Legal Aspects Team
Health Records Department
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

NHS
Greater Glasgow and Clyde

MMA Legal Limited
Stok
43-59 Princes Street
Stockport
SK1 1RY

Date: 30th April 2026
Your Ref: 100346
Our Ref: LAT/ACCESS/ES
Enquiries to: Emily Svensson
Direct Line: 0141 211 3020
Email: Emily.svensson@nhs.scot

Re: Subject Access Request under the General Data Protection Regulation

PATIENT: RICHARD HALLIGAN **D.O.B: 11/08/1962**

Thank you for your request received **15TH APRIL 2026** in which you seek a copy of your client's personal information.

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

QUEEN ELIZABETH UNIVERSITY HOSPITAL/ NEW VICTORIA HOSPITAL/ WESTERN INFIRMARY/ BARRHEAD HEALTH CENTRE (PHYSIOTHERAPY)

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

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

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

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

- Complaints files
- Emails

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

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

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

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

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

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

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

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

Yours sincerely

Legal Aspects Team

ELECTRONIC PATIENT RECORDS

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

Including: Barrhead HC

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	☐

Previous Patient Notes for Pain Management (newest at the top).

Note: Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

Patient Note		**Outpatient Note**
Date/Time: 25-Jul-2024 12:24	**Created By:** Consultant, Pain Medicine - Mick Serpell	**Role:** Doctor - GGC
Specialty: Pain Management	**Organisation:**	Sensitive

Note:

D/C'd
DNA'd REVIEW Appt F2F, P/C 9/23 for LBP & Rt Hip pain
multi-level degenerative changes and a right sided and central disc bulge at the L4/5 level causing compression of the exiting L5 nerve roots
also right greater trochanteric bursitis (x3 Inj, last 2 minimal benefit)

COX2
TENS - sent in post
Zacin - try to buy on-line
Dulox, can carry on NT for sleep as only 10mg

?? SIJ if bad
PT Ed

Patient Note		**Outpatient Note**
Date/Time: 21-Sep-2023 11:35	**Created By:** Consultant, Pain Medicine - Mick Serpell	**Role:** Doctor - GGC
Specialty: Pain Management	**Organisation:**	Sensitive

Note:

Hip and back pain
Comment: Richard is a 60 year old man who has worked as a builder all his life and is now unable to do this.
He cannot walk very far at all. He has trochanteric pain syndrome. His pain starts in his hips. He will then develop lumbar flexion and severe back pain. He will have to sit and rest for 20 mins after walking a relatively short distance. Sometimes even sitting can worsen the pain.
Ortho suggested a GTN patch which was intolerable due to headache and ralvo which did nothing.
He had a failed trial of amt previously, not sure what happened. We are trying nortriptyline.
We are reluctant to use opiates, as is he.
He can get quite depressed by how limited he is however he doesn't seem depressed at the moment.
He would ideally return to work but his pain prevents this.
I wondered if a nerve block may help given his pain is localised. He may also benefit from physio given how activities can trigger his pain.
I would be grateful if he could be seen.

PEIS concerns checklist
1- I don't think theres anything anyone can do for me- surgery is not an option and medication doesn't do anything.

2-pain clinic is my last option- I'm living with this pain and its making me depressed. Depression comes in waves. Looking for a breakthrough to help life get better. Doesn't want to be a burden on people therefore

doesn't want to speak about emotional health. Believes universal credit are "breathing down his neck" telling him hes fit to work when hes not.

3-medication- Nortriptyline at night but cant take during the day as doesn't want to be under the influence of medication. Doesn't feel there is any way out and unsure what can be offered to him.

expectations- unsure- would like to discuss options but unsure what would be useful. Struggles with mobility.

Rt Elbow - calcific tendonitis - Ref to Ortho

MRI -
There is no evidence of abnormal bone marrow signal.
Modic type 1 endplate changes are seen adjacent to the L2/L3 intervertebral disc.
Modic type 2 endplate changes are seen adjacent to the L5/S1 intervertebral disc.
Normal vertebral alignment and vertebral body height.
The last mobile intervertebral disc is presumed to be the L5/S1 disc (key image).
The conus medullaris terminates at L2.
The imaged spinal cord returns normal signal.

L1/L2 level: Minor diffuse disc bulge without neural compression.
L2/L3 level: Minor diffuse disc bulge without neural compression.
L3/L4 level: Diffuse disc bulge without neural compression. However, the disc is touching the traversing L4 nerve roots bilaterally which may be causing irritation.
L4/L5 level: Right paracentral/ central disc bulge is causing stenosis of the right subarticular zone and mild stenosis of the left subarticular zone. The disc is touching the traversing L5 nerve roots bilaterally and may be causing irritation.
L5/S1 level: Diffuse disc bulge causing narrowing of the foraminal zones bilaterally compressing the exiting L5 nerve roots.

Summary: No evidence of neoplastic spinal disease. Multilevel degenerative disc pathology as detailed above. No evidence of cauda equina compression.

Ortho diagnosed Gt Troch bursitis

EMIS ref for low mood. DNa'd

LBP = Hip pain
Has had physio - no benefit,

Cant walk far - stops after 30 yds slowly, uphill is v hard
has to drive Automatic

D: Lido & GTN - nil
NT 10mg good for sleep, but oversleeps in AM , does not take it when has daughter. On those night will get up a sit for a few hours

Lives alone, independent, gets out
10 yr daughter - takes her for 3 d / wk.

S - soft bed,
M - fed up, daughter keeps him going, not hopeless, not able to swim or walk with her
W - ex-builder, slowed down over past 5 yrs, self employed but now stopped, usually renovates houses & moves on

O/E good flexion, stiff on Ext & Rotation, but facets not sore
Pain lower over sacral area , no SIJ tenderness but SI stressing provokes pain
Hip/ - full ROM, tender over Gt Troch

PLAN:
COX2
TENS
Zacin

Dulox, can carry on NT as only 10mg

?? SIJ if bad
PT Ed

Patient Note		Outpatient Note
Date/Time: 12-Sep-2023 09:46	**Created By:** Pain Management Physiotherapist - Emma Dodds2	**Role:** AHP - GGC
Specialty: Pain Management	**Organisation:**	Sensitive

Note:

Attended face to face PEIS 1 today at NVH 09:30-10:30 consent obtained and safe to proceed.
No questions raised.
Booked for PEIS 2 telephone call.

Patient Note		Other
Date/Time: 07-Jun-2023 15:58	**Created By:** CNS Pain Management - Jacqueline Peacock	**Role:** Nurse - GGC
Specialty: Pain Management	**Organisation:**	Sensitive

Note:

Vetting (JP) - GP referral. Has attended Orthopaedics for hip pain (dx trochanteric bursitis). Also has history of low back pain. Investigated by Geriatric Medicine in November 2022 for leg weakness. The MRI dated Oct 2022 details changes to lumbar spine (see report).
EMIS accessed: Discharged October 2022 after failure to opt in. Had been referred for low mood, hopelessness and thoughts of self harm.
Outcome: PEIS then Medic F2F due to question related to intervention and due to MRI report. Unclear from notes if findings correlate with presentation so may require physical examination.

