paper and scanned records
Records transferred from previous GP practices

Enclosures
We enclose:
Signed authority
Proof of identity

Should you require any further information to process this request, please advise promptly.

Statutory Timeframe
We expect a response within one calendar month. If an extension is required, please confirm with reasons in writing.

Non-Holding of Data
If you do not hold a complete record, please confirm:
The dates of records held
Details of any previous GP practices

Service of Documents
We only accept service of documents via email at evidence@mmalegal.co.uk. Should you for any reason be unable to send documents to the above email, please notify us via the same email imminently.

Yours faithfully,

Investigations Team
MMA Legal
E: evidence@mmalegal.co.uk
T: 0161 563 0816

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MMA Legal Limited, a company registered in England and Wales with registered number 13900519
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Registered Office: MMA Legal Limited, Stok, 43-59 Princes Street,, Stockport, SK11RY

DEED OF AUTHORITY & CONSENT

THIS DEED is made on the date of signature below by (the "Client")	
Full Name:	Thomas Murphy
Date of Birth:	20/05/1968
Previous Names (if any):	
Current Address:	3 Town Hall Chambers Wakefield WF1 2SN
Previous Addresses (relevant to care placements):	
CHI / NHS Number (if known):	

IN FAVOUR OF (the "Representative")	
Firm Name:	MMA Legal Limited
Address	43-59 Princess Street, Stockport
Postcode	SK1 1RY
Email	evidence@mmalegal.co.uk
Telephone Number	0161 563 0816

1. STATUS AND CONSTRUCTION

1.1. This Deed is executed as a deed and constitutes valid written authority for the purposes of:

1.1.1. UK GDPR

1.1.2. Data Protection Act 2018

1.1.3. Common law confidentiality

1.1.4. Any related statutory, regulatory or supervisory framework

1.2. This Deed shall be interpreted purposively and broadly to give full effect to the Client's intention that all personal data and Records relating to them be disclosed to the Representative, subject only to lawful statutory restriction.

1.3. This Deed is intended to provide clear and comprehensive authority for disclosure of the Client's personal data.

2. APPOINTMENT

MMA Legal Limited, a company registered in England and Wales (registered number: 13900519) is authorised and regulated by the Solicitors Regulation Authority. Access the SRA's rules at http://www.sra.org.uk/solicitors/handbook/welcome.page
SRA Number: 8000579

2.1. The Client appoints the Representative to act fully on their behalf in connection with:
- **2.1.1.** An application to Redress Scotland;
- **2.1.2.** Any review, reconsideration or appeal;
- **2.1.3.** Evidence gathering and submission;
- **2.1.4.** Any associated advisory, compensatory or restorative process.

2.2. Requests made by the Representative shall be treated as made personally by the Client.

3. SCOPE OF AUTHORITY

3.1. This Authority applies to all public and private bodies including (without limitation):
- **3.1.1.** Local Authorities and Councils
- **3.1.2.** NHS Boards and GP Practices
- **3.1.3.** Health & Social Care Partnerships
- **3.1.4.** Integration Joint Boards
- **3.1.5.** Religious bodies and orders
- **3.1.6.** Residential and foster care providers
- **3.1.7.** Education authorities and schools
- **3.1.8.** Government departments
- **3.1.9.** Archive services
- **3.1.10.** Insurers holding historical liability files
- **3.1.11.** Successor, merged or restructured public bodies

3.2. The Authority applies whether Records are:
- **3.2.1.** Archived, microfiche, digitised or handwritten;
- **3.2.2.** Stored off-site by contractors;
- **3.2.3.** Held by dissolved or reconstituted institutions;
- **3.2.4.** Transferred following statutory reorganisation.

3.3. The Client requests that records not be withheld solely on administrative grounds such as archival storage or institutional restructuring including, for example:
- **3.3.1.** The institution has closed or restructured;
- **3.3.2.** Records are archived or require manual retrieval;
- **3.3.3.** Records are held by insurers or successor bodies;
- **3.3.4.** Retrieval involves time or administrative burden.

4. SPECIAL CATEGORY DATA – EXPLICIT CONSENT

4.1. For the purposes of Article 9 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of all special category data including:
- **4.1.1.** Physical and mental health records
- **4.1.2.** Psychiatric and psychological reports
- **4.1.3.** Therapy and counselling notes
- **4.1.4.** CAMHS records
- **4.1.5.** Social work and safeguarding files
- **4.1.6.** Ethnicity or religious data where recorded

This includes all NHS and private medical providers.

