

KML/MF/G3542

01475 656088

30 September 1999

Mrs Phillips
50 Murdieston Street
GREENOCK

Dear Mrs Phillips

I am writing further to your telephone call of 29 September 1999. I understand that Wesley wishes to access his case file at Larkfield Child & Family Centre. I enclose a leaflet "Accessing Your Medical Records" which gives you information about how to go about this. Please do not hesitate to contact the clinic if you have any further questions.

With best wishes.

Yours sincerely



KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

Posted 1st class
1/10/99

5pm 11.1.10.

Kathy,

file Wesley Phillips

Christine Phillips on phone regarding Wesley

She went to her GP Dr Much who is re-referring him to you, for ? readmission back into unit.

Dr Much has also recommenced Wesley on Haloperidol, at Mother's request, she wanted it to "calm him down" (prev on it for his tic).

Wesley has been suspended again recently for swearing and bad behaviour.

He fell on holiday and cut his finger/hand and Mrs Phillip is keeping him off school until the plaster cast is removed.

Tim ~~son~~ concerned about him being on medication inappropriate

Sharon.

ended from school - she
to cope [redacted]

you spoke to Sandra
Sadysen - the case has
referred back to P.G.S.W.
you spoke to Cyrene Berndt
- and the Phillips' were
emergency contact of
P. went to the office
[redacted]

you called her back with
info. - [redacted]
this. further advised to
her G.P. and ask for re-
referral if she prefers. (E)



RENFREWSHIRE HEALTHCARE NHS TRUST

CHILD AND FAMILY CENTRE
HAWKHEAD HOSPITAL
HAWKHEAD ROAD
PAISLEY PA2 7BL
TELEPHONE: 0141-889 8151
FAX: 0141-889 3987

3542

YOUR REF:

IF TELEPHONING, PLEASE ASK FOR

OUR REF: RL/JJ

DATE: 31st July 1997.

CONFIDENTIAL - FIRST CLASS.

Dr. Much,
The Medical Centre,
Dubbs Place,
PORT GLASGOW.

File

Dear Dr. Much,

Re: Wesley Phillips [d.o.b. 5.2.82]
40, Brightside Avenue, Port Glasgow.

Following your referral, I met Wesley with his mother at Hawkhead Hospital on the 31st July. I had sight of his casenotes from Larkfield, which was of great help in forming an assessment. At the time of writing Wesley is under supervision and is spending 2 days and 2 nights a week at Newfield Assessment Centre. He attends the Mearns Centre on other days and spends 5 nights a week at home. Mrs. Phillips thought that there might be a Review Children's Hearing in the Autumn of this year. Wesley has a history of emotional and behavioural disorder for which she was first referred to Larkfield Children's Unit in 1993. Initially his behaviour was understood to be directly linked to his stressful family circumstances. He had a facial and shoulder tic and a persistent cough for which Dr. Leighton referred him for a paediatric opinion. Dr. Coutts thought that this was a simple tic and started treatment with Haloperidol with some success. This medication was however stopped at a later date in circumstances of which I am not clear. Late last year the diagnosis of Tourettes' Syndrome was made and Wesley has been re-started on medication for this. He currently takes Haloperidol 0.5mgs a.m. and 1mg p.m. with some benefit.

The referral to this department came about because of clinical relationships between the family and staff at Larkfield. Mrs. Phillips told me today that she was seeking another opinion about Wesley and had a number of questions about his diagnosis and about his future prospects. Fortunately, [REDACTED]

Wesley presented as a large boy of 15 who did not demonstrate the tic or cough. He told me that this tends to happen for a few days every now and again, but that it is now much better than before. He also had experienced outbursts of swearing in the past, which he told me sometimes came upon him even if he was not in a bad mood at that time. He described difficulty in getting to sleep at night and during our interview he was noticeably drowsy. He also told me that he felt sick and later in the interview had to leave the room because of this. I was able, however, to assess that he is of normal mood and average intelligence. He showed greater respect towards myself than he did for his mother with whom he acted in a slightly immature complaining way. Wesley admitted to smoking tobacco but denied that he took any other drugs and does not drink to excess. He is hoping to leave Newfield within the next few months and wants to return to home to live there on a permanent basis. He did not tell me as did his mother later that Wesley has been setting fire to items and may have burned part of a building a few months ago.