MWA

NHS GGC Hospitals, Emergency Department

NHS Greater Glasgow and Clyde

Affix Label

Hospital (circle)	IRH	RAH	RHSC	GRI	WIG	VI	VIMIU	Stob	VOL	SGH

Queen Elizabeth University Hospital

CHI: 1108626173

Total Att: 2

12 Mth Att: 0

Title: **MR**

HALLIGAN **Richard**

DOB **11/08/1962** Age: **61y** Sex: **Male**

68 CRAIG ROAD
NEILSTON
Glasgow
Lanarkshire
G78 3LX

Next of kin: **HALLIGAN, NATALLIE**
Relationship: **Wife**
07859046918

GP: **LD McTaggart**
0141 880 6505

Attendance Date: **29/10/2023** Arrival Time: **23:11**

Registration Time: **23:11** Date of Incident: **29/10/2023**

Major Incident Desc:

Reason for Attendance: **BIBA: Chest pain - was in police custody**

Affix Label

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **3** Tetanus up to date/fully immunised:

Presenting Complaint: **Chest Pain**

Observation Date: **30/10/2023 03:22** Nurse name: **Nurse Rebecca Molloy**

Temp	36.4	C
HR	86	bpm
BP	154/93	mmHg
MAP	113.33	mmHg
RR	15	bpm
SpO2	98	%
Oxygen	21	%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	4
Motor	6
Verbal	5
Total	15

Pupils Right		Pupils Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: **Pt presents after having panic attack and c/o L sided CP non radiating. Denies SOB/ Lightheaded. Pain free in triage. GCS 15/15 PEARL. given aspirin and GTN by SAS**

Child Assessment Questionnaire

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

X-Ray and Other Reports to be filed on this side (if the patient is not being admitted)

DO NOT WRITE HERE PLEASE

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By

Patient Information		Date:	29/10/2023
RICHARD HALLIGAN		Incident Number:	CR010297649
Age/Gender:	61 years 2 months 18 days Old Male	Incident Type:	EMG
Address:	68 CRAIG ROAD, NEILSTON,G78 3HU	Incident Location:	CUSTODY SUITE POLICE STATION 744 AIKENHEAD ROAD MOUNT FLORIDA GLASGOW, G42 0NL
DOB:	11/08/1962		
CHI:	1108626173		
Ethnicity:			

Scottish Ambulance Service

Presenting Complaint

999; CHEST PAIN

Additional Comments

O/a pt alert in police custody, good colour, anxious. O/e pt has been taken into custody at approx 2145 and has been displaying signs of a panic attack, shaking and hyperventilating. At approx 2205 pt has experienced an onset of central chest pain radiating into left arm, described as dull. Given 800mcg GTN and 300mg aspirin at 2215. By crews arrival pt reports the pain is more of a discomfort and is unable to give a pain score. Nausea and vomiting, has not vomited since crews arrival. Initially unable to obtain full set of obs due to anxiety and shaking. Pt has settled en route to hospital. All obs unremarkable. Transported to QEUH for further assessment.

PATIENT ASSESSMENT

ACVPU	Alert	<C>	No
A	Clear		

B Breathing Adequately: Yes | Respiratory Rate: 24 | SPO2: 96

Oxygen Given: No

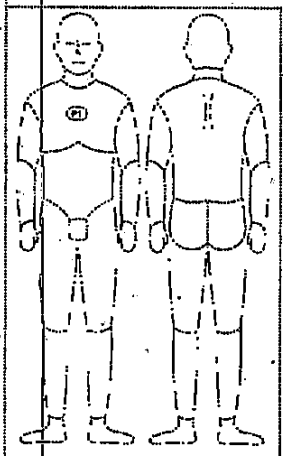
C

Pulse Rate	BP	Cap Refill	ECG Rhythm
80		<=2 Secs	
Rhythm	**Arm**	**Central/Peripheral**	**ECG**
		Peripheral	

D

GCS	Eyes	Voice	Motor	PEARL
15	Spontaneously (4)	Orientated (5)	Obeys Commands (6)	Yes

E



Pain

ID	Body Part	Pain Scale
P1	Chest	1

1108626173 11/08/1962
HALLIGAN
Richard

Observations

Time	P	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
23:04	73		125/70	96			Alert								E9887387
22:58	86			98			Alert								E9887387
22:45	80	24		96	<=2 Secs	15	Alert		35.1	7.3					E9887387
02:45	84	18	123/74	97	<=2s	15	Alert								E9887387

01:50	83		119/69	95			Alert	E9887387
00:20	97	16	121/69	96	<=2s	15	Alert	E9887387

HISTORY

AMPLE

Allergies	PENICILLIN
Medication	VARIOUS, SEE ECS
Last Eaten	Unknown
Events Prior	CHEST PAIN AT 2205

Social History

Patients General Appearance	Normal
Patient Mobility	Fully Mobile
Patient Communication	No Help Required
Patient Clinical Risk Factors	None Identified
Patient Enviromental Risk Factors	None Identified

CLOSE RECORD

Treatment On Scene: Non-Emergency

Conveyance

Transport To Hospital	Normal driving	Pre-Alert	No	Patient Accompanied By	POLICE

INCIDENT LOG

Time Call Received	22:13	Allocated	22:16	Mobile	22:17
First Resource On Scene		Crew On Scene	22:33	Crew Left Scene	22:53
Crew At Hosp	23:08	Receiving Hospital	QUEEN ELIZABETH UNIVERSITY HOSPITAL	Clear Time	

Crew ID	Crew Grade	Driver
E9887387	Ambulance Technician	NO

1108626173 11/08/1962
HALLIGAN
Richard

Date	CLINICAL NOTES	
30/10/23	Seen by (Dr) Tim Agbebe	Time seen 03:50

PC – Chest Pain

PMH – Osteoarthritis

HPC – 61 y/o ? self-report BIBA. Seen with police.
- Reported sudden onset (L) sided chest pain, shaking and hyperventilating after arrest by the police.
- Pain was sharp, radiating to the (L) arm, not to the jaw.
- No N/V.
- No excessive sweating.
- No cough, no SOB.
- Given GTN and aspirin by SWAS.
- Pain now fully subsided.

1108626173 11/08/1962
HALLIGAN
Richard

SH – Smokes 15 per day.
Social drinker.

O/E – Middle-aged man, not in any obvious pain,
no respiratory distress

HS – S1S2.
PR – 86/min
BP – 158/93

Chest  → Good AE bilat
No creps

Abd – Flat, soft, moves with resp.
No area of tenderness

Date	CLINICAL NOTES
	Dx – ? Panic Attack. Plan – Bloods — Not remarkable – ECG. – NSR. – CXR. – Normal. – MC ~~[illegible]~~ Excuse to police authority: To return if any worsening SP. [signature]

Discharge Codes (Please CIRCLE)	Discharge date	
1. Admission 2. Discharge 3. Refer to GP 4. Transfer to other (see below)		
5. Died 6. Refer to OP Clinic (see below) 7. Irregular Discharge 8. D.O.A.	Discharge time	

Ward number (if admitted)	Transfer to hospital:	Consultant If admitted):

Follow up	Arranged	Not arranged	To be arranged

Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):

Discharge Prescription Packs

Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Frequency	Signature	Given By

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

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

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

Date Completed: 30/10/2023

Consultant: Dr Cieran McKiernan

LD McTaggart
Neilston Medical Centre
1 High Street
Neilston
Glasgow
G78 3HJ

Dear LD McTaggart

Re: **Halligan Richard** DOB: **11/08/1962** CHI: **1108626173**
68 CRAIG ROAD
Glasgow G78 3LX

Attended on: **29/10/2023 at 23:11 hrs.** Departed on: **30/10/2023 at 05:00 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
BIBA: Chest pain - was in police custody

Nursing Assessment:
Pt presents after having panic attack and c/o L sided CP non radiating. Denies SOB/Lightheaded. Pain free in triage. GCS 15/15 PEARL. given aspirin and GTN by SAS

Investigations in ED:

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

Diagnosis:

Diagnosis	Side	Site
Panic Disorder [episodic Paroxysmal Anxiety]		

Procedures: **None**

Immunisations: **None**

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

Clinician Notes:

Attended ED with symptoms suggestive of Panic Attacks. All investigations are within normal limits. Discharged with worsening advice.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Adeolu Timothy Alagbe
Doctor

Copies to:

1. LD McTaggart (GP)

School Address:

Clinical letter - GP: Discharge Letter

NHS
Greater Glasgow and Clyde

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

Dr. LD McTaggart
Neilston Medical Centre
1 High Street
Neilston
G78 3HJ

Letter Date: 23/04/2026
Reference:
Dictated Date: 23/04/2026
Transcribed Date:

Dear Dr McTaggart & MacRae,

Richard Halligan; D.O.B: 11/08/1962; CHI: 1108626173
68 Craig Road, Neilston, Glasgow, G78 3HU

GP Action Required: None

Presenting Condition: LBP & R hip pain

Physiotherapy Comments:

Onset of symptoms - 15 yr Hx of LBP & 1 yr Hx of L hip Pn

Mechanism of onset - gradual getting worse

Diagnosis - MLBP & R hip OA CAMS deformity

Treatment - 1 F2F session / FTA. Provided 1x e/c and LL strengthening exs with green band

Further Info - nil red flags

Discharge Outcome:

The patient failed to attend or cancelled review appointment(s) with no further contact.