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SRA Number: 8000579

This explicit consent may be withdrawn at any time by written notice.

5. CRIMINAL OFFENCE DATA – EXPLICIT CONSENT

5.1. For the purposes of Article 10 UK GDPR and Schedule 1 Data Protection Act 2018, the Client gives explicit consent to disclosure of:

5.1.1. Criminal offence data
5.1.2. Police investigation material
5.1.3. Child protection investigations
5.1.4. Statements and intelligence logs
5.1.5. Outcome decisions

including records held by:

5.1.6. Police Scotland
5.1.7. Any predecessor Scottish police force
5.1.8. Prosecuting authorities.

6. THIRD-PARTY DATA AND REDACTION

6.1. The existence of third-party data shall not justify refusal to disclose the Client's personal data.
6.2. Where necessary, redaction shall be limited strictly to third-party information.
6.3. Mixed data shall be disclosed in redacted form rather than withheld in entirety.

7. PROPORTIONALITY AND REASONED DECISION-MAKING

7.1. Any refusal, limitation or redaction must:
7.1.1. Identify the specific statutory exemption relied upon;
7.1.2. Explain how that exemption applies to the particular Record;
7.1.3. Confirm why partial disclosure is not possible;
7.1.4. Be communicated in writing.
7.2. Blanket refusal without statutory justification may not satisfy statutory obligations under applicable data protection legislation.
7.3. Any reliance upon "disproportionate effort" must provide written reasoning demonstrating why staged disclosure or redaction is not feasible.

8. VALIDITY AND FORMAL REQUIREMENTS

8.1. This Deed remains valid for 24 months from execution unless withdrawn in writing.
8.2. Disclosure shall not be refused because:
8.2.1. An internal template form has not been used;
8.2.2. The Authority is considered "out of date" within internal policy;
8.2.3. Additional consent is sought beyond reasonable identity verification.
8.3. Any organisation acting in good faith reliance upon this Deed shall be fully discharged in making disclosure.

9. REGULATORY AND STATUTORY RIGHTS

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In the event of non-compliance, refusal, or unreasonable delay in responding to a lawful request made under this Deed, the Client and/or the Representative reserve the right to pursue any statutory or regulatory remedies available under applicable law.

This may include raising concerns with the relevant supervisory authority or regulator where appropriate.

Nothing in this Deed limits the Client's rights under the UK GDPR, the Data Protection Act 2018, or any other applicable statutory framework.

Withdrawal shall not invalidate disclosures already made in reliance upon this Deed.

EXECUTION AS A DEED

Signed and delivered as a Deed by the Client:	
Signature	TM
Print Name	Thomas Murphy
Date	07/04/2026

Witness	
Name	Gemma Rawston
Address	43-59 Princess Street, Stockport, SK1 1RY
Occupation	Case Handler
Signature	Gemma Rawston
Date	07/04/2026

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Signer Information

Name:	Mr Thomas Murphy
Email:	thomas1968murphy@gmail.com
Telephone:	07751963544
IP Address:	188.241.144.215



Verified Electronic Signature

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This document is a legally binding record of the e-signature process.



Mr T Murphy
3 Town Hall Chambers
49 King Street
Wakefield
WF1 2SN

tv licensing

14 January 2026
Customer number
234611085
TV Licence number
421670342

Urgent. You risk breaking the law.

Dear Mr Murphy,

We are about to cancel your TV Licence* because you have not paid the overdue amount of **£14.72** that you owe for this licence. The expiry date will

Ways you can pa


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PASSPORT
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Passport No./Passeport No.
148049922
Surname/Nom (1)
MURPHY
Given names/Prénoms (2)
THOMAS
Nationality/Nationalité (3)
BRITISH CITIZEN
Date of birth/Date de naissance (4)
20 MAY /MAI 68
Sex/Sexe (5)
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Place of birth/Lieu de naissance (6)
DUMBARTON
Date of issue/Date de délivrance (7)
20 MAY /MAI 24
Authority/Autorité (8)
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Date of expiry/Date d'expiration (9)
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