Given the history, which I have not detailed here, it does seem likely that Wesley has been suffering from Tourette Syndrome for some years. He has most of the main features and has also responded to the appropriate treatment. His parents, as you know, have long considered that Wesley is also suffering from Attention Deficit Disorder and Mrs. Phillips was also interested in talking over with me the prospects that Wesley qualified for another diagnosis, namely, oppositional defiant disorder. I feel that there are no grounds for making a diagnosis of A.D.H.D. certainly on current evidence. Children with Tourette Syndrome often also often present with emotional and behavioural disturbance and the significance of this should not be under-estimated. On the other hand, as I talked over with Mrs. Phillips, Wesley is also likely to have been affected by his stressful family circumstances which latterly have become much more settled. I agreed with her that much of his behaviour was defiant in nature and that there was little doubt that he had a behavioural disorder.

I cannot continue out-patient contact with Wesley as I am shortly to leave this department. This brings into question the nature of future psychiatric contact in this area. Given the difficulty which exists with Larkfield, I wonder whether Wesley should automatically continue as a psychiatric out-patient considering that his psychiatric/neurological condition is under some control, I have also in mind that Wesley is going to leave school at Christmas and would, therefore, be disqualified from Child Psychiatry Out Patient attendance because of his age. In these circumstances I wonder whether you would continue to supervise his Haloperidol prescription in the short term and if further difficulties arise, a referral to the Adult Psychiatric Services might be considered appropriate. All of this might be unnecessary but much depends on Wesley himself. He does not feel a need to engage with the psychiatrist as he has only a limited insight into his own behaviour and circumstances. He is, however, willing to continue to take Haloperidol at a dose of 0.5mgs a.m. and One mg at night.

Yours sincerely,

R. LINDSAY

Consultant in Child/Adolescent Psychiatry.

c.c E. Hamilton, Social Worker, Port Glasgow

✓ c.c. Dr. K. Leighton,

WESLEY PHILLIPS

6 JUNE 1997

Present: Mr and Mrs Phillips, Wesley, KL

Wesley smiled appropriately, appeared co-operative, pleasant. He said very little, however, leaving the talking to his mother. He was yawning noticeably. They reported improvement in his tics, in that he no longer showed the tic as frequently as previously. He is staying at Newfield and attending the Mearns Centre on a part-time basis three days per week and the school at Newfield two days per week. He is a Christmas leaver.

He is currently on Haloperidol, one mg bd. However, I have advised reduction to 0.5 mgs mane, 1 mg nocte. Wesley's only other medication is Oxytetracycline for acne.

[REDACTED] They stated that [REDACTED] They questioned my diagnosis of Wesley having Tourette's Syndrome [REDACTED] I advised Mr and Mrs Phillips that I felt certain that Wesley had Tourette's Syndrome, but that Tourette's Syndrome showed a range of severity. Mrs Phillips stated that it was her belief that Tourette's Syndrome and Attention Deficit Hyperactivity Disorder always occurred together and asked whether Wesley did have the ADHD. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] Wesley said very little. The family left the building.