The patient has an exercise programme to continue with self management.

This patient has now been discharged from our care.

Yours sincerely

Lindsay McGowan

Band 6 Physiotherapist

Barrhead Health and Social Care Centre, 213 Main Street, Barrhead, G78 1SW

0141 800 7107

Lindsay.McGowan@ggc.scot.nhs.uk

Electronically Signed: ,

cc.

Clinical letter - GP: Discharge Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: Barrhead Health and Social Care Centre, 213 Main Street, Barrhead, G78 1SW
Contact Tel: 0141 800 7107
Enquiries to:
Letter Date: 03/09/2025
Reference:
Dictated Date: 03/09/2025
Transcribed Date:

Dr. LD McTaggart
Neilston Medical Centre
1 High Street
Neilston
G78 3HJ

Dear Dr McTaggart,

Richard Halligan; D.O.B: 11/08/1962; CHI: 1108626173
68 Craig Road, Neilston, Glasgow, G78 3HU

GP Action Required: nil - patient failed to attend their last appointment and did not rebook.

Presenting Condition: nil

Physiotherapy Comments:

Onset of symptoms - Early 2025

Mechanism of onset - gradual

Diagnosis - ?bilateral hand OA

Treatment - This patient was given a home exercise programme aiming to increase strength and mobility in his hands.

Further Info -

This patient failed to attend their scheduled review appointment on 29/08/2025 and hasn't been back in contact to reschedule. They have therefore been discharged from the service in line with our failed-to-attend/cancellation policy. Should they wish to return to the service for further and ongoing input, this would require a new referral as this episode of care has been closed.

Discharge Outcome:

Prior to this, their symptoms were:

- Unchanged.

The patient has an exercise programme to continue with self management.

The patient failed to attend or cancelled review appointment(s) with no further contact.

This patient has now been discharged from our care.

Yours sincerely

Louis Smith

Band 6 MSK Physiotherapist

Electronically Signed: ,

cc.

Clinical letter - GP: Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: Barrhead Health and Social Care Centre, 213 Main Street, Barrhead, G78 1SW
Contact Tel: 0141 800 7107
Enquiries to:

Dr. LD McTaggart
Neilston Medical Centre
1 High Street
Neilston
G78 3HJ

Letter Date: 28/07/2025
Reference:
Dictated Date: 28/07/2025
Transcribed Date:

Dear Dr McTaggart,

Richard Halligan; D.O.B: 11/08/1962; CHI: 1108626173
68 Craig Road, Neilston, Glasgow, G78 3HU

GP Action: Please consider further investigations and a review of patient's analgesia

Thanks for referring Richard for assessment and treatment of his bilateral hand pain. He presents has having widespread OA, however this appears to be worse in his 2nd MCPJs. We have started him on a course of exercises, however he is struggling to engage in them due to pain. In light of this, I wonder if you might consider reviewing his analgesia. I wonder if a course of anti-inflammatories might be beneficial.

Further to the above, I wonder if bilateral hand x-rays might be beneficial to help aid diagnosis.

Should you require any further information, please do not hesitate to get in touch.

Many thanks,

Louis Smith,

Band 6 MSK Physiotherapist

Electronically Signed: ,

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF

Main Switchboard: 0141 201 6000
Department: Pain Management Clinic
Contact Tel: 0141 355 1491-4
Enquiries to: www.nhsggc.org.uk/chronicpain

Dr. LD McTaggart
Neilston Medical Centre
1 High Street
Neilston
G78 3HJ

Letter Date: 07/08/2024
Reference: MS/MB/1108626173
Dictated Date: 25/07/2024
Transcribed Date: 03/08/2024

Dear Dr McTaggart,

Richard Halligan; D.O.B: 11/08/1962; CHI: 1108626173
68 CRAIG ROAD, NEILSTON, Glasgow, Lanarkshire, G78 3LX

Your patient failed to attend their appointment today. He was first seen in September last year for his low back and right hip pain of five years.

He was given a TENS machine, suggestion of Celecoxib and Capsaicin cream (which he can purchase online as it's not available on NHS pharmacy).

He did not want to try self coping strategies or SI joint injection that I offered him at the clinic. If he wishes to try these he can be referred back. If you do refer him back I would be grateful you could trial the analgesic antidepressants mentioned in point 4 of my letter September 2023. Otherwise he's been discharged.

Yours sincerely

Dr Michael Serpell

Consultant in Anaesthesia & Pain Management

Electronically Signed: Dr Michael Serpell, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

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

Dr. LD McTaggart
Neilston Medical Centre
1 High Street
Neilston
G78 3HJ

Main Switchboard: 0141 201 6000
Department: Pain Management Clinic
Contact Tel: 0141 355 1491
Enquiries to: www.nhsggc.org.uk/chronicpain
Letter Date: 21/09/2023
Reference: MS/EM/1108626173
Dictated Date: 21/09/2023
Transcribed Date: 28/09/2023

Dear Dr. LD McTaggart,

Richard Halligan; D.O.B: 11 Aug 1962; CHI: 1108626173
68 CRAIG ROAD, NEILSTON, Glasgow, Lanarkshire, G78 3LX

Attendance: Specialty - Pain Relief; Clinic - VIMSPRI-DR SERPELL PAIN RELIEF EXTRA CLINIC
Date and Time of Appointment - 21/09/2023 10:30

Clinical Comments:
Thank you for referring this 61 year old gentleman with his gradual onset of back and right hip pain over the past five years which has gradually slowed him up and made him less physically active.

He has been seen by Orthopaedics and there was no specific surgery. MRI of his lumbar spine from October 2022 showed diffuse multi-level degenerative changes and a right sided and central disc bulge at the L4/5 level causing compression of the exiting L5 nerve roots. He has also been given a diagnosis of right greater trochanteric bursitis.

He has had extensive physiotherapy input and been told they have done as much as they can with him.

He has been referred to EMIS for low mood last year but DNA'd the appointment.

He says his back pain is located central low sacral area and is constant and that his right hip pain (right lateral aspect) are equal in intensity. Walking is very difficult for him and he can only manage

about 30 yards very slowly before he has to stop and rest and it is usually his hip pain which is the problem at this point. Uphill is particularly difficult for him. Sitting is also uncomfortable.

He lives alone and is independent regarding personal hygiene and eating. He does go out most days, he does force himself to get fresh air and go for a short walk despite the pain. He has his 10 year old daughter over three days per week and that gives him a purpose and an increase physical activity.

His sleep is intermittently good, it is better when he is able to take Nortriptyline 10mg at night but he only takes this when his daughter is not around because he will often sleep in until 10am. Otherwise he is up during the night, sometimes he has to sit for several hours in pain before it settles.

His mood is described as "fed up" but he does not feel hopeless or suicidal. His daughter is his main purpose in life just now, and he is discouraged that he can't walk or go swimming with her. He has been a self-employed builder for most of his life and usually renovates houses and moves on, but he has had to stop this over the past five years.

Current analgesics include Nortriptyline 10mg which he takes three or four nights per week. He can't tolerate any higher dosage. He has previously tried Lidocaine and GTN without benefit. He has also tried a couple of different anti-inflammatories without benefit.

On examination he has pretty good flexion but is very stiff and painful on extension and rotation. However he was not tender overlying his facet joints and his back pain was actually in the low central para sacral area. He has no discreet SI joint tenderness but stressing of the SI joints is weakly provocative. Both hip range of motions are full and non-painful. He does have some tenderness over the right greater trochanter. He has had this injected three times previously, the first time with nine months benefit but the second two occasions only produced a couple of weeks benefit. He is tender around the right greater trochanter but not unduly so, to indicate further injection therapy.

After discussion with him, we have agreed to try the following:

1. I will send him a TENS machine out in the post, I have given him instructions on how to use it at different frequencies.

2. I suggest a one to two week trial of Celecoxib 100mg daily, if beneficial it can be continued longer term, but at the lowest possible dose or using it only intermittently.

3. When Capsaicin cream becomes available, I suggest a 6 week trial of 0.025% applied TID over the low sacral area and over the right greater trochanter. If beneficial, it can be continued longer term.

4. If he wishes to consider taking an analgesic anti-depressant such as Duloxetine (less sedating than Nortriptyline) he could start this at 20mg in the morning and increase slowly up towards the maximum 60mg BD. He can carry on with his current Nortriptyline, in conjunction with the Duloxetine, as it is at such a low dose.

5. There is the possibility of SI joint injections if he is desperate. He is not in that position today.

6. We talked about supported self-coping strategies, at the moment he would like to just leave that to see how he responds to the above suggestions.

7. He will be reviewed at the clinic in a few months.

Yours sincerely

Dr Michael Serpell

Consultant in Anaesthesia and Pain Management

Electronically Signed: Dr Michael Serpell, Consultant

cc.

DEPARTMENT OF ORTHOPAEDIC SURGERY
THE WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

Secretary: 0141 211 2938
Appointment Office: 0141 232 9499
Department Fax: 0141 211 2466

Our Ref: ZH/JK

Typed: 02/11/2009

MR HUSSAIN'S ORTHOPAEDIC CLINIC– 27/10/2009

Mr Rymaszewski
Consultant Orthopaedic Surgeon
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Dear Mr Rymaszewski

Mr Richard Halligan DOB 11/08/1962 ~ Hosp: 64286539E
3/2 1 Broompark Drive Glasgow Lanarkshire G31 2DA
CHI: 1108626173

Diagnosis: **Left elbow primary OA**
Outcome: **Referral to Mr Rymaszewski for opinion**

We would be grateful for your opinion on this 47 year old gentleman. He is a right hand dominant builder who describes a 2 year history of decreasing range of movement and increasing pain in his left elbow. There is no history of recent trauma to the elbow, although he had what sounds like a left humeral shaft fracture treated conservatively at the age of 15. He tells me that there were no problems following this injury. Range of movement is this gentleman's main complaint, although he does tell me that the elbow gets knocked during the course of the working day, pain is a problem. He is carrying on with work at the moment, but is finding a progressive functional restriction due to his range of movement. He finds it difficult to bring a fork to his mouth and finds this embarrassing and awkward when eating in public.

On examination the inspection of the elbow was normal. Range of movement was 95° flexion/50° extension and full pronation and supination. He felt discomfort at the end range of flexion anteriorly at the end range of extension posteriorly. Grip and grind test was negative and there was no weakness of any muscle groups. There were no problems with the shoulder and wrists.

X-rays show degenerative changes in humeral ulnar and radial capitelar joints.

After discussion with Mr Hussain, we feel that this patient would benefit from possible arthrolysis of the elbow and would welcome your opinion on further management of this patient.

Yours sincerely

Zoe Higgs
ST4 in Orthopaedics

DEPARTMENT OF ORTHOPAEDIC SURGERY
THE WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

Secretary: 0141 211 2938
Appointment Office: 0141 232 9499
Department Fax: 0141 211 2466

Our Ref: ZH/JK

Typed: 02/11/2009

MR HUSSAIN'S ORTHOPAEDIC CLINIC– 27/10/2009

Dr Glekin
Woodside Health Centre
20 Barr Street
GLASGOW
G20 7LR

Dear Glekin

Mr Richard Halligan DOB 11/08/1962 ~ Hosp: 64286539E
3/2 1 Broompark Drive Glasgow Lanarkshire G31 2DA
CHI: 1108626173

I saw Mr Halligan in the Clinic today. He has restricted movement and pain in the left elbow of 2 years duration. History, examination and radiological findings were that of stiffness secondary to primary OA and we have referred him to Mr Rymazewski at Glasgow Royal Infirmary for further opinion on this problem.

Yours sincerely

Zoe Higgs
ST4 in Orthopaedics

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

South - Barrhead Health Centre GGC MSK Physiotherapy	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Physiotherapy MSK GG&C SCI Gateway Virtual Location Code NHS GG&C	——	**Hospital** and **hospital address** Hospital location code. G049G Email address -

Urgency of referral Routine
Date of referral 17-Mar-2026 **Date sent** 17-Mar-2026

PATIENT DETAILS

Surname	Halligan
Forename(s)	Richard
Title	Mr
Sex	Male
Date of birth	11-Aug-1962
CHI no.	1108626173
Area of Residence	-

Patient's address

68 Craig Road
Neilston
Glasgow
G78 3HU

Contact number(s)

Voice: 07859046918

1010393919009

Unique Care Pathway Number: 1010393919009

REGISTERED GP DETAILS

Name	Dr Lara McTaggart		
GMC code	4614357	GP code	39756
Practice name	Neilston Medical Centre (18999)		
Practice code	87023		

Practice address

1 HIGH STREET
NEILSTON
G78 3HJ

Contact number(s)

Voice: 0141 880 6505

REFERRING GP DETAILS

Name	Dr. Alanna MacRae		
GMC code	6134456	GP code	36200
Practice name	Neilston Medical Centre (87023)		
Practice code	87023		

Practice address

1 High Street
Neilston
G78 3HJ

Contact number(s)

Voice: 0141 880 6505

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Hip pain

Comment: Richard has bilateral hip pain and recently has become quite disabled, struggling to walk even short distances. He feels his hips are giving way.
He has restricted range of movement and his XR suggests FAI- CAM type. He has significant loss of thigh muscle bulk and seems deconditioned. I will refer him to ortho in case surgery is an option for him but I would be grateful if you could see him and hopefully improve his strength. He is speaking about wanting a wheelchair which is concerning.
Many thanks

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Hand pain	-	04-Mar-2026	04-Mar-2026
Lumbosacral spondylosis without myelopathy	-	09-Jan-2026	09-Jan-2026
Osteoarthritis	left elbow	01-Jan-2010	01-Jan-2010
Oligospermia	confirmed by semen analysis	01-Jan-2009	01-Jan-2009
Subfertility	low sperm counts and motility	01-Jan-1984	01-Jan-1984
Closed fracture of humerus, shaft (Left)	-	08-Jun-1977	08-Jun-1977
Closed fracture of mandible, angle of jaw	right. dental occlusion deranged, managed with closed reduction using cast silver cap splints and elastic traction	01-Jan-1977	01-Jan-1977

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Plain x-ray of joint	-	23-Feb-2026	23-Feb-2026
Primary laparoscopic repair of inguinal hernia	right	07-Apr-2015	07-Apr-2015
Tonsillectomy and adenoidectomy (Bilateral)	-	08-Jun-1967	08-Jun-1967

Current medication (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Dihydrocodeine Tablets 30 mg	50	50 tablet	2 TABLETS X4 DAILY	-	17-Mar-2026	17-Mar-2026
Paracetamol Tablets 500 mg	100	100 tablet	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	17-Mar-2026	17-Mar-2026
Amitriptyline Hydrochloride Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN IN THE EVENING. CAN BE INCREASED BY ONE 10MG TABLET EVERY 4-7 DAYS UP TO 50MG PER NIGHT BEFORE REVIEWING WITH DOCTOR	-	04-Mar-2026	04-Mar-2026