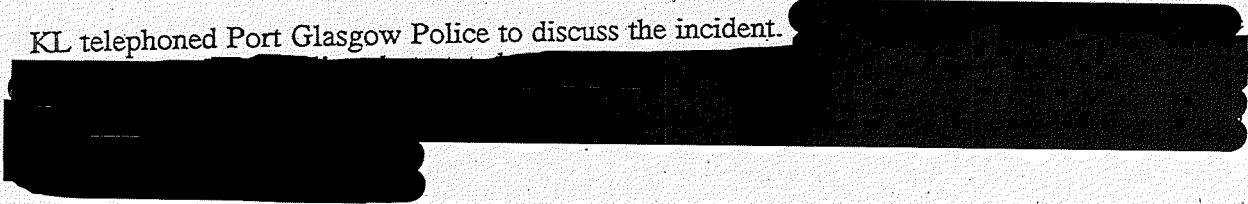
I discussed this incident with [REDACTED] who agreed that in the light of the above incident, it would be acceptable for me to refuse to treat Wesley, as my relationship with the parents has broken down and I had lost face. This would, in turn, damage my therapeutic relationship with the child and it would be in the child's best interest to advise the family to seek a second opinion from another Child Psychiatrist. I will phone and write to the GP.

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

WESLEY PHILLIPS

6 JUNE 1997

KL telephoned Port Glasgow Police to discuss the incident.



KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

WESLEY PHILLIPS

5 JUNE 1997

Mr and Mrs Phillips attended with Wesley in error one day prior to appointment. I was unable to see them as I was attending a Case Conference. Mrs Phillips realised the date was wrong and agreed to attend the following day.

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

Apr 1993.

DU 1993

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hll June 96.

ly Fortrose AC

95/96 from Raddery

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Xmas beamers

Means Centre 3 day.

Donfield - 2 days.

stayed

→ Xmas.

0.5 my am

1 my note.

Oxytetracycline for acne.

KML/MF/G3542

01475 656088

26 May 1997

Mr & Mrs Phillips
40 Brightside Avenue
Port Glasgow

Dear Mr & Mrs Phillips

An appointment has been made for Wesley to attend Dr Leighton's Clinic, Larkfield Child & Family Centre, Greenock on Friday 6 June at 10.30 a.m.

The Larkfield Child & Family Centre is situated on the opposite side of Larkfield Road facing the Inverclyde Royal Hospital.

I hope this will be convenient.

Yours Sincerely,

Medical Records Officer.

ret.let

WESLEY PHILLIPS

6 May, 1997

Telephone call from Mr Phillips 6.5.97 re appointment today which they did not attend. [REDACTED]
[REDACTED] was taken into hospital last night. Wesley is now living at home. A further appointment will be sent.

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

WESLEY PHILLIPS

6 May, 1997

DNA appointment 6.5.97. Further appointment will be sent.

KATHERINE M. LEIGHTON
Consultant in Child & Adolescent Psychiatry

WESLEY PHILLIPS

23 APRIL, 1997

(3542)

Telephone Call from Mrs Phillips

Asking for information about a second opinion. I informed her I would not be seeking a second opinion and gave her more details about diagnosis and advised her of Wesley's next appointment.

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

Social Work Department
District Headquarters
Dalrymple House
195 Dalrymple Street
Greenock
PA15 1UN

Director of Social Work
F E Edwards RD BA DipASS FISW FBIM

Send copy of
Report 2.4.97 to
Reporter to
Mike Shickup's
Depute Unit
Manager
Lanard Unit
Newfield
Today 1st class.

WESLEY PHILLIPS

16 May, 1997

Telephone call from Mike Stickings, Depute Unit Manager, Lomond Unit, Newfield, inviting me to a Child in Care Review on 18.4.97. Gave my apologies. Mr Stickings asked for a copy of Report to Reporter which I agreed to send today first class.