Naproxen Tablets 250 mg	28	28 TABLET	ONE TO BE TAKEN TWICE A DAY	-	17-Nov-2025	17-Nov-2025
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY WHILST ON NAPROXEN	-	17-Nov-2025	17-Nov-2025

Blood Pressure

Date Recorded	Systolic	Diastolic
01-Jun-2021	114	77
07-Oct-2015	100	58

Body Measurements

Date Recorded	Height	Weight	BMI
07-Oct-2015	167	66	23.67

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Moderate smoker - 10-19 cigs/d :	Night sweats 4m, no recent weight loss. 1 year increasing SOBOE - going up flights stairs. Hip pain has slowed him down. Thinks weight ok,	01-Jun-2021
Ex smoker:		07-Oct-2015
Non-drinker alcohol :	cannabis until a month ago.	22-Feb-2021
Alcohol consumption, 1 units/week:		07-Oct-2015

Clinical warnings

Allergies

Description	Comment	Date recorded
H/O: penicillin allergy	Advised to attend MIU for x-ray as need to rule out bony injury. Acute Rx as below issued. .	01-Jun-2022
Adverse reaction to Penicillins	Collapsed after taking	07-Oct-2015

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

Has patient attended Physiotherapy for the same problem within the last 12 months?:No

Has patient ever attended Pain Services for the same problem?:No

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White British

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

South - Barrhead Health Centre
GGC MSK Physiotherapy

Consultant / receiving practitioner and/or specialty clinic

Physiotherapy MSK GG&C
SCI Gateway Virtual Location Code
NHS GG&C

Hospital and hospital address
Hospital location code.
G049G
Email address
-

Urgency of referral Routine
Date of referral 27-Feb-2025 **Date sent** 27-Feb-2025

PATIENT DETAILS

Surname	Halligan
Forename(s)	Richard
Title	Mr
Sex	Male
Date of birth	11-Aug-1962
CHI no.	1108626173
Area of Residence	-

Patient's address

68 Craig Road
Neilston
Glasgow
G78 3HU

Contact number(s)
Voice: 07859046918

1010357366957

Unique Care Pathway Number: 1010357366957

REGISTERED GP DETAILS

Name	Dr Lara McTaggart		
GMC code	4614357	GP code	39756
Practice name	Neilston Medical Centre (18999)		
Practice code	87023		

Practice address

1 HIGH STREET
NEILSTON
G78 3HJ

Contact number(s)
Voice: 0141 880 6505

REFERRING GP DETAILS

Name	Dr Veronica Haughey		
GMC code	7998728	GP code	-
Practice name	Neilston Medical Centre (87023)		
Practice code	87023		

Practice address

1 High Street
Neilston
G78 3HJ

Contact number(s)
Voice: 0141 880 6505

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Bilateral OA of hands

Comment: Dear Colleague,

I would be grateful if you could review this gentleman who presents with worsening stiffness with loss of function in both his hands.

He reports repeated trauma to his hands over the years - he has never had any surgery but has repeatedly struck his hands with hammers whilst at work. He is now finding that he is suffering from stiffness and pain in his hands - he struggles most when using cutlery and is finding his grip strength is reduced.

On examination, there is nil to suggest an inflammatory arthritis. He has bony swellings of his 1st MCPs bilaterally and of his PIPs on all his fingers. His grip strength was reduced bilaterally, but he otherwise has decent ROM.

I would be grateful if you could review him with views to suggesting some exercises and supports to improve his function.

Regards,
Dr V.Haughey (7998728)

Reason for referral

Care type requested: Out Patient

Expected outcome: Treat

Past medical history
Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Osteoarthritis	left elbow	01-Jan-2010	01-Jan-2010
Oligospermia	confirmed by semen analysis	01-Jan-2009	01-Jan-2009
Subfertility	low sperm counts and motility	01-Jan-1984	01-Jan-1984
Closed fracture of humerus, shaft (Left)	-	08-Jun-1977	08-Jun-1977
Closed fracture of mandible, angle of jaw	right. dental occlusion deranged, managed with closed reduction using cast silver cap splints and elastic traction	01-Jan-1977	01-Jan-1977

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Primary laparoscopic repair of inguinal hernia	right	07-Apr-2015	07-Apr-2015
Tonsillectomy and adenoidectomy (Bilateral)	-	08-Jun-1967	08-Jun-1967

Current medication (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONE TAB TWICE A DAY FOR 4 DAYS THEN DAILY FOR A FORTNIGHT	-	29-Nov-2024	29-Nov-2024

Blood Pressure

Date Recorded	Systolic	Diastolic
01-Jun-2021	114	77
07-Oct-2015	100	58

Body Measurements

Date Recorded	Height	Weight	BMI
07-Oct-2015	167	66	23.67

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Moderate smoker - 10-19 cigs/d :	Night sweats 4m, no recent weight loss. 1 year increasing SOBOE - going up flights stairs. Hip pain has slowed him down. Thinks weight ok,	01-Jun-2021
Ex smoker:		07-Oct-2015
Non-drinker alcohol :	cannabis until a month ago.	22-Feb-2021
Alcohol consumption, 1 units/week:		07-Oct-2015

Clinical warnings

Allergies

Description	Comment	Date recorded
H/O: penicillin allergy	Advised to attend MIU for x-ray as need to rule out bony injury. Acute Rx as below issued.	01-Jun-2022
Adverse reaction to Penicillins	Collapsed after taking	07-Oct-2015

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

Has patient attended Physiotherapy for the same problem within the last 12 months?:No

Has patient ever attended Pain Services for the same problem?:No

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Resident GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White British

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Anaesthetics - Pain Clinic GGC Chronic Pain	——	**Consultant / receiving practitioner** and/or **specialty clinic**
New Victoria Hospital 55 Grange Road Glasgow G42 9LF	——	**Hospital** and **hospital address** Hospital location code. G306H Email address -

Urgency of referral Routine
Date of referral 25-May-2023 **Date sent** 25-May-2023

PATIENT DETAILS

Surname	Halligan
Forename(s)	Richard
Title	Mr
Sex	Male
Date of birth	11-Aug-1962
CHI no.	1108626173
Area of Residence	-

Patient's address

68 Craig Road
Neilston
Glasgow
G78 3HU

Contact number(s)

Voice: 07859046918

101029700516K

Unique Care Pathway Number: 101029700516K

REGISTERED GP DETAILS

Name	Dr Lara McTaggart		
GMC code	4614357	GP code	39756
Practice name	Neilston Medical Centre (18999)		
Practice code	87023		

Practice address

1 HIGH STREET
NEILSTON
G78 3HJ

Contact number(s)

Voice: 0141 880 6505

REFERRING GP DETAILS

Name	Dr Alanna MacRae		
GMC code	6134456	GP code	36200
Practice name	Neilston Medical Centre (18999)		
Practice code	87023		

Practice address

1 HIGH STREET
NEILSTON
G78 3HJ

Contact number(s)

Voice: 0141 880 6505

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Hip and back pain

Comment: Richard is a 60 year old man who has worked as a builder all his life and is now unable to do this.
He cannot walk very far at all. He has trochanteric pain syndrome. His pain starts in his hips. He will then develop lumbar flexion and severe back pain. He will have to sit and rest for 20 mins after walking a relatively short distance. Sometimes even sitting can worsen the pain.
Ortho suggested a GTN patch which was intolerable due to headache and ralvo which did nothing.
He had a failed trial of amt previously, not sure what happened. We are trying nortriptyline.
We are reluctant to use opiates, as is he.
He can get quite depressed by how limited he is however he doesn't seem depressed at the moment.
He would ideally return to work but his pain prevents this.
I wondered if a nerve block may help given his pain is localised. He may also benefit from physio given how activities can trigger his pain.
I would be grateful if he could be seen.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Osteoarthritis	left elbow	01-Jan-2010	01-Jan-2010
Oligospermia	confirmed by semen analysis	01-Jan-2009	01-Jan-2009
Subfertility	low sperm counts and motility	01-Jan-1984	01-Jan-1984
Closed fracture of humerus, shaft (Left)	-	08-Jun-1977	08-Jun-1977
Closed fracture of mandible, angle of jaw	right. dental occlusion deranged, managed with closed reduction using cast silver cap splints and elastic traction	01-Jan-1977	01-Jan-1977

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Primary laparoscopic repair of inguinal hernia	right	07-Apr-2015	07-Apr-2015
Tonsillectomy and adenoidectomy (Bilateral)	-	08-Jun-1967	08-Jun-1967

Current medication (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Nortriptyline Capsules 10 mg	28	28 capsule	ONE AT NIGHT	-	25-May-2023	25-May-2023
Hydroxyzine Hydrochloride Tablets 10 mg	84	84 tablet	ONE THREE TIMES DAILY	-	25-May-2023	25-May-2023
Glyceryl Trinitrate Patches 5 mg	14	14 patch	START WITH HALF A PATCH APPLIED DAILY. INC TO 1 IF TOLERATED. APPLY ON SITE OF PAIN	-	15-Mar-2023	15-Mar-2023
Ralvo Medicated Plaster 700 mg	10	10 PLASTER	APPLY AS DIRECTED. LEAVE PATCH ON FOR 12 HOURS AND THEN OFF FOR 12 HOURS.	-	15-Mar-2023	15-Mar-2023

Blood Pressure

Date Recorded	Systolic	Diastolic
01-Jun-2021	114	77
07-Oct-2015	100	58

Body Measurements

Date Recorded	Height	Weight	BMI
07-Oct-2015	167	66	23.67

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Moderate smoker - 10-19 cigs/d :	Night sweats 4m, no recent weight loss. 1 year increasing SOBOE - going up flights stairs. Hip pain has slowed him down. Thinks weight ok,	01-Jun-2021
Ex smoker:		07-Oct-2015
Non-drinker alcohol :	cannabis until a month ago.	22-Feb-2021
Alcohol consumption, 1 units/week:		07-Oct-2015

Clinical warnings

Allergies

Description	Comment	Date recorded
H/O: penicillin allergy	Advised to attend MIU for x-ray as need to rule out bony injury. Acute Rx as below issued. .	01-Jun-2022
Adverse reaction to Penicillins	Collapsed after taking	07-Oct-2015

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

Primary reason for referral:Injection/Procedure
If Other, please specify:?block
Second reason for referral:Activity Management
Third reason for referral:Pain Management Programme
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances

Ethnic Origin: White British

Signature of referring doctor (or other professional) **Date**

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Trauma and Orthopaedic Surgery GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Western Infirmary/Gartnavel General	——	**Hospital** and **hospital address** Hospital location code. G516H Email address -

Urgency of referral ROUTINE
Date of referral 06-Aug-2009 **Date sent** 06-Aug-2009

PATIENT DETAILS

Surname	Halligan
Forename(s)	Richard H
Title	Mr
Sex	Male
Date of birth	11-Aug-1962
CHI no.	1108626173
Area of Residence	-

Patient's address

3-2 Broompark Drive
GLASGOW
G31 2DA

Contact number(s)

-

**	Unique Care Pathway Number:

REGISTERED GP DETAILS

Name	Dr DF SUTHERLAND		
GMC code	2582270	GP code	G06556
Practice name	Woodside Health Centre		
Practice code	43218		

Practice address

Barr Street
Glasgow
G20 7LR

Contact number(s)

Voice: 0141 531 9550
Facsimile: 0141 531 9555

REFERRING GP DETAILS

Name	Dr. Louis Glekin		
GMC code	1351848	GP code	05002
Practice name	WOODSIDE HEALTH CENTRE (43218)		
Practice code	43218		

Practice address

BARR STREET
GLASGOW

Contact number(s)

Voice: 01415319550

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: L elbow movement severely restricted

Comment: Thank you for seeing this patient who gives a 2yr H/O L elbow movement being severely restricted.It has gradually worsened but especially after a near drowning incident it has got much worse.Mr Halligan is a builder and is in danger of having to give up work if this gets any worse.I would welcome your opinion and advice.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Date of onset
Corneal abrasion	16-Apr-1997
Oligospermia	01-Jan-1985

Past procedures (High and medium priority - all)

Description	Date performed
Smoking cessation advice	29-Oct-2008
Smoking cessation advice	17-Nov-2005

Family conditions (All priorities)

Description	Date of Onset
No FH: Ischaemic heart disease	29-Oct-2008
No family history diabetes	29-Oct-2008

Current medication (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

No recent medications recorded

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Moderate smoker - 10-19 cigs/d:		31-Jan-2000
Moderate smoker - 10-19 cigs/d:		01-Jul-1993
Ex smoker:		04-Jun-2009
Ex smoker:		29-Oct-2008
Current smoker:	20	17-Nov-2005
Light drinker - 1-2u/day:		31-Jan-2000
Teetotaller:		07-Jan-1993
Alcohol intake within recommended sensible limits:		29-Oct-2008
Alcohol intake within recommended sensible limits:		17-Nov-2005
Enjoys light exercise:		29-Oct-2008
Enjoys moderate exercise:		17-Nov-2005

Clinical warnings

Allergies

Description
H/O: penicillin allergy

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-21 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

Signature of referring doctor (or other professional) **Date**

HALLIGAN, RICHARD ID: 1108626173 30-Oct-2023 4:2: QUEEN ELIZABETH UNIVERSITY HOSPITAL

Male

Loc: 1301

Vent. rate 81 bpm
PR interval 110 ms
QRS duration 86 ms
QT/QTc 380/441 ms
P-R-T axes 76 78 53