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

KML/MF/G3542

01475 656088

2 April 1997

CONFIDENTIAL

Mr A McColl
Children's Reporter
1/3 Brisbane Street
GREENOCK
PA16 8LH

Dear Mr McColl

Wesley Phillips, c/o Newfield House, Barochan Road, Johnstone
Date of Birth: 05.02.82

Further to your letter of 12 March, 1997, I enclose a report for the Children's Hearing. I

Yours sincerely

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

2 April 1997

CONFIDENTIAL REPORT TO THE CHILDREN'S HEARING ON:

Wesley Phillips, c/o Newfield House, Barochan Road, Johnstone (05.02.82)

Further to your request of 5 March, 1997, I interviewed Wesley in the company of Elizabeth Hamilton Social Worker and a Care Worker from Newfield Assessment Centre at my clinic on 1 April, 1997. I also had the opportunity of interviewing Wesley on his own and of perusing papers provided by yourself.

I understand that Wesley was received into care on 13 February, 1997, to Crosshill Children's Home at the request of his parents who were finding his behaviour increasingly difficult to cope with at home because of frequent arguments and fighting. Wesley was removed to Newfield Assessment Centre on 23 February, 1997.

I was informed that Wesley's behaviour has been satisfactory at Newfield apart from some "silly behaviour" in the dormitory with other children at night. His behaviour is also said to be poorer when his parents visit and that there have been frequent arguments with the parents, although in general his behaviour is improving during access visits.

I was informed that Wesley's behaviour at mainstream school had deteriorated during this session with frequent suspensions. Within the classroom at Newfield, however, he has been able to maintain concentration within the small group of four or five pupils and his behaviour is generally settled.

At individual interview Wesley discussed his ongoing problems with tics. He continues to have an intermittent tic involving his right eye, left shoulder and left side of his face. He also describes an intermittent cough which he can not control which is not related to upper respiratory tract infection. These tics occur several times per month and often Wesley is unaware of them until it is pointed out by an observer. Wesley continues to swear frequently and describes loss of control over his swearing. It is possible that there may be an element of tic disorder contributing to the frequency of swearing.

At interview Wesley appeared pleasant and co-operative and motivated to improve his behaviour. There was no evidence of depression nor psychosis; he appeared of average intelligence. There was no tic present at interview.

From Wesley's history it would be prudent to consider a diagnosis of Tourette Syndrome and I have advised his GP to prescribe Haloperidol 1 mg b.d. I will review Wesley at my clinic to monitor his progress.

2 April, 1997

**CONFIDENTIAL REPORT TO THE CHILDREN'S HEARING ON:
Wesley Phillips (05.02.82) Continued**

Wesley's behaviour has long been a problem and he has been known to my service at Larkfield Child & Family Centre since his initial referral in March, 1993, because of increasing problems with relationships within the family home and Wesley's ongoing difficulties at mainstream school I would recommend that Wesley be considered for residential schooling. He is keen to maintain and improve his relationship with his parents and I understand that the Social Work Department plan to continue working in this area and that Wesley's parents are keen to co-operate.

Yours sincerely

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

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Renfrewshire Healthcare NHS Trust 2 April 1997

WESLEY PHILLIPS

24 March, 1997

Telephone Call from GP, Dr Mutch

██████████ in waiting room. Has left a note for GP to request that he refers Wesley for second opinion to Dr Hugh Rickards at the Queen Elizabeth Hospital, Birmingham. In the past she has mentioned referral to Dr Cosgrove, Child Psychiatrist in Bristol for second opinion.

Sandra Lapsley spoke with Dr Mutch last week. She has seen Wesley at Newfield as part of his residential assessment.

GP still concerned about possibility of ADHD or Gilles de la Tourette. I discussed my assessment with him and informed GP that I plan to see Wesley next week for the purpose of preparing a Report to the Children's Hearing. GP will hold off referral for second opinion till after that assessment.

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

WESLEY PHILLIPS

3 April, 1997

Telephone discussion about Wesley's symptomatology with Professor Stephenson, Professor of Paediatric Neurology, Yorkhill Hospital. Professor Stephenson agreed with the diagnosis of Tourette Syndrome and the use of Haloperidol.