Sinus rhythm with short PR
Otherwise normal ECG

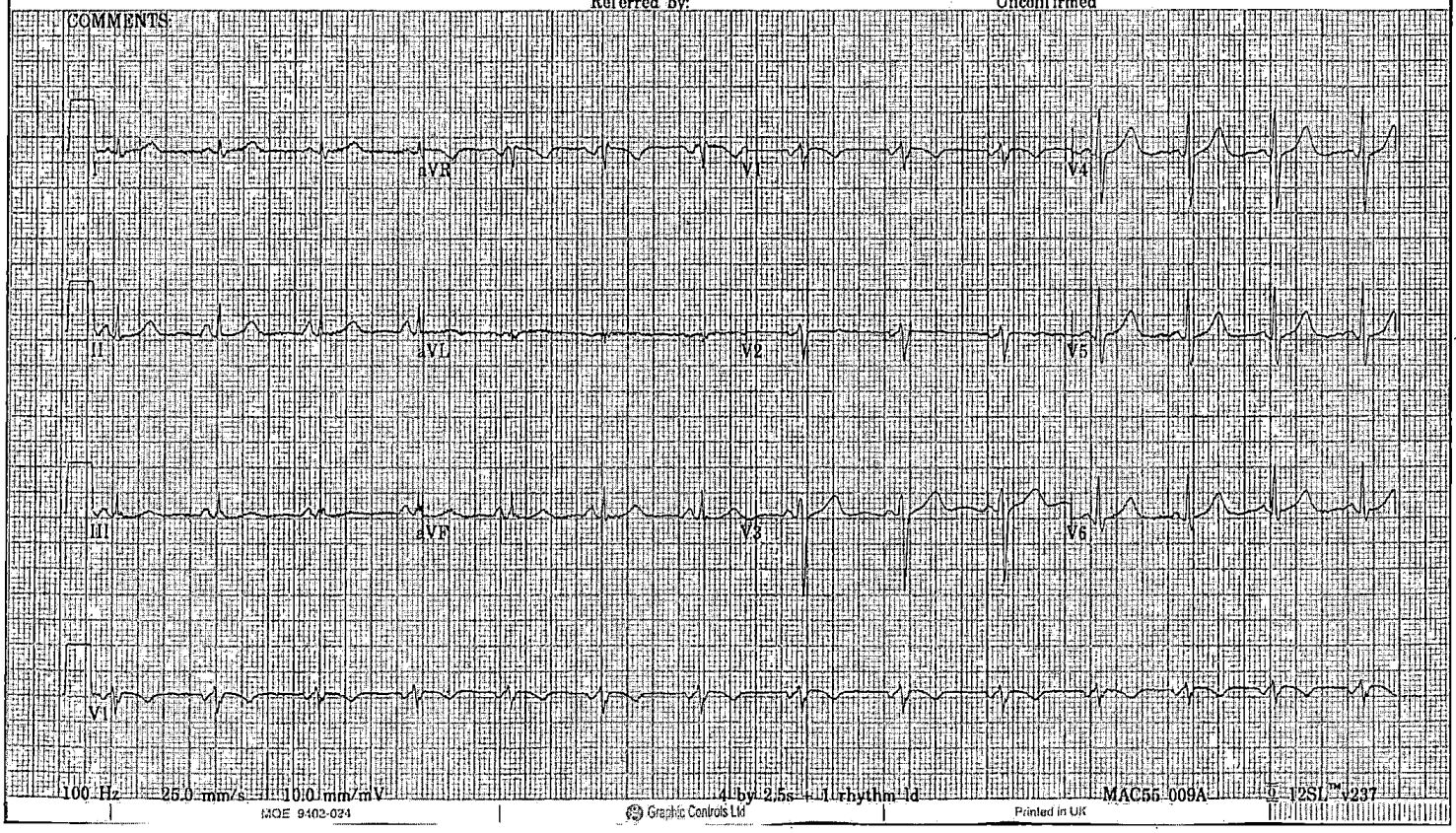
1108626173 11/08/1962
HALLIGAN
Richard

Technician:
Test ind:

Referred by:

Unconfirmed

COMMENTS:



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

MOE 9402-024 Graphic Controls Ltd Printed in UK

XR Chest

Performed	30-Oct-2023 04:01	Received	06-Nov-2023 08:27
Reported	06-Nov-2023 08:25	Order Number	G405H40244191
Status	Final	Source System	MiSys

XR Chest Final
Richard Halligan
Clinical History :

Chest pain. Exclude lung pathology

XR Chest :

PA erect chest radiograph. No previous available for comparison.

No focal active lung pathology. Normal cardiomediastinal contours. Unremarkable thoracic skeleton.

Reported by: Dr Colin Primrose (SpR)
Verified by: Dr Colin Primrose (SpR)

XR Elbow Lt

Performed	27-Oct-2009 15:05	Received	27-Oct-2009 15:37
Reported	27-Oct-2009 15:37	Order Number	G516H13291520
Status	Final	Source System	MiSys

XR Elbow Lt Final
Richard Halligan
Orthopaedic New patients: A radiological report will not be issued for this examination. The referrer (or a more experienced clinical colleague) will interpret and evaluate the outcome of this examination and document this outcome in the patient's case notes within an appropriate time-scale. **Employers procedure EP10 -Clinical Evaluation ,Ionising Radiation Medical Exposures Regulations IR(ME)R.**

Reported by: AUTO REPORTING and BLANK CLINICIAN
Verified by: AUTO REPORTING

Name:	**HALLIGAN, Richard (Mr)**		Ward:	**Weight**	**Height**
CHI No:	**1108626173**		Hospital:	**BSA:**	
DOB:	11/08/1962 - 63 yr(s) Gender:	Male	Bed:		
Consultant:	Physiotherapist Lindsay McGowan		Room:		

Contacts

Next of Kin

Relation	Contact Type	Surname	Forename	Address Line 1	Town / City	PostCode
HomePhone	MobilePhone	BusinessPhone	DateFrom	DateTo	School	
Wife	Next of Kin	HALLIGAN	NATALLIE	3/2 1 BROOMPARK DRIVE, GLASGOW, , LANARKSHIRE, G31 2DA		
07859046918						

Alerts

Alerts

Alert	Message	Alert Category	Closed	Date Entered	Expected Review Date	Status
Edit						

Allergies

Allergens

Category	Allergen	Free Text Allergen	Nature of Reaction	Severity	Onset Date and Description	Status
Comments	Edit					

Diagnosis

Diagnosis

Select	Edit	Status	Diagnosis Type	ICD Diagnosis	Symptom	Onset Date
Duration	Last Update User	Last Update Date	Linked Orders	Description	Inactive	CS Report Flag

Problems

Active Problems

Problem (Snomed)	Laterality	No Known History	Onset Date	Comments	Status

Name:	HALLIGAN, Richard (Mr)		Ward:	Weight	Height
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Consultant:	Physiotherapist Lindsay McGowan		Room:		

Social History

History - Social

Habit	Onset Date	Duration	Quantity	Last Update Date	Last Update Time	Last Update User
Comments	Edit History	Edit				

Family History

History - Family

Relation	Disease	Body System	System Problem	System Sub-Problem	Comments	Onset Date
Duration	Last Update Date	Last Update Time	Last Update User	Edit		

Surgical History

History - Surgical

Onset Date	Description	Laterality	CommentsDisplay	Last Update User	Last Update Date	Last Update Time
Edit	Last Update Hospital					

Procedures

Procedures

Select	Procedure Date	Last Update Time	Operation Code	Operation	Operation Category	Care Provider
Last Update User	Last Update Hospital	Edit				

ED Procedures

ED Procedures

Select	Request item	Priority	Request Status	Start Date	Start Time	Episode No
Variance Reason						

Observations

Name:	**HALLIGAN, Richard (Mr)**		Ward:	**Weight**	**Height**
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Clinical Notes

All Clinical Notes (This Episode)

Edit	Date	Time	Type	Note	Last Update User	Care Provider
Care Provider Type	Status	Appointment Date	Appointment Time	Episode No		
edit	22/04/2026	11:21	MSK Physio Notes	This patient did not attend their review appointment on 22/4/26 at 9:30am, and did not notify us that they would not be attending. No further appointment will be offered and they will be removed from our waiting list, unless they contact us within 24 hours.	Lindsay McGowan	Physiotherapist Lindsay McGowan
Physiotherapist	Entered			O0030022317		
edit	26/03/2026	15:11	MSK Physio Notes	MSK Physio LxSp observation ax Obs: flat LxSp Gait: antalgic independent FIS// FT - shins flat Lx EIS // mod dec EIL // mod dec LF L // mod dec LF R // mod dec SGIS L // mod dec SGIS R // mod dec R Hip AROM F// 100 AB// 40 MR// 0 LR// ~20 SLR - R weak L NAD STS - NAD	Lindsay McGowan	Physiotherapist Lindsay McGowan

Name:	HALLIGAN, Richard (Mr)			Ward:		Weight	Height
CHI No:	1108626173			Hospital:		BSA:	
DOB:	11/08/1962 - 63 yr(s)	Gender:	Male	Bed:			
Consultant:	Physiotherapist Lindsay McGowan			Room:			

Edit	Date	Time	Type	Note	Last Update User	Care Provider
Care Provider Type	Status	Appointment Date	Appointment Time	Episode No		
Physiotherapist	Entered			O0030022317		

All Clinical Notes (This Episode)

Clinical Notes

Note Type MSK Physio Notes **Care Provider** Physiotherapist Lindsay McGowan **Specialty / Location** PHYSIO-MSK

This patient did not attend their review appointment on 22/4/26 at 9:30am, and did not notify us that they would not be attending.

No further appointment will be offered and they will be removed from our waiting list, unless they contact us within 24 hours.

Status: Entered

Clinical Notes

Note Type MSK Physio Notes **Care Provider** Physiotherapist Lindsay McGowan **Specialty / Location** PHYSIO-MSK

MSK Physio LxSp observation ax

Obs: flat LxSp

Gait: antalgic independent

FIS// FT - shins flat Lx

EIS // mod dec

EIL // mod dec

LF L // mod dec

LF R // mod dec

SGIS L // mod dec

SGIS R // mod dec

R Hip AROM

F// 100

AB// 40

MR// 0

LR// ~20

SLR - R weak L NAD

STS - NAD

Status Entered

Name:	**HALLIGAN, Richard (Mr)**		Ward:	**Weight**	**Height**
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Consultant:	Physiotherapist Lindsay McGowan		Room:		

Floorplan Notes

Floorplan Notes

Text	Date	Time

Questionnaires

Questionnaires

Select	Entered in Error Reason	Text	Significant Answer 1	Date	Time	User
Create Date	Create Time	Episode Number				
	MSK Physiotherapy Analysis and Plan	26/03/2026		23/04/2026	10:27	Lindsay McGowan
26/03/2026	15:01	O0030022317				
	MSK Physiotherapy Subjective Assessment	26/03/2026		26/03/2026	14:45	Lindsay McGowan
26/03/2026	12:19	O0030022317				
	MSK Vetting	18/03/2026		18/03/2026	08:56	Naomi Simpson
18/03/2026	08:56	O0030022317				

Questionnaires

MSK Physiotherapy Analysis and Plan

MSK Physiotherapy Analysis and Plan

Status : Authorised

Assessing Clinician : Physiotherapist Lindsay McGowan

Diagnosis/Impression : 63 yo M with longstanding LBP and R hip pain with a more recent onset of L hip pain

R hip >L x-ray confirmed bilateral CAM deformity. Reduced mobility due to pain and looking to improve on this.

No red flags or neuro concerns.

GP referred to Orthopaedics

MSK Physiotherapy Analysis and Plan

Area of Complaint : Hip

Possible Risk : No

Indication of unlikely to benefit from MSK physiotherapy : No

Problems and Goals

Date Goal Set : 26/03/2026

Agreed Problem List : Pain

Agreed Goals : Reduce pain

Agreed Treatment Plan : education, HEP

Date Goal Set : 26/03/2026

Agreed Problem List : ROM

Agreed Goals : Increase ROM

Agreed Treatment Plan : HEP

Date Goal Set : 26/03/2026

Agreed Problem List : Weakness

Agreed Goals : Increase strength

Date Goal Set : 26/03/2026

Agreed Problem List : Function

Agreed Goals : Improve function

MSK Physiotherapy Analysis and Plan

Agreed Treatment Plan : HEP, crutch

Treatment : provided and practiced with 1x e/c

HEP 1 - practiced with green TB see attached

advised to focus on S&C and modify distance walking

Explained anatomy of CAMS deformity and unpicked DDD

Plan :r/v F2F re Ax HEP techniques

- progress rehab in gym and consider 1:1 rehab with Jack

Sign Off

Final Assessment

Numeric Pain Rating Scale (NPRS) : FTA/Cancelled Last Session

Patient Specific Functional Scale (PSFS) : FTA/Cancelled Last Session

Work Status : FTA/Cancelled Last Session

MSK Physiotherapy Subjective Assessment

MSK Physiotherapy Subjective Assessment

Status : Authorised

Assessing Clinician : Physiotherapist Lindsay McGowan

Attendance Policy Explained : Yes

Interpreter present : No

Presenting Condition : bilateral hip pain R>L

History and Management : 15 yr Hx of R hip pain, 1 yr hx of L hip pain

R I/M toothache, severe pain. L I/M ache lower in severity

Experiences hip and back pain together and in isolation

admitted to hospital x1 due to severe flare up of R hip pain

long standing LBP - diagnosed DDD

Onset : Gradual

Symptoms : Worse

Numeric Pain Rating Scale (NPRS) : 10

Aggravating Factors : walking long walking

carrying weighted shopping

walking on incline

stairs

Easing Factors : AMT

rest

24 Hour Pattern : worse with activity - hip

Sleep : no issues with sleep

Investigations undertaken : Yes

Investigation Undertaken

Investigation : x-ray

Comments : Hip joint spaces are preserved. SI joints are intact.

Bilateral CAM deformities.

Degenerative changes at the lower lumbar spine.

Allowing for the differences in projection, no significant interval change.

Patient Specific Functional Scale (PSFS) : 6

Funtional Activity : walking

Fractures : Yes

Comments : L arm

Chest/Lungs/TB : No

Heart : No

Blood Pressure : No

Diabetes : No

Epilepsy : No

Blood Clots/PVD : No

Anti-coagulants : No

Allergies : Yes

Surgery : Yes

Comments : removal L elbow calcific tendonitis - 10 yrs ago

Osteoporosis : No

RA/Inflammatory Disorders : No

Family History : No

Falls (history of falls in the past 12 months) : No

Additional Falls Questions

Other Past Medical History : referred on to Orthopaedics

GP 'your backs a mess'

pushes into pain with walking and mobility

Alergic to penicillan

General Health : Good

MSK Physiotherapy Subjective Assessment

Red Flags Present (History of Cancer, Unexplained Wgt Loss, Age(<20 >50), Night Sweats/Fever, Generally Unwell, Steroids, IVDA/HIV, Constant Non-Mechanical Pain, Gait Disturbance, Widespread Neuro, Thoracic Pain, Other) : Yes

History Of Cancer : No

Unexplained Weight Loss : No

Age (<20>50) : Yes

Comments : 63yo

Night Sweats / Fever : No

Generally Unwell : No

Steroids : No

IVDA / HIV : No

Constant Non-Mechanical Pain : No

Gait Disturbance : No

Widespread Neurology : No

Thoracic Pain : No

Other : n/a

Additional Spinal Red Flags (Band Like Pain, Unable to Lie Supine, History of Trauma, Cough / Sneeze / Strain Positive) : No

Cervical Special Questions: Symptoms Present (Headaches / Nystagmus / Nausea / Facial Numbness / Dizziness / Diplopia / Dysphagia / Dysarthria / Drop Attacks) : No

Lumbar Bladder/Bowel Symptoms (Increased Frequency/Urgency/Loss of Sensation of Bladder Filling/Difficulty Emptying Bladder/Retention/Incontinence/Saddle Anaesthesia or Paraesthesia/Bilateral Sciatica/Sexual Dysfunction) : No

Knee Special Questions (Locking, Giving Way, Swelling, Painful Clicking) : No

Medication

Medication : Amitriptyline

Comments : 20MG AT NIGHT

Social History : lives alone in house with internal stairs ~13

daughter stays 3-4 x pw

short walks

busy around house and helps out with mother

Occupation : retired due to pains

Work Status (Initial Assessment) : Retired

Patient Perception : Hip CAMS deformity bilaterally.R>L

Patient Expectation : improve strength and mobility

Yellow Flags Present : Yes

Yellow Flags Details

Flags : Emotions

Comments : diagnosis

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MSK Vetting

Questionnaire 'QSCXXMSK' is not available for text representation. Please contact your system administrator.

Patient Movements

Movements List

Embedded Day Case	Ward	Room	Room Type	Bed	Movement Start Date	Movement Start Time
End Date	End Time	Edit	Status		Type	

Encounters

Encounters

StartDate	Start Time	End Date	End Time	Location	Care Provider
26/03/2026	11:58			PHYSIO-MSK	Physiotherapist Lindsay McGowan
22/04/2026	08:30			PHYSIO-MSK	Physiotherapist Lindsay McGowan