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

KML/CK/3542

01475 656088

9 June 1997

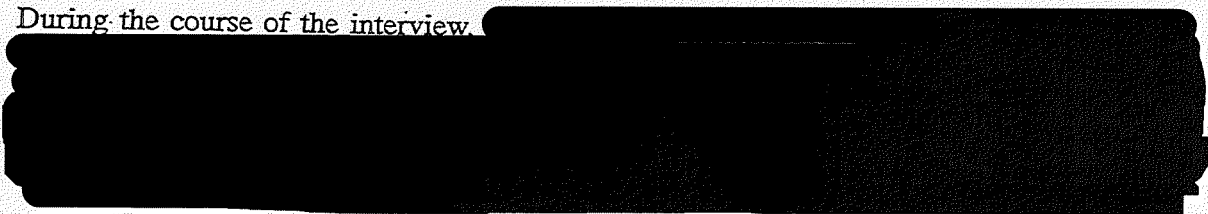
PRIVATE AND CONFIDENTIAL

Dr Mutch
The Medical Centre
Dubbs Place
PORT GLASGOW

Dear Dr Mutch

WESLEY PHILLIPS, 40 BRIGHTSIDE AVENUE, PORT GLASGOW
(DoB: 05.02.82)

I reviewed Wesley at my Clinic on 6 June 1997. He attended with both parents. Wesley reported an improvement in his concentration and a reduction in the frequency of his tics since commencement on Haloperidol. He did state, however, that he felt drowsy and was yawning at interview. He is currently on one mg Haloperidol bd. I have advised reduction to 0.5 mg mane, one mg nocte.

During the course of the interview, 

I feel at this stage that my relationship with the parents has broken down and that this would have a detrimental effect on my therapeutic relationship with Wesley, which would not be in the best interests of the child. I am therefore not arranging to see Wesley again, but would suggest that you refer him either to the Paediatric Clinic at Inverclyde Royal Hospital or Child Psychiatry Clinic at Hawkhead Hospital in Paisley.

Please do not hesitate to contact me, should you wish further information.

Yours sincerely

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

WESLEY PHILLIPS

9 JUNE 1997

Telephone call with Elizabeth Hamilton, Social Worker, to discuss the [REDACTED] and informed her that I would be writing to the GP to suggest referral to another Clinic. Elizabeth Hamilton stated that she had been at the family house prior their attendance at my Clinic and that Wesley had informed her that he had been involved in setting fire to a building three days previously. She had arranged a visit to the police to discuss this incident on Friday afternoon, ie the afternoon of my Clinic appointment. At that interview, Wesley had said "No comment" to all questions asked. The Police will pursue their investigations.

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

WESLEY PHILLIPS

9 JUNE 1997

Telephone call to GP, Dr Mutch, to discuss [REDACTED] A letter will be sent from myself to the GP.

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

KML/MF/G3542

01475 656088

28 April 1997

Mr & Mrs Phillips
40 Brightside Avenue
Port Glasgow

Dear Mr & Mrs Phillips

An appointment has been made for yourselves and Wesley to attend Dr Leighton's Clinic, Larkfield Child & Family Centre, Greenock on Tuesday 6 May at 9.30 a.m.

The Larkfield Child & Family Centre is situated on the opposite side of Larkfield Road facing the Inverclyde Royal Hospital.

I hope this will be convenient.

Yours Sincerely,

Medical Records Officer.

ret.let

KML/MF/G3542

01475 656088

7 April 1997

CONFIDENTIAL

Dr S Lapsley
SCMO
Greenock Health Centre

Dear Dr Lapsley

Wesley Phillips, c/o Newfield House, Barochan Road, Johnstone
Date of Birth: 05.02.82

Wesley's GP asked me to pass this letter to yourself as he was uncertain who should prescribe the medication for Wesley.

Please do not hesitate to contact myself should you wish further information.

Yours sincerely

KATHERINE M LEIGHTON
Consultant in Child & Adolescent Psychiatry

Encl: